

Resolution Adopting a “Care First, Jails Last” Policy in Alameda County

WHEREAS the Board of Supervisors, County of Alameda, acknowledges the need to reduce the number of people with mental illness, substance use and co-occurring disorders in our jail; and

WHEREAS the Board of Supervisors, County of Alameda, acknowledges it is critical that we provide quality, affordable, accessible, and compassionate community-based mental health treatment options in order to reduce the number of people with mental illness, substance use and co-occurring disorders in our jail; and

WHEREAS the fundamental goal of a “Care First, Jails Last” 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, licensed board and care homes, and other wraparound support services so that people with mental illness, substance use, and co-occurring disorders have a full opportunity to receive and live stable lives; and

WHEREAS the Board of Supervisors, County of Alameda recognizes the importance of responding to unprecedented and sustained calls from community members and behavioral health and criminal justice reform advocates to end law enforcement responses to health and social services needs; and

WHEREAS the Care First, Jails Last policy meets the Vision 2026 10X pathways goals of **Healthcare for All, Crime Free County, and Eliminate Homelessness** in support of a shared vision of **Thriving & Resilient Population** and **Safe and Livable Communities**; and

WHEREAS in 2015, this Board of Supervisors established and charged the Justice Involved Mental Health (JIMH) Task Force – a multi-agency committee including representatives from health and social services providers, public safety agencies, and the courts – with drafting recommendations for reducing the population of people with mental illness, substance use and co-occurring disorders in our jail; and

WHEREAS the Alameda County Mental Health Advisory Board, established pursuant to California Welfare and Institutions Code 5600 et seq, is composed of appointees of the Board of Supervisors and has responsibility for: reviewing and evaluating the public’s mental health needs, facilities, services and special problems; advising the County Board of Supervisors and the Alameda County Behavioral Health Director on any aspect of the local mental health programs; reviewing and approving the procedures used to ensure citizen and professional involvement at all stages of the planning process, including involvement of individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans; and

WHEREAS the Mental Health Advisory Board’s Criminal Justice Committee works to support the broader community interests by reviewing programs, services, and outcomes for forensically involved persons receiving behavioral health services in order to make recommendations regarding quality or system improvements designed to reduce the number of incarcerated individuals with serious mental illness; and

WHEREAS in October 2020, Alameda County Behavioral Health Care Services (ACBH) presented to the Board of Supervisors, County of Alameda recommendations that were informed by the JIMH Task Force and the Mental Health Advisory Board, as well as additional feedback and engagement from health care experts and members of the public solicited in community listening sessions; and

WHEREAS the Board of Supervisors, County of Alameda is committed to addressing these recommendations by further refining, prioritizing, and implementing plans to achieve the goal of reducing the number of people with mental illness, substance use and co-occurring disorders in our jail; and

WHEREAS the COVID-19 public health and financial crisis has further highlighted the need to move away from criminalization, reduce our jail population, and provide people with mental illness, substance use and co-occurring disorders with safe and community-based services; and

WHEREAS reducing the number of people with mental illness, substance use and co-occurring disorders and providing a quality, affordable, accessible, and compassionate community-based behavioral health continuum of care are racial justice issues; and

WHEREAS incarceration and insufficient mental health and substance use disorder services disproportionately impact African-Americans in Alameda County, who represent 48% of the jail population and more than one-third of the behavioral health re-entry population; and

WHEREAS individuals with serious mental illness, substance use and co-occurring disorders are more likely to return to jail, experience deteriorated health, and cycle through the criminal justice system than those without serious mental illness; and

WHEREAS community-based behavioral health and substance use services have been proven to reduce crime and recidivism; and

WHEREAS jails spend two to three times more money on adults with mental illness who require intervention than on those without the same needs, with little or no improvement to public safety or individuals' health; and

WHEREAS both incarceration and insufficient quality, accessible behavioral health care services are linked to shortened life spans for people with mental illness, substance use, and co-occurring disorders; and

WHEREAS other counties – such as Miami-Dade in Florida and Los Angeles and San Francisco in California – have responded to the need to reduce the number of people with mental illness in their jails, and can provide valuable blueprints for such a transition in Alameda County; and

WHEREAS the Care First, Jails Last policy has demonstrated success in other jurisdictions, including Los Angeles County, in reducing incarceration and poor health outcomes of people with mental illness, substance use, and co-occurring disorders; and

WHEREAS quality, accessible behavioral health care services and alternatives to incarceration can lengthen life spans and improve the overall well-being for people with mental illness and substance use, and co-occurring disorders; and

WHEREAS counties are often confronted with obstacles, including minimal resources and insufficient coordination between agencies, to reducing the number of people with mental illness in the jails; and

WHEREAS it is critical to ensure that implementing a Care First, Jails Last policy allows those with lived experiences with the criminal justice system to meaningfully inform the recommendations for what a new system can look like.

