

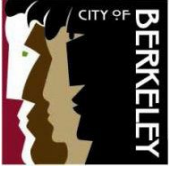


Health, Housing & Community Services
Mental Health Commission

To: Mental Health Commissioners
From: Jamie Works-Wright, Commission Secretary
Date: May 8, 2023

Documents Pertaining to 5/18/23 Agenda items:

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Health, Housing & Community
Service Department
Mental Health Commission

Berkeley/ Albany Mental Health Commission

Regular Meeting
Thursday, May 18, 2023

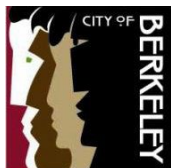
Time: 7:00 p.m. - 9:00 p.m.

Location: North Berkeley Senior Center
1901 Hearst Ave. Berkeley, Conference Room A

AGENDA

1. **Roll Call (1 min)**
2. **Preliminary Matters (5 min)**
 - a. Action Item: Approval of the May 18, 2023 agenda
 - b. Public Comment (non-agenda items)
 - c. Action Item: Approval of the April 20, 2023 minutes
3. **Bridge to SCU and SCU Update – Dr. Lisa Warhuus, Director Health, Housing & Community Services (15 min)**
4. **Mental Health Manager’s Report and Caseload Statistics – Jeff Buell (15 min)**
 - a. MHC Manager Report
 - b. Caseload Statistic April 2023
5. **Commission Vote on Revised Version of Care First, Jails Last Resolution - Mary-Lee Kimber-Smith**
6. **Community Health Records – Margaret Fine**
7. **Providing a state legislative update on behavioral health particularly as it relates to our work in the City of Berkeley – Margaret Fine**
8. **Subcommittee Reports (20 min)**
 - a. Youth Subcommittee
 - b. Membership Subcommittee
 - c. Evaluation Subcommittee
9. **Adjournment**

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**Health, Housing & Community
Service Department
Mental Health Commission**

may deliver communications via U.S. Postal Service or in person to the secretary of the relevant board, commission or committee. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the secretary to the relevant board, commission or committee for further information. The Health, Housing and Community Services Department does not take a position as to the content.

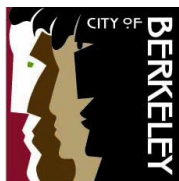
Contact person: Jamie Works-Wright, Mental Health Commission Secretary (510) 981-7721 or Jworks-wright@cityofberkeley.info



Communication Access Information: *This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date. **Please refrain from wearing scented products to this meeting. Attendees at trainings are reminded that other attendees may be sensitive to various scents, whether natural or manufactured, in products and materials. Please help the City respect these needs. Thank you.***

SB 343 Disclaimer

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection in the SB 343 Communications Binder located at the Adult Clinic at 2640 MLK Jr. Way, Berkeley, CA 9470



Department of Health,
Housing & Community Services
Mental Health Commission

Berkeley/Albany Mental Health Commission Draft Minutes

7:00 pm
North Berkeley SC 1901 Hearst

Regular Meeting
April 20, 2023

Members of the Public Present: Shirley Posey, Andrea Zeppa

Staff Present: Jeff Buell, Lisa Warhuus, Shelialanna Harris, Jamie Works-Wright

1) Call to Order at 7:04 pm

Commissioners Present: Margaret Fine, Monica Jones, Edward Opton (7:06), Andrea Prichett, Mary Lee Kimber-Smith, Glenn Turner **Absent:** Judy Appel, Kate Harrison

2) Preliminary Matters

a) Approval of the April 20, 2023 agenda

M/S/C (Prichett, Fine) Move to approve the minutes

PASSED

Ayes: Fine, Jones, Opton, Kimber-Smith, Prichett, Turner **Noes:** None; **Abstentions:** None;
Absent: Appel, Harrison

b) Public Comment- 2 public comment

c) Approval of the March 16, 2023 Minutes

M/S/C (Fine, Turner) Motion to approve the minutes

PASSED

Ayes: Fine, Jones, Opton, Kimber-Smith, Turner **Noes:** None; **Abstentions:** Prichett; **Absent:** Appel, Harrison

3. Bridge to SCU and SCU Update – Dr. Lisa Warhuus, Director Health, Housing & Community Services

No Motion Made

4. Mental Health Manager report and Caseload statistics – Jeff Buell

No motion Made

5. Write a letter to council about trying to fill MHC vacancies

No motion Made

6. Annual Report Update – Judy Appel

Tabled

7. Update on the Care First, Jails Last Resolution: summary of meeting with Berkeley Police Department and options going forward

M/S/C (Kimber-Smith, Opton) Motion to resend the current resolution January 31, 2023 version, Care First, Jail Last Policy to adopt the city-wide Care First, Jail Last policy.

