Care First, Jails Last Task Force

Final Report

June 30, 2024

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RDA Consulting, SPC, 2024

Table of Contents

Acknowledgments....4
Executive Summary....5
  Background....5
  Strategy Areas....6
  Expected Outcomes....8
  Task Force Motion to Conclude....12
Introduction....13
  Background....13
  Task Force Structure....15
Task Force Impact....18
  Recommendation Strategy Areas....18
  Recommendations by Intercept....22
  Inclusion Criteria for Recommendations....23
Task Force Recommendations....23
Implementation Considerations and Outcomes....43
  Projected System-wide Outcomes....43
  Implementation Considerations....50
Implementation Guidance....53
Appendix A. Glossary of Acronyms & Terms....56
Appendix B: Sequential Intercept Model (SIM)....60
Appendix C: Data Request and a Note on Data Availability....61
Appendix D: Detailed Considerations from Agency Plans....64
Appendix E: Agency Plans....71
  County-Wide Plan Details....71
  Behavioral Health Department Plan Details....89
  District Attorney's Office Plan Details....111
  Housing & Community Development Dept. Plan Details....120
  Housing & Homelessness Services Plan Details....137
  Probation Department Plan Overview....152
  Public Defender's Office Plan Details....160
  Sheriff's Office Plan Details....169
  Social Services Agency Plan Details....176

Acknowledgments

This two-plus year effort would not have been completed without the ongoing collaboration and commitment of the Alameda County staff and community members who made up and supported the Care First, Jails Last Task Force.

Behavioral Health Department (BHD) Director Dr. Karyn Tribble chaired the Task Force and administered this effort along with her team which included Asia Jenkins, Dainty Castro, and Sarina Hill. The BHD team facilitated access to data and documentation and administered monthly meetings with the added complication of the transition from remote to-in-person meetings.

The members of the Task Force, listed on page 16, provided critical insights and hours of work to ensure that the recommendations and implementation plans captured the system transformation required to achieve the Care First, Jails Last vision. Particular thanks are extended to those who chaired the Task Force and its ad hoc subcommittees for ensuring that the proceedings remained inclusive while supporting ongoing progress, including Community Co-chairs Kimberly Graves and Peggy Sheehan-Rahman; Data Ad Hoc Subcommittee chair Brian Bloom; Fiscal Ad Hoc Subcommittee Chair Corrine Lee; and Recommendations Ad Hoc Subcommittee Co-chairs Kristina Bedrossian and Mia Cooper Kahn.

Thank you to the Alameda County Board of Supervisors, who unanimously adopted the Care First, Jails Last legislation to place continued focus on a just and equitable transformation of criminal justice, behavioral health, and wraparound services to create a comprehensive continuum of care for individuals with mental illness, substance use, and co-occurring disorders in order to divert them from the criminal justice system and interrupt the cycle of recidivism. Thank you also to the Care First Community Coalition who authored the original resolution and whose members consistently and productively engaged in the Care First, Jails Last Task Force proceedings and development of the final products.

Communication regarding this report should be sent to Dr. Karyn Tribble, Alameda County Behavioral Health Director at karyn.tribble@acgov.org, or Jamon Franklin, Senior Consultant at RDA consulting at jfranklin@rdaconsulting.com or to.

Executive Summary

Background

On May 25, 2021, Alameda County Board of Supervisors (BOS) unanimously approved a "Care First, Jails Last" policy resolution. The Care First, Jails Last (Care First) policy affirmed that Alameda County values a just and equitable transformation of criminal justice, behavioral health, and wraparound services to create a comprehensive continuum of care for individuals with mental illness, substance use, and co-occurring disorders. The Care First resolution is intended to replace the current system in which people with mental illness and substance use issues, a disproportionate number of whom are Black and Brown, are incarcerated rather than receiving treatment in the community.

The resolution called for the creation of a 25-member body charged with developing a set of recommendations to be incorporated into a countywide implementation plan, subject to approval by the BOS. The Task Force met from March 2022 through May 2024, and included community members as well as representatives from County agencies and community-based organizations.

Informed by the work of the Justice Involved Mental Health (JIMH) Task Force, the Care First Task Force studied data, existing programs and touchpoints, and the progress of efforts including California Advancing and Innovating Medi-Cal (CalAIM) implementation and the Reimagining Adult Justice (RAJ) work group. This comprehensive approach ensured a thorough understanding of previous efforts, identified gaps and overlaps in current services, and ultimately allowed for informed decision-making in proposing new recommendations to address community needs effectively.

The 58 recommendations developed by the Recommendations Ad Hoc Subcommittee and approved by the Task Force are intended to expand and better connect services, reduce barriers to access, and improve law enforcement and judicial response to community needs. The Task Force rooted their work in a trauma-informed, racial equity lens that honors lived experience.

The recommendations provide a roadmap to transform the system of services aimed at preventing individuals with mental illness, substance use disorder, or co-occurring disorders from entering the jail system in Alameda County. At the conclusion of the process, participating agencies reviewed the recommendations and developed high-level implementation plans. The time required to receive data and study data and devise

the recommendations did not allow for sufficient time to create an integrated county plan, thus there is more work to be done.

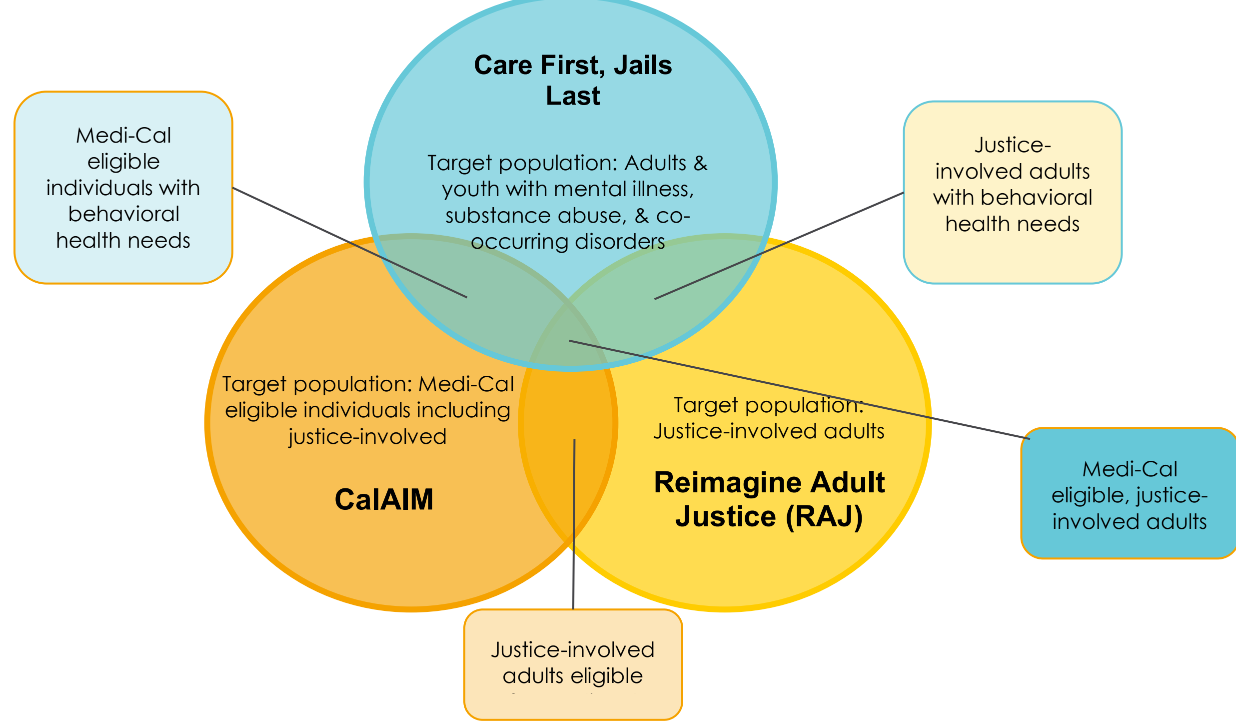

Figure 1 Concurrent Initiatives

On June 26, 2024, at a joint meeting of the Board's Health and Public Protection Committees, Supervisors Elisa Marquez, Lena Tam, and Keith Carson voted unanimously to approve the Task Force Recommendations, reaffirmed the Mental Health Advisory Board (MHAB) oversight role, and to send the Task Force's work to the full Board for consideration of immediate implementation needs. The supervisors noted that the implementation needs of this system transformation would require more frequent reports to the Board and auxiliary support to the MHAB through a subcommittee, with full inclusion of and guidance from community members, with a specific focus on Black and Brown members of the community who are experiencing mental illness. The joint committee motioned for the Task Force products to be brought to the full Board of Supervisors to support immediate implementation and so that this work can inform the BOS' upcoming 2026 strategic planning cycle.

This report summarizes the Task Force process and work products and summarizes strengths and considerations for full implementation of the recommendations.

Strategy Areas

Recommendations were initially devised based on the Sequential Intercept Model (SIM)[1], a framework that details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system. The Substance Abuse

[1] The SIM was developed in the early 2000s by Mark Munetz, Patricia A. Griffin, and Henry J. Steadman.

and Mental Health Services Administration (SAMHSA) promotes the use of the SIM to examine local systems to identify gaps and assign resources[2]. The Alameda County model adds two intercepts that encourage examination of prevention and early intervention intercept opportunities.

Figure 2. Alameda County Sequential Intercept Model

While the SIM is a helpful tool to identify resources and gaps, the Task Force found that almost half of their recommendations (27) were not simply focused on one or two intercepts but spanned multiple intercepts, reflecting a more holistic approach. To continue to consolidate the recommendations and more fully reflect the desired outcomes, they were grouped into nine strategy areas. These strategy areas describe specific domains of focus that together represent a comprehensive set of strategies to prevent people with serious mental illness (SMI) and/or substance use disorders (SUD) from becoming involved in the criminal justice system.

These strategy areas are as follows:

1. African American Resource Center

2. Collaboration & Case Management

3. Community-Based Support, Outreach, & Education

4. Crisis Services & Treatment Beds

5. Diversion

6. Funding & Financial Transparency

7. Housing & Residential Facilities

8. Staff Training & Professional Development

9. Family Support

[2] SAMHSA Sequential Intercept Model (SIM) overview: https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

Expected Outcomes

The Care First approach aims to divert individuals with SMI, SUD, or co-occurring disorders away from incarceration and towards suitable community-based services. Fully realizing the Care First recommendations across the nine strategy areas will result in a transformed system that benefits all communities in Alameda County.

1. African American Resource Center

The African American Resource Center (The Center) is intended to **provide enhanced access to culturally responsive services including physical and mental health support aimed at improving well-being and health outcomes for African American individuals and families.** The Center will also offer support at key justice system stages (e.g., pre-trial, community supervision, prison/jail intake, reentry), aiming to reduce racial disparities in justice involvement through both upstream interventions and post-system support.

The Center will have a community advisory committee representing those with lived experience, fostering collaboration and trust between The Center and the community it serves. The Center will engage in outreach across Alameda County's African American communities to facilitate access to needed support.

2. Collaboration & Case Management

These recommendations focus on general communication and collaboration across agencies and with the public as well as targeted efforts to more effectively use county resources:

- Alameda County agencies will **designate delegates to manage cross-agency communication and collaboration** to streamline efforts, prevent service duplication, and ensure seamless support delivery.
- **Regular reporting to the community** will promote transparency and ensure that available services are fully utilized.
- Enhanced **access to Full-Service Partnerships (FSPs)** will increase availability and fill unused slots for comprehensive mental health services.
- The establishment of **an interagency housing program and expansion of the Safe Landing Project** will ensure smoother transitions, comprehensive assessments, and improved access to care and housing options for individuals post-incarceration.

3. Community-Based Support, Outreach, & Education

These recommendations focus on enhancing the peer workforce and expanding awareness of key programs and resources to achieve a Care First system:

- **Enhanced peer workforce initiatives** will provide comprehensive training, equitable pay, defined career paths, and inclusive Human Resources (HR)

practices for peers – including family caregivers – with justice, reentry, behavioral health, and/or substance use experience.

- **Integrating peers into service delivery and decision-making** roles will strengthen the system's ability to meet individuals' needs effectively.
- Enhanced efforts to **share information with community members** will inform families and communities about peer roles, available resources, and alternatives to police involvement, boosting engagement in and awareness of support services.
- Enhanced **education for law enforcement on diversion strategies** will improve crisis intervention team effectiveness on mental health interventions.
- **Expanded reentry services**, including immediate access and improved training and job opportunities through partnerships including the Center of Reentry Excellence (CORE), will enhance employment prospects for successful reintegration.
- **Early psychosis intervention enhancements** will increase awareness and training for timely care, improving recovery rates and reducing long-term mental health issues.

4. Crisis Services and Treatment Beds

The recommendations in this section include enhanced mental health care access and quality improvement initiatives to improve service availability and effectiveness across Alameda County.

- Expanding **24/7 crisis teams countywide**, implementing a triage system for 911 calls, and enhancing law enforcement training in anti-bias and de-escalation techniques, can reduce unneeded interactions between individuals experiencing mental health crises and law enforcement, therefore reducing subsequent system involvement.
- **Increasing psychiatric treatment beds**, especially at the sub-acute level, ensures timely care, reducing wait times and enhancing access to needed services at the appropriate level of care.
- **Thorough assessments of unmet needs** will inform targeted service adjustments, optimizing resource allocation.
- Investing in **post-crisis care** supports recovery and reduces relapse risks, while establishing crisis teams that incorporate best practices and peer involvement ensures effective intervention and ongoing support.
- **Integrating mental health and SUD treatment** improves outcomes, preventing homelessness and incarceration through proactive measures and supportive services.

5. Diversion

Implementing these recommendations will enhance mental health services and diversion from the criminal justice system in several ways.

- **Independent evaluations** and public reporting mechanisms for programs like the CARES Navigation Center and Behavioral Health Court (BHC) will promote accountability and transparency, offering stakeholders insights into program effectiveness and areas needing improvement.
- **Addressing barriers to service participation**, such as limited referrals and perceived burdens, can improve access for individuals with behavioral health issues, potentially lowering recidivism rates by ensuring comprehensive support.
- **Redirecting mental health resources to divert Incompetent To Stand Trial (IST) defendants into appropriate treatment** underscores a shift towards prioritizing rehabilitation over prosecution for those with mental health challenges.
- Emphasizing **supervised and unsupervised pretrial release, conducting risk assessments, and offering adequate support** may decrease pretrial incarceration, alleviating jail overcrowding and ensuring equitable treatment during the trial process.

6. Funding & Financial Transparency

Implementing these recommendations in Alameda County will enhance transparency, accountability, and access to mental health services, benefiting individuals with behavioral health needs:

- **Funding and Resource Allocation**: Continued advocacy for state and federal funding will bolster mental health programs, including crisis intervention and residential treatment. Fully funding the countywide Forensic Plan will expand access to critical services like peer support.
- **Earmarking Cost Savings**: Reinvesting cost savings from jails and hospitals into Care First programs ensures effective support for those with behavioral health needs.
- **Reallocation for Permanent Supportive Housing**: Shifting funds from Santa Rita Jail's Mental Health Program Services Unit to permanent supportive housing addresses housing stability.
- **Transparency and Accountability**: Transparent reporting on Care First funding and settlement spending fosters public trust in jail reform efforts.
- **Access to Mental Health Services**: Enhanced funding for crisis intervention and residential treatment improves service accessibility. Utilizing funds for permanent supportive housing meets critical housing needs.
- **Workforce Enhancement:** Fair compensation for crisis and community mental health teams enhances recruitment and retention.
- **Data-Informed Decision Making**: Annual reports on housing costs and treatment outcomes inform effective resource allocation and policy decisions.

7. Housing And Residential Facilities

Implementing these housing recommendations will:

- **Get People Housed**: Subsidy programs for justice-involved individuals, those with SMI, SUD, and/or co-occurring disorders will help overcome housing barriers.

Coordinated housing assessments at Santa Rita Jail will ease transitions, while increased funding for permanent supportive housing and initiatives outlined in the Alameda County Home Together Plan will enhance housing stability.

- **Keep People Housed**: Expanded legal services, early screening, and tenancy support will prevent evictions. Improved living conditions and extended support services post-release will ensure sustainable housing and reduce recidivism.
- **Build More Housing**: Support for Community Land Trusts and capital funding for supportive housing initiatives will expand affordable housing. More licensed Board-and-Care facilities and non-congregate shelters will provide immediate relief and long-term support.

8. Staff Training & Professional Development

Implementing these recommendations will improve mental health outcomes, reduce recidivism, and enhance crisis response:

- **Enhanced Mental Health Services for Incarcerated Individuals**: Establishing consistent standards for mental health care and targeting support to individuals who are frequently incarcerated will improve well-being and reduce recidivism.
- **Comprehensive Data Collection**: Detailed data on mental health diagnoses will enable personalized care and continuity of treatment.
- **Improved Crisis Response**: Cultural competency training for responders, ongoing evaluations of Crisis Intervention Training (CIT), and regular assessments will ensure fair and effective crisis interventions.
- **24/7 Crisis Teams**: Expanding crisis teams to operate around-the-clock will provide timely intervention and mitigate crisis escalation.
- **Fair Compensation and Supported Employment**: Ensuring equitable pay for crisis team staff and enhancing supported employment opportunities with mental health training will promote workforce integration, economic stability, and lower recidivism rates.

9. Family Support

Implementing these family support-related recommendations will lead to significant improvements in mental health care:

- **Prevention of Worsening or Recurring Mental Illness**: Families will receive support in recognizing early signs and managing SMI through designated case managers and an advice line, aiding early intervention and crisis prevention.
- **Dedicated Support for Severe Mental Illness**: Families coping with SMI, particularly post-jail or psychiatric holds, will benefit from dedicated case management.
- **Early Family Involvement in Mental Health Crises**: Engaging families from crisis onset with trained advocates, HIPAA releases, and culturally informed advice will enhance crisis response and follow-up care.

- **Advice Line:** Establish a dedicated Advice Line managed by Alameda County Behavioral Health will offer guidance and support for caregivers, aiding service decision-making and recovery.

Task Force Motion to Conclude

At its final meeting on May 23, 2024, the Task Force approved a motion to accept all 58 recommendations as written and to move continued planning and implementation duties forward to the Board of Supervisors for approval and delegation to the MHAB:

The Care First Jails Last Task Force moves these recommendations to the Alameda County Board of Supervisors for consideration and funding, and we recommend that we conclude this phase of our work as a task force.

We further recommend that the MHAB form an ad-hoc committee to oversee the further plan development and implementation phase of the agencies' draft plans, work with those agencies to finalize the plans, and invite Care First, Jails Last task force members to participate in the ad-hoc committee in this next planning phase.

The Board of Supervisors should ensure the participation of all relevant agencies and departments in this planning process. The Board of Supervisors should agendize a meeting in Fall 2024 for the MHAB to report on progress.

Introduction

This report summarizes the work of the Care First, Jails Last (Care First) Task Force, which met between March 24, 2022, and May 23, 2024. This effort resulted in **58 recommendations** to transform the current set of services available to those with mental health and substance use issues, and plans drafted by eight Alameda County agencies to implement these recommendations. This report is intended to support ongoing implementation efforts by the County as well as implementation monitoring by the Mental Health Advisory Board (MHAB).

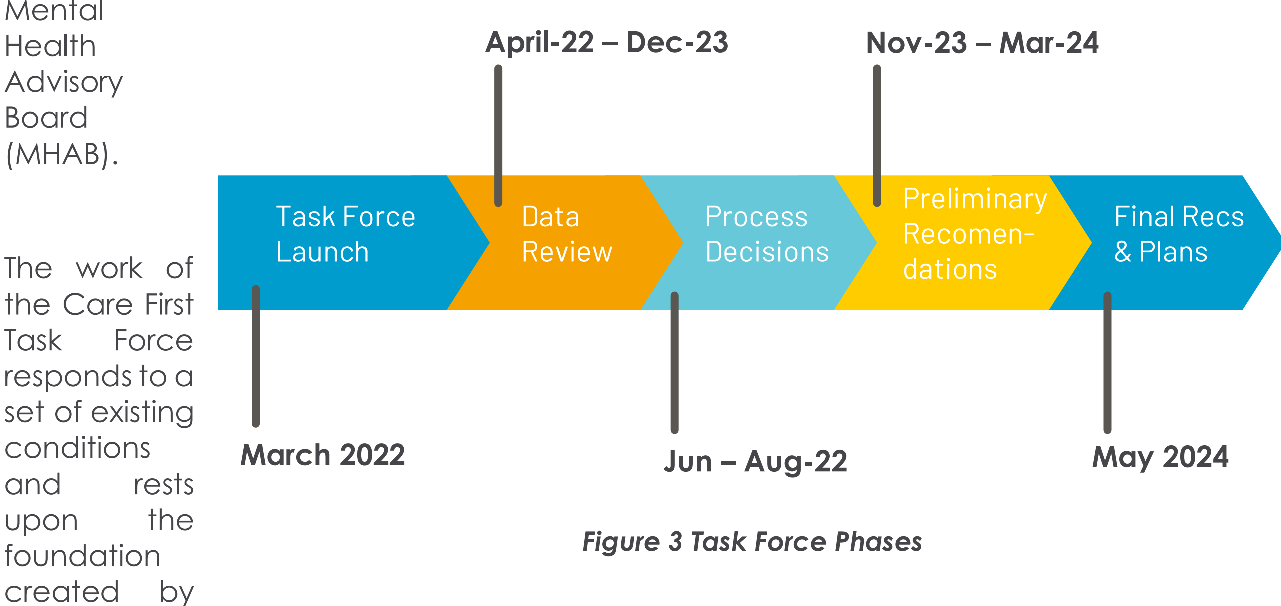

Figure 3 Task Force Phases

The work of the Care First Task Force responds to a set of existing conditions and rests upon the foundation created by years of work that acknowledges that:

- Individuals with SMI are more likely to experience deteriorated health and cycle through the criminal justice system than those without serious mental illness.
- Jails spend 2-3 times more money to incarcerate adults with mental illness.
- Jail systems often house the most vulnerable members of the community which includes people with mental illness and substance use disorders.
- Incarceration and the lack of mental health and substance use disorder services disproportionately impact African Americans and Indigenous people of color.

Care First policies have demonstrated success in other jurisdictions, including Los Angeles County, in reducing incarceration, poor health outcomes, and shortened life spans of people with mental illness and substance use disorders and to care for their needs and well-being.

Background

Care First, Jails Last Policy

The Alameda County Board of Supervisors (BOS) unanimously approved the "Care First, Jails Last" (Care First) policy resolution on May 25, 2021. This policy affirms that Alameda County values a comprehensive continuum of care for individuals with mental illness, substance use, and co-occurring disorders (referred to cumulatively in this report as

behavioral health issues) as a first resort to break the trend of justice system involvement and incarceration. The Care First policy calls for a just and equitable transformation of the criminal justice, behavioral health, and wraparound systems that include public benefits, social services, and housing to prioritize preventative, rehabilitative, health-focused programs and to reduce the number of people with behavioral health issues who are incarcerated in Santa Rita Jail.

On the importance of data: *Although African Americans represent less than 10% of Alameda County's population, African Americans consistently make up more than 45% of the behavioral health client population in Santa Rita Jail, according to data provided by ACBH and the Sheriff's Office. African Americans also made up 48% of the Santa Rita Jail population in 2019 and 2021, according to the Reimagining Adult Justice report. These data points highlight the need for services that specifically support African Americans for prevention, in crisis, and re-entry."*

– Community Member

The fundamental goal of a Care First policy is to develop a continuum of care that includes a full spectrum of treatment and housing, including preventative and outpatient services, inpatient acute and subacute facilities, board and care facilities, and other supportive options so that people with mental illness, substance use, and co-occurring disorders have a full opportunity to live stable lives.

In approving this resolution, the Board created the Care First Task Force, a 25-member body made up of community representatives, agency directors or their designees, community-based providers, city-based program directors, and representatives from stakeholder groups and police agencies. Central to the task force approach was the inclusion of community members who had personal/familial experiences with incarceration, serious mental illness or co-occurring disorders. The task force was charged with developing a countywide implementation plan, subject to approval by the BOS. As a committee reporting to the BOS, the Task Force was subject to the Brown Act and all meetings were open to the public. Upon Board approval, the Alameda County MHAB is tasked with monitoring the countywide plan.

Precursors to Care First Legislation in Alameda County

Prior to the Care First legislation, the County undertook several steps to initiate this system transformation that directly influenced the work of the Task Force:

- **Justice Involved Mental Health (JIMH) Task Force**: In 2015, the Alameda County BOS established the JIMH with the goal of reducing the population of people with mental illness and SUDs in the Santa Rita Jail. The JIMH was comprised of representatives from community-based organizations, the Alameda County MHAB, and Federally Qualified Health Centers (FQHCs) as well as county staff from Community Program Planning (CPP), the courts, Public Defender, District Attorney, Probation and law enforcement. The JIMH Task Force developed recommendations to reduce and divert individuals with mental illness from jail, spanning from preventative actions to community supervision. In October 2020, those recommendations were presented to the BOS. The Behavioral Health

Department (BHD, previously known as the Behavioral Health Services Department) extended the work of the JIMH by developing a revision to the 2019 Forensic System Redesign.

- **Alameda County Behavioral Health Services & Forensic System Redesign Plan Update (ACBH Forensic Plan)**: In May 2021, the Behavioral Health Department updated the 2019 Forensic System Redesign to focus efforts to reduce the number of incarcerated individuals with SMI. With a health equity lens and a sequential intercept framework, this plan outlined a wide range of short-, medium-, and long-term investments, including community-based preventative, diversion/in-custody and re-entry services, as well as quality-improvement and coordination strategies. The BOS adopted this plan, but full funding has not been made available to implement all elements of the plan.
- **Care First, Jails Last Policy**: The original Care First policy was co-authored by American Friends Service Committee and Restore Oakland and championed by the Care First Community Coalition, a community-based advocacy organization, in early 2021. The objective of this policy was to:
    1) Set a policy goal to end the incarceration of people with mental illness and substance use needs, and
    2) Create a community-led process to build out community-based mental health care.

  The original resolution intentionally omitted the participation of law enforcement in the Care First Task Force, this element was added to the BOS's final resolution.

Task Force Structure

Task Force Membership

The Task Force membership was defined in the BOS' Care First legislation to ensure representation from a broad cross-section of agency representatives, stakeholders and community members. The Director of the Behavioral Health Department was designated as chair, and two co-chairs were added to represent community members.

Task Force Members (May 2024)

Name	Representing
Karyn Tribble, PsyD, LCSW, Chair	Alameda County Behavioral Health Department
Kerry Abbott	Alameda County Housing and Homelessness Services
Kristina Bedrossian, MPP	Community Representative, District 4
Brian Bloom	Mental Health Advisory Board
Edward Buchanan	Building Opportunities for Self-Sufficiency
Margot Dasheill	East Bay Supportive Housing Collaborative
KD Dixon	Community Representative, District 5
Andrea Ford	Alameda County Social Services Agency
Kimberly Graves, Co-Chair	Community Representative, District 3
Mia Cooper Kahn, MPH	Community Health Care Center Network

Corrine Lee, LCSW	Alameda County Probation Department
Curtis Penn, MPA	Felton Institute
Captain Oscar Perez	Alameda County Sheriff's Office
Sue Ra, J.D.	Alameda County Public Defender
Rachell Romero	Community Representative, District 2
Margaret Sheehan-Rahman, Co-Chair	Community Representative, District 1
Michelle Starratt, MCRP	Alameda County Housing & Community Development
Jason Toro	La Familia
Former Members	
Guillermo Cespedes, MSW	City Program Director, City of Oakland
Tiffany Danao, J.D.	Alameda County Public Defender
Raymond Landry, PsyD., MSW	Alameda County District Attorney
L.D. Louis, J.D.	Alameda County District Attorney
Captain Martin Neideffer	Alameda County Sheriff's Office
Pedro Naranjo, MPH	Community Representative, District 2
Doria Neff, MA	Police Agency, North County
Tash Ngyuen	Community Representative, District 3
Kelsey O'Neil, LCSW	Alameda County District Attorney
Samira Pingali, MPH	Community Health Center Network
Ameeta Singh, LMFT	Building Opportunities for Self-Sufficiency
Captain Travis Souza	Police Agency, South County
Greg Syren, J.D.	Alameda County Superior Court

Figure 4 Care First Task Force Members

Ad Hoc Subcommittees

The Task Force created three ad hoc subcommittees to support progress in specific areas of work. As created by the Board of Supervisors, the task force functioned under the requirements of the Brown Act. Thus the ad hoc nature of the subcommittees enabled participation by community members rather than limiting participation to formal task force members.

The Data Ad-hoc Subcommittee worked to collect and examine data specific to the existing Care First population and related programming. The subcommittee met every Second Monday of each month from Noon to 2:00 PM beginning June 12, 2023.

The Finance Ad-hoc Subcommittee worked to collect and examine financial information related to existing programs and intended investments. The subcommittee met every Second Friday of each month from 3:30 PM to 4:30 PM PST starting May 12, 2023.

The Recommendations Ad-hoc Subcommittee was created to integrate and refine the over 100 recommendations developed by task force members to inform the development of implementation plans. The subcommittee met every First Monday of each month at 12:30 PM PST starting November 6, 2023.

Data	Fiscal	Recommendations
Brian Bloom (Chair)	Corrine Lee (Chair)	Kristina Bedrossian (Co-chair)
Mia Cooper Kahn	Kerry Abbott	Mia Cooper Kahn (Co-chair)
Tiffany Danao	Joy George	Brian Bloom
Margot Dashiell	Kimberly Graves	Margot Dashiell
Kimberly Graves	Janene Grigsby	Joy George
Corrine Lee	Mia Cooper Kahn	Kimberly Graves
John Lindsay-Poland	Jean Moses	Corrine Lee
Alison Monroe	Myrna Schwartz	John Lindsay-Poland
Doria Neff	Michelle Starratt	Alison Monroe
Myrna Schwartz	Greg Syren	Lindsay Schachinger
Margaret Sheehan-Rahman		Myrna Schwartz

Figure 5 Ad Hoc Subcommittee Members

Task Force Structure

While the Care First Task Force reported directly to the BOS, administration of the proceedings was delegated to the Health Care Services Agency, with the Behavioral Health Director designated as chair. The reporting structure is detailed below:

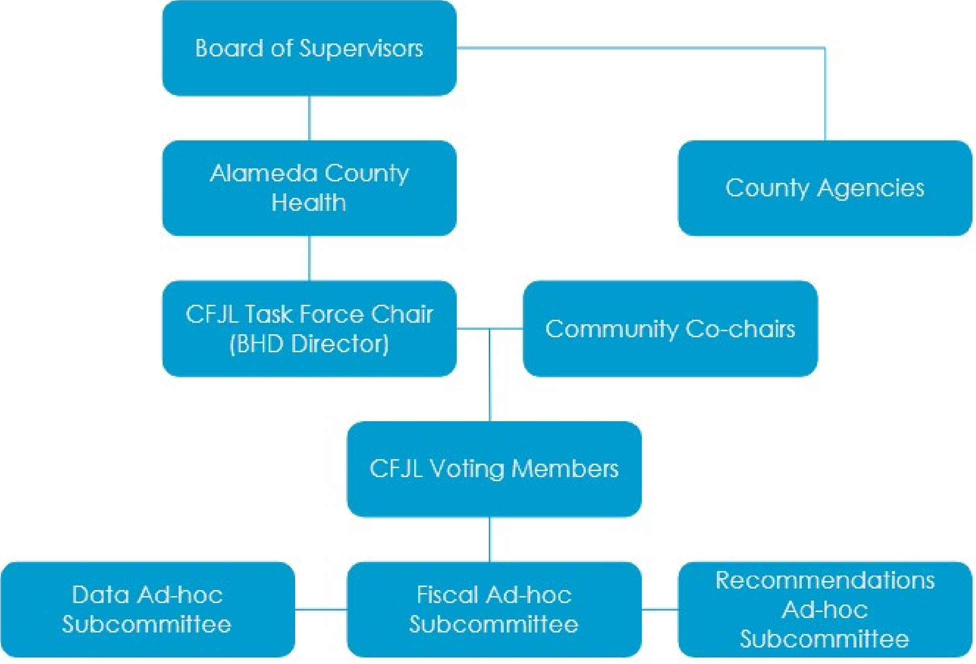

Figure 6 Task Force Reporting Structure

Task Force Impact

The Task Force generated 58 recommendations, which were divided into specific strategy areas to better define and measure the impact of the recommendations on the existing system. While the individual recommendations were assigned to County agencies for implementation planning, the collective impact of each strategy area, and thus the intended system transformation, is described below.

Recommendation Strategy Areas

1. African American Resource Center

An African American Resource Center (The Center) with resources included for individuals with SMI or SUD, particularly those who are justice-involved and living in the community, plays a pivotal role in addressing these individuals' unique challenges and fostering positive outcomes. Such a center will provide culturally competent care that integrates individuals' cultural backgrounds into treatment plans, enhancing trust and service engagement. Additionally, the Center contributes to reducing disparities in mental health care and the justice system by offering targeted support and resources. Serving as a community hub, this Center will offer holistic care that addresses social determinants of health and provides crucial services like community reintegration and legal assistance in a supportive environment. Further, the Center will serve as a base for public education on race, mental health, and justice as well as advocacy for systemic change, thus contributing to a more equitable society. Ultimately, the Center will empower individuals by emphasizing community strength and resilience, supporting recovery and broader social justice and integration goals.