NOW THEREFORE, BE IT RESOLVED that the Board of Supervisors, County of Alameda, does hereby adopt a “Care First, Jails Last Policy” for just and equitable behavioral health care services and alternatives to incarceration that transform the county’s systems of criminal justice, behavioral health care, and wraparound services including public benefits, social services, and housing to prioritize preventative, rehabilitative, health-focused programs; and

BE IT FURTHER RESOLVED that the work advancing the Care First, Jails Last policy must prioritize equity and inclusion frameworks in addressing racial, economic, and other disparities in Alameda County’s criminal justice, behavioral health, and wraparound support services systems; and

BE IT FURTHER RESOLVED that all Alameda County agencies, in particular public protection, behavioral health and wraparound supportive services, shall collaborate to advance a Care First, Jails Last policy; and

BE IT FURTHER RESOLVED that the work advancing the Care First, Jails Last policy shall be grounded in shared data from across the criminal justice, behavioral health, and other wraparound supportive services systems; and

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 the Alameda County Behavioral Health Care department, where permitted by health privacy and confidentiality and not prohibited by other applicable laws, for the purposes of reducing the number of people with mental illness, substance use disorder, or co-occurring disorders in our jail; and

BE IT FURTHER RESOLVED that to meet these objectives, those Alameda County agencies will share case-level data with the Alameda County Behavioral Health Care department on the demographics, diagnoses, services requested and received, court charges and convictions, judicial status, incarceration, and probation histories since 2011 of people who have been criminally charged as well as people with mental illness and substance use disorders, where permitted by health privacy, confidentiality laws, and not prohibited by other applicable laws; and

BE IT FURTHER RESOLVED that the Mental Health Advisory Board, with the administrative support of the Alameda County Behavioral Health Care department, shall publicly disclose aggregate analyses of data on

community-based behavioral health needs and the justice-involved behavioral health population, to the extent not prohibited by law, in an effort to uplift systemwide transparency and coordination; and

BE IT FURTHER RESOLVED that the Mental Health Advisory Board (designee) and the Director of ACBH will provide semi-annual updates to a joint meeting of the Board of Supervisors' Health & Public Protection committees as to the implementation progress of a Care First, Jails Last policy, and provide opportunities for input from community stakeholders, including – but not limited to – individuals with lived experience, their advocates, community-based service providers, and coalitions and advisory boards whose missions support a Care First, Jails Last policy.

Care First, Jail Last Resolution

Tash Nguyen & John Lindsay-Poland

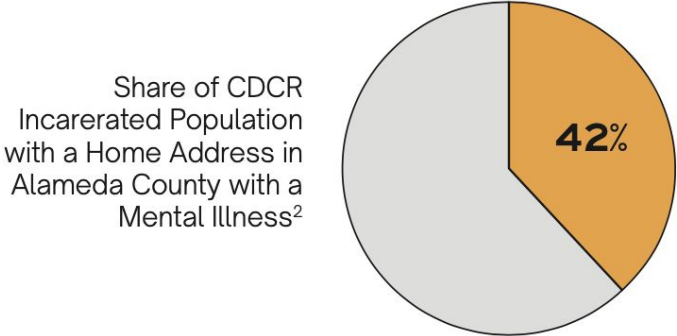
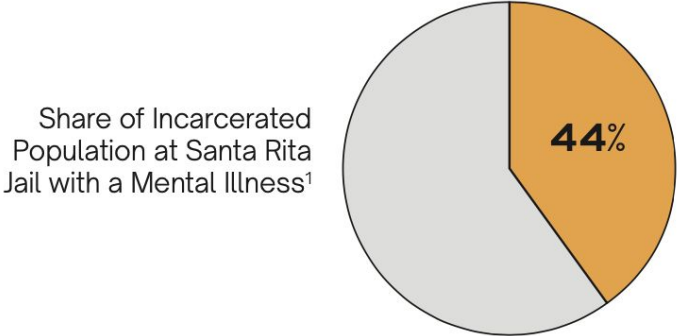
Decarcerate Alameda County



Care First, Jail Last Resolution

1. **Policy:** Services along a continuum of care for people to prevent mental health crises, reduce harm, and stop incarceration and re-incarceration
2. **Data-Driven:** Requires sharing data for coordination of care and measuring unmet needs
3. **Semi-annual reports to Board:** instructs a designee of Mental Health Advisory Board and the Director of ACBH to provides updates to a joint meeting of the Board of Supervisors' Health & Public Protection committees

PEOPLE WITH MENTAL ILLNESS ARE DISPROPORTIONATELY REPRESENTED IN THE CORRECTIONS SYSTEM IN ALAMEDA COUNTY.



The proportion of people at the jail with a mental illness is **increasing** over time, according to the Sheriff’s Department

