

Care First, Jails Last Taskforce:

WHERE WE ARE AND WHERE WE ARE GOING

May 22, 2023









Agenda

Where we are

Overview of CFJL: History, progress, and milestones

Where we are going
 Vetting and finalizing
 recommendations,
 creating plans

Next Steps and Q & A



CFJL Task force - History, progress, & milestones





CFJL Task Force: History

- On May 25, 2021, Alameda County BOS unanimously approved a "Care First, Jails Last" Policy Resolution
- Resolution confirmed that Alameda County values a comprehensive continuum of care for individuals with mental illness, substance use, and co-occurring disorders rather than incarceration
- Policy resolution also called for a just and equitable transformation of criminal justice, behavioral health, and wraparound services that reduces the number of people with mental illness, substance use, and cooccurring disorders in Santa Rita Jail



CFJL Task Force: History

- Task Force 25-member body charged with developing a countywide implementation plan, subject to approval by the BOS, informed by what was proposed by the Justice Involved Mental Health (JIMH) Task Force for the next two years
- Alameda County Mental Health Advisory Board will take over the monitoring of the countywide plan thereafter.
- Two-year process financed by each of the 7 participating County departments and is a Brown Act covered body



CFJL Task Force: Membership

- 5 Community Representatives
- 9 Alameda County Officials
- 3 Community-based Service Providers
- 2 City Program Directors
- 2 Representatives from stakeholder groups
- 4 Representatives from Police Agencies



If recommendation confirmed, Task Force will identify:

- Specific problem it addresses and data to support it
- Agency and community partners involved in implementation
- Remaining data questions
- Budget requests/recommendations



Where are we?

Just over 1 year into the process and we have...

- established working ad hoc committees;
- elected community co-chairs for the Task Force;
- identified 178 preliminary recommendations



CFJL Task Force Progress Timeline

April, Sept-Dec, '22

Review JIMH recs & implementation, cooccurring county work, and existing data

Dec '22 - Mar '23

Task Force identified recommendations by intercept for consideration

Task Force Initiation & Discovery Information gathering & crosswalks

Process & subcommittee decisions

Preliminary recommendation development

Final reccs & agency plan development

March 2022

Task Force kickoff, interviews, context setting

June - Aug '22

Task Force identified ad hoc committees and method for creating recommendations and plans

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



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Task Force Initiation & Discovery -

Member Interview Results

Taskforce Expectations & Concerns

Expectations

- Build on JIMH work
- Leverage diverse opinions
- Comprehensive plan development
- Use of data for informed decision-making
- Significant involvement from people with lived experience
- Supportive facilitation by RDA
- Level-setting
- Real, impactful system-wide continuum of care

Shared Concerns

- How will CFJL build on JIMH?
- Potential for duplication of efforts
- Taskforce makeup:
 - Absence of Superior court & Police department representation
 - Level of representation of community members & those with lived experience
- Diverse perspectives may challenge consensus
- Need for racial equity lens



Alameda County Justice Initiatives

Care First, Jails Last (CFJL) Medi-Cal eligible Justice-involved individuals with adults with Target population: Adults & behavioral health behavioral health youth with mental illness, needs needs substance abuse. & cooccurring disorders Complementary Medi-Cal eligible, **Initiatives** iustice-involved adults with behavioral health Community Target population: Justice-Target population: Medi-Cal needs involved adults in Alameda Corrections eligible individuals (focus on pre-County release and reentry) **Partnership** (AB109) California Advancing and **Reimagine Adult** C.A.R.F. Court **Innovating Medi-Cal** (Proposed) Justice (RAJ) (CalAIM) Prop 47 Justice-involved adults eligible for Medi-Cal



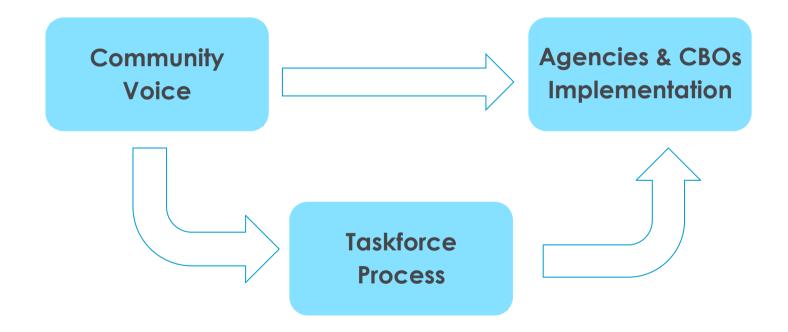


Including Community Voice

- Task force members
- Elected community cochairs
 - Ms. Kimberly Graves
 - Ms. Peggy Rahman
- CFJL Community Coalition recommendations included
- Community partnerships highlighted in Agency plans