2. Collaboration & Case Management

Effective collaboration and case management are crucial for justice-involved individuals with mental illness due to their complex needs, spanning mental health and substance use treatment, housing, employment, and social supports. This holistic approach improves outcomes by ensuring continuity of care during transitions between the justice system and community services, thus reducing relapse and recidivism. It also alleviates criminal justice and emergency health services burdens through cost-effective interventions. Emphasizing rehabilitation over punishment supports reintegration into society, fostering recovery and reducing reoffending while upholding human rights. Interventions tailored to individual circumstances benefit both individuals and society: enhanced communication and collaboration between agencies will prevent individuals from falling out of services and avoid duplication of efforts, thereby making more efficient use of resources.

3. Community-Based Support, Outreach & Education

Community-based support, including outreach and education, plays a crucial role in the lives of individuals with SMI. These initiatives significantly reduce stigma by raising awareness and fostering understanding among the public. Thus, implementing the recommendations in this area will enhance the accessibility of the services that are most

essential for the Care First population to avoid behavioral health crisis, homelessness, and incarceration. Community support also encourages continuity of care for individuals post-incarceration, preventing relapses and promoting overall well-being. Tailored interventions address individual needs, while networks of peers and mentors provide crucial encouragement and assistance. Empowerment through these programs equips individuals with skills to manage their mental health and make positive life choices, ultimately reducing recidivism and promoting public safety.

4. Crisis Services & Treatment Beds

Mobile crisis teams (MCTs) play a crucial role in Alameda County's behavioral health care continuum by offering immediate crisis assessment and linking individuals in mental health or substance use crises to appropriate treatment and support services, aiming to reduce unnecessary hospitalization and law enforcement involvement. However, the county's mobile crisis response is fragmented, using diverse services such as MCTs, mobile evaluation teams (METs), and local initiatives like MACRO in Oakland, CARE in Alameda, and SCU in Berkeley. This fragmentation creates challenges in integrating and standardizing crisis response countywide, made worse by limited resources for transporting individuals in crisis and meeting the needs of those with behavioral health disorders who also experience homelessness and lack of income. Evaluating the adequacy of acute and sub-acute residential beds for individuals with SMI is particularly challenging in Alameda County in the absence of a county-wide needs assessment. Using existing benchmarks, the Task Force estimated the need for 338 acute beds and 312 sub-acute beds for the county's 1.3 million adults. Facilities like John George demonstrate the results of this shortfall; patients often remain due to insufficient "drop-down" options like Villa Fairmont and board and care facilities. The Task Force developed the recommendations in this area based on the critical need for targeted investments in mental health infrastructure.

5. Diversion

Diversion from jail for individuals with mental illness or SUD is a pivotal elemnt of the County's Care First policy. Diversion can occur pre-arrest, post-arrest but pre-arraignment, or in behavioral health courts post-arraignment but pre-trial. For those deemed incompetent to stand trial, diversion can precede hospitalization. Diversion programs are crucial for several reasons: (a) prioritizing treatment over incarceration; (b) reducing recidivism while providing tailored mental health care; (c) easing strain on justice systems by reallocating resources effectively; (d) upholding human rights by treating mental illness as a health issue; (e) cost-effective use of public funds by decreasing the expense of incarceration; (f) supporting social reintegration through holistic support; and (g) combating stigma by promoting mental health treatment. Despite their benefits, enhancing diversion programs requires improved data collection and accountability mechanisms to ensure efficacy and equitable access, underscoring the need for concurrent expansion and evaluation of these initiatives.

6. Funding & Financial Transparency

Funding and financial transparency are essential pillars for the success and integrity of programs aiding justice-involved individuals with mental illness. Adequate funding

enhances program effectiveness by ensuring skilled staffing, comprehensive services, and well-maintained facilities for rehabilitation. It expands services in areas that are critical to reintegrating the Care First population into the community: crisis intervention, community-based psychiatric care, housing, vocational training, and targeted reintegration support. Investing appropriate resources in these efforts fosters sustainability, uninterrupted service delivery, and effective intervention strategies. Transparent financial practices build trust with stakeholders, ensuring accountability in fund allocation and promoting efficient resource use. This approach supports evidence-based practices, attracts further investment, and promotes equitable access to vital services, ultimately improving outcomes for vulnerable populations in the justice system.

7. Housing & Residential Facilities

Stable housing plays a crucial role in the rehabilitation and reintegration of those who experience behavioral health issues and become justice-involved. First, it provides stability and security, essential for managing mental health conditions, reducing stress, and facilitating treatment and rehabilitation efforts. Second, housing stability enhances access to consistent mental health care and support services, crucial for effective treatment. Third, it has been linked to lower rates of recidivism, allowing individuals to focus on recovery without the pressures of homelessness. Moreover, stable housing improves overall quality of life, fosters social reintegration, promotes autonomy, and contributes to public health improvements by reducing reliance on emergency and psychiatric services. Ultimately, stable and supportive housing is foundational to the dignity, recovery, and successful community reentry of justice-involved individuals with mental illness.

8. Staff Training & Professional Development

Training and professional development for staff working with individuals who experience behavioral health and become justice-involved are crucial for several reasons, each contributing to more effective, compassionate, and appropriate care for this vulnerable population. First, such initiatives enhance staff's understanding of mental health conditions, symptoms, and behavioral impacts, enabling better identification and responsive care. Second, targeted training improves communication that is vital for supporting and building trust with individuals and de-escalating crises. Third, it supports system-wide adoption of evidence-based practices that promote safer environments and reduce stigma and bias. Additionally, training addresses legal and ethical considerations, fostering adaptability amidst evolving landscapes, aiming for improved outcomes, and effectively supporting recovery and rehabilitation efforts. Thus, investing in staff training not only benefits personnel but also ensures the highest quality of care for justice-involved individuals with mental illness.

9. Family Support

Family support plays a crucial role in the lives of justice-involved individuals with mental illness in several ways. Family members can intervene early in mental health crises, preventing escalation and ensuring timely treatment. After the onset of behavioral health issues, family support can provide emotional stability and can extend a supportive network that helps to reduce isolation, stress, and anxiety. Second, families are better

able to advocate for their loved ones within complex legal and mental health systems, thus increasing the likelihood of fair treatment and appropriate care. Family and social support also helps individuals to maintain continuity of care by managing medications and appointments, which are contributors to ongoing wellness and independence. Additionally, families support reintegration into community settings by providing stability and assisting with practical needs like employment and social connections. Moreover, open support for family members challenges the stigma associated with mental illness. Overall, family support enhances outcomes across legal, health, and social domains, fostering a more compassionate approach to mental illness in the justice system.

Content continues on following page.

Recommendations by Intercept

The chart below illustrates the 58 recommendations arranged along the Sequential Intercept Model (SIM). The Task Force initially used the SIM in developing recommendations, but as nearly half of the recommendations (27) were identified as "cross-cutting" – falling in three or more intercepts – the Task Force developed Strategy Areas to frame their recommendations.

However, examining the recommendations by intercept illustrates the potential impact across the justice system. The vast majority of recommendations focus on prevention and early intervention at one end of the system, and reentry and community supports on the other end. These are the investments most likely to result in decreased incarceration of those who experience behavioral health issues.

Total Recommendations by Intercept

Intercept Number

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

Key

- **Strategy 1** African American Resource Center
- **Strategy 2** Collaboration & Case Management
- **Strategy 3** Community-Based Support, Outreach & Education
- **Strategy 4** Crisis Services & Treatment Beds
- **Strategy 5** Diversion
- **Strategy 6** Funding & Financeial Transparency
- **Strategy 7** Housing & Residential Facilities
- **Strategy 8** Staff Training & Professional Development
- **Strategy 9** Family Support

Inclusion Criteria for Recommendations

The Recommendations Ad-hoc Subcommittee identified the following criteria to guide the creation of recommendations in their work:

- **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?
- **Completeness**: How complete and clear is the recommendation in its current state? Is this a fully fleshed out recommendation that we need to consider as a group, or is this a brief phrase or string of words that should be incorporated elsewhere?
- **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 timetable 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 criminal justice system?

Task Force Recommendations

Below is the full list of recommendations put forward by the Care First Task Force. There are a total of 58 recommendations, which have been organized into nine different Strategy Areas.

Strategy Area 1: African American Resource Center (2 Recommendations)

Recommendation 1.A: 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). 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.

Recommendation 1.B: **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.).

Strategy Area 2: Collaboration, Case Management, and Reentry (4 Recommendations)

Recommendation 2.A: 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 BHD is to:

- Ensure that the **number of FSPs available in Alameda County meets 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**.

Recommendation 2.B: **Interagency Communication and Coordination**: In the interest of non-duplication of efforts and prevention of individuals falling through the cracks of services, the Task Force 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.
- **Create a central contact point for triage and communicating** to clients and Public Defenders about services so programs don't get overbooked.
- **Community mental health 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.
- BHD/AFBH, ACSO/Wellpath to implement **coordinated service assessment and connection** to in custody services and referrals for community-based organization (CBO) providers.
- BHD/AFBH, ACSO/Wellpath to implement **coordinated discharge efforts** and central point of contact for CBO providers.
- Assign personnel to **family liaison roles** within BHD FSC or Alameda County Sheriff's Office (ACSO) in order that family caregivers can provide what can be vital information on the medical and psychiatric history and current needs of the incarcerated person.

- **Service roadmap**: BHD to develop a roadmap from Santa Rita Jail (SRJ) to the programs and facilities providing treatment and re-entry support.
- **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.
- Conduct a **comprehensive assessment and redesign of BHD ACCESS line** that ensures access to services consistent with CalAIM, No Wrong Door policy, and clinical need.
- 2.4.C [99,106] **Non-clinical public safety database at county level of high-contact individuals**; LE, DA's Office, Probation/Parole communication too.

Recommendation 2.C: The **Safe Landing Project (SLP),** located in a recreational vehicle parked on the grounds just outside of SRJ and operated by Roots Community Health Center, provides re-entry support services to just-released incarcerated individuals. The SLP seeks to connect individuals leaving SRJ with a variety of services, including transportation to appropriate treatment facilities. BHD should engage with Roots Health Center and explore how SLP can be expanded to:

- Provide services 24/7.
- Operate out of a permanent structure.
- 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.

Recommendation 2.D: 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.

Strategy Area 3: Community-Based Support, Outreach, and Education (12 Recommendations)

Recommendation 3.A: **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.
- Court operations, legal language, and making decisions.
- Interventions to facilitate peer support groups, family collaboration, street outreach, and de-escalation services.
- Jail services, in-reach, and advocacy.

- Access to decision-making meetings and validate peer expertise.
- Medi-Cal billing and other charting to expand peer tasks/positions.
- Support/Subsidies to help peers obtain certifications, credentials, and on the job experience.
- Fair pay for lived expertise as equitable to professional and educational experience.

Recommendation 3.B: **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.
- **Family case manager/liaison for John George and Cherry Hill** to respond to early mental health episode situations.
- **Outreach in high-contact areas** (e.g., hospitals, respite, etc.), community, and community hubs.
- **Jail in-reach** inside intake, units, and releasing.
- **Peer-led interventions in housing program**s and other spaces to address vicarious trauma and practice restorative practices.
- **Placement within the court systems** to help families understand processes, navigate, and connect to service.
- **Clinical peers to conduct street health** and on first responder teams.
- **Peer inclusion at County and Agency decision-making**, policy, and funding meetings.

Recommendation 3.C: 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 mental health/SUD service consumers) in various roles and positions.

- **Add lived expertise (including that of family caregivers) as a criterion 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.

Recommendation 3.D: **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.

Recommendation 3.E: BHD/Alameda County Health (ACH) to identify a **staff or team responsible for engaging with law enforcement agencies (LEA) regarding mental health diversion** and interventions. The team will:

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

Recommendation 3.F: **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 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.

Recommendation 3.G: **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.

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

Recommendation 3.J: Develop a **service training program and collaboration between BHD & local university, community college, and school-based (middle and 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 BHD programs, and awareness about early warning indicators for other campus staff (residential advisors, educators, etc.).

Recommendation 3.K: **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.

Recommendation 3.L: 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.[3] Felton Institute runs two integrated CSC-FEP programs serving TAY-aged youth who have Alameda County Medi-Cal or are Medi-Cal 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 Medi-Cal-served population is 1,000 individuals per year[4]-- 10 times Felton's capacity. Felton's targeting of youth aged 15 - 25, while well-justified, misses many individuals whose initial presentation of psychosis appears later. Their location in the City of Alameda likely poses barriers to potential participants.

Recommendations:

- **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.[5] Felton and BHD should make this evaluation public and available to the group designated to monitor the Care First implementation.
- **Public awareness**: Develop a public information campaign to promote awareness of Felton's FEP programs. Rationale: The program is currently under-enrolled by 50% 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.
- **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.

Recommendation 3.M: BHD 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 proficiently. Also, while ACCESS and the on-line directory are current and important services, the public and some providers report being unaware of these resources. Initiate a public awareness campaign to make visible these critical resources.

Rationale: BHD Services provides direct services while it also contracts with community-based organizations to offer a wider range of mental and behavioral health services.

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[3] First Episode Psychosis Programs: A Guide to State Expansion. National Alliance on Mental Illness (NAMI), 2017.

[4] Radigan, Marleen, Gyojeong Gu, Eric Y. Frimpong, Rui Wang, Steven Huz, Mengxuan Li, Ilana Nossel, and Lisa Dixon. "A new method for estimating incidence of first psychotic diagnosis in a Medicaid population." Psychiatric Services 70, no. 8 (2019): 665-673. This was a retrospective population-based study of NYState Medicaid data over a period of 5 years (2013-2017). Estimate of Alameda County's population served by MediCal extracted from HCSA memo to Board of Supervisors, Apr 6 2021.

[5] Personal correspondence with Jim Christopher, Dir. Felton FEP programs and Mark Savill, Dr. Mark Savill, Qualitative and Fidelity lead of the EPI-CAL project, UC Davis, March 10, 2024.

These myriad services, spread across all county regions, include services open across the board as well as those targeted, for example, by age, ethnic group, gender minorities. Besides ordinary changes in the service landscape, the ordinary citizen and even service providers are sometimes challenged in finding the appropriate service for their needs. A directory will permit fuller utilization of county services.

Strategy Area 4: Crisis Services & Treatment Beds (5 Recommendations)

Context:

Mobile crisis teams (MCTs) are an integral part of an effective continuum of behavioral health care. These teams support individuals who are experiencing a mental health and/or SUD crisis ("behavioral health crisis") and link them to medically appropriate treatment services, care, and support. MCTs are designed to avoid both unnecessary inpatient hospitalizations and law enforcement involvement. Most importantly, these teams provide face-to-face crisis assessment to reduce immediate risks of danger, restore stability, and provide a warm hand-off to follow-up care, as appropriate.

The Task Force is concerned that in Alameda County, mobile crisis response is fragmented and in need of integration. For instance, the County has three different types of mobile crisis response services: (1) MCTs, (2) mobile evaluation teams (METs), and (3) community assessment and transport teams (CATTs). Moreover, many cities within Alameda County offer their own mobile crisis response services (e.g., Mobile Assistance Community Responders of Oakland [MACRO] in Oakland, Community Assessment Response and Engagement [CARE] in Alameda, and Specialized Care Unit [SCU] in Berkeley). In addition, some community-based services exist, such as Mental Health First.

Mobile crisis intervention is a covered Medi-Cal benefit.[6] In other words, a significant portion of the county's spending on these services is reimbursable. However, to implement this mobile crisis service benefit and leverage federal dollars, all MCTs in the county must meet the same requirements.

The Task Force is also concerned that according to the most recent CATT Program Evaluation Report, "the lack of County resources available and places to transport individuals experiencing behavioral health crises has been cited as one of the biggest challenges of implementing the CATT Program by field employees, CATT leadership and other stakeholders such as law enforcement."[7] Notably, according to the same report, half the CATT clients reported having no active source of income, and nearly one-third (30%) were homeless. Moreover, almost half of those served who had been diagnosed with a mental health disorder were suffering from either schizophrenia or another unspecified psychotic disorder.

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[6] See https://www.dhcs.ca.gov/Documents/BHIN-23-025-Medi-Cal-Mobile-Crisis-Services-Benefit-Implementation.pdf

[7] See https://acmhsa.org/wp-content/uploads/2024/01/MHSA_ThreeYrPlan23_26_FINAL.pdf (at pp. 1085-1093).

Recommendation 4.A: 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 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.

Recommendation 4.B: 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 MCTs 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**: BHD 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 considered, how should the availability of beds be taken into account? 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.

Recommendation 4.C: 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.

Context:

Acute and sub-acute residential beds are essential for meeting the needs of individuals who have a SMI and, therefore, are a crucial part of the continuum of behavioral health care. The Task Force considered the question of whether there are enough acute and sub-acute residential treatment beds in Alameda County to serve the needs of individuals with SMI effectively. Answering this question was difficult because, unfortunately, Alameda County has never assessed how many acute and sub-acute beds are needed for this population. Nevertheless, it appears to the Task Force that there is a shortage of acute and subacute treatment beds in the County. The Task Force bases this view on what appears to be a consensus in the psychiatric community that a community needs 50 in-patient adult psychiatric beds per 100,000 adults in the population (26 per 100,000 at the acute level and 24 per 100,000 at the sub-acute level).[8] Alameda County has approximately 1.3 million adults, and therefore, by this metric, Alameda County needs 338 in-patient adult psychiatric beds at the acute level and 312 in-patient adult psychiatric beds at the sub-acute level. The Task Force has concluded that considering these metrics, there is a slight shortfall of acute beds and a much larger shortfall of sub-acute beds in Alameda County.[9]

The need for more sub-acute treatment beds is exemplified by the fact that at John George, a significant number of beds are occupied by patients who no longer need acute treatment, but due to the lack of beds at Villa Fairmont and other "drop-down" facilities, they stay longer at John George than they need to. Likewise, discharge planners

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[8] See, "Adult Psychiatric Bed Capacity, Need, and Shortage Estimates in California - 2021," McBain, et. al (https://www.rand.org/pubs/research_reports/RRA1824-1-v2.html)

[9] In the acute category, Alameda County has 69 beds at John George (not including PES); 68 beds at Herrick; 148 beds at Fremont Hospital (but many of these beds are for Minors); 18 at Kaiser Fremont; and 26 at Heritage. This is a total of 329 acute beds (a "shortfall" of at least 9 acute beds). In the sub-acute category, Alameda County has 93 beds at Villa Fairmont; 39 beds at Gladman; 78 beds at Morton Bakar; 20 beds at Garfield; and approximately 30 beds when the new Mental Health Rehabilitation Center (MHRC) at St. Regis comes online in 2027. This is total of 260 in the sub-acute category (a "shortfall" of at least 52 beds).

at Villa Fairmont have reported that the dearth of Board and Care Facilities (Adult Residential Facilities) means that people who are ready to leave a sub-acute facility like Villa Fairmont cannot be dropped down to that lower level of care in community residential treatment. Identifying the source of these bottlenecks is crucial so that wise investments can be made.

Recommendation 4.D: 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.

Recommendation 4.E: **The Task Force recommends that the County assess the unmet needs of individuals with SMI 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.

Strategy Area 5: Diversion (4 Recommendations)

Recommendation 5.A: **Expand Point-of-Arrest Diversion**: The BOS 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.

Recommendation 5.B: **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.[10] Implementation of this recommendation applies to all persons arrested in Alameda County, including those with mental illness or SUDs, 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 Reimagine Adult Justice (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.

Recommendation 5.C: **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 SMI. 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.

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[10] RAJ recommendation #34: "Expand Pretrial Release and Explore Removing Limitations: Alameda County should seek opportunities to expand the Pretrial Program to include supervised release for defendants charged with a broader array of felony crimes and who have been in custody for three days or more, regardless if arraignment occurred or not. There is strong evidence that supervised pretrial release is an effective method for reducing the pretrial felon population in jail systems. Alameda County's pretrial assessment program is currently utilizing the Arnold Foundation PSA to gauge pretrial release risk for cases. The VPRAI [Virginia Pretrial Risk Assessment Instrument] is no longer in use. While the VPRAI is not being used, analysis has shown that, although the VPRAI recommends release for a larger number of individuals, because of pre-existing State and other procedural limitations, very few of the low risk classified individuals are being released within three days. Some low-level ranked individuals were held longer than more serious felony charged individuals who make bail. It should be determined by further study of the PSA if it is also subject to this limitation. This policy needs examination and revision at some level if it is also hampering the PSA's ability to funnel persons to pretrial supervision."

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 SUD, 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.

Key points

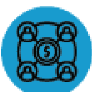
- BHD, which runs the BHC, should **contract with independent evaluators** to analyze numbers of persons who meet eligibility criteria for diversion;[11] numbers offered and received services; data on recidivism and client health and well-being; and what evidence, if any, supports BHC's policy of exclusion of persons with serious felonies.
- Both BHD 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 MHAB 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.

[11] As set forth in California's Mental Health Diversion statute, Penal Code section 1001.36

Recommendation 5.D: **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. 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 (i.e., 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.



Strategy Area 6: Funding & Financial Transparency (8 Recommendations)

Recommendation 6.A: The County Administrator's Office CAO must transparently report the funds that are available, earmarked, budgeted, allocated, etc. to support the Care First 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 Care First population.
- Unspent funds and funding balances in reported accounts.

- Unspent funds in SRJ for County and Contractor staff including agency allocations, overtime, unfilled staff positions.
- Funding allocated to address Babu settlement.
- Updating the information every six months after an initial report.

Recommendation 6.B: 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.

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

Recommendation 6.D: 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 SRJ.
- Site monitor reports.

Recommendation 6.E: **Fully fund BHD'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.

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

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

Recommendation 6.G: 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 SRJ 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 MHAB and to the BOS annually in advance of annual budget hearings.

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

Strategy Area 7: Housing & Residential Facilities (15 Recommendations)

Get People Housed

Recommendation 7.A: **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 SRJ, 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.

Recommendation 7.B: **Coordinated Entry at SRJ:** Alameda County should establish a coordinated entry access point at SRJ. This would allow County navigators to get people assessed for permanent supportive housing before exit to the community.

Recommendation 7.C: **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.

Recommendation 7.D: **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.

Recommendation 7.E: 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 SMI and those with formerly incarcerated/criminalized backgrounds.

Recommendation 7.F: 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).

Keep People Housed

Recommendation 7.G: 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.

Recommendation 7.H: 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.

Build and Support More Adult Residential Facilities

Recommendation 7.I: **Build and support licensed Board and Care Facilities**: Expand licensed Board-and-Care facilities, which are designed to support highly impacted persons experiencing mental illness and/or SUDs. 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.

Recommendation 7.J: **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.

Recommendation 7.K: 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.

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

Build More Affordable Housing

Recommendation 7.M: **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.

Recommendation 7.N: **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.

Recommendation 7.O: **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 care facilities 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 facilities stock and stabilize it with public funding.

Strategy Area 8: Staff Training & Professional Development (5 Recommendations)

Recommendation 8.A: **Increase the County's compensation of CBOs providing behavioral health services**, so that their funding reflects **full equity between similar pay scales** at BHD, to allow them to recruit and retain staff and managers at competitive salaries that match county compensation.

Recommendation 8.B: 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.

Recommendation 8.C: **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.

Recommendation 8.D: **BHD should enhance the availability and delivery of mental health services for individuals who are currently or previously incarcerated at SRJ**. 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.

Recommendation 8.E: Culturally competent countywide training for first responders in mental health crisis services and 5150 assessments: To address equity gaps and race-based discrimination in first crisis response, the Taskforce recommends multiple actions specifically for crisis and first responders countywide.

- **Conduct an evaluation of the current CIT curriculum to identify levels of inclusivity** regarding 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); and
  - **BHD to make quarterly reports to the Health Committee** of the BOS on the progress (capacity of treatment and training).
- **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.

Strategy Area 9: Family Supports (3 Recommendations)

Recommendation 9.A: Assign a case manager or family navigator to any patient/family experiencing an early illness episode. This applies to anyone with SMI or Co-occurring Disorder (designated number 3 or 4 level of care in the jail) and/or exiting hospital on a psychiatric hold.

Recommendation 9.B: Involve families starting with the first mental health crisis (for example, at John George or SRJ) 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. *This recommendation comes from Dr. Alice Feller.*

Recommendation 9.C: **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 BHD 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 BHD 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 SMI, 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.

Implementation Considerations and Outcomes

Projected System-wide Outcomes

1. African American Resource Center

This strategy area is included in the County-Wide Plan as it involved agencies that did not participate in the Care First Task Force.

Expected Outcomes if Recommendations are Implemented:

Implementing these two recommendations can result in the following system improvements:

1. **Enhanced Access to Culturally Responsive Services:** The Center will provide tailored services in education, physical health, and mental health support, including psychiatric care and therapy, improving well-being and health outcomes for African American individuals and families.
2. **Community Involvement and Representation:** By forming an advisory committee with significant representation from individuals, families, or caregivers with lived experience, The Center will ensure that services meet the needs of the community and foster collaboration and trust between the Center and the community it serves.
3. **Increased Awareness and Outreach:** Increasing awareness of The Center in African American communities across Alameda County will enable more people to access the support they need.
4. **Support Throughout the Criminal Legal Process:** Sharing information about The Center at every stage of the justice process (e.g., pre-trial, community supervision, prison/jail intake, and reentry) will help individuals involved in the system access support and resources. This will help reduce disparities by supporting upstream interventions to prevent system involvement and assisting those needing support post-system involvement.

2. Collaboration And Case Management

The recommendations in this area were directed to the following agencies and departments and the County-Wide Plan for those agencies that did not participate in the Care First Task Force.

- *Behavioral Health Department*
- *District Attorney's Office*
- *Housing and Community Development*
- *Housing and Homelessness Services*
- *Probation Department*
- *Public Defender's Office*
- *Sheriff's Office*
- *Social Services Agency*

- *County-Wide*

Expected Outcomes if Recommendations are Implemented:

Implementing this set of recommendations will lead to several system improvements:

1. **Improved Inter-Agency Communication:** Designating delegates within county agencies to manage inter-agency communication will streamline efforts, prevent duplication of services, and ensure that individuals receive the full range of support available without gaps or delays.

2. **Enhanced Access to Full-Service Partnerships (FSPs):** By increasing the number of FSPs in Alameda County and ensuring that unused slots are filled, individuals requiring comprehensive mental health services will have better access to the support they need. Regular reporting to the community will also promote transparency and accountability in service provision and the direction of resources.

3. **Service and Housing Connections for People Exiting Santa Rita Jail:** The creation of an easy-access interagency housing program and expansion of the Safe Landing Project at SRJ will facilitate comprehensive assessment and collaboration among stakeholders, leading to smoother transitions and access to appropriate care and housing options for those exiting the jail.

3. Community-Based Support/Outreach/Education

The recommendations in this area were directed to the following agencies and departments and the County-Wide Plan for those agencies that did not participate in the Care First Task Force.

- *Behavioral Health Department*
- *District Attorney's Office*
- *Housing and Community Development*
- *Housing and Homelessness Services*
- *Probation Department*
- *Public Defender's Office*
- *Sheriff's Office*
- *Social Services Agency*

Expected Outcomes if Recommendations are Implemented:

Implementing the recommendations in this group can lead to several system improvements:

1. **Enhanced Peer Workforce:** Comprehensive training, equitable pay, defined career pathways, and inclusive HR practices for peers will enable those with lived justice, reentry, behavioral health, and/or substance use experience to play critical roles in service delivery and decision-making. Including peers in the workforce will enhance the system's capacity to meet individuals where they are and support recovery.

2. **Enhanced Community Knowledge of Opportunities and Services:** Efforts that target family and community members with information about peer roles, community resources, and alternatives to police intervention will increase peer engagement and awareness of available support services.

3. **Diversion from Law Enforcement:** Assigning a team to work with law enforcement on mental health diversion and interventions will improve coordination, training, and the effectiveness of crisis teams.

4. **Enhanced Reentry Services:** Expanded, more immediate reentry services, better training, and more job opportunities for people in reentry through partnerships, CORE, and the Daylight System will enhance employment prospects, which is a critical factor in successful reintegration.

5. **Early Psychosis Intervention:** Enhanced awareness and training for first-episode psychosis will ensure more individuals receive timely and effective care, improving recovery rates and reducing long-term mental health issues.

6. **Provider Capacity Assessment:** Evaluating and funding providers that work with at-risk youth to connect them to housing, jobs, and support services will address unmet needs and improve the stability and prospects of homeless or at-risk youth.

4. Crisis Services, 5150, And Treatment Beds

The recommendations in this area were directed to the following agencies and departments and the County-Wide Plan for those agencies that did not participate in the Care First Task Force:

- *Behavioral Health Department*

Expected Outcomes if Recommendations are Implemented:

Implementing these comprehensive crisis services, 5150, and treatment bed recommendations will substantially improve public health, safety, and overall community well-being. Here are some expected benefits:

1. **Enhanced Mental Health Care Access and Quality**
    - **Increased Treatment Availability at All Levels of Need:** Creating more psychiatric treatment beds, especially at the sub-acute level, ensures that individuals receive timely and appropriate care, reducing wait times and improving access to necessary services.
    - **Better Understanding of Needs:** Conducting a thorough assessment of unmet needs will provide data to tailor services effectively, ensuring resources are allocated where they are most needed.
2. **Reduced Law Enforcement Involvement in Mental Health Crises:** Expanding crisis teams to reach all areas of Alameda County and operate 24/7, combined with an integrated response team and coordination with other services, will help people experiencing mental health crises avoid interaction with law enforcement when not needed. Implementing a triage system for 911 calls will ensure that law enforcement is used as a last resort in mental health crises, directing calls to appropriate services based on the needed intervention level. Additional anti-bias and de-escalation training for law enforcement will reduce the likelihood of negative interactions between law enforcement and individuals with mental health issues, promoting safer and more effective crisis resolution.

3. **Improved Post-Crisis Care and Continuity of Services**
    - **Investment in Post-Crisis Care:** Investing in post-crisis care services will support individuals after a crisis, reducing the risk of relapse and promoting long-term recovery while freeing up more intensive services for those with higher acuity needs.
    - **Best Practices for Crisis Teams:** Establishing mental health crisis teams that follow best practices, such as peer involvement, follow-up check-ins, and coordination with other delivery systems, will enhance the quality and effectiveness of crisis intervention and support.
4. **Comprehensive and Coordinated Care:** An integrated approach to mental health and SUDs ensures that individuals receive comprehensive care addressing both issues simultaneously, improving overall treatment outcomes.
5. **Reduced Homelessness and Incarceration**
    - **Preventive Measures**: More psychiatric treatment beds and effective crisis response can prevent individuals with mental health issues from becoming homeless or incarcerated, addressing these issues proactively rather than reactively.
    - **Supportive Services**: Effective post-crisis care and coordinated services will help stabilize individuals, reducing the likelihood of homelessness and recidivism.
6. **Community and Public Health Benefits**
    - **Enhanced Public Safety**: With fewer mental health crises escalating to emergencies, public safety improves for both individuals in crisis and the community at large.
    - **Better Quality of Life**: Improved mental health services enhance the quality of life for individuals and their families, promoting healthier and more productive communities.
7. **Economic Benefits**
    - **Cost Savings**: Reduced reliance on emergency rooms, acute hospitalizations, and law enforcement for mental health crises can lead to significant cost savings for the county.
    - **Increased Productivity**: Effective treatment and support for individuals with mental health issues can improve their ability to participate in the workforce and community activities, boosting overall productivity.

5. Diversion

The recommendations in this area were directed to the following agencies and departments:

- *District Attorney's Office*
- *Probation Department*
- *Public Defender's Office*

Expected Outcomes if Recommendations are Implemented:

Implementing this set of recommendations will lead to improvements in mental health services and diversion from the criminal justice system:

1. **Increased Accountability and Transparency:** Independent evaluations and public reporting mechanisms will foster transparency and accountability in programs like the CARES Navigation Center and Behavioral Health Court (BHC), offering stakeholders clear insight into program efficacy and areas for improvement.

2. **Improved Access to Services**: Addressing barriers to participation, such as limited referrals and perceived burdens, can enhance access to services for individuals with behavioral

health issues. This can potentially reduce recidivism rates by ensuring more people receive the support they need.

3. **Emphasis on Treatment Over Prosecution**: Redirecting mental health resources towards diverting IST defendants into suitable treatment reflects a prioritization of treatment and rehabilitation over prosecution for those with mental health issues, signaling a significant shift in approach.
4. **Reduction of Pretrial Incarceration**: Prioritizing supervised and unsupervised pretrial release, conducting risk assessments, and offering appropriate support will likely decrease pretrial incarceration for low-risk individuals, potentially easing jail overcrowding and ensuring fair treatment while awaiting trial.