PASSED

Ayes: Fine, Jones, Opton, Kimber-Smith, Prichett Turner **Noes:** None; **Abstentions:** None; **Absent:** Appel, Harrison

*Motion to extend the meeting form 10 minutes to 9:10

M/S/C (Prichett, Kimber-Smith)

PASSED

Ayes: Fine, Opton, Kimber-Smith, Prichett, Turner **Noes:** Jones; **Abstentions:** None; **Absent:** Appel, Harrison

Motion to revise the version of the Care First, Jail Last and will go back to the Diversion Subcommittee and return the revised version at the May Mental Health Commission meeting

PASSED

Ayes: Fine, Jones, Opton, Kimber-Smith, Prichett, Turner **Noes:** None; **Abstentions:** None; **Absent:** Appel, Harrison

8. Subcommittee Reports

- a. **Diversion Subcommittee**
- b. **Youth Subcommittee**
- c. **Membership Subcommittee**
- d. **Evaluation Subcommittee**

9. Adjournment – 9:04 PM

Motion to adjourn the meeting early

PASSED

Ayes: Fine, Jones, Opton, Kimber-Smith, Prichett, Turner **Noes:** None; **Abstentions:** None; **Absent:** Appel, Harrison

Minutes submitted by: _____
 Jamie Works-Wright, Commission Secretary



Health Housing and
Community Services Department
Mental Health Division

MEMORANDUM

To: Mental Health Commission
From: Jeffrey Buell, Mental Health Division Manager
Date: 5/8/2023
Subject: Mental Health Manager Report

Mental Health Services Report

Please find the attached report on Mental Health Services for April 2023.

Information Requested by MHC

The MHC Chair and vice Chair have not submitted questions for this period.

Mental Health Division Updates

The Mental Health Division has several areas of updates at this time:

- A) Compensation for mental health workers has been difficult to address both during and after a pandemic emergency. MH workers, Nurses, psychiatrists at City of Berkeley have compensation rates at the lower end of the scale compared to surrounding Counties. There has been a shortage of mental health workers for a long time, and the trend only heightened through the pandemic. Efforts to encourage more workers into mental health careers is a slow, costly process that will still take time to implement, and in the mean-time, jurisdictions are competing for the same pool of workers. Berkeley Mental Health currently has a 44% nursing vacancy rate, a 33% psychiatrist vacancy rate, and a 100% office specialist vacancy rate. <https://calmatters.org/health/2022/09/california-shortage-mental-health-workers/>
- B) Hazard and supplemental payments: The 1021 CSU Union reached an agreement with the City of Berkeley to pay a small 3% differential to direct service staff (for actual hours worked) who are regularly assigned to perform services in unhoused settings. Prior to this, the only hazard pay option was for clerical staff in Mental Health who had any direct contact with clients.

A Vibrant and Healthy Berkeley for All

Recruitment/retention bonuses are being used in other jurisdictions, and City of Berkeley currently does not have a similar option on the table. Berkeley Mental Health did institute a stipend for student loan forgiveness that is currently in process, which would be separate from any other federal loan forgiveness programs.

- C) The County Behavioral Health Director Association of California (CBHDA) is in process of polling California MHSA jurisdictions about the Governor's proposal to redirect MHSA funds to SUD and housing services. Counties have been asked to provide detailed information on current MHSA funding uses and how the proposed changes will affect programs, services, and especially small jurisdictions (such as City of Berkeley). This information will be used to form more specific responses and public information about how these proposed changes will affect the future of Mental Health Care services in California.

Berkeley Mental Health Caseload Statistics for April 2023

Adult Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Previous 12 Months	Fiscal Year 2023 (July '22-June '23) Demographics as of April 2023
Adult, Older Adult and TAY Full Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	5 Clinicians, 1 Clinical Supervisor	54	\$8,885	Clients: 60 API: 1 Black or African-American: 33 Hispanic or Latino: 1 White: 25 American Indian: 0 Other/Unknown: 0 Male: 33 Female: 25 Missing Gender ID: 1 Prefer Not to Answer Gen ID: 1 Multiple Gender ID: 0 Heterosexual: 47 Unknown: 5 Missing Sex Orient: 0 Bisexual: 1 Queer: 1 Prefer Not to Answer Sex Orient: 3 Multiple Sex Orient: 2 Gay: 0 Questioning: 1 Lesbian: 0
Adult FSP Psychiatry (April Stats)	1-100	.5 FTE	46		
AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)				\$2,037,600	
Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)	1-8 for clinical staff	5 Clinicians, 1 Clinical Supervisor	37	\$7,369	Clients: 39 API: 2 Black or African-American: 23 Hispanic or Latino: 1 Other/Unknown: 0 White: 13 Male: 26