>> Community Input





Task Force Initiation & Discovery -

Member Interview Results

Care First Vision

EXPAND & INTERCONNECT SERVICES

- Treatment centers
- Interagency collaboration & Holistic interventions

REDUCE/ADDRESS BARRIERS TO SUCCESS

Access to care regardless of eligibility

OUTREACH/LAW ENFORCEMENT INTERACTIONS

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

PREVENTION

• Prioritize treatment outside of jail

EQUITY FRAMEWORKS

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

CLARITY OF MISSION

- Collective vision
- County as champion of Care First model

SUSTAINABILITY OF MODEL

- Accountability
- Simplification of systems

FUNDING/BUDGET

Reflection of priorities (funding follows needs)



Task Force Initiation & Discovery - Member Interview Results

Areas of Expertise & Resources on Taskforce

- Profound understanding of system gaps and dysfunctions, from both system and direct/lived experience
- Diverse, intersectional perspectives
- Family perspective
- African American & POC perspective
- Cross-county & regional perspective
- Monitoring & evaluation
- Community/beneficiary perspective
- Sequential Intercept Model (SIM)
- Racial equity & disparities

- Homelessness
- Affordable housing & community development
- Diversion & peer support
- Transitional Age Youth
- Probation
- Behavioral Health
- Trauma & how it manifests
- Substance Use Disorder (SUD)
- Mental Illness
- JIMH Process



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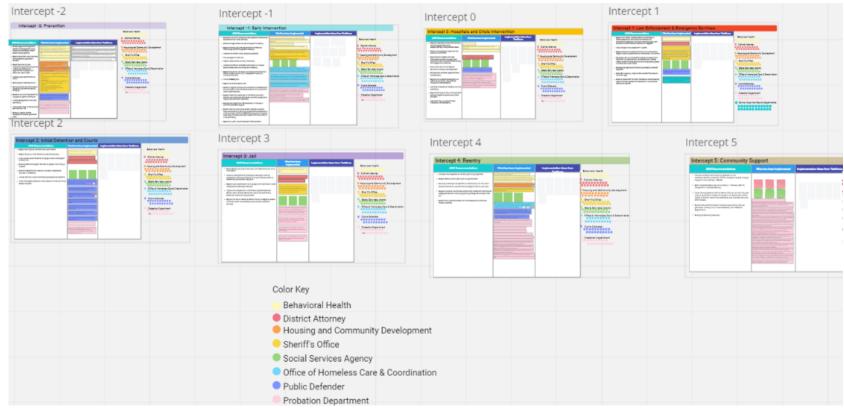


JIMH Recommendations and Implementation

Agency representatives on the Task Force were asked to identify which of the JIMH recommendations had been implemented and to what degree



>>> Intercept Planning Board





Intercept Planning Board Example

Intercept -2: Prevention

JIMH Recommendations

Greatly expand and implement Housing First supportive living models and affordable familybased housing options.

- Expand behavioral health services and educational programs in schools.
- Create more training and employment programs and provide livable-wage employment opportunities for people with behavioral health needs
- Address social determinants of health.
- · Ensure quality healthcare for all.
- Develop a behavioral health public education and communications campaign.
- Establish an online mechanism for the public to gather information.
- Increase Engagement of the faith community.
- Work to pass Prop 15: Schools and Communities First
- Create or expand conflict mediation or violence prevention work.

What has been implemented

Regional Approach to South & East County Services

→NEW: Axis Community Health Pilot (Pleasanton,
East Cty)

→NEW: Washington Hospital (Fremont, South Cty)

Design Forensic, Diversion, & Re-Entry Services System of Care

Create Director of Forensic, Diversion, & Re-Entry Services Position

ACBH Health Equity Division Created

Fund affordable housing & focus on building housing for extremely low income and special needs populations.