6. Funding And Financial Transparency

The recommendations in this area were directed to the following agencies and departments and the County-Wide Plan for those agencies that did not participate in the Care First Task Force:

- *Housing and Community Development*

Expected Outcomes if Recommendations are Implemented:

Implementing this set of recommendations will enhance transparency, accountability, and access to mental health services, ultimately improving outcomes for individuals with behavioral health needs in Alameda County:

1. **Funding and Resource Allocation**
    - **Advocacy for Additional Funding and Funding for Behavioral Health Programs**: Continued advocacy for more funding from state and federal governments can increase resources to support mental health programs and services in the County. In addition, fully funding the Forensic Plan countywide will improve access to critical mental health services, including crisis intervention, residential treatment, and peer support.
    - **Earmarking Cost Savings for Care First Populations**: Earmarking cost savings from jails, hospitals, and unspent funds for Care First populations will ensure savings are reinvested into programs and services that support individuals with behavioral health needs.
    - **Reallocation of Funds for Permanent Supportive Housing:** Reallocating funds from the Mental Health Program Services Unit in SRJ for permanent supportive housing can address housing needs and provide stable housing for individuals with behavioral health needs, contributing to long-term stability and well-being.
2. **Transparency and Accountability**
    - **Increased Accountability and Transparency**: Transparent reporting on funds available for supporting the Care First population will enhance accountability and ensure that funds are used effectively and efficiently.
    - **Transparency in Settlement Spending**: Making information about the Babu settlement transparent will foster trust and confidence in the county's efforts to address issues related to deaths in jails.

3. Access to Mental Health Services

- **Funding for Behavioral Health Programs**: Enhancing comprehensive funding for mental health programs is crucial for improving access to services like crisis intervention, residential treatment, and peer support.
- **Reallocation of Funds for Permanent Supportive Housing**: Utilizing funds for permanent supportive housing can significantly improve the stability and well-being of individuals with behavioral health needs by addressing their housing requirements.

4. Workforce Enhancement

- **Enhanced Hiring and Retention**: Ensuring fair pay and treatment for crisis and community mental health teams can improve recruitment and retention, leading to more effective and sustainable mental health services.

5. Data-Informed Decision Making

- **Yearly Reporting on Housing Costs and Treatment:** Creating a yearly report on housing costs and treatment for individuals with behavioral health needs will provide valuable data to inform decision-making and resource allocation.

7. Housing And Residential Facilities

The recommendations in this area were directed to the following agencies and departments and the County-Wide Plan for those agencies that did not participate in the Care First Task Force:

- *Housing and Homelessness Services*
- *Social Services Agency*
- *Sheriff's Office*

Expected Outcomes if Recommendations are Implemented:

If the County implements these housing and residential facilities recommendations, the following changes can be expected:

1. **Get People Housed:** Creating subsidy programs for people with justice involvement, SMI, SUD, or co-occurring disorders will help get more people housed who would otherwise experience barriers to housing. Establishing a coordinated access point at SRJ to assess clients' housing needs before release will streamline their transition to housing, especially for those who were experiencing homelessness before incarceration. Allocating more funds for permanent supportive housing and services for individuals with SMI, SUD, and/or co-occurring disorders, and supporting initiatives like the Home Together Plan will enhance housing stability and support services.

2. **Keep People Housed:** Expanding legal services, early screening, tenancy support, and enforcing Just Cause policies will prevent evictions and displacement, particularly for those with mental health or SUDs and those with a criminal history. Improved living conditions in Board & Care homes and additional supportive services for other housing models will ensure ongoing safe and supportive environments for individuals with mental illness, therefore preventing housing loss and displacement. Extending support services from six months to two years for individuals leaving jail will provide them with ample time

for job training, job placement, and housing navigation, leading to sustainable housing and reduced recidivism.

3. **Build More Housing:** Increasing support for innovative housing models like Community Land Trusts will maintain long-term affordable housing, particularly for low-income renters with mental health challenges. Capital funding for initiatives like the Supportive Housing Land Trust will help preserve and expand Board-and-Care facilities. Creating more licensed Board-and-Care facilities and increasing their financial stability through higher reimbursement rates will ensure long-term support for individuals with mental illness and substance use disorders. Expanding and maintaining non-congregate shelters and other interim housing options will provide immediate relief and support for homeless individuals, particularly those involved in the criminal justice system.

8. Staff Training And Professional Development

The recommendations in this area were directed to the following agencies and departments and the County-Wide Plan for those agencies that did not participate in the Care First Task Force:

- *Behavioral Health Department*
- *Social Services Agency*

Expected Outcomes if Recommendations are Implemented:

Implementing this set of recommendations will lead to better mental health outcomes, reduced recidivism, and more equitable and effective crisis response in Alameda County:

1. **Enhanced Mental Health Services for Incarcerated Individuals**
    - **Consistent Standards**: Establishing uniform standards for mental health care during and after incarceration will ensure continuity of care, aid reentry, and reduce the likelihood of recidivism.
    - **Targeted Support**: Providing targeted mental health support to frequently incarcerated individuals will address their specific needs, improving overall well-being and reducing future incarcerations.
    - **Comprehensive Data Collection**: Detailed data collection on mental health diagnoses and services will allow for personalized support and better mental health care continuity management.
2. **Improved Crisis Response**
    - **Cultural Competency**: Training first responders in cultural competence and inclusivity will address equity gaps, reduce race-based discrimination, and enhance the effectiveness of crisis interventions.
    - **Evaluation and Reporting**: Regular evaluations and progress reports on CIT will ensure ongoing accountability and lead to continuous improvement in crisis response.
    - **Equity Checklist**: Developing an equity-focused assessment checklist incorporating racial equity and decarceration principles will promote fair and effective crisis responses.
    - **24/7 Crisis Teams**: Expanding around-the-clock crisis response teams will ensure immediate and appropriate intervention for crisis individuals, reducing the escalation risk.

3. **Fair Compensation, Sustainable Working Conditions, and Supported Employment:**

- **Pay Equity**: Ensuring fair compensation for crisis team staff through alignment with county pay structures will boost job satisfaction and retain skilled personnel.
- **Workforce Support**: Increasing supported employment opportunities and providing mental health training for employment providers will facilitate the reintegration of individuals with mental health disabilities into the workforce, enhancing their economic stability and reducing recidivism.

9. Family Support

The recommendations in this area were directed to the following agencies and departments:

- *Behavioral Health Department.*

Expected Outcomes if Recommendations are Implemented:

Implementing these family support-related recommendations will lead to significant improvements:

1. **Prevention of Worsening or Recurring Mental Illness:** Families and other caregivers are crucial in recognizing early signs and symptoms of mental illness and offering support for those living with SMI. Offering support such as designated case managers and an advice line will help families navigate the system of care with and on behalf of their loved ones. Family involvement at the first onset of mental health crises can help prevent worsening conditions.

2. **Dedicated Support for SMI:** Families dealing with SMI will receive dedicated support from a case manager or family navigator, especially those in acute cases or transitioning from jail or psychiatric holds.

3. **Early Family Involvement in Mental Health Crises**: Families will be engaged from the onset of a mental health crisis through the assignment of caseworkers or advocates, early HIPAA releases, family advocates in crisis teams, peer certification training, dedicated offices for family advocates, culturally informed advice, and consistent follow-up by healthcare professionals.

4. **Establishment of an Advice Line**: The Alameda County Behavioral Health Psychiatry Department will manage a dedicated Advice Line to support family caregivers, friends, and individuals using psychiatric and substance abuse services. The line will help with appropriate service provision by offering informed decision-making and recovery guidance.

Implementation Considerations

While some system improvements are already underway, other recommendations require additional funding, data, or considerations before implementation. The CFJL Data Ad-hoc Subcommittee worked diligently to obtain data from county agencies over the course of the Task Force period. While most agencies were able to fulfill these requests early in the information gathering phase, the Sheriff's Office shared data with BHD in Fall 2023 and the District Attorney's Office had not yet shared data with BHD at the conclusion of the Task Force proceedings.

Various agencies have identified factors affecting their ability to fulfill the assigned recommendations. Task Force and community members provided feedback, comments, and concerns about these plans during the final meeting on May 23, 2024. Most of these considerations fall into the following categories:

- **Unfunded Programs**: Programs or plans that will require funding before implementation.
- **Data Needed/Areas for Study**: Elements of plans that require additional data or comprehensive study to pinpoint the best way to implement the recommendation(s).
- **Advocacy or Lobbying**: Recommendations that require action from the BOS and/or the county's lobbyist to garner implementation support.
- **Plan Omissions**: Plans that do not include detailed strategies or key steps to implement the recommendations, such as funding sources and usage or timelines.

Other General Considerations

Agency representatives brought up additional considerations that do not fall into any of the above categories, including:

- **Unknowns related to California's Proposition 1** implementation requirements.
- **Limitations created by State of California standards**, such as the definition of the TAY age range.
- **A lack of locked psychiatric sub-acute facilities** to support efforts to keep those who are experiencing SMI out of jail.
- **Timing of the County budget process**, which inhibits immediate action on new unfunded initiatives.
- **Lack of clarity related to whether the ACSO plans to employ peers**/individuals or families with lived experience.
- While coordinated entry is in process as part of the SRJ transition center, the **implementation timeline is unavailable**.

Comments from Task Force and Community Members

Below are comments and concerns expressed by Task Force and community members that were raised in response to the agency plans and related discussion of the feasibility of various recommendations. Additional details regarding gaps, next steps and implementation of agency plans can be found in **Appendix D: Detailed Considerations for Agency Plans.**

Recommendation 2B: Task Force comment regarding the engagement of the Public Defender's Office in Interagency Communication and Collaboration:
While the PD is not part of this recommendation, the PD asks that the recommendation include language regarding services, referrals and/or discharge plan to include clients' release from custody with 30-day supply of medication in hand, not merely a prescription to pick [it] up at a local pharmacy. This mitigates the barrier to fulfilling the immediate and time-sensitive need for medication, regardless of insurance status (private, in or out of county Medi-Cal, no insurance). The PD also requests language to include direct housing or shelter referral and placement at the time of release from custody.

Reentry is a critical time. Any support around stabilizing Rx/housing in the short term is crucial to long-term success and continued engagement in services.

Recommendation 2B: Community comment regarding Sheriff's Office's plan for fulfilling Interagency Communication and Collaboration:

Recommendation 5A: Task Force comment regarding the District Attorney Office's plan for fulfillment of Point of Arrest Diversion:

This Task Force recommended that point of arrest diversion is crucial to get people out of the legal system and into treatment, and the CARES navigation center run by DA, we're not sure it's really fitting the bill, so we said let's do a study of it. The BOS authorized a study, and we outlined exactly what the study should contain. The plan that comes back [from the DA] says don't do the study, we'll duplicate what we're already doing, it doesn't answer questions that the Task Force came up with.

Recommendation 4E: Community comment regarding the Behavioral Health Department's plan for Assessing Unmet Needs for Treatment Beds:

I would like this to be public and shared to discuss whether we need beds. I hope there could be an ongoing process involving the Mental Health Advisory Board, maybe even asking for quantitative information.

Recommendation 5B: Task Force comment regarding Pre-arraignment Diversion Expansion:

While the Public Defender is not directly involved in the implementation of this recommendation, PD clients and PD representation of our clients will be impacted. The PD made prior objections based on the apparent contradiction in the mission and purpose of the CJFL Task Force – which is to decrease incarceration and involvement of law enforcement and increase access to treatment and services. There is a real concern that conditional release with pretrial supervision by Probation could be used as a basis to incarcerate and/or exclude from collaborative courts and/or mental health treatment programs.

In response to RDA's request for additional discussion about this recommendation, the Public Defender suggested modifications to the language. The PD would agree to expand unsupervised pretrial release with referral to voluntary mental health treatment or services to be provided by a community-based organization. The PD further requests that language be included so that participation in mental health treatment or services (or a lack thereof) not be used as a basis for reincarceration or exclusion from diversion or collaborative court programs. Additional discussions suggested that the recommendation pivot away from supervised and conditioned release by probation to greater funding and support from the local service providers that were best suited to address the conditions causing arrest and incarceration. The Public Defender agrees with such a shift in focus of this recommendation but continues to object to the expansion of probation's supervised pretrial release program with conditions of release including mental health services and treatment.

Recommendation 5C: Task Force comment regarding Collaborative Courts:

There are a number of Collaborative Courts that currently exist within the county. What appears to be lacking is not more specialty courts (of which we have many) but a lack in staff and services to substantively and reliably serve clients in these programs. For instance, the creation of a Dual Diagnosis specialty court is of limited use if no providers are available to facilitate treatment and services for the unique needs of this client population.

Recommendation 5D: Task Force comment regarding IST Diversion Program:

Currently, the local hospital placements for most clients being accepted into DSH Diversion are Villa Fairmont and Gladman. These hospitals are not long-term housing placements. A lesser-

known challenge currently facing DSH Diversion is viable longer-term housing options for clients with high needs who are doing well at Villa or Gladman and ready to step down.

Recommendation 6C: Task Force comment regarding Reallocation of remaining funds from SRJ's Mental Health Program Services Unit to permanent supportive housing:
There was a recommendation that money be taken away from the jails and GSA and given to our department to go run a housing program. [I would] love to do that, but I can't make that recommendation, of course. That's a great recommendation, and my response to that, as the housing director, was if the Board chooses to move this money. And then there'd need to be a priority-setting process, by which we decide [what type of housing] is most important. [It] would make a lot of sense, and we would want this committee, or a committee like it, or the Mental Health Board, to help us prioritize the use of those funds.

Recommendation 7A: Community comment regarding the Sheriff's Office's plan addressing how to Connect People to Housing Before Reentry:
This is not responsive to 7A's requirement that ACSO formulate a housing-focused reentry plan meeting particular requirements.

Task Force Member comment regarding the time given for agency planning:
If I wasn't sitting on this committee, and I was just a housing director, and I got this list of things, it's hard for us to, in a month, respond that quickly, but also, we are looking at what's practical for us to implement, and some of it is, frankly, politically, not okay for me to say.

Implementation Guidance

This section aims to provide actionable guidance to support the transformation of the current set of services available to those with mental health and substance use issues into a system that places care first and reduces the reliance on the justice system to address complex needs.

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

- **Create a special committee (the Care First Partnership, or CFP) to develop and execute an integrated Care First Implementation Plan** and provide a venue for cross-agency collaboration and problem-solving. The CFP should include representatives from the agencies responsible for implementing the services and initiatives related to this system change effort and should be responsible for submitting an integrated implementation plan to the Board of Supervisors (the Board), with implementation monitoring delegated to the MHAB. The CFP should be situated under the County Administrator's Office to support effective cross-system collaboration. A reporting scheme should be developed to share progress and implementation challenges with the appropriate Board committees.
- **The MHAB should monitor the implementation plan as directed in the Care First legislation** to ensure it reflects community needs and to track the status of recommendations approved by the Task Force across the implementation period. Given this

implementation effort's broad, multi-year nature, the MHAB should consider creating an ad hoc committee to monitor progress.

2. Commission a study to identify funding sources.

The lack of funds is the most significant current barrier to implementing the Task Force recommendations. The BOS should commission a study to identify potential funding sources and develop strategies for reallocating current expenditures towards upstream interventions. The study should have three main objectives:

- **Fully define existing funding streams** related to public protection, the justice system, and the behavioral health system and how they can be applied to creating a Care First system.
- **Identify and prioritize public and private grant funding** related to systems change and behavioral health.
- **Examine how funds can be shifted from reactive services such as jails and hospitals to proactive measures** that address root causes of social and health inequities and transform county services to emphasize appropriate behavioral health care and reduce dependence on incarceration.

The study should analyze current and outside funding sources and propose strategic pathways for effective reallocation, emphasizing cost savings and improved outcomes. Strategies may include traditional grant-writing efforts, public-private partnerships, and legislative advocacy.

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

To effectively address issues beyond county-administered services, the County should enhance formal engagement across city and regional agencies focusing on law enforcement. This coordinated effort should establish common policies and improve communication, training, resource sharing, and joint problem-solving, resulting in decreased police response and a more coordinated, consistent, and effective response to behavioral health crises that result in a 911 call.

4. Enhance and expand metrics that assess the effectiveness of system transformation and related investments and provide regular reports to the Board and MHAB.

The ongoing success of this system transformation requires measurement, assessment, and adjustment. Tracking this information over time will enable adjustments that ensure that people with behavioral health issues receive care at the appropriate level, that diversion efforts are successful, and that those released from jail experience appropriate treatment in the community. Examples of measures to consider tracking include:

- The number of **in-custody defendants at SRJ** -- those with the highest level of behavioral health support needs -- who are classified to be housed in one of the Therapeutic Housing Units.
- **"Level of Care**" numbers, as provided in the Babu monitoring reports.
- **Adult Forensic Behavioral Health caseload** numbers.
- The number of **defendants diverted from jail into treatment** through the Behavioral Health Court and the Collaborative Drug Courts.
- The number of **mental health diversion petitions granted by the court**.
- The number of **Incompetent to Stand Trial (IST) defendants being accepted** into the state-funded IST Diversion program.

Keeping track of these data and similar information will require the full cooperation of and partnership with the Alameda County District Attorney's Office, Sheriff's Office, Superior Court, Adult Forensic Behavioral Health, and other related agencies.

5. Enhance publicly available online information that supports access to services and budget and system information related to creating a Care First, Jails Last system.

The current service system still depends on in-person interaction or phone communication to identify and access appropriate services. The County should continue to develop current online portals and centralize or integrate these tools to create more inclusive and efficient access for those in need of services, their family members, and their caregivers.

While Alameda County has aggressively pursued greater access to and use of data across agencies and the provider community, the public is largely left out of this advancement. The County should develop a digital platform that provides more transparent access to information about how services are being rendered and the allocation of public resources. Offering a higher level of visibility can dispel misconceptions and improve accountability, contributing to more positive community engagement in decisions and policies.

Appendix A. Glossary of Acronyms & Terms

Acronym	County Department
ACBH/BHD	Alameda County Behavioral Health Department, previously known as Behavioral Health Services Department (BHSD)
ACDAO	Alameda County District Attorney's Office
ACH/HCSA	Alameda County Health (formerly Healthcare Services Agency)
ACHCD	Alameda County Housing and Community Development Department
ACHHS/OHCC	Alameda County Housing & Homelessness Services (formerly Office of Homeless Care & Coordination)
ACPD	Alameda County Probation Department
ACPDO	Alameda County Public Defender's Office
ACSO	Alameda County Sheriff's Office
ACSSA	Alameda County Social Services Agency
CAO	County Administrator's Office
Term	**Definition**
At-risk Youth	A term rooted in social work and education, which refers to youth who are "less likely to transition successfully into adulthood", due to outside factors. Recent legislation in California has suggested a move to "At-promise youth". For the purposes of these recommendations, "at-risk youth" refers to young people who are at risk of mental health issues and/or justice system involvement.
Behavioral Health	Generally, refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms.[12]
BHSA	**Behavioral Health Services Act** was passed in March 2024, as the next iteration of the Mental Health Services Act, which funds and directs many aspects of California's county mental health service systems
Board & Care Homes	Residential care option catering to individuals requiring assistance with daily living activities
Brown Act	The Ralph M. Brown Act, also known as California's Open Meeting Law, was passed in 1953 with the intent of creating great transparency and public access to deliberations and decisions made by government officials.
CalAIM	

[12] https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health

Care First Community Coalition	A group of Alameda County organizations and community members who work towards reducing the number of people with behavioral health needs in Santa Rita Jail and to prevent the future incarceration of those with behavioral health concerns in Alameda County. The Coalition authored the original Care First, Jails Last resolution.
CARES Navigation Center	**Community Assessment, Referral and Engagement Services Navigation Center:** This program, run by the DAO, diverts individuals away from jail and the criminal justice system and into supportive services.
CBO	**Community-based Organization:** a public or private nonprofit organization that is representative of a community or significant segments of a community and engaged in meeting that community's needs in the areas of social, human, or health services.
Care First Population	Adults and youth with mental illness, substance abuse, and co-occurring disorders
CIT	**Crisis Intervention Team/Training**: A community partnership between local law enforcement, county health services, mental health advocates, and mental health consumers. It is designed to address the needs of mental health consumers who enter the judicial system during a crisis state. Each CIT is unique, developed in response to the challenges and resources of the community it serves. The acronym "CIT" is often used interchangeably to represent "Crisis Intervention Team" and "crisis intervention training."[13]
Community Land Trust	A non-profit organization whose primary mission is to provide and steward land and properties for the benefit of its low to moderate income community members using a ground lease that ensures permanent affordability.
Co-occurring disorder	The combined experience of a mental illness and a substance use disorder (SUD). Individuals with mental illness are more likely to experience an SUD than those not affected by a mental illness.[14]
FEP	**First Episode Psychosis:** Early or first-episode psychosis (FEP) refers to when a person first shows signs of beginning to lose contact with reality. Acting quickly to connect a person with the right treatment during early psychosis or FEP can be life-changing and radically alter that person's future.[15]
FSP	**Full Service Partnerships** provide comprehensive community-based services for individuals facing severe and persistent mental illness. The FSP philosophy is to do "whatever it takes" to help people on their path to recovery and wellness
HIPAA	**The Health Insurance Portability and Accountability Act** prohibits healthcare providers and businesses from disclosing protected information to anyone other than a patient and the patient's authorized representatives without their consent.[16]

[13] State of California Commission on Peace Officer Standards and Training: https://post.ca.gov/crisis-intervention-team
[14] SAMHSA: https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/co-occurring-disorders
[15] National Alliance on Mental Illness (NAMI): https://www.nami.org/about-mental-illness/mental-health-conditions/psychosis/
[16] https://www.hhs.gov/hipaa/for-individuals/medical-records/index.html

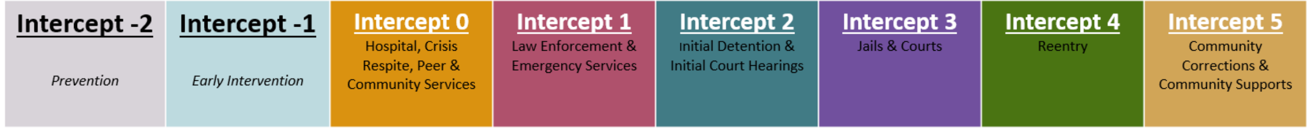
IST	**Incompetent to Stand Trial:** a legal definition which means that an individual lacks mental capacity to participate in legal proceedings.[17]
JIMHTF	**Justice-Involved Mental Health Task Force:** a Task Force, established in Alameda County in 2015, with the goal of reducing the population of people with mental illness and substance use disorders in the Santa Rita Jail.
Justice-Involved	Any person who has spent time in jails, youth correctional facilities, or prisons. Additionally, any person who has interacted with the criminal justice system as a defendant, even if they did not go to jail, prison, or a correctional facility.
LPS Criteria (SB 43)	In California, this is the criteria under which an individual can be put on a 72-hour involuntary treatment hold, due to an assessed risk of harm to themselves or others.
MH	**Mental Health**
MHSA	**Mental Health Services Act**, a California proposition passed in 2004 and designed to expand and transform California's county mental health service systems. The next generation of legislation is the Behavioral Health Service Act, passed in March 2024.
NAMI	**National Alliance on Mental Illness**: the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.
Peer	For the purposes of the Care First, Jails Last model, we define a "peer" as any individual who has experienced SMI, SUD, or co-occurring disorders, or the criminal legal system, in addition to any family members or caregivers of those individuals.
Psychosis	Disruptions to a person's thoughts and perceptions that make it difficult for them to recognize what is real and what isn't. These disruptions are often experienced as seeing, hearing and believing things that aren't real or having strange, persistent thoughts, behaviors and emotions.
RAJ	**Reimagine Adult Justice:** An initiative in Alameda County to assess and inventory existing in and out of custody justice related programming, identify gaps and opportunities that will reduce our reliance on incarceration, and build on our current reforms to further strengthen re-entry systems, reduce recidivism and prevent victimization.
RDA	**RDA Consulting**
SAMHSA	**Substance Abuse and Mental Health Services Administration,** a federal agency within the U.S. Department of Health and Human Services.
SIM	**Sequential Intercept Model**
SMI	**Serious Mental Illness**
SUD	**Substance Use Disorder**
TAY	**Transitional-Aged Youth** is defined by the State of California as young adult aged 18-24, inclusive

[17] https://secure.ssa.gov/poms.nsf/lnx/0202607330#:~:text=Effective%20Dates:%2004/17/,setting%20to%20receive%20restorative%20treatment.

Wrap-around services	The combination of public benefits, social services, and housing which are intended to support recovery and prevent justice system involvement. These services are part of a model that includes a team-based, collaborative case management approach where services are coordinated at the point of delivery to address the whole person and avoid duplication or gaps in services.

Appendix B: Sequential Intercept Model (SIM)

The Sequential Intercept Model (SIM) is a planning tool for communities to assess resources for people who are, or may become, involved in the criminal justice system. The JIMH Task Force updated the SIM, which was first developed in the early 2000's[18] with six intercepts, to include Intercepts -2: *Prevention*, and -1: *Early Intervention,* to focus on more preventative services for people in Alameda County with Mental Illness, so that they may avoid becoming involved in the criminal justice system.



The Care First Task Force used the SIM to review existing programs in Alameda County, and to formulate their initial recommendations.

[18] Steadman, H.J. (2007). NIMH SBIR Adult Cross-Training Curriculum (AXT) Project – Phase II Final Report. Delmar, NY: Policy Research Associates. (Technical report submitted to NIMH on 3/27/07.)

Appendix C: Data Request and a Note on Data Availability

The following Data Request was accepted by the Care First Task Force, per the request of the Data Ad-hoc Committee, in the meeting on June 22, 2023. The request asks for data to be shared by the District Attorney's office and the Sheriff's Office as soon as possible. As of the publishing of this report, much of the data is yet to be shared. The data team at BHD was able to analyze a large set of data from the Sheriff's Office, which is too large to share within this report, and therefore is available upon request from BHD.

Proposed Data Requests from Care First Jails Last Task Force to County Agencies

The following three requests from the Care First Jails Last (Care First) Task Force are designed to identify the nexus between behavioral health diagnoses, services, and incarceration in Alameda County, to generate evidence- based recommendations for the well-being and decarceration of persons with mental health or substance use disorder diagnoses or other ACBH involvement. Because the county produces data on justice involvement separately from data on behavioral health, and because of HIPAA restrictions, we are requesting cooperation of justice agencies and ACBH to generate data on this critical nexus, as mandated in the 2021 Care First resolution.

The Care First resolution, approved unanimously by the Board of Supervisors in 2021, states that:

"Be it further resolved that all Alameda County agencies that can contribute to advancing a Care First, Jails Last policy will gather and share data with Alameda County Behavioral Health Care department, where permitted by health privacy and confidentiality and not prohibited by other applicable laws, for the purposes of 1) coordinating the systems of criminal justice, behavioral health care, and wraparound services including public benefits, social services, and housing; 2) identifying and measuring unmet needs for behavioral health and other wraparound services, and, to the extent possible, measuring the impact of behavioral health and other wraparound services, and 3) reducing the number of people with mental illness, substance use disorder, or co-occurring disorders in our jail"

1. We request that District Attorney's Office (DAO) supply to ACBH, within 30 days, a data set of all persons aged 18 and older charged by the DAO since January 1, 2015, with the following information, preferably in Excel or csv format, for each year (2015 - 2022):

- Name
- Race
- Gender identification
- Age category
- Most narrow categories of charges and offenses available (* see below)
- Charge level (felony, infraction, misdemeanor)
- Charge decisions (charged complaint only, charged petition only, charged complaint and petition, further investigation, rejected)
- Agency (responsible for arrest)

- Court (branch) that reviewed
- Time spent in Santa Rita Jail (if DAO possesses)
- Number of stays in Santa Rita Jail (if DAO possesses)
- Number of offers to adjudicate in behavioral health court
- Acceptance of offers to adjudicate in behavioral health court

* Categories of charges and offenses should include but not be limited to:

- Felonies: homicide; rape; manslaughter; DUI; domestic violence; internet crimes; auto theft; grand theft; robbery; burglary; drug possession; drug distribution; aggravated battery; fraud; gang cases; criminal threats; and other alleged felonies.
- Misdemeanors: Probation violations; prostitution; assault and battery; drug possession; trespassing; public intoxication; shoplifting; petty theft; DWI/DUI; and other alleged misdemeanors.

2. We request that Alameda County Sheriff's Office (ACSO) supply to ACBH a data set within 30 days of all persons charged by the DAO since January 1, 2015, with the following information, preferably in Excel or csv format, for each year (2015 - 2022):

- Name
- Race
- Gender identification
- Age category
- Agency (responsible for arrest)
- Time spent in Santa Rita Jail
- Number of stays in Santa Rita Jail

3. We request that ACBH match the data on adults from DAO and ACSO with ACBH data. If this requires a Memorandum of Understanding between ACBH, DAO and ACSO, we ask that the agencies agree on such an MOU in an expedited manner.

Specifically, we ask ACBH to share with the Care First Task Force de-identified numbers, in a manner that protects privacy, of each of the following, preferably in Excel or csv format, for *each of the categories of data provided by DAO and ACSO*, annually since Jan. 1, 2015:

- Number of persons who are ACBH clients**
- Number of Seriously Mentally Ill persons**
- Diagnoses of seriously mentally ill persons
- Number of persons identified as having substance use disorders
- Number of admissions, each, to John George, Villa Fairmont, and Gladman, by modality of service
    - Number of each of the above who were admitted to Santa Rita, before/after they were admitted to John George, Villa Fairmont, and Gladman
- Homelessness status (by number of episodes and by number of clients) (this may be data maintained by OHCC, in which case we request that ACBH collaborate with OHCC)
- Requests for housing services (including number of requests made)
- Number of clients offered/accepted Full-Service Partnerships
    - Number of the above who were admitted to Santa Rita, before/after they were offered/accepted FSP

- Number clients offered/accepted Crisis Residential Treatment slot
    - Number of the above who were admitted to Santa Rita, before/after they were offered/accepted CRT slot
- Number of clients offered/accepted Licensed Board and Care
    - Number of the above who were admitted to Santa Rita, before/after they were offered/accepted Licensed Board and Care
- Number of clients offered/accepted into substance use disorder or co-occurring treatment programs
    - Number of the above who were admitted to Santa Rita, before/after they were offered/accepted into substance use disorder or co-occurring treatment programs
- Distribution by city of residence (or by County for those outside Alameda County)

*** Provide the definition used for ACBH clients and for Seriously Mentally Ill persons in the data set*

Appendix D: Detailed Considerations from Agency Plans

Many agencies noted detailed considerations for implementation of their assigned recommendations in their plans. To best draw attention to these considerations, they are included in this appendix, and are organized into the following categories:

- **Unfunded Programs**: These include recommendations and related programs which require additional funding to go forward, which can be used as guidance for funding allocations.
- **Data Needed/Areas for Further Study**: These plans require further study or data to be gathered to support effective implementation. These should be considered when the Board directs further study.
- **Implementation Timeline**: These plans detail timelines for implementation of the described programs, which should be tracked by the Board of Supervisors.
- **Other Considerations**: These are considerations which were detailed in plans that don't fall into the other three categories.

Unfunded Programs

2B. Interagency communication & collaboration
Participation in these efforts is unfunded. (*HCD*)

2C: Expansion of Safe Landing Project (SLP)
SLP Project Expansion assessment can be completed by Dec. 31, 2024, pending availability of funding via Prop. 1 and the county budget process. (*BHD*)

2D. Interagency reception housing program
Funding, possibly from a public/private partnership, is needed to acquire and develop the site.

3A. Peer training & support
Budget and time to implement will be based on the need, existing and/or new resources that may be needed. (*SSA*)

3B: Peer workforce expansion
Funding in the amount of $650,000 is needed to increase the number of peer positions per this recommendation given changes to traditional MHSA funding with BHSA implementation. (*BHD*)

Funding for stipends to enable peers to participate in RFP review processes. (*HCD*)

Health/BHD engagement with law enforcement agencies regarding diversion and intervention

Additional funding may be needed to develop and disseminate materials in alignment with Prop. 1. (*BHD*)

It would be helpful for the county to study barriers to referrals, acceptance, and engagement with treatment and collaborative court programs. (*PDO*)

3F. Employment pipeline for reentry population
A funding source will need to be identified; may need to start as a pilot to measure the effectiveness of such an endeavor. (*SSA*)

4D. Create more psychiatric treatment beds
Planned expansion is dependent on an award of grant funding from DHCS Round 6 Behavioral Health Continuum Infrastructure Program (BHCIP). (*BHD*)

Unknown availability of ongoing funding: DHCS Round 6 Behavioral Health Continuum Infrastructure Program (BHCIP) to expand psychiatric bed availability.

5A. Point-of-arrest diversion expansion
An additional $9M is required to fund a 24/7 model at three service sites for three years. (*DAO*)

5C. Behavioral Health Court, Collaborative Courts and a proposed Dual-Diagnosis Court
Funding for collaborative court expansion would need to be identified; sources include AB109, MHSA, and Prop 47, as well as the Medi-Cal or SSI benefits of individual participants.