Berkeley Mental Health Caseload Statistics for April 2023

					Female: 11 Missing Gender ID: 1 Unknown: 1 Prefer No to Answer: 0 Multiple Gender Identities: 0 Heterosexual: 30 Missing Sex Orient: 1 Bisexual: 3 Unknown: 3 Gay: 1 Questioning: 1 Multiple Sex Orient: 0 Prefer Not to Answer: 0 Lesbian: 0
HFPS Psychiatry (April Stats)	1-100	.0 FTE	25		
HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			TBD		
Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)	1-20	8 Clinicians 1 Team Lead 1 Clinical Supervisor	149	\$2,978	Clients: 174 American Indian: 2 API: 17 Black or African-American: 67 Hispanic or Latino: 7 Other/Unknown: 3 White: 77 Male: 88 Female: 77 Multiple Gender Identities: 2 Missing Gender ID: 1 Non-Conforming Gender ID: 2 Prefer Not to Answer Gender ID: 1 Female to Male: 1 Queer Gender ID: 1 Unknown: 1 Heterosexual Sex Orient: 128 Unknown: 18 Missing Sexual Orient: 2 Bisexual Sex Orient: 3

Berkeley Mental Health Caseload Statistics for April 2023

					Lesbian Sex Orient: 5 Gay Sex Orient: 4 Prefer Not to Answer Sex Orient: 9 Multiple Sexual Orient: 1 Queer Sexual Orient: 2 Other Sexual Orient: 2
CCT Psychiatry (April Stats)	1-200	0.75 FTE	115		
CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			\$2,617,010		
Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)	1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non- Degreed Clinical	1 Licensed Clinician 1 CHW Sp./ Non- Degreed Clinical, 1 Clinical Supervisor	85	\$1,524	Clients: 92 API: 7 Black or African American: 33 Hispanic or Latino: 5 Other/Unknown: 0 White: 47 Male: 52 Female: 38 Intersex: 1 Missing Gender ID: 1 Other Gender ID: 0 Heterosexual: 79 Unknown: 6 Missing Sexual Orient: 1 Prefer Not to Answer Sexual Orient: 4 Gay: 1 Multiple Sexual Orient: 1 Questioning: 0
FIT Psychiatry (April Stats)	1-200	.25	81		
FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			\$900,451		

Family, Youth and Children's Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Last 12 months	Fiscal Year 2023 (July '22-June '23) Demographics as of April 2023
Children's Full-Service Partnership (CFSP)	1-8	1 Senior Behavioral Health Clinician, 1 Clinician	11	\$6,780	Clients: 12 American Indian: 0 API: 0 Black or African-American: 6 Hispanic or Latino: 6 Other/Unknown: 0 White: 0 Female: 4 Male: 6 Missing Gender ID: 1 Unknown: 1 Non-Conforming Gender ID: 0 Heterosexual: 6 Missing Sexual Orient: 1 Unknown: 4 Gay: 1 Other Sexual Orient: 0 Questioning Sexual Orient: 0
CFSP Psychiatry (April Stats)	1-100	0	4		
CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			\$489,235		
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	1.5 Clinicians, 1 Clinical Supervisor	49	\$2,162	Clients: 64 American Indian: 6 API: 4 Black or African-American: 24 Hispanic or Latino: 13 Other/Unknown: 2 White: 15 Female: 25 Male: 23 Missing Gender ID: 5 Unknown: 6 Multiple Gender ID: 3 Non-Conforming Gender ID: 2

					Female to Male: 0 Other Gender ID: 0 Heterosexual: 26 Unknown: 22 Missing Sexual Orient: 5 Gay: 4 Multiple Sexual Orient: 3 Bisexual: 2 Prefer Not to Answer: 1 Other Sexual Orient: 0 Queer Sexual Orient: 0 Questioning Sexual Orient: 0
ERMHS/EPSTD Psychiatry (April Stats)	1-100	0	8		
EPSTD/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			\$1,062,409		
High School Health Center and Berkeley Technological Academy (HSHC)	1-6 Clinician (majority of time spent on crisis counseling)	3.5 Clinicians, 1 Clinical Supervisor	Drop-in: 13 Externally referred: 18 Ongoing tx: 77 Groups: 12 Offered/ 11 Conducted		N/A
HSHC FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			\$396,106		