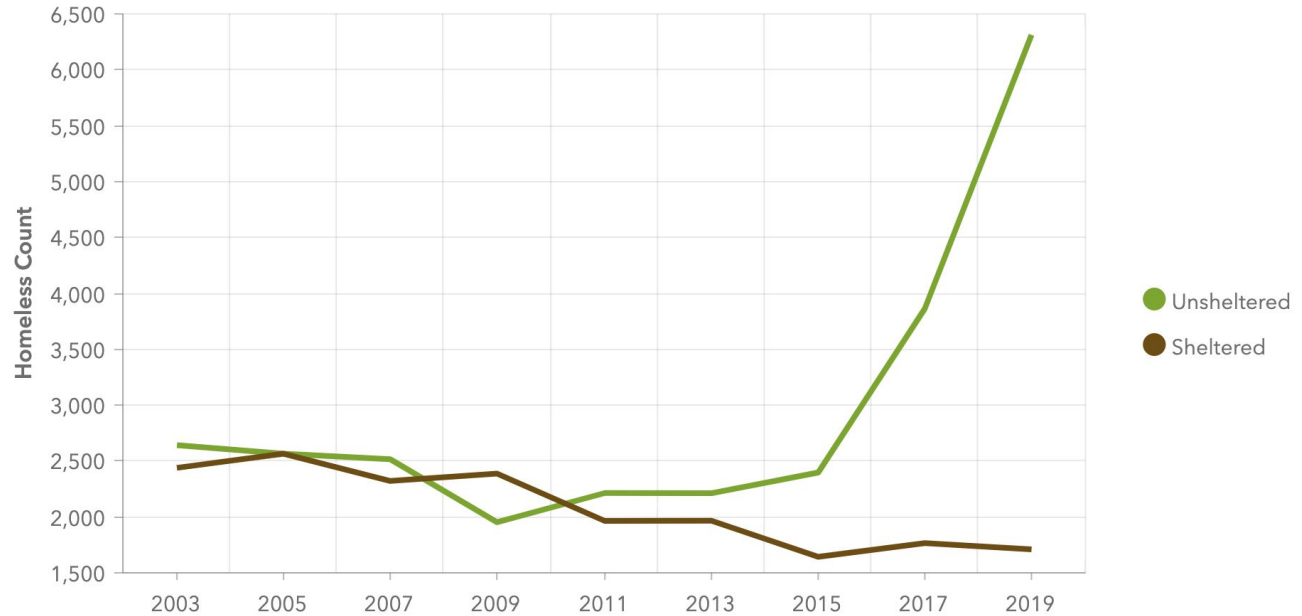
Alameda County sends the **highest percentage of people with mental illness** to the California Department of Corrections and Rehabilitation (CDCR) out of any large county in California

Sources: Share of Incarcerated Population at Santa Rita Jail with a Mental Illness: [Alameda County Sheriff’s Office](#).
Share of CDCR Incarceration Population with a Home Address in Alameda County with a Mental Illness: [Stanford Justice Advocacy Project](#).

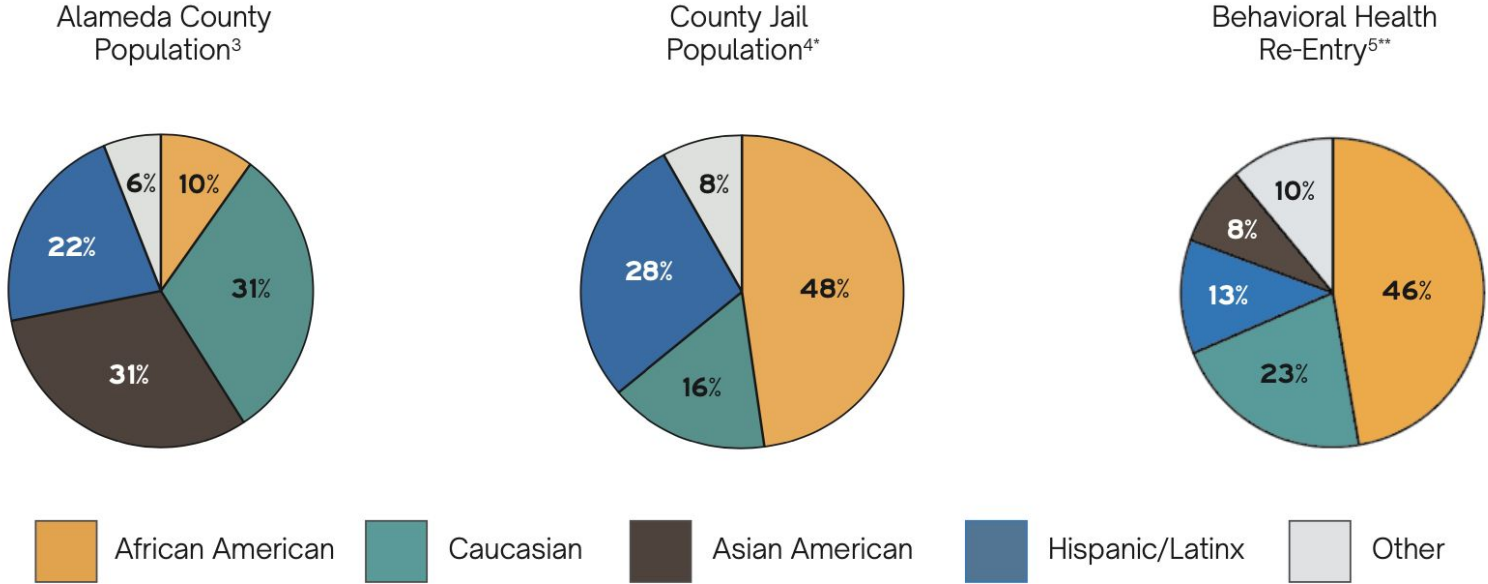
People with Mental Illness and Substance Use Disorders Need Supportive Housing

- 40% of people who were unsheltered in 2019 reported having a psychiatric or emotional condition; 37% reported drug or alcohol abuse
- Homelessness doubled in Alameda County between 2017-2019, and has likely continued to spike as a result of the pandemic and ongoing housing crisis

Alameda County Homelessness Point In Time Count



AFRICAN AMERICANS IN THE COUNTY ARE MUCH MORE HARMED BY INCARCERATION.