7D. Fair Chance Ordinance to Address Housing Discrimination
Upon approval of the ordinance, funding will be required to develop a rental registration system and to staff implementation to track outcomes and ensure compliance in marketplace. (H&CD)

7E. Deep Housing Subsidy for Justice-Involved Individuals
Implementation would require an estimated funding amount of $130 million annually to cover approximately 5,000 housing subsidies and related administrative costs. (H&CD)

7F. Deep Housing Subsidy for Individuals with SMI/SUD/Co-Occurring Disorders
Approximately $18 million annually is required to fully fund low-income tenants at risk of displacement. (H&CD)

7G. Establish an Anti-Displacement and Homeless Prevention System
Court data on the demographics of tenants who are served eviction notices and case outcomes. (H&CD)

7H. Revive and Refund the Independent Living Association of Alameda County (ILA-AC)
The ILA-AC is currently unfunded. (H&CD)

7L. Expansion of Skilled Nursing Facilities (SNFs) for Individuals with High Medical Needs and SMI
Development costs would range between $250,000-$750,000.

The need for this type of SNF far exceeds existing availability. Up to 3,00 people per year report homelessness plus disability. We recommend an increased additional capacity of 300+ units in non-congregate settings. (HCD)

7N. Prioritize county housing funds to individuals with SMI/SUD or co-occurring disorders
Need to identify which funding sources have no restrictions that can be flexibly applied across the board. (SSA)

There is not enough funding to house the unsheltered/unhoused, as a whole in Alameda County, which is further exacerbated by the current budget shortfall at the state level. Therefore, advocacy for dedicated and sustainable funding to ensure housing for the formerly incarcerated is recommended, similar to how vouchers are carved out for Veterans (SSA)

7O. Expand Funding & Support for Innovative Housing Models
Start-up capital would require a minimum of $200-250K per unit. Ongoing operational costs would need to be evaluated based on the housing model. (H&CD)

8C. Supported employment opportunities for people on disability related to MH-related diagnosis
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. (SSA)

9C. Advice Line Implementation
BHD is working to identify funds to develop and implement the advice line in alignment with Prop. 1 requirements. (BHD)

Additional funding will be required to expand beyond the current CBO contract to provide these services. (BHD)

Data Needed/Areas for Further Study

2B: Interagency Communication and Coordination
It would be helpful for the county to study barriers to referrals, acceptance, and engagement with treatment and collaborative court programs. (PDO)

Need data to determine where duplication exists, if at all, to determine who may be falling through the cracks and why. (SSA)

2C: Expansion of Safe Landing Project (SLP)
Roots Community Health Center operating data to determine capacity for 24/7 coverage beyond current program expansion (BHD)

3A: Peer training & support
Health Equity Division Data to support effective coordination across locked settings, including Santa Rita Jail and John George Psychiatric Pavilion. (BHD)

An assessment of the number of employees currently working in Peer Support across Care First agencies. (DAO)

Evaluation of job classifications to identify barriers to peer employment within CDA classifications. (H&CD)

The number of individuals and areas of workforce interest. (SSA)

3B: Peer workforce expansion
Study barriers to referrals, acceptance, and engagement with treatment and collaborative court programs. (PDO)

3K. TAY Service System Capacity Assessment
Survey of system-wide TAY programs based on Prop. 1 implementation. (BHD)

5A. Point-of-Arrest Diversion Expansion
Data from county law enforcement agencies on referrals and usage of CARE services by those who are eligible. (DAO)

5C. Behavioral Health Court, Collaborative Courts and a proposed Dual-Diagnosis Court
Useful data could be obtained tracking demographic information, such as race and gender, as they correspond to charging, (lack of) housing, diagnosis, existing services, etc. (PDO)

5D. Incompetent to Stand Trial (IST) Program
Useful data could be obtained tracking demographic information, such as race and gender, as they correspond to charging, (lack of) housing, diagnosis, existing services, etc. (PDO)

6C. Reallocate remaining funds from Santa Rita Jail's Mental Health Program Services Unit to permanent supportive housing
BHD, ACPD, H&H, and H&CD) to coordinate to identify the highest needs across new board and care, new independent living, and shared housing modalities. (H&CD)

7D. Fair Chance Ordinance to Address Housing Discrimination
Understand potential risk to the County upon adoption of the Fair Chance Ordinance based on a 9th Circuit court ruling.

7E. Deep Housing Subsidy for Justice-Involved Individuals
The Home Together Plan identifies 21,150 total units needed but does not identify those with justice involvement; it requires information on the number of justice-involved people who are Very Low and Extremely Low Income. (H&CD)

7F. Deep Housing Subsidy for Individuals with SMI/SUD/Co-Occurring Disorders
The Home Together Plan would need to be refined to identify the number of housing units needed; assuming that this population makes up between 20-50% of the Home Together need, somewhere between 4,230 to 10,575 units could be needed. (H&CD)

7G. Establish an Anti-Displacement and Homeless Prevention System
Court data needed on the demographics of tenants who are served eviction notices and case outcomes. (H&CD)

7H. Revive and Refund the Independent Living Association of Alameda County (ILA-AC)
Data is needed on the number and type of independent living units that currently exist, as well as a method for tracking units added to the system. (H&CD)

7I. Expand licensed board-and-care facilities
Data is needed on the number of existing Board & Care homes, the number of beds in each, and how many are dedicated to low-income residents. (H&CD)

Conduct a needs assessment on the number of beds needed by low-income people across board and care, residential treatments, acute care, and sub-acute care beds. (H&CD)

Conduct a gap analysis across all services above. (H&CD)

7J. Land Trust for Board and Care Facilities
Identify underutilized County-owned properties across unincorporated and incorporated areas of the county. (H&CD)

7K. Interim Housing Options for Individuals who are Justice-involved

Identify the number of people who are released from incarceration to homelessness each year. (H&CD)

7N. Prioritize county housing funds to individuals with SMI/SUD or co-occurring disorders
Confirm available data that states that approximately 50% of those experiencing homelessness who also experience SMI/SUD/Co-Occurring. (H&CD)

Need the names of individuals who are identified in this category. (SSA)

Demographic information, as some funding may be applicable for different populations, i.e., former foster youth. (SSA)

7O. Expand Funding & Support for Innovative Housing Models
Board and Care needs assessment. (H&CD)

8C. Supported employment opportunities for people on disability related to MH-related diagnosis
The number of and names of the individuals. (SSA)

8D. Enhance mental health services availability at Santa Rita Jail
The number and names of individuals who are eligible for, but not in receipt of these services. (SSA)

The number and names of individuals who would like to apply for and receive available public assistance benefits. (SSA)

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 (SSA)

9C. Advice Line Implementation
An assessment of results across the 2021 ACCESS Division assessment of service offerings and current contractual agreements with existing contractors is needed to determine the cost to expand and/or re-tool current service delivery models to provide a "warm line/advice line". (BHD)

Implementation Timeline

2A. Increased Full Service Partnerships (FSP)
FSP programs and utilization rates will be listed on website w/in 1 months (BHD)

CARE Court by Dec. 2024 (BHD)

FSP Assessment per BHSA/Prop. 1 by July 1, 2026 (BHD)

FSP Expansion within 24 months (BHD)

2B. Interagency communication & collaboration
Health Equity Division dashboard goes live in June 2024 (BHD)

ACCESS Line redesign: underway, completed within 24 months (BHD)

QI study of CA No Wrong Door policy will be completed within 24 months (BHD)

2C. Expansion of Safe Landing Project (SLP)

Implemented within 6 months (BHD)

3A. Peer training & support
BHD Workforce, Education & Training Unit will implement a toolkit for providers/county to improve peer service delivery, integration, specialty recognition (compensation and program integration), with coordination with the department's Peer Support Services and "Office of Family Empowerment" within 6 months. (BHD)

Peer and family member system assessment and expansion will be completed by Q3 of Fiscal Year 2025-2026. (BHD)

3B. Peer workforce expansion
Pending funding, these positions can be created, and personnel can be hired within 24 months. (BHD)

The Workforce, Education & Training (WET) unit will establish system wide goals for peer workforce expansion within 24 months. (BHD)

3D. Public Information Campaign
The Office of the BHD Director will work with AC Health Communications Office to develop public awareness strategies within 6 months. (BHD)

3E. Engagement with law enforcement agencies for mental health diversion
The Workforce, Education & Training (WET) manager will lead dissemination of updated and expanded materials, with a first phase to be completed within 6 months (Dec. 2024). (BHD)

BHD Crisis System of Care will complete a reassessment of the newly developed CIT training within 24 months. (BHD)

3J. Training program for early identification of mental illness
Training program that reflects the new delivery system under Prop. 1 can be implemented within 24 months. (BHD)

3K. TAY Service System Capacity Assessment
Survey of system-wide TAY programs based on Prop. 1 implementation. (BHD)

3M. Accessibility of online services directory
Review of existing directory content will be completed within 6 months. (BHD)

Review of new web content related to DHCS requirements will be completed within 6 months. (BHD)

4D. Create more psychiatric treatment beds
Current funded expansion of 50-100 sub beds will be completed by 2028. (BHD)

4E. Assess unmet need for treatment beds
Current assessment of psychiatric treatment beds related to CARE Court, SB43, CalAIM and Prop. 1 funding changes will be completed in 12-24 months based on implementation timelines of these initiatives. (BHD)

7O. Expand Funding & Support for Innovative Housing Models
Once funded, the Land Trust model would have a minimum start-up timeline of 12 months including property acquisition and potential conversion. (H&CD)

8E. Mental Health Crisis Training for Law Enforcement County-wide
BHD Crisis System of Care will complete a reassessment of the newly developed CIT training within 24 months. (BHD)

Determination on an increase in rates will be completed with the county budget process, by July 20, 2024. (BHD)

9B. Family involvement with first mental health crisis
Peer & Family Member System assessment and expansion to be completed no later than 3rd Quarter of Fiscal Year 2025-2026. (BHD)

Other Considerations related to specific Recommendations:

7B. Coordinated Reentry at Santa Rita
This operation would occur with the SRJ Transition Center

7C. Expand realignment supports
ACSO would support this concept, but CBOs or other community partners would have to oversee the day to day operations (ACSO)

Appendix E: Agency Plans

County-Wide Plan Details

Headline list of recommendations in County-wide Plan

- 1A: African American Resource Center
- 1B: African American Resource Center Information Dissemination
- 2B: Interagency communication and collaboration
- 3A: Peer training & support
- 3B: Peer workforce expansion
- 3C: County-wide HR processes to increase reentry/lived experience hiring
- 3G: County-wide investment in the Center for Reentry Excellence (CORE)
- 4A: Expansion of city and county 24/7 crisis response teams
- 4B: Expansion of targeted post-crisis care services
- 4C: Mobile crisis services gap assessment
- 6A: Transparent, public reporting on funds allocated to Care First population
- 6B: Advocacy to the state and federal government for funds/legislation
- 6D: Transparent reporting on Babu settlement
- 6E: Funding for ACBHD county-wide forensic plan
- 6F: Recruitment, retention, and pay equity for community mental health teams
- 6G: Annual report on costs related to serving those with mental health needs
- 6H: Cost savings from jails, hospitals, and unspent funds invested in Care First population
- 7M: Funding for Affordable and Permanent Supportive Housing
- 8A: Compensation for CBOs providing behavioral health services
- 8B: Gap analyses of services for mental health needs of the community

Considerations

- Funding and responsibility for the African American Wellness Center **(Recommendations 1A&B**) is held by ACBHD, with GSA as a partner
- By definition, several recommendations require coordination across and beyond county agencies, requiring the Board of Supervisors to assign responsibility to the CAO or a designated agency.
- In addition, several recommendations would benefit from a steering committee to drive implementation and report to the MHAB.
- The mobile crisis assessment contract has been signed and the assessment is being conducted
- Alameda County does not currently maintain a database that has the public-facing utility required in the recommendations under 6. Financial & Funding Transparency.

Omissions

- There are no omissions

County-Wide Plan

<table>
<tr><td colspan="3">Recommendation 1A: African American Resource Center</td></tr>
<tr><td colspan="3">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.</td></tr>
<tr><th>Agency Assignment</th><th>Key Partners</th><th>Consult With</th></tr>
<tr><td>County-wide</td><td>BHD
CAO</td><td></td></tr>
<tr><td>Purpose</td><td colspan="2">Creates a safe and culturally specific space for black youth and adults of all ages, with a primary focus on black men
Addresses the disproportionate impact of system-involvement on African American men in Alameda County, especially for those who experience mental illness, by addressing root causes of incarceration and providing early support for mental health needs.</td></tr>
<tr><td>Budget Request</td><td colspan="2">FUNDING & RESOURCES
Dedicated space for operations
Funding to support planning, implementation and ongoing operations
Collaboration with the CAREs Navigation Center may be limited by the BSCC funding requirements around referrals
Possible source of funding/support: US HHS African American Behavioral Health Center of Excellence: https://africanamericanbehavioralhealth.org/</td></tr>
<tr><td>Timeline to Implement</td><td colspan="2"></td></tr>
<tr><td>Data Needed</td><td colspan="2"></td></tr>
<tr><td>Progress/Outcome & Racial Equity Measures</td><td colspan="2">Upon launch, provide a regular report to the Board of Supervisors detailing number of visits and referrals made to and from the Center</td></tr>
<tr><td>Notes</td><td colspan="2">Efforts to develop an African American Wellness Hub are underway, to be located in downtown Oakland and may serve the same target population but may focus on a different set of services.
While this is primarily an upstream initiative, there should be clear linkages with the DAO and PDO to provide for diversion prior to court:
DAO: CAREs Navigation Center/Uncuffed and Pacific Education Services (PES), which target those who are post-arrest and pre-charges
PDO: Partners for Justice Advocates and any other initiatives that assist misdemeanor clients in obtaining community services.
BHDD fully funds the African American Wellness Hub, in partnership with GSA, and with appropriate funding could serve as a base for the Center.</td></tr>
</table>

	• Look at similar model We All Rise African American Resource Center in Detroit to learn more about the primary visitors and what they are looking for as well as how the center is staffed and operated (i.e., by whom, hours)

Recommendation 1B: African American Resource Center Information Dissemination		
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.).		
Agency Assignment	**Key Partners**	**Consult With**
County-Wide	• AC Health • AC BHD • AC PHD • SSA • ACPD • AC CAO • AC PDO • School districts, CBOs, faith community	
Purpose	Create awareness of services available at the Center through distribution of printed and digital materials in order to provide culturally appropriate downstream engagement to prevent incarceration and institutionalization.	
Budget Request	Budget for printed materials and digital campaign: TBD	
Timeline to Implement		
Data Needed		
Progress/Outcome & Racial Equity Measures	Report described above	
Notes	The Center would benefit from a steering committee made up of peers to support coordination and collaboration across stakeholders as well as community engagement in planning and ongoing operations.	

Recommendation 2B: Interagency communication & collaboration		
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)**		
Agency Assignment	**Key Partners**	**Consult With**

County-wide	• BHD • ACSO • ACPD?	CAO
Purpose	Enhance coordination and collaboration, thereby achieving a more responsive, effective, and efficient system that is better able to assign and leverage resources, respond to emerging needs, and foster innovation.	
Budget Request		
Timeline to Implement		
Data Needed	• Identify potential existing meeting venues where coordination and information sharing can happen. • It is estimated that agencies should be able to identify and assign an inter-agency communication liaison and establish a communication strategy within three months of the Board's adoption of recommendations.	
Progress/Outcome & Racial Equity Measures	• Increase in service usage • Decrease in duplicated assessments and case management • A regular report of service usage with time comparisons and demographic information for the purpose of achieving better outcomes as well as greater equity in those engaged in each level and type of service.	
Notes	• To the extent possible, an existing venue(s) should be expanded to address the needs identified so as not to add to the burden of meetings. • Achieving more coordinated service assessments and discharge would benefit from evaluation and targeted planning.	

Recommendation 3A: Peer training & support

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**).
- Access to decision-making meetings and validate (uplift?) peer expertise (**all Agencies**).
- 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**).

Agency Assignment	Key Partners	Consult With
County-wide	• BHD • ACPO • ACPD • ACDAO	All agencies that employ peers or whose clients would benefit from staff with lived experience.
Purpose	Provides a coherent, consistent, and best practice-based system for hiring, training, and retaining peers/those with lived experience and family members, including the development of meaningful career ladders and the opportunity to influence on-the-ground, program- and system-level decisions.	

Budget Request	
Timeline to Implement	
Data Needed	• Number and classification titles of all peer roles across county agencies. • Existing career ladders and training plans. • Comparative data on salary ranges for similar job classifications

Progress/Outcome & Racial Equity Measures	• HRS should prepare, in coordination with agencies that employ those with lived experience, a regular report that identifies:
	  ○ Entry-level job classifications for peers/those with lived experience and family members
	  ○ Defined career ladders for each position to support career growth into leadership/ decision-making positions
	• Updates regarding these classifications including salary ranges, vacancy rates, tenure, and other data that would support meaningful career growth

Notes	• Implementation responsibility for this recommendation appears to fit within the responsibilities of the Alameda County Human Resource Services Agency, in partnership with the agency HR departments who hire peers. • Stakeholders note that ACPD adheres to best practices in peer hiring and can offer a model to be more consistently applied across County agencies.

Alameda County-wide Plan

Recommendation 3B: Peer workforce expansion		
Expansion of the peer workforce must include placement in key spaces and uplifting of their expertise in front-line and leadership roles. These positions/locations include: • **Peer inclusion at County and Agency decision-making**, policy, and funding meetings (**all Agencies**).		
Agency Assignment	Key Partners	Consult With
County-wide	• BHD • AHS • ACSO • ACPD • OHCC	Agencies that employ peers or whose clients would benefit from staff with lived experience
Purpose	Ensuring that peer experiences and perspectives help to shape policy, practices, and investments.	
Budget Request		
Timeline to Implement		
Data Needed	• List of meetings where policy and funding decisions are made. • Identification of peer roles that support inclusion.	
Progress/Outcome & Racial Equity Measures	Formal participation by peers in decision-making venues.	

Notes	• A central coordination function is required, which could be held by CAO or ACHR • There will be a need for consistent and formal onboarding to these venues to support meaningful participation.

Recommendation 3C: County-wide HR processes to increase reentry/lived experience hiring

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 criterion 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.

Agency Assignment	Key Partners	Consult With
County-wide	• ACHR • ACPD	Dept-based HR depts.

Purpose	Expanding employment opportunities for those with past felonies and/or mental health/SUD service consumers while ensuring diverse and relevant perspectives in development and delivery of county services.
Budget Request	Funding to expand Reentry Hiring Initiative.
Timeline to Implement	
Data Needed	An assessment of current language found in job descriptions and development of appropriate language based on best practices in reentry and peer hiring.
Progress/Outcome & Racial Equity Measures	All County job postings include language that lived experience (including that of family and/or caregivers) is a desired qualification and that previous convictions are not a barrier to hiring except as relevant to the specific position.
Notes	• Implementation responsibility for this recommendation appears to fit within the responsibilities of the Alameda County Human Resource Services Agency, in partnership with agency HR departments. • Best practices can be found in the *Building New Horizons* report and from ACPD hiring practices. • Alameda County Training Center should develop or expand any HR curriculum related to bias in hiring to include specific information regarding hiring those with previous convictions.

<table>
<tr><td colspan="3">Recommendation 3G: County-wide investment in the Center for Reentry Excellence (CORE)</td></tr>
<tr><td colspan="3">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.</td></tr>
<tr><td>Agency Assignment</td><td>Key Partners</td><td>Consult With</td></tr>
<tr><td>County-wide</td><td>• ACPD</td><td>• ACGSA
• Cities where satellite locations may be sited</td></tr>
<tr><td>Purpose</td><td colspan="2">Expand the availability and consistency of reentry services and service connections to all individuals exiting incarceration.</td></tr>
<tr><td>Budget Request</td><td colspan="2"></td></tr>
<tr><td>Timeline to Implement</td><td colspan="2"></td></tr>
<tr><td>Data Needed</td><td colspan="2">Determine the total numbers of those seeking services and the cost of expansion of both services and regional satellite locations.</td></tr>
<tr><td>Progress/Outcome & Racial Equity Measures</td><td colspan="2">• Development of multiple CORE locations
• Annual report on services usage, including demographics</td></tr>
<tr><td>Notes</td><td colspan="2">A needs assessment of the population including projections to enable future planning will be necessary to determine the services required and the most appropriate future CORE locations.</td></tr>
</table>

Recommendation 4A: Expansion of city and county 24/7 crisis response teams
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.

Agency Assignment	Key Partners	Consult With
County-wide	• BHD	Cities and law enforcement agencies throughout Alameda County
Purpose	A consistent approach to behavioral health crisis county-wide with both a unified mobile crisis system and 911 triage system, as well as appropriately trained staff to achieve 24/7 crisis response independent of police involvement.	
Budget Request	Funding and implementation timeline can be estimated based on the mobile services assessment currently being conducted and based on the budgets and system resources required in existing programs.	
Timeline to Implement	Funding and implementation timeline can be estimated based on the mobile services assessment currently being conducted and based on the budgets and system resources required in existing programs.	
Data Needed		
Progress/Outcome & Racial Equity Measures	• County-wide, consistent mobile crisis system • County-wide 911 triage system • Documented anti-bias and de-escalation training across county law enforcement agencies	
Notes	• Mobile crisis systems have been adopted in the City of Berkeley (also serving Albany), the City of Oakland, and the unincorporated areas of the County, which are the only services administered by the County. The County will need to partner with other independent jurisdictions, including cities and transit police and other law enforcement agencies, to develop and implement the system, as the County does not have authority to implement such a system unilaterally. • The County can convene a task force to explore county-wide cooperation in provision of consistent 24/7 crisis response that is ultimately independent of police involvement, pulling best practices and implementation guidance from existing systems.	

Alameda County-wide Plan

Recommendation 4B: Expansion of targeted post-crisis care services

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**: BHD 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.

Agency Assignment	Key Partners	Consult With
County-wide	• BHD	
Purpose	• A robust post-crisis care system that meets the needs of those who have experienced a mental health crisis, including adequate step-down and housing services. • Ensure that mobile crisis teams are training in best practices across the spectrum of crisis response.	
Budget Request	Budget is unknown at this time	
Timeline to Implement	Implementation timeline is unknown at this time	
Data Needed	Data regarding post crisis care service needs	
Progress/Outcome & Racial Equity Measures	• Annual reporting on service utilization including whether and for how long post-crisis services are unavailable on an individual basis. • Documented crisis response training	
Notes	The County will need to identify funding sources to enable adoption under BHDD leadership with guidance and oversight from MHAB.	

Alameda County-wide Plan

Recommendation 4C: Mobile crisis services gaps assessment
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.		
Agency Assignment	**Key Partners**	**Consult With**
County-wide	• BHD	
Purpose	Publicly available data and information about mobile crisis needs in Alameda County.	
Budget Request		
Timeline to Implement		
Data Needed	Results of county's mobile crisis assessment including number of MCTs needed county-wide	
Progress/Outcome & Racial Equity Measures	Completion of the assessment	
Notes	County will need to identify funding sources to enable adoption of assessment recommendations with guidance and oversight from MHAB	

Recommendation 6A: Transparent, public reporting on funds allocated to Care First population		
The CAO must transparently report the funds that are available, earmarked, budgeted, allocated, etc. to support the Care First 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 Care First 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 6 months after initial report		
Agency Assignment	**Key Partners**	**Consult With**
County-wide	• CAO	Care First agencies
Purpose	Current inability to assess funding that could be made available to implementing a Care First system	

Budget Request	Dashboard is needed by April 2025 for use in FY25-26 budget consideration
Timeline to Implement	
Data Needed	• Data generated or reported by agencies to CAO • Possible need for IT or contract staff to develop public dashboard
Progress/Outcome & Racial Equity Measures	• Deepened collaboration and expressions of trust between stakeholders. • More transparent, effective and predictable funding of county priorities, including Care First programs and services.
Notes	• The "Care First population" refers to both those whose mental health or SUD crisis have resulted in homelessness, incarceration, or other justice-involvement due to a lack of capacity in other systems to address their behavioral health needs, as well as those who are at risk of such involvement in the future • The Alameda County Homelessness data dashboard and SF Open Book may serve as models for the publicly facing dashboard • The dashboard should include investment in justice system diversion, unspent programmatic funds, and outcomes from current investments. Successful implementation will require additional reporting from agencies to the CAO

Recommendation 6B: Advocacy to the state and federal government for funds/legislation		
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.		
Agency Assignment	**Key Partners**	**Consult With**
County-wide	• CAO	Board of Supervisors Personnel-Administration-Legislation Committee, county lobbyists
Purpose	Helps address unfunded mandates from state and federal governments, as well as structural needs for funding to meet needs for behavioral health services in community settings.	
Budget Request		
Timeline to Implement		
Data Needed	Information on legislative, policy and funding advocacy opportunities as they arise	

Progress/Outcome & Racial Equity Measures	Increased resources and fewer unfunded mandates
Notes	This effort will require regular bi-directional engagement with Care First agencies to define potential costs from legislation and to determine funding opportunities.

Alameda County-wide Plan

Recommendation 6D: Transparent reporting on Babu settlement		
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		
Agency Assignment	**Key Partners**	**Consult With**
County-wide	• CAO	• BHDD • ACPD
Purpose	Inability of public to assess resources available for implementing Care First policies and programs, and to assess costs of either Babu litigation or potential renegotiated settlement of issues at stake in Babu.	
Budget Request		
Timeline to Implement		
Data Needed	• Identification of costs that are specific to Babu settlement, including annual programmatic, staffing, and capital costs • Information from Babu monitor reports • By April 2025 for use in FY25-26 budget considerations	
Progress/Outcome & Racial Equity Measures	• Increased transparency and consolidation of information generated by Babu settlement, in the context of information regarding behavioral health outcomes in the jail and in the community.	
Notes	• Some of this information is currently publicly available but is not compiled in one place so that it can be considered from an overall policy perspective. • Information regarding the settlement could be made available through the dashboard recommended in 6A, or in an adjacent and equally accessible format.	

Alameda County-wide Plan

Recommendation 6E: Funding for BHDD county-wide forensic plan
Fully fund BHD's countywide Forensic Plan. • Six CATT MCTs. Estimated cost: $6.6M, general fund. Intercept 0

- Crisis 24-hour dispatch service. Estimated cost: $2.2M, general fund. Intercept 0.
- Expand voluntary residential treatment beds countywide. Estimated cost: $16.5M, reserves. Intercepts 0 and 4.
- New board and care facilities. Estimated cost: $2.2M, reserves. Intcpt -2.
- Facility for co-occurring mental illness/substance treatment. Estimated cost: $1.05M, reserves. Intercept 0.
- Hospital beds (25-bed subacute facility, 16-bed acute facility). Estimated cost: $9.5M, reserves. Intercept 0.
- Expand satellite urgent care clinic services. Estimated cost: $2M, general fund. Intercept -1.
- Re-entry support teams. Estimated cost: $1.08M, general fund. Intercept 4.
- Peer respite for persons from Santa Rita Jail, on probation, at risk. Estimated cost: $1M, general fund. Intercept 4.

Agency Assignment	Key Partners	Consult With
County-wide	• CAO • BHDD	

Purpose	Provides health-centered critical supports for persons in crisis or with serious and persistent mental illness, including such persons in the justice-involved population
Budget Request	
Timeline to Implement	
Data Needed	• Periodic reporting on what portions of the Forensic Plan have received or still require funding for implementation (both capital costs and annual program costs). • Periodic data on health outcomes for BIPOC persons and seriously mentally ill persons.
Progress/Outcome & Racial Equity Measures	• Improved outcomes for: • Persons with serious mental illness. • Health outcomes for BIPOC persons. • Persons with serious mental illness in Santa Rita Jail. • Arrests of persons in mental health crises. • Incarceration of BIPOC persons in Santa Rita Jail
Notes	The plan is well-researched and accepted by the Board of Supervisors and will have the result of improved outcomes for persons with serious mental illness, including BIPOC and especially African American persons, but funding has not been made available.

Alameda County-wide Plan

Recommendation 6F: Recruitment, retention, and pay equity for community mental health teams

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

Agency Assignment	Key Partners	Consult With
County-wide	• BHDD • AC PD • ACSSA	• BOSS • Felton Institute • La Familia • Behavioral Health Collaborative
Purpose	Significant disparities in wages and benefits for front-line and program management staff compared to County staff.	
Budget Request		
Timeline to Implement	Implementation of basic wage objectives for all new contract's language within one year	
Data Needed	Assessment of current CBO contract language related to wages and benefits across county service providers	
Progress/Outcome & Racial Equity Measures	Annual report on wages and benefits across departments and CBOs	
Notes	Implementation will require oversight to provide for consistent contracting practices, which could be provided by CAO or County Counsel. Explore whether unspent funds in other program areas can be applied to wage equity. The objective is to set a process for pay equity without dictating levels of pay. The county can explore policies, such as living wage or CEO pay ratio ordinances, and contracting agencies can state in contracts that they will work with CBOs to identify solutions for pay inequities.	

Recommendation 6G: Annual report on costs related to serving those with mental health needs

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

Agency Assignment	Key Partners	Consult With
County-wide	BHD	CAO

Purpose	Lack of visibility into the total investments in housing and treatment of persons with different levels of behavioral health needs across the County.
Budget Request	
Timeline to Implement	
Data Needed	New data reporting mechanisms will be required to produce the report. By April 2025 for use in FY25-26 budget considerations.
Progress/Outcome & Racial Equity Measures	A better picture of total investments across behavioral health and SUD with a focus on BIPOC
Notes	Look at existing dashboard and reporting models provided in Recommendation 6A.

Recommendation 6H: Cost savings from jails, hospitals, and unspent funds invested in Care First population		
Cost-savings from the jail, hospitals, and unspent funds must be earmarked for Care First populations and the reallocation should be prioritized to address other Care First recommendations.		
Agency Assignment	**Key Partners**	**Consult With**
County-wide		
Purpose	Inadequate funding of services that are critical to Care First objectives, including pretrial services, employment of peers, diversion services, and adequate, appropriate housing for those who have experienced, or are at risk of experiencing, behavioral health crisis and justice system involvement.	
Budget Request		
Timeline to Implement		
Data Needed	Data regarding unspent funds by contract and service type as well as funded vacancies, reduced admissions, and unused service units.	
Progress/Outcome & Racial Equity Measures	Annual reporting on the reallocation of funds	
Notes	• See definition of "Care First population" in Recommendation 6A. • Historical efforts to significantly shift cost savings from downstream systems such as jails and hospitals to upstream systems such as diversion and community treatment have been unsuccessful. Quantifying the savings from decreasing the numbers of people in jail and more intensive healthcare and behavioral health settings is critical to achieving balanced investments system-wide.	

	• The CAO will need to request relevant data from County agencies and their contractors while the Board of Supervisors will need to request data on estimated savings from independent institutions such as hospitals in order to identify funds that could be shifted to Care First objectives.

Recommendation 7M: Funding for Affordable and Permanent Supportive Housing		
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.		
Agency Assignment	**Key Partners**	**Consult With**
County-wide	• CAO • AC Health H&H • GSA	County agencies
Purpose	Significant and persistent unmet need for supportive housing units	
Budget Request	Identify $80M in annual funding for this purpose.	
Timeline to Implement		
Data Needed	Identify existing residential housing stock that can be converted to affordable or supportive housing.	
Progress/Outcome & Racial Equity Measures	Fewer unhoused persons with behavioral health needs as a result of the lack of affordable and supportive housing.	
Notes		

Alameda County-wide Plan

Recommendation 8A: Compensation for CBOs providing behavioral health services		
Increase the County's compensation of CBOs providing behavioral health services, so that their funding reflects **full equity between similar pay scale**s at BHD, to allow them to recruit and retain staff and managers at competitive salaries that match county compensation.		
Agency Assignment	**Key Partners**	**Consult With**
County-wide	• BHDD • ACPD	• BOSS • Felton Institute • La Familia

Purpose	Significant disparities in wages and benefits for front-line and program management staff compared to County staff that results in challenges in recruitment, retention, and consistent training.
Budget Request	
Timeline to Implement	
Data Needed	• Assessment of current CBO wages and benefits across county service providers • Identification of core training curriculum
Progress/Outcome & Racial Equity Measures	Annual report on CBO vacancies with duration, as well as tenure of existing front-line and program management staff
Notes	• Explore whether unspent funds in other program areas can be applied to wage equity. • The objective is to set a process for pay equity without dictating levels of pay. The county can explore policies, such as living wage or CEO pay ratio ordinances, and contracting agencies can state in contracts that they will work with CBOs to identify solutions for pay inequities.

Alameda County-wide Plan

Recommendation 8B: Gap analyses of services for mental health needs of the community		
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.		
Agency Assignment	**Key Partners**	**Consult With**
County-wide	• CAO • BHDD • ACPD • ACSO	Contracted CBOs
Purpose	• Lack of definition of existing mental health needs county-wide • Lack of shared understanding of county-wide mental health workforce needs.	
Budget Request	Approximately $250,000 to fund the gap analysis, including a robust stakeholder engagement process that includes CBOs and community.	
Timeline to Implement		
Data Needed		

Progress/Outcome & Racial Equity Measures	Periodic reporting on capacity, vacancies and wait lists for behavioral health services across agencies and county-wide.
Notes	• The County will need to undertake a comprehensive assessment of needs that should incorporate the work that has been done by other venues to address cross-system issues related to creating a Care First system, including CalAIM, Alameda Co. Care Connect, Re-imagining Adult Justice (RAJ), the PIC count and department-level needs assessments. • The results should be integrated into a detailed system map that reflects the current availability of services and what is needed to fully meet population needs.