Crisis and ACCESS Services	Staff Ratio	Clinical Staff Positions Filled	Total # of Clients/Incidents	MCT Incidents Detail	Calendar Year 2022 (Jan '22- Dec '22) Demographics – From Mobile Crisis Incident Log (through April 2023)
Mobile Crisis (MCT)	N/A	2 Clinicians filled at this time	<ul style="list-style-type: none"> • 84 - Incidents • 24- 5150 Evals • 5 - 5150 Evals leading to involuntary transport 	<ul style="list-style-type: none"> • 47 - Incidents: Location - Phone • 28 - Incidents: Location - Field • 1 - Incidents: Location - Home 	Clients: 241 API: 10 Black or African-American: 38 White: 71 Hispanic or Latino: 6 Other/Unknown: 116 Female: 102 Male: 116 Transgender: 0 Unknown: 23
MCT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			\$771,623		
Transitional Outreach Team (TOT)	N/A	.5 Licensed Clinician, (TOT and CAT have been recently merged)	<ul style="list-style-type: none"> • 4 – Incident(s) 	N/A	Clients: 19 API: 1 Black or African-American: 3 White: 10 Hispanic or Latino: 2 Other/Unknown: 3 Female: 11 Male: 6 Transgender: 0 Unknown: 2
TOT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			\$272,323		
Community Assessment Team (CAT)	N/A	3 Non-Licensed Clinicians, .5 Licensed Clinician, 0 Clinical Supervisor	<ul style="list-style-type: none"> • 103 - Incidents 	N/A	Clients: 217 API: 7 Black or African-American: 40 White: 42 Hispanic or Latino: 3 Other/Unknown: 125 Female: 77 Male: 91 Transgender: 1 Unknown: 48

CAT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)	\$735,075
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Not reflected in above chart is Early Childhood Consultation, Wellness and Recovery Programming, or Family Support.
In demographics, other/unknown is used both when a client indicates that they are multi-racial and when demographic info is not known.

*Average System Costs come from Yellowfin, and per ACBH include all costs to mental health programs, sub-acute residential programs, hospitals, and jail mental health costs.



Mental Health Commission

To: Honorable Mayor and Members of the City Council
From: Mental Health Commission
Submitted by: Monica Jones, Chairperson, Mary-Lee Kimber Smith, Vice Chairperson
Subject: Resolution to Adopt a City-Wide “Care First, Jails Last” Policy

RECOMMENDATION

Adopt a city-wide “Care First, Jails Last” policy that prioritizes the use and/or development of a continuum of care for individuals with mental illness, substance use, or co-occurring disorders rather than incarceration. Require City departments that have contact with the public revise policies, procedures, and practices to reflect this priority and policy resolution. Require City Council to use this priority and policy resolution to inform budgetary priorities.

SUMMARY

Care First, Jails Last is a policy that is used nationwide – prioritizing the care of persons with mental illness and/or substance use disorders who allegedly commit crimes over their incarceration. In fact, in 2021, the Board of Supervisors for Alameda County adopted a similar “Care First, Jails Last” resolution, establishing a taskforce to create policies, procedures, and practices consistent with the resolution. The City of Berkeley needs to join Alameda County and other jurisdictions nationwide (like Los Angeles) in adopting a “Care First, Jails Last” policy resolution because (1) not all of the City’s Mental Health funding comes from the County so having its own resolution will ensure that the City will also follow a Care First, Jails Last resolution like the County of Alameda regardless of funding sources; (2) a Care First, Jails Last resolution is necessary for the success of other programs already under way such as the Specialized Care Unit (which will treat those in mental health and/or substance use crises without police); and (3) following Care First, Jails Last policy will lead to more cost-effective and overall successful outcomes than incarceration.

(<https://www.apa.org/monitor/julaug03/alternatives>; <https://www.nami.org/Blogs/NAMI-Blog/March-2021/The-Cost-of-Criminalizing-Serious-Mental-Illness>)

FISCAL IMPACTS OF RECOMMENDATION

There will be minimal fiscal impacts to the City of Berkeley in choosing to provide “care” over “jails.” Indeed, the cost of the care for an individual in a crisis care center or other facility associated with care will not be billed to the City of Berkeley, but rather to Medi-Cal who finances treatment and services to our vulnerable and marginalized people. It is true that some of these care facilities only accept Medi-Cal (not private insurance);

Resolution to adopt a city-wide “Care First, Jails Last” Policy
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however, there are usually private insurance options available at other comparable facilities should this be needed. There may be minimal costs to the City in the form of staffing time so as to revise existing policies and procedures or to create new policies and procedures consistent with this resolution.

CURRENT SITUATION AND ITS EFFECTS

At this time, the City of Berkeley does not have its own established diversion program (or a plan for one) that provides care (non-incarceration) options for those who have allegedly committed crimes and are experiencing mental health and/or substance use crises. People who have mental illness and/or substance use disorders and who allegedly commit crimes are taken to Santa Rita Jail. Making things worse, Santa Rita has recent history of Americans with Disabilities Act (ADA) violations resulting from their treatment of people with mental health disabilities.

<https://www.justice.gov/opa/pr/justice-department-finds-alameda-county-california-violates-americans-disabilities-act-and-us> (finding that those with mental illness at Santa Rita Jail would be better served by community-based alternatives). Likewise given the significantly higher suicide rate at Santa Rita Jail than most jails, based on the Department of Justice investigation into Santa Rita Jail, the City of Berkeley should consider the potential risks of placing people at these facilities when there is opportunity to offer alternatives. <https://www.justice.gov/crt/case-document/file/1388891/download> p. 25 (noting that from 2015 through 2019, there were at least 14 suicides in the Santa Rita Jail, which equates to a rate of suicides that is more than twice the national average in other jails).