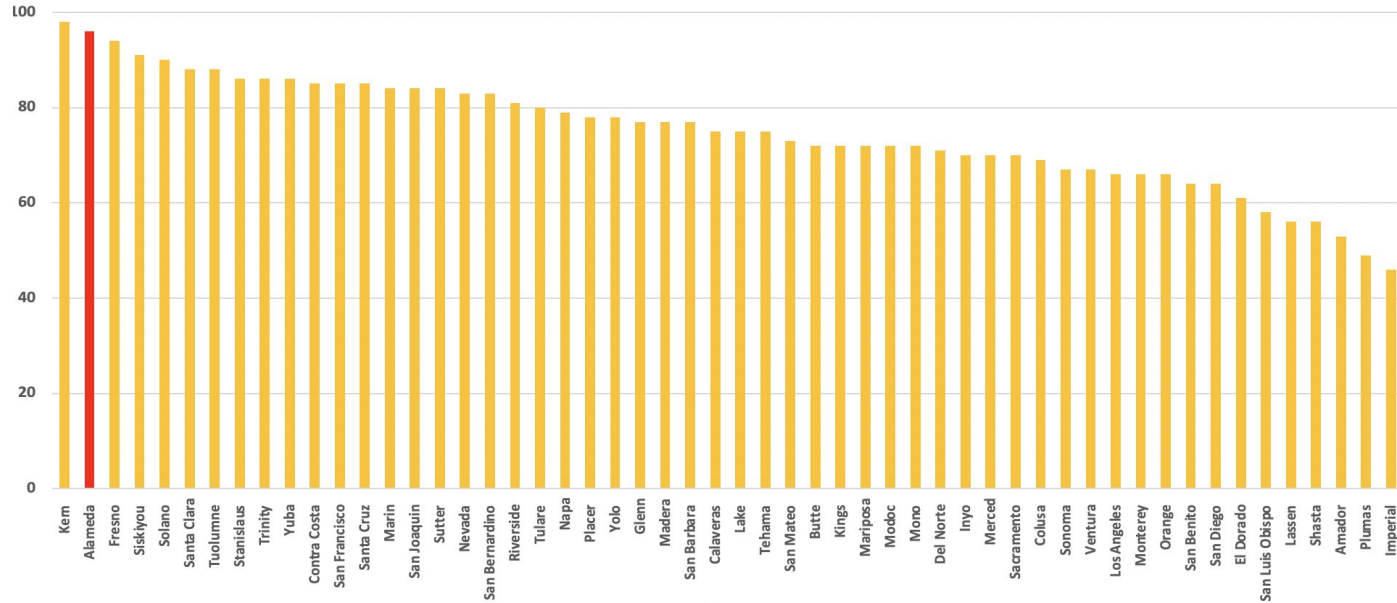


Sources: Alameda County Population: American Community Survey, 2018.
Austin, J. "Evaluation of the Alameda County Jail Population, Restricted Populations and Inmate Classification System," 2019. (*Share of incarcerated people who are Asian American not reported in this evaluation). Alameda County Behavioral Services, FY 2017-2018. (**Includes Pacific Islander among Asian American subset)

Jails pre-sentencing worsen mental health Alameda

County has 2d highest % of unsentenced in jail in state

Percentage Prisoners in County Jail who are Unsentenced
(third quarter 2020)



Source: BSCC Jail Population Trends, bscc.ca.gov

Substance use disorder is a mental illness and is a primary reason for arrests in Alameda County

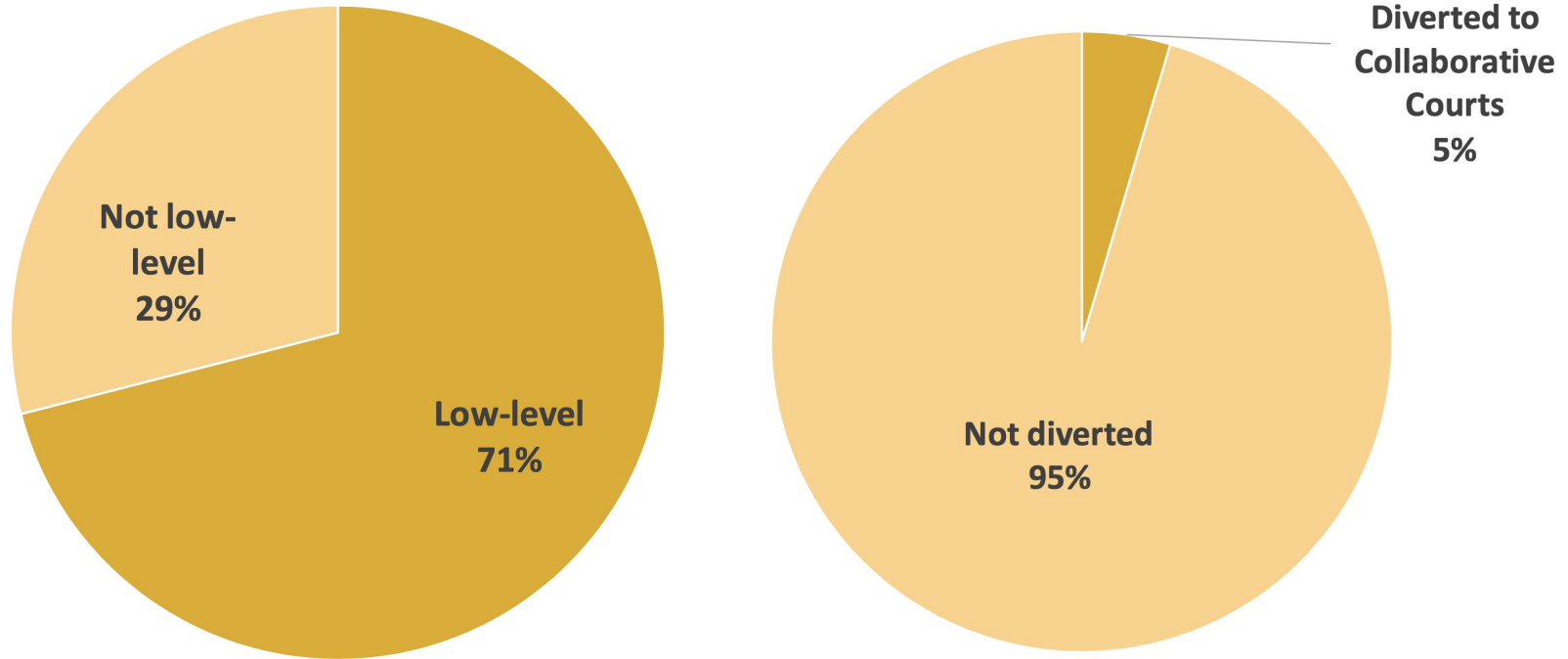
Top 5 Most Common Adult Charges in Alameda County, 2017–2018