Behavioral Health Department Plan Details

Headline list of recommendations sent to Behavioral Health Department:

- 2A: Increased Full Service Partnerships (FSPs)
- 2B: Interagency communication and collaboration
- 2C: Expansion of Safe Landing Project (SLP)
- 3A: Peer training & support
- 3B: Expansion of peer workforce
- 3D: Public information campaign
- 3E: Engagement with law enforcement agencies for mental health diversion
- 3J: Training program for early identification of mental illness
- 3K: TAY Service System Capacity Assessment
- 3L: First Episode Psychosis (FEP) Program
- 3M: Accessibility of online services directory
- 4D: Create more psychiatric treatment beds
- 4E: Assess unmet need for treatment beds
- 8D: Enhance mental health services availability at Santa Rita Jail
- 8E: Mental Health Crisis Training for Law Enforcement County-wide
- 9A: Case manager or family navigator to any family experiencing an early illness episode
- 9B: Family involvement with first mental health crisis
- 9C: Advice Line Implementation

Considerations

- The recent passage of Proposition 1, the Behavioral Health Services Act (BHSA) will change the funding landscape for behavioral health services statewide as soon as 2026. The uncertainty around funding structures brings immediate challenges in planning, particularly to mid- and long-term changes to the service mix.
- Additional data is required from providers to determine capacity for 24/7 coverage of Safe Landing Project, per **Recommendation 2C**
- Additional funding will be needed to increase the number of county positions assigned within the offices of Peer Support Services & Family Empowerment, in order to fulfill peer workforce expansion per **Recommendation 3B**
- BHD already provides training and informational materials to law enforcement agencies, but additional funding would allow for expansion of training and informational materials, per **Recommendation 3E**
- Regarding pay equity across provider organizations, ACBHD can incentivize CBO organizations to increase pay through higher contract allocations, however the department does not have authority to establish pay equity in CBO provider organizations that are individually administered.

Omissions

- None found

Behavioral Health Department Plan

<table>
<tr><td colspan="3">Recommendation 2A: Increased Full Service Partnerships (FSP)</td></tr>
<tr><td colspan="3">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 BHD 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.</td></tr>
<tr><th>Agency Assignment</th><th>Key Partners</th><th>Consult With</th></tr>
<tr><td>BHD</td><td>• CBO Providers
• Housing Services
• Interagency County Partners/Agencies</td><td>• Indigo Consultants
• Department of Health Care Services (DHCS) regarding changes relative to the passage of Proposition 1</td></tr>
<tr><td>Purpose</td><td colspan="2">• Additional expansion (beyond what is already planned through CARE Courts and other requirements) can provide support to individuals impacted by the expanded LPS Criteria (SB 43)
• Will support individuals with more severe mental illness.</td></tr>
<tr><td>Budget Request</td><td colspan="2">• None
• No additional funding required. BHD MHSA (BHSA) allocation will serve as basis for increase of FSPs per requirements already established by Proposition 1.</td></tr>
<tr><td>Timeline to Implement</td><td colspan="2">• 12-24 Months
• Full implementation required by December 2024 (CARE Courts) and July 1, 2026 (BHSA).</td></tr>
<tr><td>Data Needed</td><td colspan="2">None</td></tr>
<tr><td>Progress/Outcome & Racial Equity Measures</td><td colspan="2">• Outcomes, fidelity, health equity, and quality reviews are already implemented and planned pursuant to FSP regulation established by the State of California.
• Evaluative comparison of CBO performance measures may be needed in determining expansion protocols (between agency performance assessment).
• Regarding Recommended item “provide a monthly report to the community on the number and type of available FSPs, including the number that are unused” – BHD is currently working to improve real-time systemwide access to programs, including “FSP slots.” This process will also assist with the timely implementation of CARE Courts by December of 2024 as stipulated by law.</td></tr>
<tr><td>Notes</td><td colspan="2">• Additional FSP Assessment will be completed by July 1, 2026 (in preparation for Proposition 1 implementation).
• FSP Programs will be listed on BHD/BHD website within 12 months (per CARE Court and pre-planning for Proposition 1 Implementation). This will be adjusted as needed to reflect program expansion.</td></tr>
</table>

	• Program utilization rates (%), by FSP provider may be published as noted above. Real-time tracking will be maintained by the program and county within 24 months (given the intersections of settlement, CARE Court, and Proposition 1 implementation). • Real-time tracking of service availability is already maintained by providers and, available to the county. Published monthly reports will not capture accurate information on a real time basis; and will inaccurately provide the public with the impression that availability of program slots by provider will equate direct admission to a program should there be space. Fidelity of FSPs require regular monitoring of caseload assignments which are associated with quality and fidelity measures and may be based upon provider vacancy rates. • Expansion of FSP slots countywide is already underway. • FSP system assessment for capacity and community need already completed. Additional planning and assessment will be needed once requirements associated with Proposition 1 are implemented (2026). • FSP expansion will only serve a particular segment of the community with severe behavioral health needs, additional assessment will be required to ensure others not eligible for this serve are provided with alternative supports and/or referred to other state or local programs given legislative changes.

Alameda County Behavioral Health Department Plan

Recommendation 2B: Interagency communication & collaboration

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)**
- BHD/AFBH, ACSO/Wellpath to implement **coordinated service assessment and connection** to in custody services and referrals for CBO providers. (**BHD**, ACSO)
- BHD/AFBH, ACSO/Wellpath to implement **coordinated discharge efforts** and central point of contact for CBO providers. (**BHD**, ACSO)
- Assign personnel to **family liaison roles** within BHD 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. (**BHD**, ACSO)
- **Service roadmap**: BHD to develop a roadmap from Santa Rita Jail (SRJ) to the programs and facilities providing treatment and re-entry support. **(BHD)**
- **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. **(BHD)**
- Conduct a **comprehensive assessment and redesign of BHD ACCESS line** that ensures access to services consistent with CalAIM, No Wrong Door policy, and clinical need. **(BHD)**

• **Non-clinical public safety database at county level of high-contact individuals**; LE, DA's Office, Probation/Parole communication too. (**ACSO**)		
Agency Assignment	**Key Partners**	**Consult With**
BHD	• County • ACSO • ACPD • Alameda Health System (AHS) • SSA • Wellpath	• DHCS • Family and Client/Peer based organizations
Purpose	• Improved care coordination, including a reduction in unnecessary incarceration, hospitalization, unemployment, and homelessness. • Improved quality of care for clients and families.	
Budget Request	• None • No additional funding required as already in progress/budgeted.	
Timeline to Implement	• 6-24 Months • **Service Roadmap**: completed via interagency agreements and newly developed policies and procedures within Santa Rita Jail (SRJ). Visual outward-facing roadmap planned in tandem with new legislative requirements (Proposition 1, CARE Courts, SB 43, CalAIM, etc.). • **ACCESS Line Comprehensive Assessment & Redesign**: Assessment November of 2021 Redesign currently underway, including bringing 'in-house' referrals to substance use provider organizations, and improving coordination with Alameda Alliance and other private health care agencies responsible for Mild-Moderate populations. Also evaluating additional methods by which to enable providers to increase real-time access and referral coordination	
Data Needed	• None • Use of Health Equity Division dashboard (June 2024) to evaluate trends in serve delivery and care, systemwide.	
Progress/Outcome & Racial Equity Measures	• Forensic, Diversion, & Re-Entry System of Care, Director/ their designee will serve as the interagency liaison. • BHD (BHD) Offices of Clinical Operations (Mental Health, SUD, and Forensics), Integrated Services (Health Care & Crisis Services), and Health Equity Division will continue to monitor system need, capacity, and implementation of regulatory and other requirements informed by county litigation.	
Notes	• **Forensic, Diversion, & Re-Entry System of Care Director (or their designee) will serve as the interagency representative for BHD (BHD/AFBH) should it be determined that another interagency group/ process be developed and within 30 days of the establishment of a new county-wide, interagency process.** • **BHD (BHD/AFBH) will assist ASCO with the development of a process to facilitate greater clarity on how family members/ caregivers may access the contact information for BHD/AFBH family liaison who may share information regarding their loved one (if authorization is obtained by the client) – or may simply be a resource over the duration of the incarceration within 6 months.** • **BHD will complete a Quality Improvement (QI) study of the impact of the State of California No Wrong Door policy, as it relates to the impact on care coordination for clients/ beneficiaries within 24 months.**	

	• Coordinated service assessments and connection with custody services and system already in place. Referrals to other BH systems and providers, including health care providers by county or contracted CBOs implemented. • Coordinated discharge efforts (BHD/AFBH, ASCO/Wellpath) have already been implemented. • Office of Family Employment Services, within the Division of Health Equity has expanded staff to implement more effective coordination with forensic/ justice-involved system partners and other agencies, including social services, healthcare organizations, and other public/non-profit advocacy groups.

Alameda County Behavioral Health Department Plan

Recommendation 2C: Expansion of Safe Landing Project (SLP)		
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. **BHD should engage with Roots Health Center and explore how SLP can be expanded** to: • Provide services 24/7 • Operate out of a permanent structure • 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		
Agency Assignment	**Key Partners**	**Consult With**
BHD	• ACSO • Roots Community Health Center • County General Services Agency (GSA) • Wellpath – Medications • Courts, ACPD, DA	• Department of State Hospitals (DHCS)
Purpose	• Continuity of Care & Improved Outcomes • Decrease recidivism to SRJ & Locked Facilities (i.e., John George Psychiatric Hospital - JGPH)	
Budget Request	None.	
Timeline to Implement	6 months	
Data Needed	• Additional operating data required from provider (Roots) to determine capacity for 24/7 coverage, beyond 100% increased program expansion already authorized by BHD (BHD).	
Progress/Outcome & Racial Equity Measures	• The Forensic, Diversion, and Re-Entry System of Care will complete an assessment for the potential for expansion with all noted providers by December 31, 2024 (pursuant to the availability of Proposition 1 funding and county approved budget process.	

Notes	**Although a program $increase (100%) has already been allocated, BHD (BHD/AFBH) will request that Roots Health Center provide to the county a proposal to expand services on a 24-hour basis within 6 months (given the status of space discussions with County GSA.** - BHD has already allocated funding to increase the SLP program by 100%. - Roots & ACSO are currently working with support by BHD to identify SRJ location inside the jail as planned. Facilities. Additional data from GSA needed in consultation with ASCO to formally develop permanent, internal SRJ space required. - Emergency Medication Screening has already been implemented (Wellpath/Adult Forensic Behavioral Health - AFBH). AFBH is unable to provide additional commentary regarding Wellpath operations. - Emergency Psychiatric Medications administered by Wellpath and prescribed by County AFBH have already been implemented. BHD (BHD) has increased support to SRJ through the purchase of additional non-reimbursable to Medi-Cal medications to treat Opioid Overdose and treatment. Expansion of Medical Assisted Treatment (MAT) already in progress through provider contracted by BHD (AFBH/BHD -BHD). - AFBH/ BHD-BHD is currently planning to implement EASS program (Early Access and Stabilization Program) to improve coordination and availability of care for SRJ clients. County also exploring use of Involuntary Medications to support individuals DSH treatment plans (restoration), decrease periods with lack of needed psychiatric medication, and brief/cycling trips to JGPH.

Recommendation 3A: Peer training & support

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 (**BHD**).
- Jail services, in-reach, and advocacy (**ACSO,** BHD).
- access to decision-making meetings and validate (uplift?) peer expertise (**all Agencies**).
- Medi-Cal billing and other charting to expand peer tasks/positions (**BHD**).
- 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**)

Agency Assignment	Key Partners	Consult With
BHD	- County - ACSO	- DHCS - California Mental Health Services Authority (CalMHSA)

Purpose	• Improves quality of care • Increases application of more intentional culturally, linguistic, and experiential care provided by individuals and family members with lived experience.
Budget Request	None.
Timeline to Implement	18 Months
Data Needed	Health Equity Division Data to be utilized to coordinate more effectively across locked setting, including SRJ & JGPH.
Progress/Outcome & Racial Equity Measures	• CBO Contracts, currently employing Peer Workers, will have the opportunity to bill Medi-Cal (MH & SUD) services to expand system wide services. • County Progress will be monitored by full implementation of Data Dashboard (no later than December 2024).
Notes	• **BHD (BHD) Workforce, Education, & Training Unit will implement a toolkit for providers/county to improve peer service delivery, integration, specialty recognition (compensation and program integration), with coordination with the department's Peer Support Services and "Office of Family Empowerment" within 6 months.** • Peer & Family Member System Expansion & Assessment to be completed no later than 3rd Quarter of Fiscal Year 2025-2026. • BHD (BHD) has already increased staffing to its office of Family Empowerment. The increased staffing and new leadership will offer the county an opportunity to pivot towards the full implementation of Medi-Cal Billing through Peer services. • BHD's (BHD) Workforce, Education, & Training Unit is also being transferred to the department's Health Equity Division to better improve the department's expansion of peer specialist designated positions able to bill Medi-Cal. Existing county positions (Mental Health Specialists) will be enhanced by the addition of a professional position/designation of Peer Specialists as defined by DHCS and recent legislation (SB803). NOTE: Alameda County (BHD/BHD) was the first county statewide to opt in to SB803.

Alameda County Behavioral Health Department Plan

Recommendation 3B: Peer workforce expansion
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 (**BHD** and Center for Healthy Schools). • **Family case manager/liaison for John George and Cherry Hill** to respond to early MH episode situations (**BHD** in partnership with AHS). • **Outreach in high-contact areas** (e.g., hospitals, respite, etc.), community, and community hubs (HCSA**, BHD**, AHS, ACSO, ACPD).

<table>
<tr><td colspan="3">• 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 (BHD 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, BHD, LEA).
• Peer inclusion at County and Agency decision-making, policy, and funding meetings (all Agencies).</td></tr>
<tr><th>Agency Assignment</th><th>Key Partners</th><th>Consult With</th></tr>
<tr><td>BHD</td><td>• County
• CBO Providers
• AHS
• ACSO
• ACPD
• OHCC (Alameda County Health Housing Services)
• Center for Healthy Schools (Alameda County Health)</td><td>• DHCS</td></tr>
<tr><td>Purpose</td><td colspan="2">• Improves systemwide care coordination, particularly through individuals with lived experience.
• Improves quality and outcomes.</td></tr>
<tr><td>Budget Request</td><td colspan="2">~$650K.
Additional funding will be needed to increase # of county positions assigned within the offices of Peer Support Services & Family Empowerment (Health Equity Division) given that funding to these areas is limited following the passage of Proposition 1 (and funding for preventative work is no longer an eligible service through county behavioral health departments).</td></tr>
<tr><td>Timeline to Implement</td><td colspan="2">24 Months</td></tr>
<tr><td>Data Needed</td><td colspan="2">TBD.</td></tr>
<tr><td>Progress/Outcome & Racial Equity Measures</td><td colspan="2">• CBO provider contracts are currently expanding system wide to enable (and encourage the use of Peer-based coordination).
• The Workforce, Education, & Training (WET) Unit will also monitor and establish system wide goals for the implementation of this recommendation (including the establishment of actionable metrics).</td></tr>
<tr><td>Notes</td><td colspan="2">• BHD (BHD) Workforce, Education, & Training Unit will implement a toolkit for providers/county to improve peer service delivery, integration, specialty recognition (compensation and program integration), with coordination with the department’s Peer Support Services and “Office of Family Empowerment” within 12 months.
• The Workforce, Education, & Training (WET) Unit will also monitor and establish system wide goals for the implementation of this recommendation (including the establishment of actionable metrics) within 24 months.</td></tr>
</table>

<table>
<tr><td></td><td>Departmental leadership within BHD (BHD) already includes peers (self and family member) who participate in policy, funding, and operational decision-making.
The county (BHD/BHD) is committed to maintaining current funding levels. Expansion will require alternative funding sources, beyond departmental resources. Should additional resources not be provided, the department will need to identify other existing clinical positions to reallocate (resulting in a decrease in billing revenue capacity).
Expansion of CBO provider contracts will also require fiscal analysis given reductions to this area, c/o the restrictions in funding associated with Proposition 1. Individuals currently enrolled or eligible for enrollment in FSPs will most readily be able to access this support, without required funding/additional CBO contractual expansion.
Alameda Health System currently employees Social Worker and other Case Management staff to support family members. BHD (ABCH) also supports Patients’ Rights Advocates (Mental Health Association of Alameda County - MHAAC) onsite at JGPH.
Current CBOs terms and conditions (contractual terms) will require review by the Office of Health Equity to determine ability to implement.</td></tr>
</table>

Alameda County Behavioral Health Department Plan

<table>
<tr><td colspan="3">Recommendation 3D: Public information campaign</td></tr>
<tr><td colspan="3">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.</td></tr>
<tr><th>Agency Assignment</th><th>Key Partners</th><th>Consult With</th></tr>
<tr><td>BHD</td><td>County
BHD (BHD) Systems of Care, Office of Health Equity</td><td>Indigo Consultants
Alameda County Health, Communications Office</td></tr>
<tr><td>Purpose</td><td colspan="2">Increase community education and awareness of existing programs, pathways for access to care, as well as navigation of systems (complex mental health/ substance use systems established by legislation).
Potentially decreases unnecessarily/repeated hospitalization and incarceration of individuals with mental health and substance use conditions.</td></tr>
<tr><td>Budget Request</td><td colspan="2">None.
$0.5 Million dollars annually (over 5 years) has already been identified by BHD (BHD) to secure a Public Media Campaign, specifically targeting individuals at risk for Substance</td></tr>
</table>

	Use (Opioid addiction, risk, and overdose). This campaign will target and outreach to individuals and family members, specifically. • Additional funding will need to be identified, beyond resources also allocated to improving outreach, information, and engagement with peers and Family members (and WET) around system navigation and access to care ($0.5M in Fiscal Year 2025-2026).
Timeline to Implement	6 Months
Data Needed	Health Equity Division Data to be utilized to coordinate more effectively across locked setting, including SRJ & JGPH.
Progress/Outcome & Racial Equity Measures	The Health Equity Division (BHD – BHD) will continue to work within and across the department; and across CBO and county agencies.
Notes	• **The Office of BHD Director; and Alameda County's Health's Communications Office to identify ways in which to expand public awareness within 6 months.** • An extensive Crisis Intervention Training (CIT) program already exists and has been enhanced and now assigned to the BHD (BHD) Crisis System of Care for ongoing oversight and quality improvement.

Recommendation 3E: Engagement with law enforcement agencies for mental health diversion		
BHD/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.		
Agency Assignment	**Key Partners**	**Consult With**
BHD	• County	• DHCS (Proposition 1)
Purpose	Improved awareness, outreach, training, and engagement.	
Budget Request	• None. • **NOTE:** BHD (BHD) will maintain current funding levels to support training and educational materials already supported through the Crisis System of Care and Health Equity Division/ WET Units. • Additional funding opportunities may enhance the additional dissemination of training and informational materials in alignment with Proposition 1 (available funding opportunities).	
Timeline to Implement	12-24 Months	
Data Needed	None.	

Progress/Outcome & Racial Equity Measures	• The Crisis System of Care will continue to serve as lead for Crisis work and coordination with law enforcement regarding education and the dissemination of literature (Crisis and utilization of outreach, and treatment centers/programs). • The Forensic, Diversion, and Re-Entry System of Care will also coordinate directly with law enforcement to increase availability of training and accessible information.
Notes	• **The BHD (BHD) Workforce, Education, & Training Manager will spearhead the dissemination of updated and expanded materials (including system navigation tools) available to providers, agencies, county organizations, clients, and family members. An initial phase of updated materials will be disseminated no later than December 2024 (within 6 months).** • An extensive Crisis Intervention Training (CIT) program already exists and has been enhanced and now assigned to the BHD (BHD) Crisis System of Care for ongoing oversight and quality improvement. • **The BHD (BHD) Crisis System of Care will complete a reassessment of the newly developed CIT Training within 24 months.** • The BHD (BHD) Forensic system currently participates across county systems and will continue to increase visibility and participation to promote increased awareness.

Recommendation 3J: Training program for early identification of mental illness		
Develop a **service training program and collaboration between BHD & 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 BHD programs, and awareness about early warning indicators for other campus staff (residential advisors, educators, etc.).		
Agency Assignment	**Key Partners**	**Consult With**
BHD	• County, Local colleges, universities. • Oakland Unified School District • Alameda County Health, Center for Health Schools	• DHCS
Purpose	Improved client access, capacity & skill-building, and community engagement.	
Budget Request	None.	
Timeline to Implement	24 Months.	
Data Needed	None.	
Progress/Outcome & Racial Equity Measures	• BHD (BHD) has several existing contracts with local universities and community colleges; and works through the BHD (BHD) child and young adult; and Office of Family Empowerment for youth and families of youth grades K-12 schools countywide • The WET Unit (within the Office of Health Equity) will coordinate with the MHSA Division's Prevention & Early Intervention Unit to identify currently funded programs;	

	and the capacity to programming that aligns with current (and Proposition 1) proposed regulatory requirements.
Notes	• **Given required departmental changes to be implemented with the passage of Proposition 1, the Workforce, Education, & Training (WET) Unit will work with BHD (BHD) systems of care to evaluate the new delivery system (changes to provider services and programs associated with the Behavioral Health Services Act-BHSA) to establish training protocols that may be implemented within 24 months.** • BHD has already assigned the WET unit to perform and monitor training and other system need tasks. • Elements related to primary or expanded prevention are no longer eligible through BHSA. These resources will be officially re-aligned to DHSA effective July 1, 2026 (when BHSA begins). The Department can identify new ways to recalibrate its training to address coordinated care and training of county and providers to improve care. See also previous sections.

Recommendation 3K: TAY Service System Capacity Assessment		
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.		
Agency Assignment	**Key Partners**	**Consult With**
BHD	• County Child and Young Adult System of Care – contracted CBOs • BHD (BHD) Vocational Services Division • SSA • BHD (BHD) Financial Services • Alameda Health, Housing Services	• Indigo Consultants
Purpose	Quality Improvement	
Budget Request	None.	
Timeline to Implement	24 Months (pre); and 36 months (post).	
Data Needed	Survey of existing programs will be needed following systemwide changes associated with Proposition 1.	
Progress/Outcome & Racial Equity Measures		
Notes	• **The BHD (BHD) Child & Young Adult System of Care will complete this assessment within 24 months and again in 36 months (to allow for adequate time to evaluate the system post-implementation of Proposition 1).** • BHD (BHD) regularly completes performance and quality reviews for all service providers (and TAY providers), including tracking outcomes related to housing, employment, treatment, and collateral referrals. Quality-based (performance-based) payments are	

	already implemented with respect to FSP programs. Pay for performance is also currently underway for most treatment plans as required for CalAIM implementation.

Recommendation 3L: First Episode Psychosis (FEP) Program

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 Medi-Cal-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. An evaluation of Felton's Alameda program is expected toward the end of the year.[3] Felton and BHD should make this evaluation public and available to the group designated to monitor the Care First 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.

Agency Assignment	Key Partners	Consult With
BHD	• BHD (BHD) Child and Youth System of Care • DHCS	Contracted Community Based Organization (CBH) providers serving Youth

Purpose	Evidenced-based model. This state-endorsed program that Alameda County has implemented since the initial implementation of the Mental Health Services Act, has proven to be successful locally and statewide.
Budget Request	None.
Timeline to Implement	12-24 Months
Data Needed	The Health Equity Division service delivery map, and existing data will help to validate needed locations for implementation of this or other service delivery programs, countywide. Existing data sets, relative to provider performance may also be analyzed.
Progress/Outcome & Racial Equity Measures	BHD (BHD) will ensure its compliance with county processes, related to procurement and the selection of potential providers to support the Transitional Age Youth (TAY) system.

Notes	**The Office of BHD Director; and Alameda County's Health's Communications Office to identify ways in which to expand public awareness within 6 months.** **Additional media campaigns will be required given the magnitude of service delivery change associated with the passage of Proposition 1 (within 24 months).** - Early intervention services have been approved for inclusion, following the passage of Proposition 1. However, BHD (BHD) will require additional consultation with DHCS to ensure what is proposed will be aligned with the new legislative approach to service delivery. **As is described, current programming may/not be in alignment with this newly approved legislation. As such, BHD (BHD) will have completed its assessment for the expansion of first episode – and other treatment programs per the funding and guidelines associated with BHSA by 24 months.** - Transitional Age Youth age range is informed by state guidance, and not solely dependent upon Alameda County preference. - BHD is currently calculating the # of FSP slots that will be required per new State regulation (Prop 1); and has already formalized plans for expansion based upon CARE Court and other legal requirements.

Alameda County Behavioral Health Department Plan

Recommendation 3M: Accessibility of online services directory		
BHD 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 proficiently. 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.		
Agency Assignment	**Key Partners**	**Consult With**
BHD	- County ITD - BHD (BHD) WET Unit, Health Equity Division, Systems of Care - BHD (BHD) Plan Administration - AC Health, Communications Unit	- DHCS as needed. - BHD (BHD) Quality Management - External Quality Review (EQR) Organization/ DHCS.
Purpose	Increasing access and improving health equity.	
Budget Request	None.	
Timeline to Implement	12 Months.	
Data Needed	None.	

Progress/Outcome & Racial Equity Measures	BHD (BHD) is required to regularly assess readability, including ensuring that public facing materials are published at a 5-grade reading level and translated, minimally, into the County's threshold languages (established by DHCS).
Notes	• **The department's Quality Management Program will review content and work in tandem with related offices. This review is ongoing but will center on the directory (6 months).** • **BHD (BHD) Office of Plan Administration will review contents of new web development content page(s) consistent with DHCS requirements no later than 12 months.**

Recommendation 4D: Create more psychiatric treatment beds		
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.		
Agency Assignment	**Key Partners**	**Consult With**
BHD	• Alameda Health System • County Contracted CBOs	• DHCS
Purpose	Potential service delivery benefit for clients requiring hire level of treatment and support.	
Budget Request	• None. • **NOTE:** BHD (BHD) has already identified funding to increase the system's current capacity of acute psychiatric care and has increased the number of beds at Villa Fairmount. • BHD (BHD) is also pursuing capital funding through the Behavioral Health Continuum Infrastructure Program (BHCIP) via DHCS to secure additional beds that may be dedicated to individuals suffering both from Acute psychiatric and medical needs. This opportunity is subject to CA State Budget and DHCS release of these funds (and subsequent approval of Alameda County).	
Timeline to Implement	24-48 Months Round 6 BHCIP Submissions TBD and c/o DHCS.	
Data Needed	None.	
Progress/Outcome & Racial Equity Measures	BHD (BHD) has already competed a system assessment regarding the beds required (including sub-acute) for the system and will be monitoring the implementation of the Villa Fairmont Expansion, and the expansion of beds already funded (aside from the prior column) and those planned. Current capital facility plans are anticipated for completion by 2028 (subject to state, local, and construction related requirements/ deliverables).	
Notes	• **Alameda County has already been successfully awarded BHCIP Grant funds which will allow for the development of an additional 50-100 sub-beds through a local CBO provider. Exact bed number to be validated through approval, construction, and site certification guidelines. The completed structure is expected to be completed by 2028.**	

	• **BHD (BHD) has already planned to submit for additional capital expansion dollars for BHCIP Round 6, to further expand the number of sub-acute beds to support the system given the implementation of SB43, expanded LPS definition and likely expected treatment; CARE Court, and the addition of more intensive services that may be delivered to the SUD population through the passage of Proposition 1. A Target date is unable to be determined until the Round 6 Funding applications are opened by DHCS. TBD.** ○ Given the importance of patient's/client's right to the care at the lowest level, BHD (BHD) will also continue to monitor system expansion in this area to ensure that it operates according to legislative and litigation agreements approved through the court process. As such, the department will continue to ensure compliance with these areas while navigating the need for increased serve options for individuals suffering from several mental illness and substance use conditions.

Alameda County Behavioral Health Department Plan

Recommendation 4E: Assess unmet need for treatment beds

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.

Agency Assignment	Key Partners	Consult With
BHD	• DHCS • CBO	Indigo
Purpose	Continuity of Care	
Budget Request	No Data/ Funding required. Already in process.	
Timeline to Implement	12-24 Months	
Data Needed	No Data/ Funding required. Already in process.	
Progress/Outcome & Racial Equity Measures	Already in process. TBD	
Notes	**BHD (BHD) has already initiated a systemwide assessment of bed need, countywide. This action is already in process pursuant to county planning for CARE Court, SB43, CalAIM, and Proposition 1 landscape/ funding changes. Expected completion date will range between 12-24 months given a need to evaluate the implementation of CARE Courts (to begin December 2024), SB43 (by 2026), and Proposition 1 (systemwide changes to begin in Fiscal Year 2026-2027).**	

Alameda County Behavioral Health Department Plan

Recommendation 8D: Enhance mental health services availability at Santa Rita Jail

BHD 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.		
Agency Assignment	**Key Partners**	**Consult With**
BHD	• ACSO • Wellpath • Community-based providers • Alameda County Social Services Agency (SSA) • AC Health, Housing & Homeless Services	
Purpose	Improved outcomes for individuals	
Budget Request	None. **NOTE:** BHD has allocated $5.3M over the next two fiscal years to support individuals' need for Medication Assisted Treatment at SRJ (not billable to or covered by Medi-Cal). BHD (BHD/AFBH) providers will continue to prescribe medications and work in coordination with ASCO contracted provider (Wellpath) to ensure improved quality of care and outcomes.	
Timeline to Implement	Complete & Ongoing.	
Data Needed	None.	
Progress/Outcome & Racial Equity Measures	• Implemented and ongoing. • BHD (ASCO/AFBH) has modified and developed policies to improve care, clinical treatment, and coordination with county/ contracted providers – including those contracted by ASCO (Wellpath).	
Notes	• Implementation of process and clinical standards highlighted here are already in progress. • Established trainings, Care coordination teams, and increased coordination with SSA also aligned with this recommendation. • Care coordination team(s) have already been established by the BHD Forensic, Diversion, and Re-Entry System of Care via AFBH to enhance care delivery and coordination outside of incarcerated settings as well.	

Alameda County Behavioral Health Department Plan

Recommendation 8E: Mental Health Crisis Training for Law Enforcement County-wide
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.

<table>
<tr><td colspan="3">1. Conduct an evaluation of the current Crisis Intervention Training (CIT) curriculum to identify levels of inclusivity regarding 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).
BHD 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.
</td></tr>
<tr><th>Agency Assignment</th><th>Key Partners</th><th>Consult With</th></tr>
<tr><td>BHD</td><td>BHD (BHD) Crisis Services System of Care
BHD (BHD) Workforce Education, & Training Unit (Health Equity Division)
County Contracted CBOs
Healthcare Facilities</td><td>DHCS
Crisis Support Services</td></tr>
<tr><td>Purpose</td><td colspan="2"></td></tr>
<tr><td>Budget Request</td><td colspan="2">None.
NOTE: No additional data or funding required. Evaluation of CIT already completed. Currently operated and managed by the BHD (BHD) Crisis System of Care, Office of Integrated Services.</td></tr>
<tr><td>Timeline to Implement</td><td colspan="2">24 Months</td></tr>
<tr><td>Data Needed</td><td colspan="2">None.</td></tr>
<tr><td>Progress/Outcome & Racial Equity Measures</td><td colspan="2">CIT Training Re-tool & System Progress completed.
Regarding "BHD to make quarterly reports to the Health Committee of the Board of Supervisors on the progress (capacity of treatment and training)" – subject to BOS approval.</td></tr>
<tr><td>Notes</td><td colspan="2">The BHD (BHD) Crisis System of Care will complete a reassessment of the newly developed CIT Training within 24 months.
An extensive Crisis Intervention Training (CIT) program already exists and has been enhanced and now assigned to the BHD (BHD) Crisis System of Care for ongoing oversight and quality improvement.
BHD (BHD) Financial Services is currently working to identify the funding available for Fiscal Year 2025-2026, which will include approved rates already submitted for review by the</td></tr>
</table>

	County. It is expected that the possibility for BHD to increase rates (subject to county guidelines and approval) will be established no later than July 30, 2024. • The county is not responsible for the administration of pay schedules within organizations; nor is it able to intervene with personnel matters (including salaries) not directly impacting client or family-member care. **NOTE:** Regarding "… Pay Equity throughout the county" – BHD (BHD) can incentivize CBO organizations to increase pay through higher contract allocations, however the department is unable to establish pay equity as they are individually administered through CBO organizations. CalAIM pay for performance, and changes with payment structure (to Fee for Service) will also require CBOs to implement programs to have an opportunity to draw down increased funds to the organization (and thereby, offer higher pay schedules). • Incentive payments for innovative recruitment and retention strategies have been implemented in recent fiscal years and will be explored (subject to funding availability and the implementation of Proposition 1) in the future. • As the local Alameda County Mental Health and Substance Use Plans, BHD (BHD) is already required to regularly evaluate provider capacity and performance, including rates available for payment as a community-based provider. • CalAIM supports pay for performance, and other quality metrics that will also inform reimbursement.