A diversion program might, for example, allow those with misdemeanors committed while in the midst of a mental illness and/or substance use crisis to be placed in a care facility instead of in the County Jail. Currently, the City of Berkeley has no established arrangements with local crisis stabilization, detox, and withdrawal management centers or other care facilities that could serve in this diversion role. However, there are such options. The Mental Health Commission has been conducting site visits to some of these options, including Amber House, located in Oakland (close to the Berkeley border and 12 minutes from downtown Berkeley). The Mental Health Commission believes Amber House (and other facilities like it) have the potential of being an excellent alternative to jail if an agreement could be reached between the City and Amber House. The Mental Health Commission has advised the Berkeley Police Department (BPD) of this option but no action has been taken to establish Amber House as an alternative in the BPD policies.

BACKGROUND

Alameda County’s “Care First, Jails Last” resolution has been effective since May 25, 2021, calling for a “just and equitable transformation of criminal justice, behavioral health, and wraparound services to reduce incarceration of people with mental illness, substance use, and co-occurring disorders in Santa Rita Jail.” Its 25-member body

Resolution to adopt a city-wide “Care First, Jails Last” Policy
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“charged with developing a county-wide implementation plan” has been meeting monthly for almost a year and a half. There is no clear “program” in place. There are budgetary priorities and draft plans. The approach uses that “Sequential Intercept Model” (SIM) approach which has been adopted by both the U.S. Department of Veterans Affairs and the Substance Abuse and Mental Health Services Administration (SAMHSA). This model is designed to look at various intercepts where “care” should be offered before or instead of “jail.” They include everything thing from arrest to sentencing to release in which mental health and/or substance use disorder supports could be offered to persons in need—thus placing care first when possible.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

None

RATIONALE FOR RECOMMENDATION

The City of Berkeley has not historically aimed to provide care as an alternative to incarceration. By reimagining public safety, Berkeley can embrace care for our vulnerable and marginalized populations. Additionally, we must recognize that these types of contemporary approaches are designed to improve well-being and bring our city closer to achieving equity among diverse groups. This recommendation is not a radical approach; it is a humane and common-sense goal that has been adopted by cities such as Los Angeles and counties such as Alameda County.

Additionally, this proposed recommendation will assist Berkeley’s Specialized Care Unit (SCU), when it goes into operation, by providing options for the teams who will offer non-police responses to those having mental health and/or substance use crises. One of the obstacles the SCU will face in helping those who have experienced mental health and/or substance use crises is to find the services to support them in the long-run. This resolution will commit Berkeley to focus on services over enforcement and care over jails. It is essential to making our SCU successful.

Finally, this proposed recommendation will highlight that there is a spectrum of mental health and/or substance use crises responses beyond either a 72-hour involuntary commitment to a hospital (5150) or being left on the streets, which is too often the choice our officers face. Hopefully, even in non-criminal situations our officers will recognize there are multiple care options to assist all who need help, no matter what degree of treatment required.

ALTERNATIVE ACTIONS CONSIDERED

Initially, the Mental Health Commission reviewed one particular County program: the CARES Navigation Center that is designed to address those with mental illness and/or substance use disorder who commit misdemeanors. In this situation, we would have our police officers bring persons from the City of Berkeley, who meet these criteria for the

Resolution to adopt a city-wide "Care First, Jails Last" Policy
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CARES Navigation Center, to this destination and they would receive care as opposed to jail. However, there have been concerns raised with the efficacy of the CARES Navigation Center (including the distance to travel there from Berkeley). More importantly, though, the Mental Health Commission believes we must serve all of those with mental illness and/or substance use disorders – not just those committing misdemeanors pre-booking. Rather we must provide care at all stages of the incarceration process, including pre-detention all the way to post-release support. This is how the benefits of care will truly be felt in our society.

CITY MANAGER

CONTACT PERSON

Jamie Works-Wright, MHC Secretary, HHCS, 510-981-7721

Attachments:

1: Resolution and/or Ordinance

Exhibit A: Resolution to adopt a city-wide "Care First-Jail Last" Policy

RESOLUTION NO. ##,###-N.S.