Offense	Number of charges	Cases with at least one of these charges ¹	Cases with exclusively this charge
DUI (VC 23152)*	16,854	8,625	5,112
Petty Theft (PC 484 and subsections)*	3,999	3,294	1,903
Suspended Driving Privileges-Related (VC 14601.1-.5)^	3,567	3,292	564
Possession of Paraphernalia (HS 11364)^	3,336	3,147	504
Possession of Controlled Substance (HS11377 and subsections)*	2,852	2,738	567
Sum of top 5 charges	30,608	21,096	8,650

¹ This column indicates the number of unique cases with at least one of the charges listed (for example, there are 8,625 unique cases with at least one DUI charge)

* “Diversion offenses” ^ “DTC or Decline to Charge offenses”

Most misdemeanor offenses in Alameda County are low-level, but very few are diverted to collaborative courts



Source: *In(Justice) in Alameda County: A Case for Reform and Accountability*, ACLU and Urban Peace Movement, 2021

Care First, Jail Last Resolution

Future Implementation Phase

Needs a county-wide, interdepartmental, community-partnered “table” to coordinate policy implementation and resources

Future Implementation Phase: An Interdepartmental Community-Partnered Committee, modeled from LA County

The Care First, Jails Last Committee should be comprised of the following voting members:

Five (5) Community Representatives:

Each Supervisor appoint a representative from their district. Community representatives should either be a formerly incarcerated system-involved individual or a family member or caregiver of an system-involved individual who suffers from a serious mental illness or co-occurring or substance use disorder.

Nine (9) Alameda County Agency Directors (or designees):

1. Alameda County Behavioral Health Care Services, Committee Chair
2. Alameda County Social Services Agency
3. Alameda County Public Defender
4. Alameda County Probation Department
5. Alameda County Sheriff's Office
6. Alameda County District Attorney's Office
7. Alameda County Office of Homeless Care and Coordination
8. Alameda County Housing and Community Development Department
9. Alameda County Superior Court (Presiding Judge or designee)

Two (2) Community-Based Service Providers

Two (2) City Program Directors

One (1) Representative from the following:

1. Alameda Health System
2. Decarcerate Alameda County
3. Free Our Kids Coalition
4. Interfaith Coalition for Justice in Our Jails
5. Mental Health Advisory Board
6. Alameda County Mental Health Committee
7. Alameda Health Consortium

The following representatives should serve as non-voting, ex-officio advisory members:

Alameda County Administrator's Office
Alameda County Information and Technology Department
Alameda County Care Connect
Alameda County Counsel
One (1) data analyst expert and/or academic (appointed by the Chair of the Health Committee)

Care First, Jails Last

Health and Racial Justice Strategies for Safer Communities

Diana Zúñiga

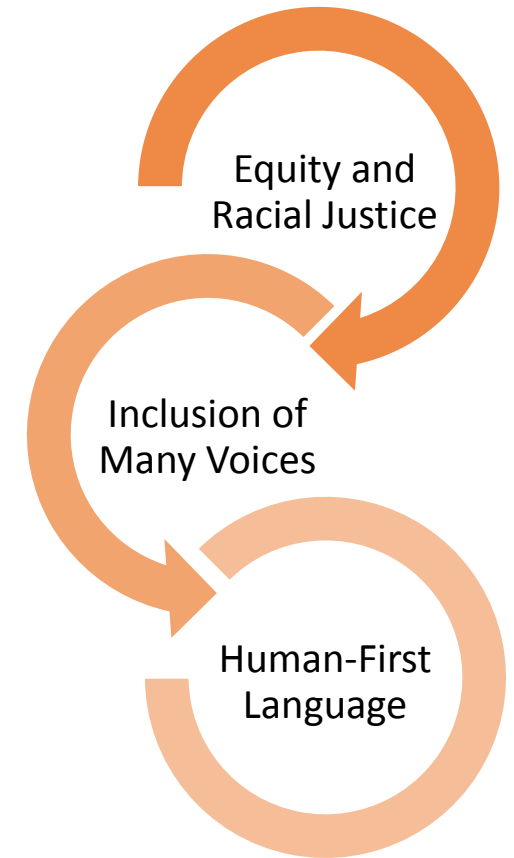
Health and Justice Expert, LA County Department of Health Services