Recommendation 9A: Case manager or family navigator to any family experiencing an early illness episode		
Assign a case manager or family navigator to any 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.		
Agency Assignment	**Key Partners**	**Consult With**
BHD	• CBO Providers • BHD (BHD) Systems of Care • BHD (BHD) Health Equity Division	• BHD (BHD) Systems of Care • California Institute for Behavioral Health Solutions (CIBHS) • Individual Consultant
Purpose	Improved quality of care for client and family members.	
Budget Request	None. **NOTE:** No additional funding required. Programs providing services to individuals with severe mental illness or co-occurring disorders are already providing services through case managers and care coordinators.	

Timeline to Implement	Completed.
Data Needed	None.
Progress/Outcome & Racial Equity Measures	• BHD (BHD) Health Equity Officer currently partnering with CIBHS, CalMHSA, and an outside Consultant to initiate systemwide changes to improve the active participation of the Office of Family empowerment (and Peer Support Services) to expand and retool the County's current capacity for this support. The Assessment and Integrated Plan (Workforce & Health Equity) is expected to be completed during the 3rd quarter of Fiscal Year 2025-2026. • Individuals referred by the Health Plan (Alameda Alliance) are also receiving automatic case management services upon intake, through nursing staff to support any health-related need or referral to other health providers.
Notes	**Peer & Family Member System Expansion & Assessment to be completed no later than 3rd Quarter of Fiscal Year 2025-2026.** • BHD (BHD) has already increased staffing to its office of Family Empowerment. The increased staffing and new leadership will offer the county an opportunity to pivot towards the full implementation of Medi-Cal Billing through Peer services. • BHD's (BHD) Workforce, Education, & Training Unit is also being transferred to the department's Health Equity Division to better improve the department's expansion of peer specialist designated positions able to bill Medi-Cal. Existing county positions (Mental Health Specialists) will be enhanced by the addition of a professional position/designation of Peer Specialists as defined by DHCS and recent legislation (SB803). NOTE: Alameda County (BHD/BHD) was the first county statewide to opt in to SB803.

Recommendation 9B: Family involvement with first mental health crisis

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

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

Agency Assignment	Key Partners	Consult With
BHD	• BHD (BHD) Health Equity Division • BHD (BHD) Crisis and Adult/Older Adult Systems of Care; Forensic, Diversion, and Re-Entry System of Care • AHS	• County Counsel • MHAAC

	• BHD (BHD) WET Unit • ASCO	
Purpose	• Systemwide Care coordination; • Reduces recidivism across locked settings; and • Increases quality and care outcomes, overall wellness.	
Budget Request	None. NOTE: Additional funding may be required should additional county system increase its need for Family Advocates beyond the planned expansion of **a CBO provider already providing this service, whose program augmentation has been approved by the County's BOS**.	
Timeline to Implement	12-24 Months	
Data Needed	None.	
Progress/Outcome & Racial Equity Measures	BHD (BHD) Health Equity Officer currently partnering with CIBHS, CalMHSA, and an outside Consultant to initiate systemwide changes to improve the active participation of the Office of Family empowerment (and Peer Support Services) to expand and retool the County's current capacity for this support. The Assessment and Integrated Plan (Workforce & Health Equity) is expected to be completed during the 3rd quarter of Fiscal Year 2025-2026.	
Notes	• **Peer & Family Member System Expansion & Assessment to be completed no later than 3rd Quarter of Fiscal Year 2025-2026.** • All BHD (BHD) funded programs serving individuals with severe mental illness currently provide psychiatric medications should those be clinically indicated. Additional analysis of whether this recommendation requires system enhancements to provider/county operations is warranted as "endeavoring to assign a psychiatrist (and therapist) to follow a client throughout their experience with the system and with medications has already been implemented and is a required component of the county's services to those with severe mental illness. Similarly to above, clients receiving the most intensive care are consistently assigned care managers who may provide therapy (therapist) should that be indicated; or clients with less severe symptomology are assigned individual therapists across the community should that be warranted instead. • All services are individually tailored to client need, legal requirements, programming, and must adhere to regulatory requirements/ ethical standards for levels of care.	

Alameda County Behavioral Health Department Plan

Recommendation 9C: Advice Line Implementation

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 BHD 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 BHD 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

<table>
<tr><td colspan="3">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.</td></tr>
<tr><th>Agency Assignment</th><th>Key Partners</th><th>Consult With</th></tr>
<tr><td>BHD</td><td>• CalMHSA
• CBO Providers</td><td>BHD (BHD) Office of Health Equity</td></tr>
<tr><td>Purpose</td><td colspan="2">Improve timely access, support, and the initiation of treatment</td></tr>
<tr><td>Budget Request</td><td colspan="2">TBD.</td></tr>
<tr><td>Timeline to Implement</td><td colspan="2">12 Mos</td></tr>
<tr><td>Data Needed</td><td colspan="2">An assessment by the BHD (BHD) Executive Team will be required to first couple results from the 2021 ACCESS Division assessment of service offerings, current contractual agreements with existing contractors and engagement of the Office of the Medical Director are needed. This assessment will help determine cost needed – to expand and/or re-tool current service delivery models to provide a “warm line/advice line” for family members or caregivers – as opposed to client- centered care delivery lines.</td></tr>
<tr><td>Progress/Outcome & Racial Equity Measures</td><td colspan="2">Timeliness standards across the system are currently being monitored both by BHD (BHD) and the DHCS. Ongoing review will ensure that outcomes are sustained and improved should any operational changes be made in this area (pursuant to MH Plan and SUD Plan requirements).</td></tr>
<tr><td>Notes</td><td colspan="2">• The BHD (BHD) Director’s office will coordinate with executive leaders to identify internal/ external (consultative) resources needed to create and implement an Advice Line available for use by family members and caregivers within 12 months. Results from this assessment will validate alignment with Proposition 1 Funding and/or existing staffing or contracts or identify expansion needs and costs.
• Warm Lines in general require multidisciplinary coordination, including those who may coordinate urgent consults/care with MD providers. As such, BHD (BHD) will work to support systemwide coordination of psychiatric care via the Office of Integrated Services (Chief Medical Officer/ Medical Director’s office) and not exclusively require that psychiatry/pharmacy services be the primary support to any potential warm-line services offered.</td></tr>
</table>

Total Projected Costs* *(*NOTE: Excluding costs which are unavailable or not yet determined at the time of this report)*: **~$650,000.**

Total # of Strategies & Deliverables* *(*NOTE: Some strategies & Deliverables may be similar/duplicated across multiple recommendations.)*: **29**

Maximum Expected Duration to Complete: **48 Months.**

District Attorney's Office Plan Details

Headline list of recommendations sent to District Attorney's Office:

- 2B: Interagency communication and collaboration
- 3A: Peer training & support
- 3B: Expansion of peer workforce
- 3H: Jail release alerts to next of kin
- 5A: Point-of-arrest diversion expansion
- 5C: Behavioral Health Court, Collaborative Courts and a proposed Dual-Diagnosis Court
- 5D: Incompetent to Stand Trial (IST) diversion program

Considerations

- Implementation of **Recommendations 2B and 3-AB** require significant coordination across agencies, however the DAO plan identifies specific investments that could be leveraged to achieve these goals.
- Funds will need to be identified to support cross-system collaboration and coordination to satisfy **Recommendation 2B**.
- The DAO plan identifies that 14 staff with lived experience have been hired, but does not note the job titles or the degree to which staff have been trained in the areas identified in **Recommendation 3A** or whether they are engaged in front-line and/or leadership roles, **per Recommendation 3B.**
- Further study of the CARES Navigation Center should reflect the findings and recommendations of past Prop. 47 program evaluations
- Taskforce recommendations to expand point-of-arrest diversion echo those developed by an independent evaluator (RDA Consulting) in the report *Alameda County Prop. 47 Cohort II Evaluation*
- Implementation success for multiple recommendations, including **Recommendation 5A**, depends on effective collaboration with city law enforcement agencies, especially to determine reasons these departments do and don't refer to the CARES center and to identify whether additional locations would be beneficial.
- The DAO points out that the lack of locked psychiatric sub-acute facilities is a barrier to implementing the IST diversion program.

Omissions

- The responses **to Recommendations 3A and 3B** are combined; the response is not specific to peer training, support, compensation, or peer engagement in key spaces.
- DAO referred response to **Recommendation 3H** to CAO and Probation, thus information on how to coordinate and/or integrate jail release alerts is not provided -- this will need to be defined in next steps to plan and implement this recommendation.
- The response **to Recommendation 5C** does not detail the ways in which DAO staff might collaborate with the courts to enable less onerous court attendance.

District Attorney’s Office Plan

<table>
<tr><td colspan="3">Recommendation 2B: Interagency communication & collaboration</td></tr>
<tr><td colspan="3">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)</td></tr>
<tr><td>Agency Assignment</td><td>Key Partners</td><td>Consult With</td></tr>
<tr><td>DAO</td><td>• BHD
• ACSO
• ACPD</td><td>• DAO Community Service Support Bureau
• MDFT Work Group
• DAO Mental Health Commission</td></tr>
<tr><td>Purpose</td><td colspan="2">Ensures Collaboration, awareness, assistance, and approaches offering Care First Jails Last solutions from various entry points</td></tr>
<tr><td>Budget Request</td><td colspan="2">• Budget TBD
• Funding sources (existing or potential) available to support collaboration
• Current staffers with the respective agencies who could serve as representatives without seeking additional funding.
• Communication and coordination of information and services should continue to be ongoing – monthly.</td></tr>
<tr><td>Timeline to Implement</td><td colspan="2"></td></tr>
<tr><td>Data Needed</td><td colspan="2"></td></tr>
<tr><td>Progress/Outcome & Racial Equity Measures</td><td colspan="2">• The DAO Community Support Bureau has an Assistant District Attorney leading the Multi-Disciplinary Forensic Team with similar goals.
• New DAO Administration has established a Mental Health Advisory Commission that aligns with this recommendation.</td></tr>
<tr><td>Notes</td><td colspan="2">Current Strategy
MDFT, led by DAO Assistant District Attorney, has been established to communicate and coordinate vital information and services about those with SUD and health and wellness challenges, and/or co-occurring issues who are frequently encountered by law enforcement agencies across Alameda County.
New Approach
MDFT sessions could possibly end with a non-clinical report that does not violate HIPAA Law to share with the public that includes age, race, and types of supports needed and provided by the MDFT Work Group</td></tr>
</table>

Alameda County District Attorney’s Office Plan

Recommendation 3A: Peer training & support

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 (**BHD and HCSA**);
- Jail services, in-reach, and advocacy (**ACSO, BHD**);
- access to decision-making meetings and validate (uplift?) peer expertise (**all Agencies**);
- Medi-Cal billing and other charting to expand peer tasks/positions (**BHD and HCSA**);
- 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**).

Agency Assignment	Key Partners	Consult With
DAO	• ACPD • Court • Community & Faith-based Organizations • ACHRS	• DAO Community Support Bureau • DAO Civil Rights Bureau

Purpose	Provides a balanced workforce of those with textbook knowledge alongside others who are uniquely qualified and culturally competent to engage, assess, and assist individuals with evidence-based strategies and meaningful resources.
Budget Request	**Leverage Funds:** $41,675.00 **Additional Funds Needed:** TBD Alameda Co. Human Resources Job Group Codes lists positions applicable to Peer Support Specialist Candidate pool of Peer Support individuals who are currently on the county's HR eligibility list for available positions (Community Outreach Worker #6700)
Timeline to Implement	
Data Needed	Data for the number of employees currently working in Peer Support Positions across all participating agencies
Progress/Outcome & Racial Equity Measures	**Progress** The New DAO Administration has hired 14 individuals with lived experience.

	Outcome The employees are having a positive impact on Executive decision making, racial justice, reentry services, Behavioral Health Court, Survivor Support Advocacy. **Racial Equity** The individuals hired reflect the unique culture living throughout Alameda County.
Notes	DOA believes that recommendation 3A and 3B are inclusive of our progress, new approach and strategy in listed in 3A

Alameda County District Attorney's Office Plan

Recommendation 3B: Peer workforce expansion		
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 (**BHD** and Center for Healthy Schools); • **Family case manager/liaison for John George and Cherry Hill** to respond to early MH episode situations (**BHD** in partnership with AHS); • **Outreach in high-contact areas** (e.g., hospitals, respite, etc.), community, and community hubs (HCSA**, BHD**, 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 (**BHD** 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, **BHD**, LEA); • **Peer inclusion at County and Agency decision-making, policy, and funding meetings (all Agencies).**		
Agency Assignment	**Key Partners**	**Consult With**
DAO	**See response to 3A above.**	**See response to 3A above.**
Purpose	**See response to 3A above.**	
Budget Request	**See response to 3A above.**	
Timeline to Implement	**See response to 3A above.**	
Data Needed	**See response to 3A above.**	
Progress/Outcome & Racial Equity Measures	**See response to 3A above.**	

Notes	See response to 3A above.

Recommendation 3H: Jail release alerts to next of kin		
Use the District Attorney's Daylight system to generate jail release alerts to next of kin or other approved parties, so that they may be able to provide immediate support to individuals upon release.		
Agency Assignment	**Key Partners**	**Consult With**
DAO	CSO and Probation would be best for 3H.	CSO and Probation would be best for 3H.
Purpose		
Budget Request		
Timeline to Implement		
Data Needed		
Progress/Outcome & Racial Equity Measures		
Notes		

Alameda County District Attorney's Office Plan

Recommendation 5A: Point-of-arrest diversion expansion		
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.		
Agency Assignment	**Key Partners**	**Consult With**

<table>
<tr><td>DAO</td><td>ACSO
DAO
BHD
County Law
Enforcement agencies
Community/Faith Based Groups</td><td>UNCUFFED
BOSS
La Familia
Assigned DAO staff
RDA</td></tr>
<tr><td>Purpose</td><td colspan="2">Individuals deflected from the justice system.
Received referrals to supportive external agencies.
Citizens did not recidivate</td></tr>
<tr><td>Budget Request</td><td colspan="2">Leveraged Funds $745,000 (Mar-2023 to Mar-2026)
Expansion funds needed for 3 years, 3 service sites,24/7 model: $9M</td></tr>
<tr><td>Timeline to Implement</td><td colspan="2"></td></tr>
<tr><td>Data Needed</td><td colspan="2">Data from county law enforcement agencies on referrals and declines in CARE services from eligible citizens.</td></tr>
<tr><td>Progress/Outcome & Racial Equity Measures</td><td colspan="2">Progress: Jan. 1,2023 to May 1, 2024: 343 individuals referred to diversion.
Outcome
165 citizens were referred to 46 different organizations.
Blacks made up 43% of referrals,
Hispanics 16%,
Whites 15%,
Others 26%</td></tr>
<tr><td>Notes</td><td colspan="2">Request for an independent audit by the BOS would duplicate quarterly, annual, and final evaluations by BHD, BSCC, and an independent evaluator (RDA)
The independent evaluation report for the reporting period Feb. 1, 2021 to Jan. 15, 2023 addresses many of the recommendations presented by the task force. The report is available to the public and is titled “Alameda County Prop. 47 Cohort II evaluation”
New Approach
Ongoing training efforts to law enforcement agencies to utilize CARES for eligible justice-involved citizens with SUD, mental health challenges.
Planned mobile service dates county-wide.
BOS quarterly report</td></tr>
</table>

Alameda County District Attorney’s Office Plan

Recommendation 5C: Behavioral Health Court, Collaborative Courts and a proposed Dual-Diagnosis Court
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.

Key points

- BHD, 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 BHD 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 the 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 presents 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 MHAB 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.**

Agency Assignment	Key Partners	Consult With
DAO	• BHD • ACPD • DAO	LCA (EIC) Youth Alive! Mentor diversion

	- OCCS - Parole - AC Probation - Superior Court	
Purpose	Diverts defendants who commit their charged crimes due to mental health or SUD symptoms from the criminal justice system into treatment and other services such as education, employment, and housing.	
Budget Request	Collaborative courts are funded through various sources, including AB109, MHSA, and Prop 47. Other significant sources of funding for some courts are the Medi-Cal or SSI benefits of individual participants.	
Timeline to Implement		
Data Needed		
Progress/Outcome & Racial Equity Measures	In 2023, 1,257 cases involving 696 defendants were diverted from the traditional criminal justice system into collaborative court programs. 484 cases representing 292 defendants were specifically diverted into BHC.	
Notes	**New Strategy** Establishment of a Co-Occurring Court is being explored. Requires collaboration and sign-off of multiple agencies at a time when the corresponding judge appointments are in transition. DAO is committed to working through the MOU to bring the vision to fruition.	

Recommendation 5D: Incompetent to Stand Trial (IST) diversion program

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 (i.e., 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		
Agency Assignment	**Key Partners**	**Consult With**
DAO	• BHD • ACPD • DAO • John George Psychiatric Hospital • AFBH	Superior Court
Purpose	Diverts those suffering from severe mental illness and commit felony offenses from the criminal punishment model into the hospital-based medical model. Also redirects defendants away from the Dept. of State Hospitals beds which are used to restore defendants to competency.	
Budget Request	Funding is through the Dept. of State Hospitals Pilot Program.	
Timeline to Implement		
Data Needed		
Progress/Outcome & Racial Equity Measures	• Efforts are made to locate eligible defendants at the earliest opportunity. The program participants must have a qualifying diagnosis, be medication compliant and have enough insight to maintain in the program. • Approximately half of the participants are black, 25% are Hispanic and 25% are white.	
Notes	• Alameda County has a severe lack of locked psychiatric sub-acute facilities that can house and service the number of severely mentally ill defendants. Current local facilities cannot accommodate mentally ill patients that are violent and non-responsive to medications. • Current medications can often (but not always) manage symptoms but do not offer long-term "cures" to the illness. While the goal is to transition defendants out of the hospital setting into the community, many IST defendants cannot maintain the requisite consistency needed for medication and therapeutic regimens when out of the hospital setting.	

Housing & Community Development Dept. Plan Details

Headline list of recommendations sent to Housing & Community Development Department:

- 2B: Interagency communication and collaboration
- 2D: Develop a low-barrier interagency reception housing program
- 3A: Peer training & support
- 3B: Expansion of peer workforce
- 6C: Reallocate remaining funds from Santa Rita Jail's Mental Health Program Services Unit to permanent supportive housing
- 7D: Fair Chance Ordinance to Address Housing Discrimination
- 7E: Deep housing subsidy for justice-involved individuals
- 7F: Deep Housing Subsidy for Individuals with SMI/SUD/Co-Occurring Disorders
- 7G: Establish an anti-displacement and homeless prevention system
- 7H: Re-fund and revive the Independent Living Association of Alameda County
- 7I: Expand licensed board-and-care facilities
- 7J: Land Trust for Board and Care Facilities
- 7K: Interim Housing Options for Individuals who are Justice-involved
- 7L: Expansion of Skilled Nursing Facilities (SNFs) for Individuals with High Medical Needs and SMI
- 7N: Prioritize county housing funds for individuals with SMI/SUD/co-occurring disorders
- 7O: Expand funding and support for innovative housing models

Considerations

- There are a number of edits that HCD has suggested to the language of the recommendations. These are tracked via blue highlighting in the plan document and should be considered for recommendation finalization
- Other funding sources would not be able to cover costs associated with assigning a staff person as an inter-agency liaison, as outlined in **Recommendation 2B**
- **Recommendation 2D** was assigned to HCD, but it is out of the purview of the department to provide direct services to this population. However, they would be involved in the acquisition and development of a site
- A Fair Chance policy, described in **Recommendation 7D**, which prevents discrimination against individuals with justice involvement in housing, has been presented to the Alameda County Board of Supervisors, but they have yet to adopt it.
- There is a need for data on the number of people with justice involvement in Alameda County who are Very Low and Extremely Low Income and need housing subsidies, as well as those who need supportive SMI/SUD/co-occurring services, to assess the budget needed for deep subsidies for these populations, as described in **Recommendations 7E and 7F**
- There are large budgetary needs to fulfill many of the recommendations in the HCD plan, for example:
    - To provide the appropriate level of anti-displacement and homeless prevention services, as outlined in **Recommendation 7G**
    - To provide Independent Living Home Operator support, as suggested in **Recommendation 7H**

- To analyze the need, then to build and support Board & Care facilities, as directed in **Recommendation 7I**
- To develop more Skilled Nursing Facilities, as in **Recommendation 7L**
- To acquire property and operate it as Land Trust models, as outlined in **Recommendation 7O**

Omissions

- None found.

Housing and Community Development Department Plan

Recommendation 2B: Interagency communication & collaboration		
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)**		
Agency Assignment	**Key Partners**	**Consult With**
HCD	• County • ACSO • ACPD	All agencies
Purpose	**Communication barriers between agencies**	
Budget Request	**Unfunded/Budget Needed:** Impacts budget in that other funding sources would not be able to cover costs associated with participation	
Timeline to Implement		
Data Needed		
Progress/Outcome & Racial Equity Measures		
Notes	CDA/HCD would need to assign a staff person.	

Alameda County Housing and Community Development Department Plan

Recommendation 2D: Interagency reception housing program		
The County should fund and support a low barrier interagency reception housing program that individuals can be immediately released to from Santa Rita Jail 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.		
Agency Assignment	**Key Partners**	**Consult With**
HCD	• BHD • ACPD • ACSO • SSA	
Purpose	Not Applicable to CDA	

Budget Request	Not Applicable to CDA
Timeline to Implement	Not Applicable to CDA
Data Needed	Not Applicable to CDA
Progress/Outcome & Racial Equity Measures	Not Applicable to CDA
Notes	CDA/HCD/HH do not provide direct services to this population but if a public private partnership for a new site (not county owned) HCD would be involved in the acquisition and development of a site

Recommendation 3A: Peer training & support		
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: • 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).**		
Agency Assignment	**Key Partners**	**Consult With**
HCD	• County • BHD • ACSO	
Purpose	Ensuring compensation and training for individuals with lived experience will support expertise and input.	
Budget Request	Budget: further assessment needed for fair pay comparison,	
Timeline to Implement		
Data Needed	Data: Evaluation of Job Classifications to ID barriers to employment within CDA specific Classifications	
Progress/Outcome & Racial Equity Measures		
Notes	CDA/HCD/HH do not provide direct services to or work with peers, but will evaluate employment strategies. Example: HCD and HRS Tech positions….	

Alameda County Housing and Community Development Department Plan

Recommendation 3B: Peer workforce expansion

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: • **Peer inclusion at County and Agency decision-making**, policy, and funding meetings (**all Agencies**). • **Peer-led interventions in housing program**s and other spaces to address vicarious trauma and practice restorative practices (**BHD** and H&H);		
Agency Assignment	**Key Partners**	**Consult With**
HCD	• County • AHS • ACSO • ACPD • H&H	
Purpose	Inclusion of lived experience voice in RFP and proposal selection processes	
Budget Request	If stipends are needed to participate in RFP review process – new budget allocation would be needed – we don't currently pay people to participate in proposal review – ongoing process	
Timeline to Implement		
Data Needed		
Progress/Outcome & Racial Equity Measures	No Existing Strategy Possible New Strategy: Inclusion of peers in RFP processes is new and would need to be added to our internal procedures. This fits within the CoC Racial Equity Framework under the engagement with people with lived experience to set priorities	
Notes	HCD would propose to include the CoC leadership academy for people with lived experiences into the RFP processes held for relevant funding sources	

Alameda County Housing and Community Development Department Plan

Recommendation 6C: Reallocate remaining funds from Santa Rita Jail's Mental Health Program Services Unit to permanent supportive housing		
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.		
Agency Assignment	**Key Partners**	**Consult With**
HCD	County (GSA and HCD)	H&H/H&H, BHCS and Probation
Purpose	Provides funding to support new housing units throughout the county	
Budget Request		

Timeline to Implement	
Data Needed	In consultation with BHCS/Probation and H&H – Identify the highest need (new board and care vs. new independent living vs. shared housing opportunities)
Progress/Outcome & Racial Equity Measures	• **New Strategy:** Focus on currently available opportunities – supporting land trusts and emerging developers to acquire buildings • **New Strategy:** H&H would have to provide ongoing operating and services support
Notes	Should the BOS decide to move these funds from GSA/SRJ/ASCO to CDA/HCD for Permanent Supportive Housing, CDA/HCD would need to incorporate this workload into the next fiscal years work plan

Alameda County Housing and Community Development Department Plan

Recommendation 7D: Fair Chance Ordinance to Address Housing Discrimination		
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 Ordinance in the unincorporated areas of the County and a Fair Chance policy in affordable housing financed by the County. The county should lead by example and advocate for other cities in the County to adopt fair chance policies.		
Agency Assignment	**Key Partners**	**Consult With**
HCD	County (CDA/HCD and County Counsel)	Board of Supervisors
Purpose	Allows people with former justice involvement equal access to rental housing where they can be discriminated against because of their background	
Budget Request	• Board of Supervisors would need to decide to adopt the ordinance and then to direct staff to implement the ordinance in the UC and use it as the policy in affordable housing projects (presented to the BOS in December 2022, but not adopted with second reading in January of 2023) • To track outcomes and ensure compliance in marketplace will require budget, use of a rental registration system to create the data, and HCD staffing to implement.	
Timeline to Implement		
Data Needed	Data: There is no current data source. Would need to implement a rental registration system that would allow HCD to track discrimination complaints in order to ensure enforcement and create data points.	
Progress/Outcome & Racial Equity Measures	Progress: CDA/HCD has completed its work on the ordinance. If adopted, HCD would then need to bring the policy to the Board and begin incorporation of that policy into affordable housing loan programs it administers.	

Notes	- The 9th Circuit court has made a ruling which indicates some exposure or risk to the county should this be adopted. Other cities (Richmond, Berkeley, Oakland and San Francisco) adopted these policies before the court ruling but have decided to keep them on the books despite the risks. Next step is a presentation to the Board of Supervisors for their discussion. - The only people excluded from certain housing authority properties or subsidies are convicted sex offenders with lifetime registration requirements, those convicted of meth manufacture, and those with outstanding debt to that housing authority.

Alameda County Housing and Community Development Department Plan

<table>
<tr><td colspan="3">Recommendation 7E: Deep housing subsidy for justice-involved individuals</td></tr>
<tr><td colspan="3">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.</td></tr>
<tr><td>Agency Assignment</td><td>Key Partners</td><td>Consult With</td></tr>
<tr><td>HCD</td><td>H&H & CDA/HCD
County</td><td>Health Committee then to the BOS for adoption and funding considerations</td></tr>
<tr><td>Purpose</td><td colspan="2">Allows ELI and unhoused individuals access to deeply affordable units so that they can recover from homelessness
Coordinated entry does not always reach this population, so having a set aside will allow this population to reach the top of the list.
Additional capacity needed or set aside of permanent housing solutions for those with justice involvement.</td></tr>
<tr><td>Budget Request</td><td colspan="2">$130 million annually?</td></tr>
<tr><td>Timeline to Implement</td><td colspan="2">Time: Could be part of BHBH but need funding sustainability and long-term support.</td></tr>
<tr><td>Data Needed</td><td colspan="2">Information on the number of people with justice involvement in Alameda County who are Very Low and Extremely Low Income and need housing subsidy
Data: Home Together Plan outlines total units needed: 21,150; but what # Justice Involvement?</td></tr>
<tr><td>Progress/Outcome & Racial Equity Measures</td><td colspan="2">Existing strategy: Local Housing Support Program (LHSP) is a “lightly” funded program available to provide up to $2k per month, $24k per year to clients at the top of the coordinated entry system (when resources are available).
New Strategy: It would require new, increased and sustainable source of revenue dedicated to this population to set aside increase access to deep housing subsidy for the Justice Involved.</td></tr>
</table>

	• **Progress:** HCD and H&H have created policies framework for the Local Housing Subsidy Program, a deep subsidy for people who are homeless and extremely low income. It is scheduled to go to the BOS Health Committee in July for review and recommendation to the full Board. • **Racial Equity Measures:** Key data points would be to track demographics of those who are housed with this source (HMIS? Or Asset Management software?)
Notes	• The Local Housing Support Program framework, including policies and procedures, is ready to go to the Health Committee for review and recommendation to the full Board. • 2,000 additional voucher-based housing subsidies cost approximately $48 million annually and 5,000 would cost approximately $120 million (not including administrative costs) Recommend modifying and add to the second half of the recommendation to the following: • **Expand the supply of supportive housing subsidies and units for persons with criminal justice histories and those who are formerly incarcerated by creating a set aside for this population within existing programs.**

Alameda County Housing and Community Development Department Plan

Recommendation 7F: Deep Housing Subsidy for Individuals with SMI/SUD/Co-Occurring Disorders		
Create 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).		
Agency Assignment	**Key Partners**	**Consult With**
HCD	• H&H & CDA/HCD • County	Health Committee then to the BOS for adoption and funding considerations
Purpose	• Allows ELI and unhoused individuals with SMI/SUD/co-occurring disorders access to deeply affordable units so that they can recover from homelessness • Coordinated entry does not always reach this population, so having a set aside will allow this population to reach the top of the list. • Additional capacity needed or set aside of permanent housing solutions for those experiencing SMI/SUD/co-occurring disorders	
Budget Request	**Budget:** Depends on the numbers needing support….	
Timeline to Implement	**Time:** Need sustainability and long-term support.	

Data Needed	**Data:** Need to refine the numbers in the Home Together Plan: total units needed: 21,150; focusing on those engaged w/CJ and SMI/SUD/co-occurring (20-50%) represents a need of 4,230-10,575 units
Progress/Outcome & Racial Equity Measures	• **Existing strategy –** Local Housing Support Program (LHSP) is a "lightly" funded program available to provide up to $2k per month, $24k per year to clients at the top of the coordinated entry system (when resources are available). • **New Strategy:** It would require new, increased and sustainable source of revenue dedicated to this population (Prop 1 MHSA is possible) to set aside increase access to deep housing subsidy for the SMI/SUD/Co-occurring disorders population. • **Progress:** HCD and H&H have created policies framework for the Local Housing Subsidy Program, a deep subsidy for people who are homeless and extremely low income. It is scheduled to go to the BOS Health Committee in July for review and recommendation to the full Board. • **Outcomes:** A fully funded program would demonstrate progress **on this measure.** • **Racial Equity Measures:** Key data points would be to track demographics of those who are housed with this source (HMIS? Or Asset Management software?)
Notes	• The Local Housing Support Program framework, including policies and procedures, are ready to go to the Health Committee for review and recommendation to the full Board. • 2,,000 additional voucher-based housing subsidies cost approx.. $48 million annually and 5,000 would cost approximately $120 million (not including administrative costs) Recommend modify language of recommendation to the following: • Expand the supply of supportive housing subsidies and units for persons with SMI/SUD/co-occurring and formerly incarcerated by creating set asides in existing programs dedicated just for these populations..

Alameda County Housing and Community Development Department Plan

Recommendation 7G: Establish an anti-displacement and homeless prevention system

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:

- HCD: 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;
- HCD: 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.;
- H&H: 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;

• **H&H: Dedicate County staff and County-funded CBO staff to facilitate return to supportive housing for persons who lose access to that housing.**		
Agency Assignment	**Key Partners**	**Consult With**
HCD	• H&H • HCD	BHCS, Probation, SSA
Purpose	AC Housing Secure provides representation for low income tenants who are at risk of eviction – focusing on illegal evictions and soft landings so that tenants do not receive an Unlawful Detainer, which would make it impossible to get housing in the future.	
Budget Request		
Timeline to Implement	Just Cause: This ordinance is currently under discussion with the Board of Supervisors	
Data Needed	Data needs are from the Courts – and currently HCD submits a public records request for data – also needs courts to track demographics of tenants who are served eviction notices and the outcomes of the cases (not just the intake of the cases) – so that we can see the outcomes rather than just the input.	
Progress/Outcome & Racial Equity Measures	• **Existing Strategy** – AC Housing Secure • **New Strategy –** Fully fund the program • **Racial Equity Measures:** Key data points would be to track demographics of those who are sent to court with eviction notices. This is a data request from the Courts.	
Notes	• To fully fund all low-income tenants who are at risk of eviction would cost the county approximately $18 million per year. • Currently the AC Housing Secure program receives $1.8 million per year. The program serves approximately 10-15% of the tenants who are at risk of eviction. Landlords come to eviction court with attorneys 80% of the time….. in comparison.	

Alameda County Housing and Community Development Department Plan

Recommendation 3E: Engagement with law enforcement agencies for mental health diversion		
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.		
Agency Assignment	**Key Partners**	**Consult With**
HCD	• H&H • CDA/Healthy Homes Department	BHCS
Purpose	• Provide support to both operators and tenants living in Independent Living homes or boarding homes which can be difficult to maintain and operate.	