Resolution to adopt a city wide “Care First, Jail Last” Policy

WHEREAS the City Council of the City of Berkeley, acknowledges the need to reduce the number of people with mental illness, substance use and co-occurring disorders in our jails; and

WHEREAS the City Council of the City of Berkeley, acknowledges it is critical that we provide quality, affordable, accessible, and compassionate community-based mental health and substance use treatment options in order to reduce the number of people with mental illness, substance use and co-occurring disorders in our jails; 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 City Council of the City of Berkeley, 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 is consistent with the goals and mission of our Reimagining Public Safety and the resulting Specialized Care Unit; and

WHEREAS the Mental Health Commission, established pursuant to California Welfare and Institutions Code 5604 et seq, is composed of 10 to 15 members. Fifty percent of the board membership shall be consumers or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers. Pursuant to Berkeley City Council Resolution No. 65,945-N.S.: “The Commission shall...Review and evaluate the community's mental health needs, services, facilities, and special problems...Advise the governing body and the local mental health director as to any aspect of the local mental health program”; and

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

Resolution to adopt a city wide "Care First-Jail Last" Policy **ERROR! NO TEXT OF SPECIFIED STYLE IN DOCUMENT.**

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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 Black residents in Berkeley; 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 community-based care for mental illness and/or substance use disorder is less expensive and more effective than treatment offered in a jail setting; 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 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 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 City Council of the City of Berkeley, does hereby adopt a "Care First, Jails Last Policy" for just and equitable behavioral health care services and alternatives to incarceration that transform the city's systems of criminal justice, behavioral healthcare, and wraparound services including public benefits, social services, and housing to prioritize preventative, rehabilitative, health-focused programs; and

Resolution to adopt a city wide "Care First-Jail Last" Policy **ERROR! NO TEXT OF SPECIFIED STYLE IN DOCUMENT.**

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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 the City of Berkeley's criminal justice, behavioral health, and wraparound support services systems; and

BE IT FURTHER RESOLVED that all the City of Berkeley's departments that have contact with the public, in particular Public Safety, Division of Mental Health and any other supportive services, shall revise existing policies and procedures and/or create new policies and procedures, to the extent necessary, so as to advance a Care First, Jails Last policy within one (1) year of the passage of this resolution and that these policies and procedures be publicly available online; and

BE IT FURTHER RESOLVED that the Division of Mental Health and the Berkeley Police Department take the recommendations of the Mental Health Commission into consideration with regard to facilities (such as the use of Amber House as a care facility) and other strategies for diversion; 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 supportive services systems to the extent allowable by law; and

BE IT FURTHER RESOLVED that the Chief of Berkeley Police Department (BPD) shall publicly provide updates every three months for at least three (3) years (or longer if implementation is not complete) to the City Council as to (1) the revision of existing policies, procedures and practices and/or creation of new policies, procedures and practices to implement and advance the Care First, Jails Last policy; (2) the implementation of those policies, procedures and practices; and (3) aggregate data as to the number of transports to diversion locations, number of transports to jail, number of 5150s, and a listing of the services/places utilized for diversion, in an effort to uplift systemwide transparency and coordination; and

BE IT FURTHER RESOLVED that the Manager of the Division of Mental Health shall provide updates every three months for at least three (3) years (or longer if implementation is not complete) to the City Council as to the implementation progress of a Care First, Jails Last policy, specifically, (1) the revision of existing policies, procedures and practices and/or creation of new policies, procedures and practices to implement and advance the Care First, Jails Last policy; (2) the implementation of those policies, procedures and practices; and (3) any work being done to increase the number of or scope of providers in the City of Berkeley so as to increase the services available; and (4) any proposed new services and/or upgrades to existing services and the estimated costs to the City; and

BE IT FURTHER RESOLVED that in conjunction with adopting this "Care First, Jails Last" resolution, the City Council of the City of Berkeley directs a member of the

Internal

Resolution to adopt a city wide "Care First-Jail Last" Policy **ERROR! NO TEXT OF SPECIFIED STYLE IN DOCUMENT.**

Error! No text of specified style in document.

Division of Mental Health to attend all the meetings of the Alameda County "Care First, Jails Last Task Force" and to report back to the Division of Mental Health on any opportunities or ideas about diversion from jails to care.

Alameda County Whole Person Care Model



Who is Served?

- **People experiencing homelessness**
- **People with complex physical, behavioral and social conditions (SDOH)**
- **People with needs for care across multiple systems, especially to eliminate interactions with police, criminal legal and incarceration**
- **People with needs for equitable, tailored culturally safe and responsive services**

Data Sources

- Alameda Alliance for Health
- Alameda County Behavioral Health
- Alameda Health System (Highland, San Leandro, Alameda Hospitals All Outpatient Clinics)
- Anthem Blue Cross
- CAIR2 COVID Vaccination Data
- CalREDIE (Alameda County & Berkeley Public Health)
- Collective Medical (CMT)
- Discrete Services Data
- ESO (Emergency Medical Services)
- H.M.I.S (Homeless Management Information System)
- HealthPAC
- John George Hospital (Part of AHS)
- Lifelong Medical Care
- MEDS (Medi-Cal Eligibility Data System)
- Public Health: Mortality
- Santa Rita Jail
- Social Services Administration
- St. Rose Hospital
- Sutter (Eden Hospital & Alta Bates Summit Campus)
- Tiburcio Vasquez Health Center
- Tri City Health Center
- Welligent
- West Oakland Health Center
- Zoll (Emergency Medical Services)