Alameda County

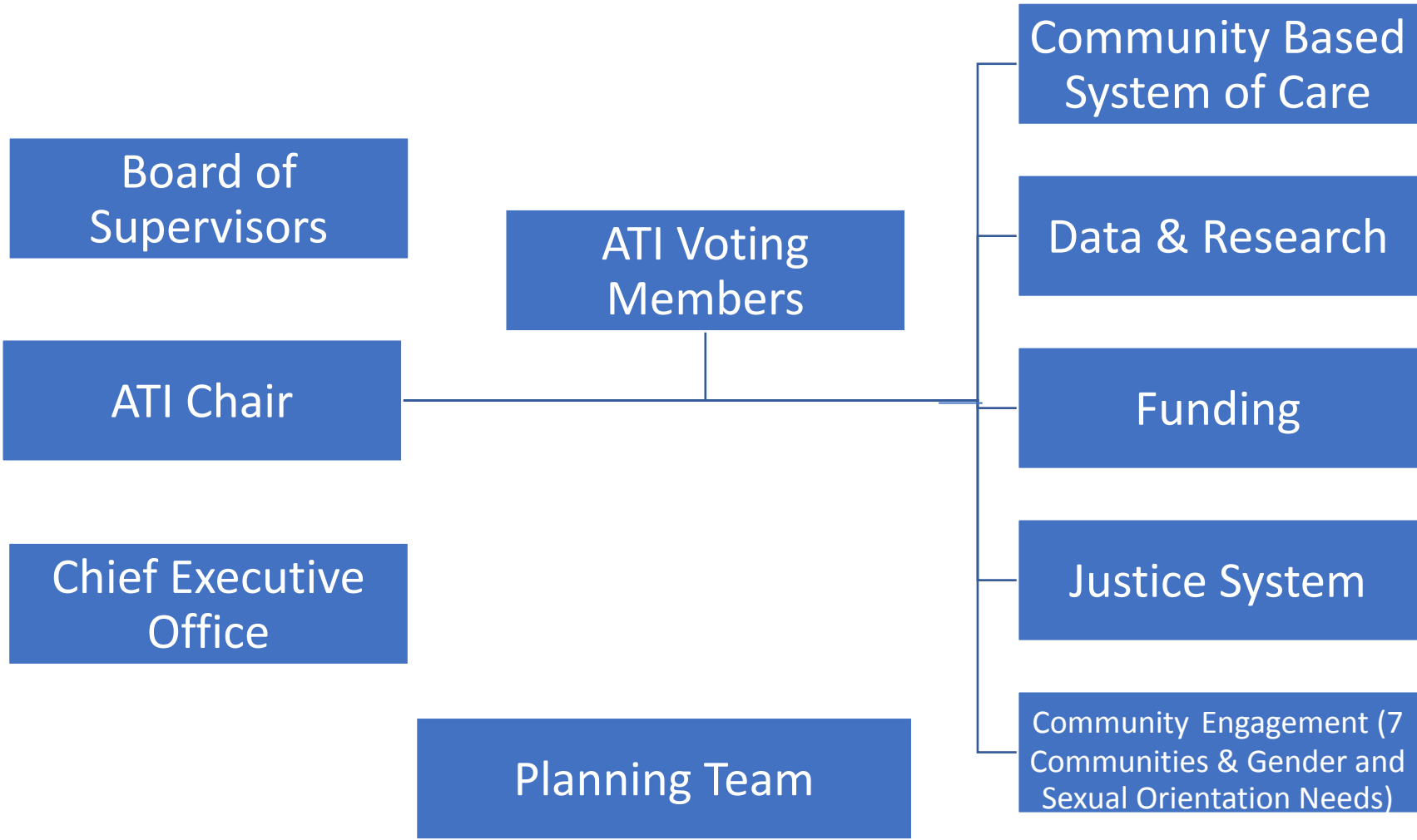
Monday, 5/10/21

ATI WORK GROUP MISSION AND VALUES

To provide the Los Angeles County Board of Supervisors a *Road Map*, with an action-oriented framework and implementation plan, to scale alternatives to incarceration and diversion so care and services are provided first, and jail is a last resort.



ATI WORK GROUP STRUCTURE



ATI TIMELINE

Phase One: Development of Work Group Structure, Mission, Guiding Values and Interim Report,
March – June 2019



- over 270 people engaged in the ATI process
- 5 Work Group convenings
- 18 Ad Hoc Committee meetings,
- 26 government departments and programs
- 28 advocacy organizations
- 21 community-based service providers
- April 26, 2019** Racial Equity Retreat
- June 11, 2019.** ATI interim report, delivered to the Board

Phase Two: Expanded Scope, Community Engagement, Implementation Planning, and Final Report,
July 2019 – March 2020



- 1,300 participants
- 8 Work Group convenings
- 38 Ad Hoc Committee meetings and community engagement workshops
- 47 government departments
- 106 community orgs/institutions
- September 20, 2019,** ATI second retreat to address the voices of survivors and victims of harm

March 2020: final report

ATI WORK GROUP PROCESS



ATI WORK GROUP DECISION MAKING PROCESS

- Work Group Voting Members: Modified Consensus Building Method
 - See Consensus using Gradients of Agreement
 - Vote with a 60% threshold
- Ad Hoc Committees:
 - Advisory decision-making power only. Its role is to make recommendations to Alternatives to Incarceration Work Group voting membership.
 - Strive to make decisions by consensus. If consensus cannot be reached, the committee will create a proposal based on overarching themes that will be shared with the ATI Planning Team and/or the ATI voting membership for decision-making and possible action steps.