From federal COVID-relief funding, HCD has awarded \$120 million in Emergency Rental Assistance to extremely and very low-income households

Deputy Sheriff's Activity League (DSAL) Projects in Eden

-Circular Food Economy (with ALL IN alameda County)
-Dig Deep Farms

-Food as Medicine (with Alameda County Health Care Alliance and federal GUSNIP grant funding) -Food Hub

-Re-Entry Internships @ Dig Deep Farms -Free recreational health & fitness programs -Eden Area Business Collective -Mural Projects

PD Brendon Woods chaired the Process and Evaluation Workgroup which advocated for people to be enrolled in healthcare before leaving custody, prior to CALAIM making it a requirement.

Grant Funded: Alameda County Young Adult Opioid Initiative

Community engagement and family-centered events to increase resources and positive community connections for ACPD clients*

Health service access at the Center of Reentry

Implementation ideas from Taskforce

Identification of 16-17 year olds with MH challenges for early intervention (can be identified by DA, PD,etc)

Collaboration with University/School Health Systems to identify TAY in Junior Colleges or Universities who are having MH crisis, or before they are having MH crisis

Expansion of criteria for case management services, especially for TAY, as adult programs are less comprehensive than Youth/TAY programs

More focus on intervention at first psychotic break, especially upon first entry into John George











Data Gathering

Task Force created a list of relevant data questions and county analysts provided response

(Data available on CFJL website:

alamedacountycfjltaskforce.org)

Former Chief Wendy Still presented data compiled by the Reimagining Adult Justice (RAJ) Committee



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Process & Ad hoc Committee Decisions

Data Ad hoc Committee

Objective

To identify meaningful data and coordinate data reporting

Guiding Questions

- What data do we need to understand needs of the population and measure impact?
- How can we coordinate to create unified data requests/reporting?



Process & Ad hoc Committee Decisions

Finance Ad hoc Committee

Objective

To establish budgetary models and guidelines

Guiding Questions

- What are the budgetary and funding mechanisms for existing models?
- How can we ensure fiscal sustainability for CFJL implementation?



Ad hoc Committee Members

Data

- Brian Bloom (Chair)
- Corrine Lee
- Kimberly Graves
- Tiffany Danao
- Doria Neff
- Peggy Sheehan-Rahman

Finance

- Corrine Lee (Chair)
- □ Michelle Starratt
 □
 □ Michelle Starratt
 □
 □ Michelle Starratt
 □ Michelle Starra
- Greg Syren
- Kimberly Graves

>>

Taskforce Departmental Plan Approach BY DEPARTMENT & INTERCEPT & DURATION/COST

Behavioral Health - Complete District Attorney's Office Housing & Community Development Dept Sheriff's Office Social Services Agency Office of Homeless Care & Coordination Public Defender's Office Probation **Superior Court**

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

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

Long Term Goals (12+ Months) & Estimated Costs

Intercept -2

Prevention

Intercept -1

Early Intervention

Intercept 0

Hospital, Crisis
Respite, Peer &

Community Services

Intercept 1
Law Enforcement &
Emergency Services

Intercept 2
Initial Detention &
Initial Court Hearings

Intercept 3

Jails & Courts

Intercept 4

Intercept 5
Community
Corrections &
Community Supports



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- Spent 4 months gathering recommendations from Taskforce members and the public
- Recs gathered through a process of homework and in-meeting brainstorming
- Total of 178 recommendations suggested and up for discussion to be included in Agency and County plans
- Included are recommendations from CFJL Community Coalition



- Interagency and community collaboration
- Culturally specific community resources
- Early intervention for Transitional Age Youth (TAY), especially around initial severe MH episodes
- Mental health liaisons with law enforcement departments



Preliminary Recommendations

Themes (cont'd)

- Focus on housing and bed availability
- Importance of community voice and vetting; community events
- Wraparound/integrated care
- Data sharing across agencies
- Training/cross training for Agency and CBO staff



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In the coming months, the task force will:

 Review & discuss each recommendation from the working list then:



confirm as is,



confirm with changes, or



decline





Recommendation Vetting Process (cont'd)

If recommendation confirmed, Task Force will identify:

- Specific problem it addresses and data to support it
- Agency and community partners involved in implementation
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Next Steps and Q & A





Task Force Next Steps

Finalize recommendations Development of Agency plans Development of County plan