Coming soon

- Wellpath (Santa Rita Jail Patient Data)
- Healthcare for the Homeless
- Washington Hospital

22 Data Sources

Community Health Records Dashboards - Whole Person Care²⁴

Contacts and Care Team for consumer, social care team, address, phone, mobile, email

Programs: general assistance, CalFresh, housing, case management programs

Health Plan Info: Medi-Cal Anthem Blue Cross, Alliance Health Plan, Blue Cross California Medicaid

Clinical/Medical: diagnosis, conditions, immunizations, allergies, medications, lab orders, EMS transport notes, COVID test results, other vitals

Encounters: ambulance, CATT (non-police mobile crisis responder), psychiatric emergency room (John George Hospital); emergency rooms (Alameda Health System, Oakland Medical Center, San Leandro Hospital, other hospitals and start/end dates, inpatient hospital stays, and outpatient visits

Housing Detail: Clarity HMIS (housing management information system), HMIS program history, last assessment data and the agency taking assessment, current housing status, HRC (Housing Resource Center) assignment

Santa Rita Jail Report: consumers who are incarcerated and those incarcerated in the past, has start/end dates

Utilization Reports: different types of highest users, hospital, jail, housing, etc.

Has claims/insurance info and files/documents for consent et al.

CLIENT INFORMATION on the LANDING PAGE DASHBOARD:

25

A summary of demographic and contact information: Name, gender, age, DOB, mobile and other phone number, fax, email, address; status check alert to sign consent form for data sharing; Medi-Cal enrollment information (ID, active/inactive status, month, county, renewal date); and other alerts when available such as housing alerts or an indication that the client is currently incarcerated.

The screenshot shows a web application interface for a patient's information. The top navigation bar includes the user name 'George, John' and the organization 'Alameda Health System'. A search bar at the top left contains the name 'Galester, Terrence'. The main content area is divided into several sections:

- Consent & SCP:** Buttons for 'Consent' and 'SCP' are visible.
- Patient Information:** Name: Rinebarger, Donna Buflett; Gender: Female (80y); DOB: 6/20/1941; Medical Home: Unassigned; Consumer ID: XN11085723.
- Contact Information:** Mobile: (509) 147-8740; Other: (447) 449-3132; Fax: (199) 904-8284; Email: test@thrasys.com; Address: 5785 Harnois St, SAN MATEO, CA 94487.
- Status Check:** A message encourages the patient to complete an 'Information Sharing Authorization' form. A 'Consent' button is provided.
- Medi-Cal Enrollment:** ID: XN11085723; Status: Inactive; Month: 09/01/21; County: Alameda; Renewal Date: (blank); Medicare Status: (blank).
- Supportive Housing Alert:** A 'Safar Ground Alert' is present.
- Programs & Encounters:** Two panels labeled 'Programs' and 'Encounters' both display 'No Results'.
- Health Plans:** A panel labeled 'Health Plans' also displays 'No Results'.

CONTACTS & CARE TEAM DASHBOARD:

Contact information for the consumer, social care team contacts, address, phone, mobile, email address, type of contact from all of the data sources.

Consumer User: George, John Enterprise: Alameda Health System

Search: Rineberger, Donna

Consent SCP

Gelerter, Terrence Funkhouser
Male (38y) DoB: 6/17/1983
Medical Home: Alameda Health System - Highland Wellness...
Ethnicity: Not Hispanic or Latino
Race: Black or African American

Consumer ID: XN11000237

Contact

Mobile: (422) 592-3052
Other: (766) 868-7376
Fax: (760) 256-4556
Email: test@thrasys.com

Address: 4662 Groeber St, CASTRO VALLEY, CA 94...

Status Check
Click the **Consent** button above to view or edit. Care Connect **Enrolled**.

Information Sharing Authorization Sharing
Sharing HIV **No**
Add'l Sharing of Mental Health **No**

Medi-Cal Enrollment

ID	XN11000237
Status	Active
Month	08/01/21
County	Alameda
Renewal Date	06/30/22
Medicare Status	No Coverage

Programs & Encounters **Contacts and Care Team** Housing Detail Clinical Meds / Labs / Vitals Claims Files & Documents

Gelerter, Terrence (Male) Age: 38y Born: 6/17/1983 Consumer ID: XN11000237 Race: Black or African American Ethnicity: Not Hispanic or Latino Enterprise: Alameda Health System Show More

Address / Phone / Email

Source: Alameda Health System
Type: Home
Address: 4662 Groeber St
CASTRO VALLEY, CA 94546
Phone: (766) 868-7376
Mobile: (422) 592-3052
Email: test@thrasys.com