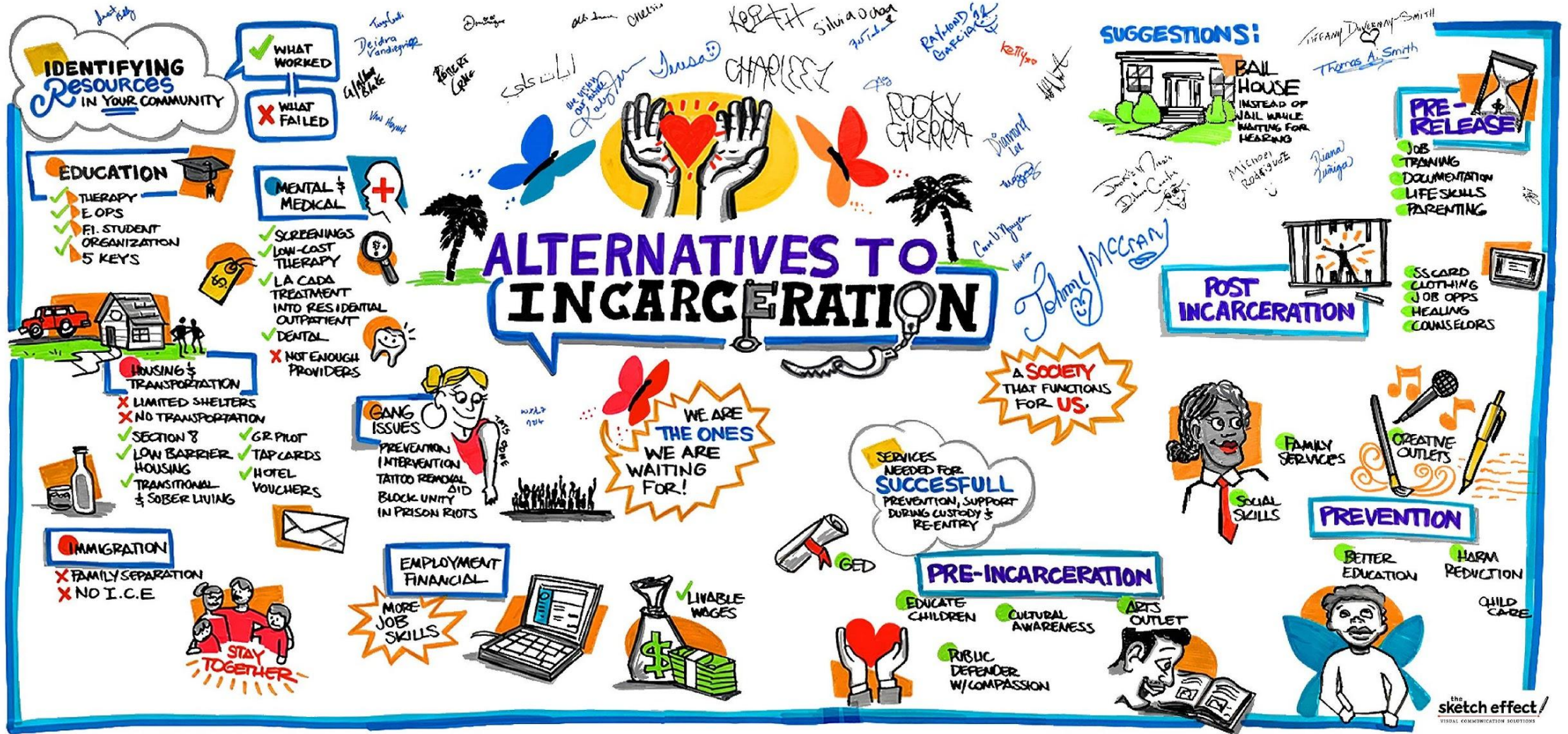
COMMUNITY ENGAGEMENT - PHASE I and II

- Phase I: ATI Work Group Community Engagement Process
- Phase II: ATI/MCJ Work Group Community Engagement Process

- <https://padlet.com/dianazuni ga11/hzzuq8b 7hbqxnctz>



ATI COMMUNITY ENGAGEMENT



ATI STRATEGIES



Strategy 1 – Expand and scale **community-based, holistic care** and services through sustainable and equitable **community capacity building** and service coordination.



Strategy 2 – **Utilize behavioral health responses** for individuals experiencing mental health and/or substance use disorders, homelessness, and other situations caused by unmet needs; **avoid and minimize law enforcement responses**.



Strategy 3 – Support and deliver meaningful **pre-trial release and diversion services**.