	• Provides oversight for the county to inspect and ensure conditions meet standards • Provides training and support to operators
Budget Request	**Budget:** This is currently not funded and would need new funding to support it.
Timeline to Implement	**Timeline:** Depends on if it is funded
Data Needed	**Data:** on the number and type of units that exist – and new units that are added to the system
Progress/Outcome & Racial Equity Measures	• **Existing Strategy:** Currently HH Department is inspecting ILA's using Measure A funding from HCSA. • **New Strategy:** Need more money to help with repairs and to assist with purchasing the buildings from 3rd party operators. • **Progress:** CDA - This program has existed in the past and can be brought back if funded at scale. • **Racial Equity measures:** A high percentage of both operators and residents of these buildings are Black, Indigenous and People of Color and/or homeless/formerly homeless individuals.
Notes	• *Independent Living Homes* are also referred to as *Group Homes.* These have 6 or less people in them, no one is providing their medication or food. • Most of the operators are not owners of the building – they lease from 3rd party owners – and therefore they need more assistance to acquire the buildings and to rehabilitate the buildings **Proposed language modification:** **Provide Independent Living Home Operator support:** Support independent living home operators, service providers and tenants to improve the general living conditions of housing where many people are living with mental illness in substandard and dangerous living conditions. These homes can be improved through annual inspections, operator resources and trainings. Identify funding to establish this housing support service to promote quality of life for vulnerable citizens.

Alameda County Housing and Community Development Department Plan

Recommendation 7I: Expand licensed board-and-care facilities
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.		
Agency Assignment	**Key Partners**	**Consult With**
HCD	• County • HCD • H&H	BHCS
Purpose		
Budget Request	**Budget:** Unknown until there is data that examines the needs and existing inventory.	
Timeline to Implement		
Data Needed	**Data:** How many Board and Care homes exist and how many beds in them? How many are dedicated to low income population? How many low income people currently use Board and care? How many would use it if it was available? How many Residential Treatment Beds are needed? Acute Care, and Sub-Acute care?	
Progress/Outcome & Racial Equity Measures	• **Existing Strategy:** No funding currently in CDA/HCD exists for this specific work • **New Strategy:** With new funding (potentially MHSA housing funds under Prop 1), create a program to create new board and care homes. Focus on the purchase of currently leased sites, as well as new sites. Also allow funds to support rehabilitation of existing board and care homes. • **New Strategy:** HCD will include Board and Care as a possible use with new housing funding sources – ETA at Board – this summer • **New Strategy:** HCD/H&H/BHCS should co-write a PAL letter to get the BOS to support advocacy for increased rates.	
Notes	• **Board and Care/Licensed Residential Treatment Facilities** owned by 3rd party entities (for profit, individuals or non profit) – Acquisition and Development done via Development Agreement with CDA/HCD. • **Residential Treatment Facilities owned by the County** = partnerships with GSA for acquisition and development • **Ongoing Operations and Services =** *Board and Care* = H&H/H&H • *Crisis Residential Treatment* = BHCS Recommend editing language to include: 1. Build and Support Licensed Board and Care **DEDICATED TO LOW INCOME** Separate this out between Board and Care and Residential Treatment….	

Alameda County Housing and Community Development Department Plan

Recommendation 7J: Land Trust for Board and Care Facilities

Create an **RFP for County-owned land i**n 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.		
Agency Assignment	**Key Partners**	**Consult With**
HCD	• GSA • HCD • H&H	
Purpose	**Problem:** Insufficient property and resources are targeted to this population.	
Budget Request	Unknown	
Timeline to Implement	Unknown	
Data Needed	**Data:** ID Underutilized County Owned properties in both the Unincorporated County and the Cities within the County	
Progress/Outcome & Racial Equity Measures	• **Existing Strategy:** Tiny Home village built on Fairmont Campus and Safe Parking program on Fairmont campus. • **Existing Strategy:** New Affordable Housing on Broadway properties – partner selected through the Surplus Lands Act process and under negotiations for two years. • **New Strategy:** Request GSA report on all County owned properties that could be surplused and used for affordable housing and targeted to these populations. • **Progress:**	
Notes	• GSA has reported that there are obstacles to development on any more of the Fairmont Campus due to Hayward Fault line and lack of infrastructure. **Proposed Language for recommendation:** The County should assess all County owned land (in and out of the unincorporated county) and evaluate its use for housing this population. The County should follow CA Law (Surplus Lands Act) to dispose of property for affordable housing targeted to this population, and prioritize community ownership, such as land banks and nonprofits that will own in perpetuity. **The County should support the evaluation of all publicly owned land by other governmental entities and encourage the use for affordable housing targeted to this population**	

Recommendation 7K: Interim Housing Options for Individuals who are Justice-involved
The County should build (HCD) and support (H&H) 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

Agency Assignment	Key Partners	Consult With
HCD	• HCD • H&H • Probation • SSA	

Purpose	**Problem:** Insufficient beds/units exist for this population funds exist to support the development of new shelters (or dedicate existing shelters) to this population.
Budget Request	Unknown
Timeline to Implement	**Time:** Could be part of BHBH but need funding sustainability and long-term support.
Data Needed	**Data:** Need info on how many people are released to homelessness per year.
Progress/Outcome & Racial Equity Measures	• **Existing Strategies:** Currently, there are over 3,000 **shelter** slots (beds or units) in Alameda County, with occupancy rates highest in the non-congregate sites such as Lake Merritt Lodge and the Fairmont Navigation Center. • **New Strategies:** New Homekey sites can be interim and can designate a target population. **New Strategy:** The County can support interim uses and new shelters with new funding sources, such as the Regional Bond. The Housing Plan will include interim housing as an eligible use.
Notes	me general questions and budget implications as 2D. (Narrower target population would be cessary to focus resources on SRJ releases.) me Together identified a need for up to 1,000# new interim beds that are low-barrier and non-ngregate. Cities and County typically partner on these efforts. Adding special eligibility for target pulation is feasible with budget and space. Most of these resources are currently in East Oakland d it would be beneficial to expand into other neighborhoods/ communities. **nsitional Housing/Shelter** owned by 3rd party entities (for profit, individuals or non profit) – quisition and Development done via Development Agreement with CDA/HCD. • **Transitional and Shelter owned by the County** = partnerships with GSA for acquisition and development and HCD to confer on housing related issues • **Ongoing Operations and Services** = H&H

Recommendation 7L: Expansion of Skilled Nursing Facilities (SNFs) for Individuals with High Medical Needs and SMI
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.

Agency Assignment	Key Partners	Consult With
HCD	• H&H • GSA	

	• HCD	
Purpose		
Budget Request	• **Budget:** Total Development Costs would range from 250k-700k depending on the type of unit. • Operating proxy from OakDays = $36,000 per unit per year.	
Timeline to Implement	Unknown	
Data Needed	**Data:** Need far exceeds existing availability. Up to 3,00 people per year report homelessness plus disability, Recommend additional capacity of 300+ units in non-congregate settings.	
Progress/Outcome & Racial Equity Measures	• **Existing Strategy:** OakDays is owned by the county and operated by Five Keys, with clinical care provided by Cardea Health. Services including HCS and HCBA Waiver reimbursement requires licensed Home Health Agency partner. • **New Strategy:** ID additional funding to support additional development of SNF's • **Outcome:** Racial Equity Measures:	
Notes	• **Skilled Nursing Facilities** owned by 3rd party entities in public/private partnerships (for profit, individuals or non profit) – Acquisition and Development done via Development Agreement with CDA/HCD and HCSA to confer on medical related issues. • **Skilled Nursing Facilities** owned by the County = partnerships with GSA for acquisition and development and HCSA to confer on medical related issues • **Ongoing Operations and Services** = BHCS? **H&H Recommendation: add to H&H for OakDays model which serves people with high medical needs in interim or permanent housing with 24/7 nursing and flexible on-site clinical care.**	

Recommendation 7N: Prioritize county housing funds to individuals with SMI/SUD or co-occurring disorders

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

Agency Assignment	Key Partners	Consult With
HCD	• HCD • H&H	
Purpose	**Problem:** Inadequate housing resources for people with SMI/SUD/Co-occurring and CJ involvement	
Budget Request		
Timeline to Implement		
Data Needed	**Data Needed:** Refined data on overlapping needs and homelessness. Current data show at least half of people experiencing homelessness have SMI/SUD or Co-occurring. Approximately 25% indicate CJ involvement in past 12 months.	
Progress/Outcome & Racial Equity Measures	• **Existing Strategies:** Home Together Plan call for more than 3,000 additional units of supportive housing for target population • **New Strategies:** Regional Housing Bond on ballot for November 2024 would bring 1-2 billion to Alameda County for additional housing resources. • HCD is developing a county-wide housing plan now – this population should be included as priority target population.	
Notes	• **Development** of new Real Estate Projects performed by CDA/HCD • **Support Services** of new projects performed by H&H	

Alameda County Housing and Community Development Department Plan

Recommendation 70: Expand funding and support for innovative housing models

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 H&H'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.

Agency Assignment	Key Partners	Consult With
HCD	• HCD • H&H	BHD
Purpose	Many independent Board and Care homes are unable to continue operating due to financial and other challenges.	
Budget Request	**Budget:** Varies. Providing start-up capital would require a minimum of $200-250k per unit.	

Timeline to Implement	**Timeline:** Land Trust model with acquisition and potential conversion would typically have a minimum timeline of 12 months to start-up.
Data Needed	**Data:** Reference Board and Care needs analysis and other research. **Ongoing operations costs** depend on specific use, but high tier Board and care currently requires an operating/services supplement of $3k+ per month.
Progress/Outcome & Racial Equity Measures	• **Existing Strategies:** Capacity Building programs for small and emerging developers. • **Existing Strategies:** Predevelopment Loan programs for small and emerging developers • **New Strategies:** Ensure that small and emerging developers can access new funding – ID local sources that don't require small and emerging developers to compete and state and federal level • **New Strategies:** Partner with organizations which own land and want to develop it for affordable housing (like faith based organizations). • **New Strategies:** Ensure small development options are not subject to difficult to meet requirements – like labor compliance. • **New Strategy:** Create set aside funding for small and emerging developers and/or for small projects.
Notes	**See Recommendation: 7I for Board and Care** **Proposed language:** • Support Innovative Models: Expand funding and support for innovative housing models, including Community Land Trust models that acquire and hold land for the purposes of maintaining permanently affordable housing for low-income renters with a focus on people with serious mental health challenges. Support capital funding to minimize the loss of licensed board and care, encouraging purchase of available properties

Housing & Homelessness Services Plan Details

Headline list of recommendations sent to Housing & Homelessness Services:

- 2B: Interagency communication and collaboration
- 2D: Develop a low-barrier interagency reception housing program
- 3A: Peer training & support
- 3B: Expansion of peer workforce
- 7B: Establish a coordinated entry access point at Santa Rita Jail
- 7E: Deep housing subsidy for justice-involved individuals
- 7F: Deep Housing Subsidy for Individuals with SMI/SUD/Co-Occurring Disorders
- 7G: Establish an anti-displacement and homeless prevention system
- 7H: Re-fund and revive the Independent Living Association of Alameda County
- 7I: Expand licensed board-and-care facilities
- 7K: Interim Housing Options for Individuals who are Justice-involved
- 7N: Prioritize county housing funds for individuals with SMI/SUD/co-occurring disorders
- 7O: Expand funding and support for innovative housing models

Considerations

- There are several edits that H&H has suggested to the language of the recommendations. These are tracked via blue highlighting in the plan document and should be considered for recommendation finalization
- The successful implementation of multiple recommendations will depend on collecting myriad data from various sources. For example, H&H…
    - Will need to collect data regarding the number of people discharged without a housing option and information regarding notification/ anticipation of exit date from Santa Rita Jail (SRJ) to meet **Recommendation 2D**
    - Should compile stipend data for People with Lived Experience (PLE) participating in the Continuum of Care (CoC) and information to understand the relationships between organizations and people with lived experience to fulfill **Recommendation 3A**
    - May wish to gather data related to how peer positions operate in current programs to meet **Recommendation 3B**
    - Must establish a shared data system or method for data sharing from existing databases to complete **Recommendation 7G**
    - Will need to collect data on the number of individuals released to homelessness per year so that **Recommendation 7K** can be fulfilled
- Regarding Recommendation 2D, H&H:
    - Recommends further refining this recommendation to clarify the reception housing program is for a site-based 24/7 staffed location
    - States that this area could be part of Behavioral Health Bridge Housing (BHBH); however, funding will need to be sought to sustain efforts and expand the population beyond BHBH
    - Anticipates a significant increase in the low-barrier interim model with significant services attached; however, the committee acknowledges the unknown
    - Indicates a narrower target population may be necessary to focus resources on Santa Rita Jail releases

- H&H considers funding and budget needs for the successful implementation of several recommendations. For example, the committee estimates needing:
    - Additional funding (depending upon parameters) to support implementation of **Recommendation 2D**
    - $250k per year for daytime hours only to meet **Recommendation 7B**
    - $18m annually for Permanent Supportive Housing (PSH) cohort of justice-involved clients with SMI/SUD/co-occurring disorders to fulfill **Recommendation 7F**
- $370k annually to satisfy Recommendation 7H

Omissions

- None found.

Recommendation 2B: Interagency communication & collaboration		
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)** • BHD/AFBH, ACSO/Wellpath to implement **coordinated service assessment and connection** to in custody services and referrals for CBO providers.(**BHD**, ACSO) • BHD/AFBH, ACSO/Wellpath to implement **coordinated discharge efforts** and central point of contact for CBO providers.(**BHD**, ACSO) • Assign personnel to **family liaison roles** within BHD 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. (**BHD**, ACSO) • **Service roadmap**: BHD to develop a roadmap from Santa Rita Jail (SRJ) to the programs and facilities providing treatment and re-entry support. **(BHD)**		
Agency Assignment	**Key Partners**	**Consult With**
H&H	• County • ACSO • ACPD	
Purpose	Coordination of care and collaboration towards reducing entry to the CJ system.	
Budget Request		
Timeline to Implement	n/a – implementable now	
Data Needed		
Progress/Outcome & Racial Equity Measures		
Notes	• H&H liaison would work through AC Health. • Housing-specific liaison: Jeannette Rodriguez	

<table>
<tr><td colspan="3">Recommendation 2D: Interagency reception housing program</td></tr>
<tr><td colspan="3">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.</td></tr>
<tr><th>Agency Assignment</th><th>Key Partners</th><th>Consult With</th></tr>
<tr><td>H&H</td><td>• BHDD
• ACPD
• ACSO
• SSA</td><td>CBOs providing in-reach support</td></tr>
<tr><td>Purpose</td><td colspan="2">Discharge from SRJ to streets awaiting program match/availability and/or sheltering without adequate services/support leads to homelessness, recidivism, additional harms.</td></tr>
<tr><td>Budget Request</td><td colspan="2">Unfunded/Budget Needed: For additional units, a per person per night rate of $150 to $400, depending on services and amenities.
If in H&H: Interagency reception is intended as a site-based, 24/7 model, funding to support reception services could be in H&H or other agency. Staffing for at least 7.4 FTE Plus a program manager and facility costs would be required.</td></tr>
<tr><td>Timeline to Implement</td><td colspan="2">Time: Could be part of BHBH, however need funding sustainability. Need for further expansion of population (beyond BHBH).
If BHBH, would likely be implemented this CY.</td></tr>
<tr><td>Data Needed</td><td colspan="2">• Data needed: # of people discharged without a housing option.
• Data needed: Notification/anticipation of exit date from SRJ.</td></tr>
<tr><td>Progress/Outcome & Racial Equity Measures</td><td colspan="2">• Existing Strategies:
• H&H measures number served, retention, speed of placement, demographics, exit destinations.
• New Strategies: Active RFP for shelter models under Behavioral Health Bridge Housing (BHBH) with Care Court priority (expansion of 150+ interim beds).</td></tr>
<tr><td>Notes</td><td colspan="2">• H&H anticipates significant increase in low-barrier interim model with significant services attached, however acknowledge the unknown
• A narrower target population would be necessary to focus resources on SRJ releases.
• Recommendation – further refining the recommendation to clarify the reception housing program is for a site-based, 24/7 staffed location.</td></tr>
</table>

Recommendation 3A: Peer training & support		
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 (**BHD**); • Jail services, in-reach, and advocacy (**ACSO,** BHD); • access to decision-making meetings and validate (uplift?) peer expertise (**all Agencies**); • Medi-Cal billing and other charting to expand peer tasks/positions (**BHD**); • 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**).		
Agency Assignment	**Key Partners**	**Consult With**
H&H	• County • BHDD • ACSO	
Purpose	Ensuring compensation and training for individuals with lived experience will support expertise and input.	
Budget Request	Budget: further assessment needed for fair pay comparison,	
Timeline to Implement		
Data Needed	Data: Current stipend of **$25/hour** for PLE participating in CoC. Training costs additional. Data: Example - Creating Authentic, Effective Partnerships between Organizations and People with Lived Experiences: A Toolkit | Benioff Homelessness and Housing Initiative (ucsf.edu)	
Progress/Outcome & Racial Equity Measures		
Notes	• **Existing Strategies:** Current stipend for PLE participating in Continuum of Care (CoC) board and committees • **New Strategies:** H&H will review existing peer programs in HCH and CoC and assess availability to expand at current rate will add more training, mentoring, educational/certificate options.	

Recommendation 3B: Peer workforce expansion		
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 (**BHD** and Center for Healthy Schools); • **Family case manager/liaison for John George and Cherry Hill** to respond to early MH episode situations (**BHD** in partnership with AHS); • **Outreach in high-contact areas** (e.g., hospitals, respite, etc.), community, and community hubs (HCSA**, BHD**, 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 (**BHD** 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, **BHD**, LEA); • **Peer inclusion at County and Agency decision-making**, policy, and funding meetings (**all Agencies**).		
Agency Assignment	**Key Partners**	**Consult With**
H&H	• County • AHS • ACSO • ACPD • H&H	
Purpose	Need for experience-centered on-site support. In focus groups, people often state that they prefer peer-based services.	
Budget Request	**Budget:** For each team of 6 peers, serve 120 people in housing or unsheltered for approximately **$500k**, annually	
Timeline to Implement		
Data Needed	Data: Providing peer positions at 25 hours/week in teams of two for current programs. Expansion is desirable. One FT supervisor for 6 peers plus training and operational support.	
Progress/Outcome & Racial Equity Measures	**Existing strategies:** Contractors and community-based organizations hire and retain peer support staff and persons with lived experience. **New Strategies:** Integrate into future RFP processes minimum qualifications: commitment to hiring peer-led staff.	
Notes		

Recommendation 7B: Coordinated entry access site at Santa Rita Jail		
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.		
Agency Assignment	**Key Partners**	**Consult With**
H&H	ACSO	
Purpose	People are not connected to housing options before they exit to homelessness.	
Budget Request	**Budget**: would be approximately $250k per year for daytime hours only.	
Timeline to Implement		
Data Needed	**Data needed:** Number to be served each month.	
Progress/Outcome & Racial Equity Measures		
Notes	**Existing Strategy:** People are connected to coordinated entry through shelter. 211, housing resource centers. **New Strategy:** Bring resources (through CBO partner contracts) to SRJ pre-release.	

Alameda County Housing and Homelessness Services Plan

Recommendation 7E w/IN HCD RECS: Deep housing subsidy for justice-involved individuals		
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.		
Agency Assignment	**Key Partners**	**Consult With**
H&H		
Purpose	Recommend adding this within H&H's recommendations (not previously included)	
Budget Request		
Timeline to Implement		

Data Needed	Data: Estimate – 70-85 currently in housing queue (coordinated entry) with justice involvement and need for deep subsidy. Overall need at least 4,000 units.
Progress/Outcome & Racial Equity Measures	Cost per unit per month: $2,000 for rental assistance only; service connections needed for retention support
Notes	**Existing Strategies:** Rental Assistance Landlord Engagement (RALE) program supports with landlord retention, risk mitigation, and rental assistance; current resource is limited (funding and availability). **New Strategies:** Expansion of RALE efforts; expansion of Operating subsidy alternatives for those ineligible due to funding restrictions.

Recommendation 7F: Deep Housing Subsidy for Individuals with SMI/SUD/Co-Occurring Disorders		
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).		
Agency Assignment	**Key Partners**	**Consult With**
H&H	• HCD in ___ • County	BHD
Purpose	Additional capacity of permanent housing solutions for those experiencing SMI/SUD/co-occurring disorders and experiencing homelessness.	
Budget Request	Budget to financially support the Home Together Plan *anticipated $18m needed annually to PSH for cohort of SMI/SUD/co-occurring with justice involvement.*	
Timeline to Implement	Time: Could be part of BHBH but need funding sustainability and long-term support.	
Data Needed	Data: Home Together Plan outlines total units needed: 21,150; focusing on those engaged w/CJ and SMI/SUD/co-occurring (20-50%) represents a need of 4,230-10,575 units	
Progress/Outcome & Racial Equity Measures	**Existing Strategies:** Rental Assistance Landlord Engagement (RALE) program supports with landlord retention, risk mitigation, and rental assistance; current resource is limited (funding and availability). • **Cost per unit per month:** $2,000 for rental only • **New Strategies:** Behavioral Health Bridge Housing (BHBH) (coming online in FY2425, will increase 55 rental assistance	

Notes	• Recommend to further refine recommendation – intended to expand number of units, or services, or both? Recommend modify to the following: Expand the supply of supportive housing subsidies and units for persons with SMI/SUD/co-occurring and formerly incarcerated. • Recommend modify to the following: Expand the supply of supportive housing subsidies and units for persons with SMI/SUD/co-occurring and formerly incarcerated..

Recommendation 7G: Establish an anti-displacement and homeless prevention system		
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.		
Agency Assignment	**Key Partners**	**Consult With**
H&H	• HCD in ___	CoC – Housing Stability and Homelessness Prevention (HSHP) Committee
Purpose		
Budget Request	• **Highlighted areas for H&H proposal for Prevention HUB** • Fund and support a Lead Agency or Partnership for a homelessness prevention services Network of community-based homelessness prevention providers to implement the targeted approach, program priorities, and service delivery commitment of Home Together and this Framework.	
Timeline to Implement		
Data Needed	Data: Homelessness prevention hub of 3-4 in County agency to seek and deploy resources would cost approximately **5-800k per year.**	

	Establish a shared data system, or a method for data sharing from existing data collection systems, operating across participating mainstream systems and the homelessness prevention network
Progress/Outcome & Racial Equity Measures	
Notes	Simplify and streamline access to homelessness prevention financial assistance for providers and their participants by consolidating funding into fewer, more easily accessible, pools, providing maximum flexibility in the use of the funds. Establish a learning collaborative through the Hub and Lead Agency/Partnership to provide ongoing training, peer-to-peer learning, and information-sharing opportunities. **New Strategy:** **Preventing Returns:** This strategy focuses on people who have been assisted through the homelessness response system and then are at risk of returning to homelessness. When the proposed system reaches full capacity it will take approximately $10 million per year to achieve and maintain the reduction in returns to homelessness. If focused on the 25-50% of people at risk of engagement or recently engaged in CJ system the cost would be **$2.5-5m per year.**

Recommendation 7H: Refund and revive the Independent Living Association of Alameda County		
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.		
Agency Assignment	**Key Partners**	**Consult With**
H&H	AC CDA	
Purpose		
Budget Request	• Budget: During FY 21-22, $337k - anticipated current costs of $370k needed annually.	
Timeline to Implement	• operational Timeline: Previously utilized Whole Person Care Funding source; additional funding source would be needed (not an allowable expense within CalAIM funding)	
Data Needed	**Data:** ILA previously supported 17 operators and over 200 beds.	

Progress/Outcome & Racial Equity Measures	SEE 7O
Notes	**Proposed language:** **Provide Independent Living Home Operator support:** Support independent living home operators, service providers and tenants to improve the general living conditions of housing where many people are living with mental illness in substandard and dangerous living conditions. These homes can be improved through annual inspections, operator resources and trainings. Identify funding to establish this housing support service to promote quality of life for vulnerable citizens.

Recommendation 7I: Expand licensed board-and-care facilities

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.

Agency Assignment	Key Partners	Consult With
H&H	• BHD in ____ • HCD in ____	Community Care Licensing (CCL)
Purpose	Need for stable options for people with permanent disabilities.	
Budget Request		
Timeline to Implement		
Data Needed	• Most recent needs analysis and/or % of needed PSH • Needs assessment completed by PCG during CY 2024	
Progress/Outcome & Racial Equity Measures	• Housing: in development – expansion of 40 set-aside beds for clients with SMI/SUD, experiencing homelessness • CCE: expansion of add'l beds • CCE-P Progress **New Strategies:**	

	Recommendation Crisis residential needs assessment would be completed outside of H&H ->BHD
Notes	**Note – The units in this table are specifically Board and Care. Crisis Residential treatment beds would fall under the BHD purview, not H&H.**

Recommendation 7K: Interim Housing Options for Individuals who are Justice-involved		
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.		
Agency Assignment	**Key Partners**	**Consult With**
H&H	• SSA • Probation	HCD
Purpose		
Budget Request		
Timeline to Implement	**Time:** Could be part of BHBH but need funding sustainability and long-term support.	
Data Needed	**Data:** Need info on how many people are released to homelessness per year.	
Progress/Outcome & Racial Equity Measures	• Data: • Probation funds the majority of transitional housing options for those involved in the CJ system. • SSA is a primary funder for interim housing (bed rate $36.42/night) • Budget:	
Notes	Same general questions and budget implications as 2D. **(**Narrower target population would be necessary to focus resources on SRJ releases.) Home Together identified a need for up to 1,000# new interim beds that are low-barrier and non-congregate. Cities and County typically partner on these efforts. Adding special eligibility for target population is feasible with budget and space. Most of these resources are currently in East Oakland and it would be beneficial to expand into other neighborhoods/communities. **Existing Strategies:** Currently, there are over 3,000 shelter slots (beds or units) in Alameda County, with occupancy rates highest in the non-congregate sites such as Lake Merritt Lodge and the Fairmont Navigation Center. **New Strategies:** New Homekey sites can be interim and can designate a target population.	

Recommendation 7L W/IN HCD: Expansion of Skilled Nursing Facilities (SNFs) for Individuals with High Medical Needs and SMI		
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.		
Agency Assignment	**Key Partners**	**Consult With**
H&H		
Purpose		
Budget Request	• Acquisition if new at $200k+ per unit • Operating proxy from OakDays = $36,000 per unit per year.	
Timeline to Implement		
Data Needed	Need far exceeds existing availability. Up to 3,00 people per year report homelessness plus disability, Recommend additional capacity of 300+ units in non-congregate settings.	
Progress/Outcome & Racial Equity Measures	**Existing Strategy:** OakDays is owned by the county and operated by Five Keys, with clinical care provided by Cardea Health. Services including HCS and HCBA Waiver reimbursement requires licensed Home Health Agency partner.	
Notes	H&H Recommendation: add to H&H for OakDays model which serves people with high medical needs in interim or permanent housing with 24/7 nursing and flexible on-site clinical care.	

Recommendation 7N MISSING from both HCD and H&H: Prioritize county housing funds to individuals with SMI/SUD or co-occurring disorders
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.

Agency Assignment	Key Partners	Consult With
H&H	HCD/H&H/BHD	
Purpose	Inadequate housing resources for people with SMI/SUD/Co-occurring and CJ involvement	
Budget Request		
Timeline to Implement		
Data Needed	Refined data on overlapping needs and homelessness. Current data show at least half of people experiencing homelessness have SMI/SUD or Co-occurring. Approximately 25% indicate CJ involvement in past 12 months.	
Progress/Outcome & Racial Equity Measures	• **Existing Strategies** Home Together Plan call for more than 3,000 additional units of supportive housing and city and county pipeline efforts have been focused on their creation. • **New Strategies** With input from BHD and community partners, HCD and H&H should create a combined supportive housing development plan for responsive units with dedicated operating and services to support these populations. The plan should be a shared addendum to Home Together.	
Notes	**Suggested rewording:** The County needs to prioritize housing solutions for the population that has SMI/SUD/co-occurring and/or have criminal justice system involvement. Plans for housing should include a specific strategy for how the plan will address housing shortages and placement for this population. This is particularly 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 ACH and HCD to make a specific plan for how those funds will be used to create supportive housing units, B&C, supported independent living programs, and 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 cost and number and type of housing units that will be created for these populations. Furthermore, the County should provide regular annual reporting to the public on their progress towards the goals and commitments made in that plan.	

Recommendation 70: Expand funding and support for innovative housing models
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

<table>
<tr><td colspan="3">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.</td></tr>
<tr><th>Agency Assignment</th><th>Key Partners</th><th>Consult With</th></tr>
<tr><td>H&H</td><td>HCD/H&H</td><td>BHD</td></tr>
<tr><td>Purpose</td><td colspan="2">Many independent Board and Care homes are unable to continue operating due to financial and other challenges.</td></tr>
<tr><td>Budget Request</td><td colspan="2">Budget: Varies. Providing start-up capital would require a minimum of $200-250k per unit.
Ongoing operations costs depend on specific use, but high tier Board and care currently requires an operating/services supplement of $3k+ per month.</td></tr>
<tr><td>Timeline to Implement</td><td colspan="2">Timeline: Land Trust model with acquisition and potential conversion would typically have a minimum timeline of 12 months to start-up.</td></tr>
<tr><td>Data Needed</td><td colspan="2">• Data: Reference Board and Care needs analysis and other research.</td></tr>
<tr><td>Progress/Outcome & Racial Equity Measures</td><td colspan="2">• Existing Strategies: SHCLA Innovations funding through 12/31/24, NCLT has played an incubator role. Other land trusts also operating an Alameda County. Some private companies are also entering this market.
• New Strategies: New tier 4 rate in development to support increased support and costs for those with higher acuity and living in B&C; expansion of 40 beds for BHBH-eligible clients. Intended to support stability for clients and higher costs for B&C.</td></tr>
<tr><td>Notes</td><td colspan="2">Suggested language:
Support Innovative Models: Expand funding and support for innovative housing models, including Community Land Trust models that acquire and hold land for the purposes of maintaining permanently affordable housing for low-income renters with a focus on people with serious mental health challenges. Support capital funding to minimize the loss of licensed board and care, encouraging purchase of available properties.</td></tr>
</table>

Probation Department Plan Overview

Headline list of recommendations sent to Probation Department:

- 2B: Interagency communication and collaboration
- 3A: Adequate training for peers
- 3B: Expansion of peer workforce
- 5B: Expand pre-arraignment diversion

Considerations

- **Recommendation 5B**
    - Pretrial release decisions should consider access to housing and other resources to prevent individuals from committing the same offense (including violence toward a loved one during a mental health crisis).
    - Implementation barriers include the requirement for Union approval to change caseloads and responsibilities; expanding caseloads without adding staff is contrary to best practices.
    - Monetary investment in prevention services is essential to success on pre-trial
    - Investment in Restorative Practices (e.g., family peer support, neighbor mediation, family relationship building, etc.) is needed to support individuals' success on pre-trial

Omissions

- None found

Probation Department Plan

<table>
<tr><td colspan="3">Recommendation 2B: Interagency communication & collaboration</td></tr>
<tr><td colspan="3">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)
• BHD/AFBH, ACSO/Wellpath to implement coordinated service assessment and connection to in custody services and referrals for CBO providers.(BHD, ACSO)
• BHD/AFBH, ACSO/Wellpath to implement coordinated discharge
• efforts and central point of contact for CBO providers.(BHD, ACSO)
• Assign personnel to family liaison roles within BHD 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. (BHD, ACSO)
• Service roadmap: BHD to develop a roadmap from Santa Rita Jail (SRJ) to the programs and facilities providing treatment and re-entry support. (BHD)
• 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. (BHD)
• Conduct a comprehensive assessment and redesign of BHD ACCESS line that ensures access to services consistent with CalAIM, No Wrong Door policy, and clinical need. (BHD)
• Non-clinical public safety database at county level of high-contact individuals; LE, DA's Office, Probation/Parole communication too. (ACSO)</td></tr>
<tr><td>Agency Assignment</td><td>Key Partners</td><td>Consult With</td></tr>
<tr><td>ACPD</td><td>• County
• ACSO
• BHD</td><td>• All Care First Agencies
• AC Health specifically
• [For Referrals bullet point] AC Public Health (Violence Prevention Department) key for prevention services and pre-release services including Restorative Justice, DV, family mediation
• Peer groups and agencies</td></tr>
<tr><td>Purpose</td><td colspan="2">Service gaps, delays in services, and data loss, Redundant County meetings with various configurations of Agencies; direct connection from SRJ to providers</td></tr>
</table>

	County-wide unified approach to support reentry and prevention
Budget Request	No additional budget or timing needed
Timeline to Implement	No additional budget or timing needed • ACPD Community Reentry & Outreach Division will be delegate/ liaison
Data Needed	Data from partner agencies is critical and needed; need to know the other Agencies' delegates
Progress/Outcome & Racial Equity Measures	**Contact to ACPD Reentry Liaison** • ACPD SRJ DPO staff may also have a role to enter referrals Turn around time for response for partner agencies Ability to contact partner agency/liaison Partner agency ability to case conference and collaborate on a plan Reference outcome measures in various existing plans including: • Community Corrections Partnership Annual Report • AC Public Health Community Health Services Report • Prop 47
Notes	Existing: ACPD Community Reentry & Outreach Division will be delegate/ liaison • Also triage point for PDO New Strategy: Document communication strategy, contact tree, and ACPD internal communications process still needed Align SRJ ACPD staff with identified reentry approaches

Alameda County Probation Department Plan

Recommendation 3A: Peer training & support
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 (**BHD**); • Jail services, in-reach, and advocacy (**ACSO,** BHD); • access to decision-making meetings and validate (uplift?) peer expertise (**all Agencies**);

- Medi-Cal billing and other charting to expand peer tasks/positions (**BHD**);
- 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**).

Agency Assignment	Key Partners	Consult With
ACPD	• BHD • County • ACSO	All Care First Agencies

Purpose	Directly support peer workforce Breaking down service silos Increase cross-agency collaboration Address lack/ incorrect information Utilize a holistic approach to community resources CBO hiring, investment, and compensation of peers
Budget Request	**No additional budget or data needed.**
Timeline to Implement	Time – hiring of ACPD peers (1 year) Also pending HCSA's peer certification program
Data Needed	**No additional budget or data needed.**
Progress/Outcome & Racial Equity Measures	**ACPD to produce accessible and comprehensive resources and service content** • Training of ACPD Community Outreach Workers on materials • Training of other peers on materials Request CBO's and peers staff to attend County decision meetings Broadcasting public meetings in community hubs and peer spaces – CORE Training opportunities for peers to learn about, receive coaching, and engage in public meetings Broadly support County Reentry Hiring Initiative Create spaces for on the job peer training (e.g., CORE) and transitional employment (e.g., Ambassador programs) • Open invitation for AC Health, sub-Agencies, Care First, and other hiring peers AC Health and sub-Agencies to designate Reentry Hiring Initiative Positions: https://www.acgov.org/employment/Re-Entry%20Brochure.pdf

	https://www.acgov.org/probation/documents/CareerExpoOutcomes.pdf • Also include Care First Agencies and others as appropriate
Notes	**Existing:** • ACPD to continue to include in all future RFPs and contracts the uplifting, living/equitable wage, hiring of those with lived reentry experience. • Promote participation in CAB and CCP/EC and all subcommittee meetings • Outreach to peers via CORE • ACPD Community Outreach Worker with lived experience (1 staff) • ACPD leading in County Reentry Hiring Initiative • Community Corrections Partnership and Executive Committee (CCP/EC) and all subcommittees **Build into ACPD/New Strategy:** • Staff hiring 2 additional Community Outreach Workers (COW) • Develop ACPD COW training and collaborate with CHW certification as appropriate • Future RPF, ability to provide priority points to living/equitable wage providers and reentry hiring in leadership positions • Request Contactors to hire, train, and provide fair wages to peer staff • CORE offerings • Revamp CCP/EC and improve County agency involvement starting with Care First Agencies and parent/sub-agencies • CORE Vision and needed County BoS and Care First Agencies investment: peers can collaborate, resource share, meet with clients, receive OTJ training, peer training site across the board, pipeline to employment, etc. • Directly reach the reentry community • The more blended funding (i.e., supplemental to AB 109) and provider presence, the more holistic care can be provided and prevention CORE can address

Recommendation 3B: Peer workforce expansion
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 (**BHD** and Center for Healthy Schools);

- **Family case manager/liaison for John George and Cherry Hill** to respond to early MH episode situations (**BHD** in partnership with AHS);
- **Outreach in high-contact areas** (e.g., hospitals, respite, etc.), community, and community hubs (HCSA**, BHD**, 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 (**BHD** 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, **BHD**, LEA);
- **Peer inclusion at County and Agency decision-making**, policy, and funding meetings (**all Agencies**).

Agency Assignment	Key Partners	Consult With
ACPD	• County • BHD • ACSO • OHCC	
Purpose	• Accessibility and connection to clients • Modeling success and service navigation • Information, access, insight, and influence of County process • Amplifying peer voice, experience, and expertise	
Budget Request	No additional data, information, or funding needed	
Timeline to Implement	No additional data, information, or funding needed	
Data Needed	No additional data, information, or funding needed	
Progress/Outcome & Racial Equity Measures	• # of Ambassadors as CORE • Types of peer specialties from County agencies that are coming to CORE for outreach • Peer contact with clients • Connection to peers based on client's expressed/presenting needs • # of peers and County meetings • Peer contributing ideas/feedback in County decision meetings • Identify missing peer specialties • Outreach process of informing other peers/community about meetings	
Notes	Existing: • CORE is open for all County peers CORE is hiring peer Ambassadors on rolling 6mo basis • ACPD peer Community Outreach Workers also present at CORE and high contact areas New Strategy: • Opportunity to patch County meetings at CORE for community to participate	

	• Opportunity for training and compensation (grant funding) for peers to attend public meetings • Utilization of CORE to "patch" County meetings for decision-making, peer, and community participation; comfort in participation as a peer community, strength in numbers, and direct lived experience (including line staff) influence/input into County meetings

Recommendation 5B: Pre-arraignment diversion expansion

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 (ACPD) supervises a portion of those who are released from jail during the pretrial phase.

Key points

- Alameda County should **increase its use of unsupervised pretrial release and, when appropriate, 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.
- Determination of an individual's pre-trial should be identified based on suitability for release with connection to appropriate resources, support, and, when necessary, supervision. If suitability for supervised pre-trial is near/exceeds ACPD's current capacity, ACPD to evaluate cost/ability to expand capacity and adjust to serve the additional population. 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.

Agency Assignment	Key Partners	Consult With
ACPD	• Public Defender • Superior Court	• Community peer groups • BHD on MH options for pre-trial release • AC PHD and violence prevention • AC Health and sub agencies

Purpose	Extended incarceration time **NOTE**: people should not be release pretrial just for the sake of release if they are going to be homeless, without resources, and left to recommit the same offense (including violence toward a loved one during a MH crisis)
Budget Request	Funding – staff, EM equipment, etc.
Timeline to Implement	Implementation barriers – requires Union approval to change caseload and responsibilities; expanding caseloads without adding staff is contrary to best practices
Data Needed	
Progress/Outcome & Racial Equity Measures	• Investment in AC PHD, Violence Prevention, Community Coalition/Direct Action, and other prevention methods • Success on pre-trial and prevention $$ investment are directly related • Investment in Restorative Practices (e.g., family peer support, neighbor mediation, family relationship building, etc.) • Gender responsive services including women without custody of their children, fathers, etc. • Availability and access to residential treatment, transitional housing, and other high-touch supports as an alternative to SRJ ○ Use of Bridge Housing and other increased housing via Prop 1, Prop 47, etc.
Notes	Existing: Automatic Alerts: • Pre-trial clients already get automated alerts and court notifications • ACPD does not go with them to court; this impacts staff time, duties, and staffing ($$ - net winding staff costs) New Strategy: • ACPD to work on expanding pre-trial capacity from 100-140 ○ Requires Union negotiations • ACPD will monitor if supervised pre-trial need increases and identify a strategy to address increasing needs • ACPD will work with Research and Data team on updating existing dashboards to include pre-trial information

Public Defender's Office Plan Details

Headline List of Recommendations sent to Public Defender's Office

- 2B: Interagency communication and collaboration
- 3A: Adequate training for peers
- 3B: Expansion of peer workforce
- 5B: Pre-Arraignment Diversion
- 5C: Behavioral Health Court, Collaborative Courts and proposed Dual-Diagnosis Court

Considerations

- **Note: The Public Defender's Office delivered the included plan in the Task Force meeting on May 23, therefore the plan has not been reviewed by the Task Force, though it was discussed in that meeting**
- **Recommendation 2B**, Bullet #5: PDO notes that reentry is a critical time and any support around stabilizing medication and housing in the short term is critical to long term success and continued engagement in services, and requests that services/referrals and discharge plans include at minimum:
    - Thirty-day release of prescriptions regardless of insurance status (i.e., provided at discharge, not a prescription available at a pharmacy) and;
    - Housing/shelter placement confirmed at the time of discharge.
- **Recommendation 3A** would benefit from a "before and after" survey of the services/outcomes that were improved by having peers providing services.
    - It is imperative that clear guidelines and training are provided so that the Peer role not veer into inadvertent or unintended legal advice or lawyering by Peers.
- The county needs more service providers (i.e. programs, particularly residential) that can accept clients with dual diagnosis. Expansion of the Collaborative Court described in **Recommendation 5C** has limited use if there are no providers to facilitate services and treatment as required by the court.
- The PDO expresses reservations regarding a non-clinical public safety database (final bullet in **Recommendation 2B**) pending greater definition of the purpose, how it will be used, and how private and confidential information will be protected.

Omissions

- None found

Public Defender's Office Plan*

*Final Not Reviewed by Task Force

<table>
<tr><td colspan="3">Recommendation 2B: Interagency Communication & Collaboration</td></tr>
<tr><td colspan="3">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)
BHD/AFBH, ACSO/Wellpath to implement coordinated service assessment and connection to in custody services and referrals for CBO providers.(BHD, ACSO)
BHD/AFBH, ACSO/Wellpath to implement coordinated discharge efforts and central point of contact for CBO providers.(BHD, ACSO)
Assign personnel to family liaison roles within BHD 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. (BHD, ACSO)</td></tr>
<tr><td>Agency Assignment</td><td>Key Partners</td><td>Consult With</td></tr>
<tr><td>Public Defender's Office</td><td>County
ACBH
ACSO</td><td></td></tr>
<tr><td>Purpose</td><td colspan="2">Regular and consistent communication between agencies may provide greater efficiency and transparency in available mental health, substance abuse, and other necessary services.

The Public Defender participation in such a group is critical given the purpose of CJFL (to decriminalize MH and shift the focus to treatment and care). The Public Defender is uniquely situated to connect justice impacted clients to services, provide feedback, and to advocate for those these program seek to serve.</td></tr>
<tr><td>Budget Request</td><td colspan="2"></td></tr>
<tr><td>Timeline to Implement</td><td colspan="2"></td></tr>
<tr><td>Data Needed</td><td colspan="2">It would be helpful for the county to study barriers to referrals, acceptance, and engagement with treatment and collaborative court programs.</td></tr>
<tr><td>Progress/Outcome & Racial Equity Measures</td><td colspan="2">There are numerous opportunities to measure progress/outcomes, in addition to barriers to accessing care, and how this impacts larger issues of race and equity in Alameda County.</td></tr>
</table>

Notes	PD will assign delegate liaison and central contact point for interagency communication and coordination. **EXISTING STRATEGIES** Agency partners meet and collaborate on a project basis (ex. a collaborative court or community program) regarding services, processes, and exchange of information necessary to pursue for that project or program. Agency leaders also engage in broad, high level discussions. However there currently is no regularly scheduled interagency communication regarding services, programs, and coordination. **NEW STRATEGIES** A work group with the stated purpose of streamlining and increasing access to services for clients would be invaluable. To that end, the PD would like to participate in: • evaluating implementation of No Wrong Door policy • provide feedback regarding the ACCESS line discussions regarding the “non-clinical public safety [county] database”. The purpose, manner of use, type of potentially private/confidential info that would be disseminated across multiple agencies continue to remain unclear and the Public Defender has significant reservations around this recommendation

Alameda County Public Defender's Office Plan
*not reviewed by Task Force

Recommendation 3A: Peer training & support

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 (**BHD**);
- Jail services, in-reach, and advocacy (**ACSO,** BHD);
- access to decision-making meetings and validate (uplift?) peer expertise (**all Agencies**);
- Medi-Cal billing and other charting to expand peer tasks/positions (**BHD**);
- 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**).

Agency Assignment	Key Partners	Consult With
Public Defender's Office	• County • BHD	

	• Court	
Purpose	There is a need for greater insights and feedback to court systems, treatment/diversion programs, and county services by those with lived experience. These should serve community members, as opposed to being imposed on those that are most impacted by them. This recommendation recognizes system impacted community members and is a vehicle for greater participation and transparency.	
Budget Request		
Timeline to Implement		
Data Needed		
Progress/Outcome & Racial Equity Measures		
Notes	PD will participate in trainings provided to Peers regarding collaborative courts, court operations and legal language. It is imperative that clear guidelines and training are provided so that the Peer role not veer into inadvertent or unintended legal advice or lawyering by Peers. PD will participate in any meetings related to court operations, collaborative court programs, etc. involving Peers. PD will provide outreach and information to improve grassroots coordination regarding specialty and diversion programs, resources, and services.	

Alameda County Public Defender's Office Plan
***not reviewed by Task Force**

Recommendation 3B: Expansion of Peer Workforce
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).

Agency Assignment	Key Partners	Consult With
Public Defender's Office	• County • AHS • ACSO • OHCC	Superior Court

Purpose	Inclusion and hiring of people who are themselves system impacted is important to the Public Defender. The PD values such lived experience in evaluating candidates for hire in all positions within the office.
Budget Request	Budget has been requested and is needed to hire these positions.
Timeline to Implement	
Data Needed	
Progress/Outcome & Racial Equity Measures	
Notes	**EXISTING STRATEGIES** Currently, the Public Defender has requested funding from the Board of Supervisors to secure System-Involved Advocates to support reentry services. The Board of Supervisors has not yet approved this funding. **NEW STRATEGIES** With the hiring of system involved advocates, the PD will assist clients with preparing for community reentry, starting at the beginning of their sentence, instead of waiting until the end. This allows for substantive guidance in accessing education and employment training programs, connection with physical and mental health services. It also encourages maintaining good conduct in custody to secure early release credit. These advocates would also be positioned to assess and address client needs essential for successful reentry. Additionally, advocates would engage in outreach to individuals who have historically been hardest to reach and hardest to serve. The Public Defender will also provide access and training in other areas of expertise within the office, including social worker, defense mitigation and paralegal support to promote the continuing development and education of advocates.

Alameda County Public Defender's Office Plan
*not reviewed by Task Force

Recommendation 5C: Behavioral Health Court, Collaborative Courts and a proposed Dual-Diagnosis Court

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.

Key points

- BHD, 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 BHD 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 the 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 presents 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 MHAB 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.**

Agency Assignment	Key Partners	Consult With
DAO		

Purpose	Collaborative courts allow a shift in focus away from blind prosecution and incarceration, and towards the root causes for the charged conduct, which oftentimes have more to do with mental health than actual or willful malice.
Budget Request	
Timeline to Implement	
Data Needed	Useful data could be obtained tracking demographic information, such as race and gender, as they correspond to charging, (lack of) housing, diagnosis, existing services, etc. Such information would illuminate the types of cases and the profile of clients accepted into collaborative courts, as opposed to those who are not. It would also be beneficial to study where inequities are present in referral/acceptance and where inefficiencies lie in the process of referral, assessment, placement and release of clients.
Progress/Outcome & Racial Equity Measures	
Notes	**EXISTING STRATEGIES** Attorneys in the Public Defender's Office actively identify clients that would benefit from services and treatment programs, and advocate for their acceptance into the appropriate collaborative court. This effort involves consultation and collaboration with clients, facilitating intake interviews and referral processes, negotiation with the district attorney, and petitioning the court. **NEW STRATEGIES** Attorneys from the Public Defender's Office will continue to refer and advocate for clients to access services, treatment, and the Collaborative Courts. Participation in the Interagency Coalition will allow ACBH, DA, PD and the Court to find ways to more effectively and efficiently refer, assess, and accept client into diversion and services. Furthermore, such collaboration will support clients in their successful completion of diversion.

Alameda County Public Defender's Office Plan
*not reviewed by Task Force

Recommendation 5D: Incompetent to Stand Trial (IST) diversion program

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 (i.e., 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

Agency Assignment	**Key Partners**	**Consult With**
DAO		
Purpose	DSH Diversion is a welcome opportunity for clients with diagnosed mental health conditions and who are charged with crimes arising from conduct oftentimes directly related to the mental health condition. These clients remain local, engage in local treatment and services, and have the opportunity to transition from custody to services in the community without being sent away to state hospitals (Napa, Los Angeles, Central Valley) or Jail Based Competency Programs at jail facilities in other counties.	
Budget Request		
Timeline to Implement		
Data Needed	Useful data could be obtained tracking demographic information, such as race and gender, as they correspond to charging, (lack of) housing, diagnosis, existing services, etc. Such information would illuminate the types of cases and clients are accepted into collaborative courts, as opposed to those who are not. It would also be beneficial to study where inefficiencies lie in the process of referral, assessment, placement and release of clients.	
Progress/Outcome & Racial Equity Measures		
Notes	**EXISTING STRATEGIES** Attorneys in the Public Defender's Office actively identify clients that would benefit from services and treatment programs and advocate for their acceptance into DSH Diversion. Specifically the attorney from the IST Court personally attends DSH Diversion Court to facilitate the assessment and acceptance of clients into DSH Diversion. This effort involves consultation and collaboration with clients, facilitating intake interviews and referral processes, negotiation with the district attorney, and petitioning the court. **NEW STRATEGIES** Attorneys from the Public Defender's Office will continue to refer and advocate for clients to access services, treatment, and the Collaborative Courts.	

	Participation in the Interagency Coalition will allow ACBH, DA, PD and the Court to find ways to more effectively and efficiently refer, assess, and accept client into diversion and services. Furthermore, such collaboration will support clients in their successful completion of diversion. The PD will actively seek to be included in discussions with DSH, the court, community partners, DAs and service providers to inform what needs are and are not being met by these programs to ensure greater access to DSH Diversion and greater success once in the program.

Sheriff's Office Plan Details

Headline list of recommendations sent to Alameda County Sheriff's Office:

- 2B: Interagency communication and collaboration
- 3A: Adequate training for peers
- 3B: Expansion of peer workforce
- 7B: Coordinated entry at Santa Rita
- 7C: Expand realignment supports

Considerations

- Multiple coordination and data sharing efforts are currently underway.
- It is not clear whether the ACSO has plans to employ peers/those with lived experience/families.
- While coordinated entry is in process as part of the SRJ transition center, the implementation timeline is not available
- It is unclear what is necessary to extend realignment supports from six months and where the funding would come from to adjust these contracts

Omissions

- The plan for **Recommendation 7C: Expand Realignment Supports** does not include steps, requirements, or considerations to guide implementation.
- **Recommendation 7A** outlines the importance of ACSO formulating a housing-focused reentry plan meeting particular requirements. ACSO does not describe a direct role in making housing connections for those exiting the jail or considerations/requirements for enabling this practice.

Sheriff's Office Plan

<table>
<tr><td colspan="3">Recommendation 2B: Interagency communication & collaboration</td></tr>
<tr><td colspan="3">
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)
BHD/AFBH, ACSO/Wellpath to implement coordinated service assessment and connection to in custody services and referrals for CBO providers.(BHD, ACSO)
BHD/AFBH, ACSO/Wellpath to implement coordinated discharge efforts and central point of contact for CBO providers.(BHD, ACSO)
Assign personnel to family liaison roles within BHD 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. (BHD, ACSO)
Service roadmap: BHD to develop a roadmap from Santa Rita Jail (SRJ) to the programs and facilities providing treatment and re-entry support. (BHD)
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. (BHD)
Conduct a comprehensive assessment and redesign of BHD ACCESS line that ensures access to services consistent with CalAIM, No Wrong Door policy, and clinical need. (BHD)
Non-clinical public safety database at county level of high-contact individuals; LE, DA's Office, Probation/Parole communication too. (ACSO)

</td></tr>
<tr><th>Agency Assignment</th><th>Key Partners</th><th>Consult With</th></tr>
<tr><td>ACSO</td><td>BHD
ACPD
Court
BHD/ Wellpath/ CBOs</td><td></td></tr>
<tr><td>Purpose</td><td colspan="2">Better communication between county partners and Community Based Organizations (CBOs)
Provides a direct point of contact with the agency.
Referral process during intake.
Coordinated care.</td></tr>
</table>

	• Provides one access point to ensure information is received. • Communication between Law Enforcement partners and County agencies.
Budget Request	In progress
Timeline to Implement	In progress
Data Needed	In progress
Progress/Outcome & Racial Equity Measures	• This process breaks down re-entry barriers by having coordinated care. • This process is equitable to all involved.
Notes	• This delegate would be the SRJ Administrative Captain. • The practice of formally contacting community mental health during service coordination is in the pilot phase. • Coordinated service assessment and connection to in custody services and referrals for CBO providers is part of the implementation of CalAIM. • The SRJ on-duty Watch Commander holds the family liaison role. • A non-clinical public safety database is being created as part of Reimagine Adult Justice (RAJ); ACSO is working with ACPD and ITD. • CAL-AIS and Reimagine Adult Justice (RAJ) have addressed this gap and are already in the process of addressing the issues. • Implementing the EPIC system into SRJ will provide continuity of care between SRJ and outside community health partners.

Alameda County Sheriff's Office Plan

Recommendation 3A: Peer training & support

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 (**BHD**);
- Jail services, in-reach, and advocacy (**ACSO,** BHD);
- access to decision-making meetings and validate (uplift?) peer expertise (**all Agencies**);
- Medi-Cal billing and other charting to expand peer tasks/positions (**BHD**);
- 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**).

Agency Assignment	Key Partners	Consult With
ACSO	• County	

	• BHD • Court	
Purpose	• It allows lived experience individuals to assist those in our custody. • It provides a living wage upon release.	
Budget Request	Does not apply Currently using a federal grant.	
Timeline to Implement	Does not apply	
Data Needed	Does not apply	
Progress/Outcome & Racial Equity Measures	This model aligns with best practices. In progress.	
Notes	• ACSO allows individuals with lived experience into SRJ to provide services on a case-by-case basis. • We currently have a vocational program at SRJ.	

Alameda County Sheriff's Office Plan

Recommendation 3B: Peer workforce expansion		
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 (**BHD** and Center for Healthy Schools); • **Family case manager/liaison for John George and Cherry Hill** to respond to early MH episode situations (**BHD** in partnership with AHS); • **Outreach in high-contact areas** (e.g., hospitals, respite, etc.), community, and community hubs (HCSA**, BHD**, 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 (**BHD** 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, **BHD**, LEA); • **Peer inclusion at County and Agency decision-making**, policy, and funding meetings (**all Agencies**).		
Agency Assignment	**Key Partners**	**Consult With**
ACSO	County	
Purpose	• Give individuals with lived experience the opportunity to have a career that pays a living wage.	

	• It provides programming and resources for all in our custody. • Allows communication and collaboration for best results.
Budget Request	In Progress
Timeline to Implement	In Progress
Data Needed	In Progress
Progress/Outcome & Racial Equity Measures	• The first cohort of the SRJ Laborer's training program is currently in progress. • Our programs are available to all Individuals in our custody. • It allows stakeholders and ACSO to implement change.
Notes	• ACSO conducts inreach programming to all individuals in our custody. • ACSO meets quarterly with CBOs to discuss programs and resources. • ACSO has partnered with Laborers' international Union of North America (LiUNA) to teach vocational training certified by the union that offers a living wage.

Recommendation 7A: Connect People to Housing Before Reentry

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.

Agency Assignment	Key Partners	Consult With
ACSO	• CBOs • BHD.	
Purpose	Housing is the biggest reentry gap for recently released individuals.	
Budget Request	TBD	
Timeline to Implement	TBD	
Data Needed	TBD	
Progress/Outcome & Racial Equity Measures	In Progress	

Notes	ACSO relies on CBOs and ACPD to make housing connections for the recently released population

Alameda County Sheriff's Office Plan

Recommendation 7B: Coordinated entry access site at Santa Rita Jail		
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.		
Agency Assignment	Key Partners	Consult With
ACSO	CBOs	
Purpose	Allows individuals to immediate housing upon release.	
Budget Request	TBD	
Timeline to Implement	TBD	
Data Needed	TBD	
Progress/Outcome & Racial Equity Measures	TBD	
Notes	This operation would occur with the SRJ Transition Center	

Alameda County Sheriff's Office Plan

Recommendation 7C: Expand realignment supports		
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.		
Agency Assignment	Key Partners	Consult With
ACSO	• CBOS • County	• ACPD
Purpose		
Budget Request	TBD	
Timeline to Implement	TBD	
Data Needed	TBD	

Progress/Outcome & Racial Equity Measures	Unknown
Notes	ACSO would support this concept but CBOs or other community partners would have to oversee the day to day operations

Social Services Agency Plan Details

Headline list of recommendations sent to Social Services Agency:

- 2B: Interagency communication and coordination
- 3A: Peer training & support
- 3B: Peer workforce expansion
- 3F: Employment pipeline for reentry population
- 7N: Prioritize county housing funds to individuals with SMI/SUD or co-occurring disorders
- 8C: Supported employment opportunities for people on disability related to MH-related diagnosis
- 8D: Enhance mental health services availability at Santa Rita Jail

Considerations

- The successful implementation of multiple recommendations will depend on collecting myriad data from various sources.
    - To meet **Recommendation 2B,** for example, SSA must compile the names and contact information for each county agency's inter-agency communication liaison so that individuals do not fall through the cracks and efforts are not duplicated.
    - SSA will also need to gather data regarding areas of workforce interest and the number of individuals interested in those areas to fulfill **Recommendation 3A,** and;
    - Demographic data to understand the client populations to be served and funding sources that apply (or not) to those populations to satisfy **Recommendation 7N.**
- **Recommendation 3F** will also depend on collaboration and coordination with Workforce Development Boards, Trade Industries, and Private Industry Councils, primarily to determine resource needs for employing and housing those in reentry or with lived experience and connect these individuals and their families to sustainable employment, career opportunities, and living wages.
- The SSA may need to modify the budget to fulfill **Recommendation 3A**
- **Recommendation 3F** requires the SSA to identify a funding source, work with potential employers to identify funding in existing budgets, and/or seek out aggressive funding opportunities to help implement new strategies.

III. Omissions

- SSA does not see its role in fulfilling **Recommendation 3B,** noting that ACBH may have more suitable programs for this area. Thus, information on how the task force plans to expand the peer workforce is not provided-- this will need to be defined in next steps to plan and implement this recommendation

Social Services Agency Plan

<table>
<tr><td colspan="3">Recommendation 2B: Interagency Communication & Coordination</td></tr>
<tr><td colspan="3">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)
• BHD/AFBH, ACSO/Wellpath to implement coordinated service assessment and connection to in custody services and referrals for CBO providers.(BHD, ACSO)
• BHD/AFBH, ACSO/Wellpath to implement coordinated discharge efforts and central point of contact for CBO providers.(BHD, ACSO)
• Assign personnel to family liaison roles within BHD 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. (BHD, ACSO)</td></tr>
<tr><td>Agency Assignment</td><td>Key Partners</td><td>Consult With</td></tr>
<tr><td>SSA</td><td>• County
• BHD
• ACSO
• ACPD</td><td>• Department of Workforce & Benefits Administration, Program, Planning & Support Division</td></tr>
<tr><td>Purpose</td><td colspan="2">Non-duplication of efforts and prevention of individuals falling through the cracks of services.</td></tr>
<tr><td>Budget Request</td><td colspan="2"></td></tr>
<tr><td>Timeline to Implement</td><td colspan="2"></td></tr>
<tr><td>Data Needed</td><td colspan="2">Data to determine where duplication exists, if at all, to determine who may be falling through the cracks and why.</td></tr>
<tr><td>Progress/Outcome & Racial Equity Measures</td><td colspan="2">SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics.</td></tr>
<tr><td>Notes</td><td colspan="2">For this recommendation, as currently written, I don't anticipate that initial funding will be required.</td></tr>
</table>

	If new strategies arise after further discussion, then a budget/funding, if needed, will be developed at that time.

Recommendation 3A: Peer training & support		
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 (**BHD**); • Jail services, in-reach, and advocacy (**ACSO,** BHD); • access to decision-making meetings and validate (uplift?) peer expertise (**all Agencies**); • Medi-Cal billing and other charting to expand peer tasks/positions (**BHD**); • 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**).		
Agency Assignment	**Key Partners**	**Consult With**
SSA	• County • BHD • ACSO	• County HR • Local 1021 / other unions • BOSS
Purpose	Provides adequate training, support and compensation to serve in identified county positions.	
Budget Request	Budget and time to implement will be based on the need, existing and/or new resources that may be needed.	
Timeline to Implement	Budget and time to implement will be based on the need, existing and/or new resources that may be needed.	
Data Needed	The number of individuals and areas of workforce interest.	
Progress/Outcome & Racial Equity Measures	SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics	
Notes	• Existing strategy - The County currently works with SEIU Local 1021 to employ Program Workers (formerly incarcerated) on their journey to permanent employment; most are placed in entry-level clerical or other entry level positions throughout the county.	

	• The county would need to determine if there is funding to expand the current effort or if there is a need to identify additional funding to expand its current efforts. There may also need to be an analysis done to determine the nexus between the previous crime and available jobs. • Some of the agency's current staff do not have access to decision-making meetings; therefore, this part of the recommendation may require further discussion or explanation of the desired outcome.

Alameda County Social Services Agency Plan

Recommendation 3B: Peer workforce expansion

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 (**BHD** and Center for Healthy Schools);
- **Family case manager/liaison for John George and Cherry Hill** to respond to early MH episode situations (**BHD** in partnership with AHS);
- **Outreach in high-contact areas** (e.g., hospitals, respite, etc.), community, and community hubs (HCSA**, BHD**, 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 (**BHD** 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, **BHD**, LEA);

Peer inclusion at County and Agency decision-making, policy, and funding meetings (**all Agencies**).

Agency Assignment	Key Partners	Consult With
SSA	• County • BHD • ACSO • ACPD • OHCC	
Purpose		
Budget Request		
Timeline to Implement		
Data Needed		
Progress/Outcome & Racial Equity Measures		

Notes	I don' t readily see SSA's role in this recommendation. As discussed at the last in-person Care First meeting, AC BHC may have programs more suitable for this recommendation.

Recommendation 3F: Employment pipeline for reentry population

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.

Agency Assignment	Key Partners	Consult With
SSA	• WDB • Oakland Private Industry Council • Other Workforce Development Boards • Trade Industries	• Oakland Private Industry Council • Other Workforce Development Boards • Trade Industries • Other agency departments, such as Workforce & Benefits Administration, Program, Planning & Support Division

Purpose	• 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.
Budget Request	A funding source will need to be identified; may need to start as a pilot to measure the effectiveness of such an endeavor.
Timeline to Implement	
Data Needed	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.
Progress/Outcome & Racial Equity Measures	SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics.
Notes	• The creation of more apprenticeship and internship programs will also expand opportunities for skills-building and employment. This may require potential

	employers to identify funding in their existing budgets to bring on more formerly incarcerated individuals. • Previous successful efforts relied on funding opportunities identified through Second Chance grants. For new strategies, the department will need to undertake aggressive funding opportunities an expand the employer pool to develop trainings and employment pipeline opportunities for formerly incarcerated individuals. • We agree with the recommendation, but it may be more beneficial to forge stronger partnerships with CBOs, ACSO and the Probation Department to gain economies of scale.

Alameda County Social Services Agency Plan

Recommendation 7N: Prioritize county housing funds to individuals with SMI/SUD or co-occurring disorders		
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.		
Agency Assignment	**Key Partners**	**Consult With**
SSA	• HCD • AC Health Housing & Homelessness Services • Cities • Housing Authorities • CBOs	SSA's Department of Workforce & Benefits Administration, Program, Planning & Support Division.
Purpose	• 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 the recommendation category.	
Budget Request	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.	
Timeline to Implement	Some elements can be implemented immediately and others as soon as administratively possible, pending some data mining.	
Data Needed	• 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.
Progress/Outcome & Racial Equity Measures	SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics**.**
Notes	• There is not enough funding to house the unsheltered/unhoused, as a whole in Alameda County, which is further exacerbated by the current budget shortfall at the state level. Therefore, advocacy for dedicated and sustainable funding to ensure housing for the formerly incarcerated is recommended, similar to how vouchers are carved out for Veterans. • There also needs to be some data mining to determine where duplication exists (see above) – as there may be some formerly incarcerated individuals who can be prioritized for housing because they fall into another, duplicated, category, e.g., veteran, former foster youth, etc.

Recommendation 8C: Supported employment opportunities for people on disability related to MH-related diagnosis		
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.		
Agency Assignment	**Key Partners**	**Consult With**
SSA	• BHD	• Workforce Development Board: Rhonda Boykin & LaToya Reed-Adjei • Department of Workforce & Benefits Administration, Program, Planning & Support Division • Social Security Administration
Purpose	Increase employment opportunities and outcomes for employable individuals with diagnosed mental health illness.	
Budget Request	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.	
Timeline to Implement		
Data Needed	• The number of and names of the individuals.	

Progress/Outcome & Racial Equity Measures	SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics**.**
Notes	Partner with the Social Security Administration to employ more SSI recipients identified with MH disabilities to work in accordance with the Social Security Act, Section 1619(b).

Recommendation 8D: Enhance mental health services availability at Santa Rita Jail		
BHD 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.		
Agency Assignment	**Key Partners**	**Consult With**
SSA	• BHD	• Workforce & Benefits Administration, Program, Planning & Support Division. The primary contact is Antionette Burns. • Legal Advocates who assist in moving formerly incarcerated individuals from public assistance or no income to more stable income sources, i.e., SSI.
Purpose	• 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. • 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.	
Budget Request	No budget is needed.	
Timeline to Implement	Can implement immediately, as structure is already in place.	
Data Needed	• 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. • 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	
Progress/Outcome & Racial Equity Measures	SSA will work closely with key partners and other agencies/departments to develop or expand on results-based accountability metrics.	
Notes	• The SSA has been working with Wellpath for almost 2 years now. Many of the current or formerly incarcerated individuals are either already in receipt of Medi-Cal, have private insurance or choose not to enroll in either of the services.	

	• Otherwise, if I am misinterpreting this recommendation, there may not be a prominent role for SSA.