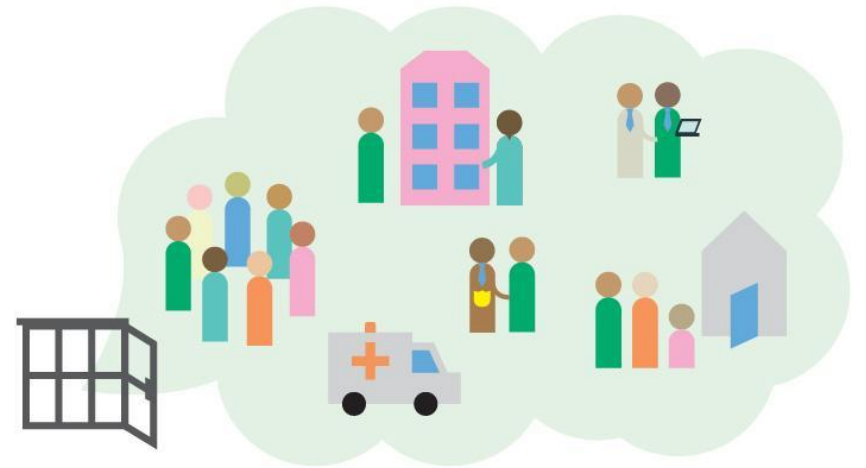
Strategy 4 – Provide effective **treatment services** in alternative placements, instead of **jail time**.

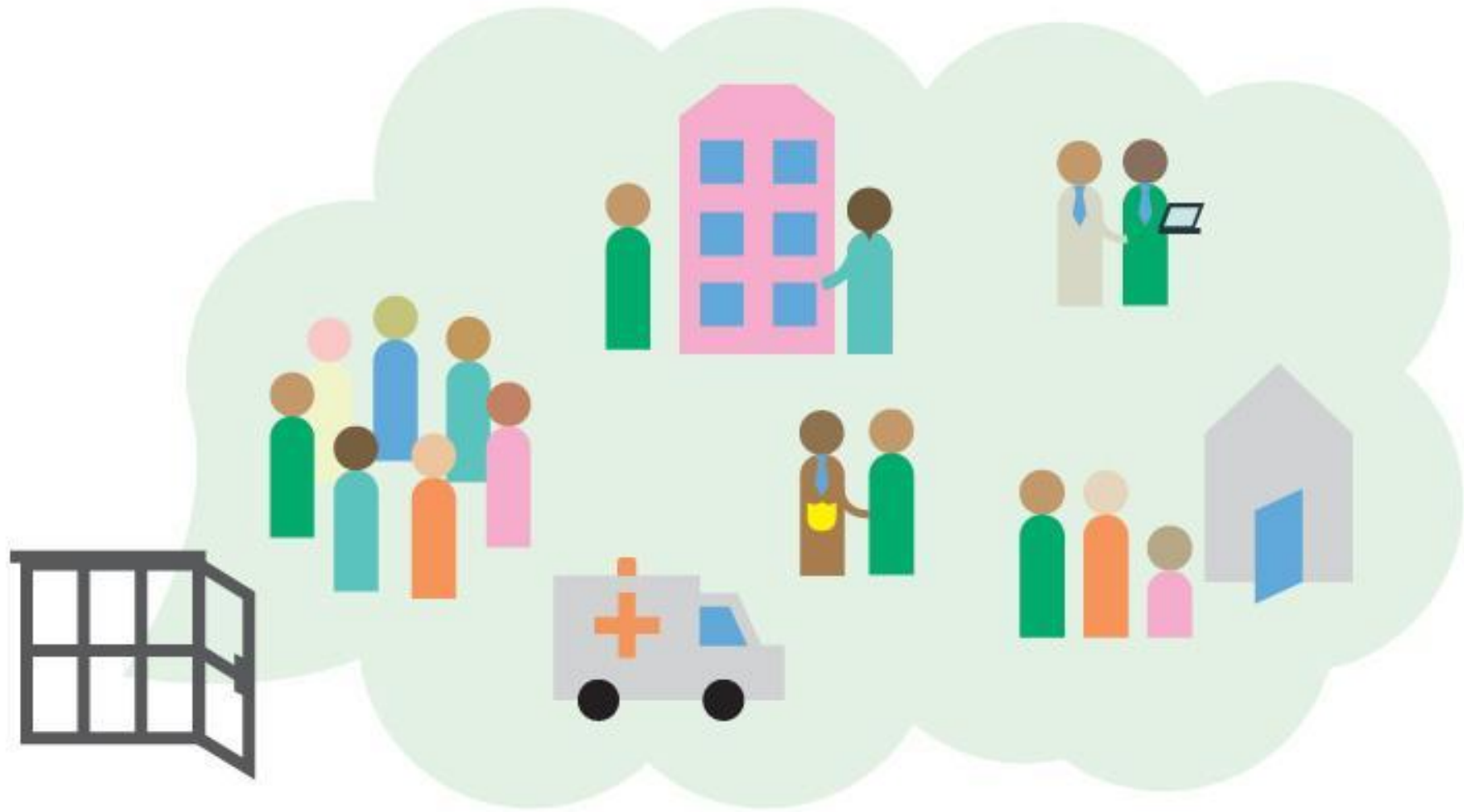


Strategy 5 – Effectively **coordinate the implementation** of ATI recommendations, ensuring that strategies work to **eliminate racial disparities** and to authentically **engage and compensate system-impacted individuals**.

CURRENT IMPACTS

- Office of Diversion and Reentry
- Reentry Health Advisory Collaborative
- DPH Office of Violence Prevention
- Population Reduction Work Group
- Alternative Crisis Response Work Group
- AB109 Reassessment
- Measure J Passage and Process
- Men's Central Jail Work Group
- County COVID-19 Community Equity Fund
- ATI Unit





QUESTIONS