Source: Alameda Health System CCD A (Data)
Type: Home
Address: 2530 Savard St
CASTRO VALLEY, CA 94546
Phone: (472) 530-3935
Mobile: (388) 734-7309
Email: test@thrasys.com

Source: Anthem Blue Cross (data)
Type: Home
Address: 3762 Matzek St
CASTRO VALLEY, CA 94546
Phone: (412) 820-9700
Mobile: (709) 181-3110
Email: test@thrasys.com

Source: San Leandro Hospital (data)
Type: Home
Address: 6700 Navigation St

Social Contacts

Buttolph, Ervin - Alameda Health System CCD A (Data)
Mother
4404 Chard St
DRAYDON, MD 20630
(503) 976-7033
test@thrasys.com
Emergency

Eroman, Duncan - San Leandro Hospital (data)
Mother
6572 Grundy St
WASHINGTON, DC 20530
(780) 789-8088
test@thrasys.com

Maranville, Johnson - San Leandro Hospital (data)
Self
4218 Sharley St
POPE VALLEY, CA 94567
(782) 576-9931
test@thrasys.com
Quarantor

Slaughter, Devin - Highland Hospital (data)
Other
1824 Grotheer St
AKUTAN, AK 99553
(631) 825-1273
test@thrasys.com

Care Team

Wilczak, Adam - St Rose Hospital
Physician

Liegler, Daniel - TELECARE
Program Manager
(850) 449-1000
test@thrasys.com

Strausner, Zack - Alameda Health System CCD A (Data)
Physician
(850) 449-1000
test@thrasys.com

Heberling, Jackson - Alameda Health System CCD A (Data)
Physician
(850) 449-1000
test@thrasys.com

Richoux, Jerrold - Alameda Health System CCD A (Data)
Physician
(850) 449-1000
test@thrasys.com

Timothy - Anthem Blue Cross (data)
Primary Care Clinic
(850) 449-1000
test@thrasys.com

HOUSING DETAIL DASHBOARD - information from Clarity HMIS (housing management information system):

A summary at the top: years in HMIS, CES (coordinated entry system) last assessment date and the agency taking the assessment, current HUD housing status, HRC (Housing Resource Center) assignment, CES last assessment date, date added to HMIS; CES last assessment status.

HMIS PROGRAM HISTORY: start, exit, type program, date in project, active, housing status night before.

(Note: Information will be updated next year to better reflect the new Coordinated Entry process.)

The screenshot displays the 'Housing Detail' dashboard for Terrence Funkhouser. The interface includes a sidebar with navigation options like Home, Lists, Consumer, Upload File, Messaging, and Analytics. The main content area is divided into several sections:

- Client Information:** Name: Gelerter, Terrence Funkhouser; DOB: 6/17/1983; Source: Clarity HMIS; Current HUD Housing Status: Emergency Shelter; HRC Assignment: North County Adults (NA); CES Last Assessment Date: 10/28/2020; CES Last Assessment Status: Active.
- Contact Information:** Mobile: (422) 592-3052; Other: (766) 868-7376; Fax: (760) 256-4555; Email: test@thasys.com; Address: 4662 Greater St, CASTRO VALLEY, CA 94...
- HMIS Program History Table:**

Start Date	Exit Date	Program Type	Program Name	Days in Project	Currently Active	Housing Status Night Before
8/21/2021	—	Emergency Shelter	SVSP-CA-ES-Winter Shelter-ESG	37	Yes	Hospital or other residential non-psychiatric mex
10/29/2020	11/2/2020	Emergency Shelter	BFHP-NA-ES-Men's Overnight-ESG	4	No	Emergency shelter, including hotel or motel paic
11/27/2019	1/29/2020	Emergency Shelter	SVSP-CA-ES-Winter Shelter-ESG	63	No	Emergency shelter, including hotel or motel paic
10/23/2019	11/2/2019	Transitional Housing	CRS-NA-TH-Transitional Housing	10	No	Emergency shelter, including hotel or motel paic
7/9/2019	7/9/2019	Emergency Shelter	BOSS-NA-ES-Harrison House Singles SSP-ESG	—	No	Place not meant for habitation (e.g., a vehicle, a
6/20/2019	7/8/2019	Emergency Shelter	BFHP-NA-ES-Men's Overnight-ESG	18	No	Place not meant for habitation (e.g., a vehicle, a
6/6/2019	6/20/2019	Emergency Shelter	EOCP-CA-ES-SSP Shelter Standards-SSA	14	No	Place not meant for habitation (e.g., a vehicle, a
1/31/2019	3/7/2019	Services Only	CRS-NYA-OS-Day Treatment-Bkly-Blended (Inactive)	35	No	Emergency shelter, including hotel or motel paic
1/30/2019	4/5/2019	Emergency Shelter	BFHP-NA-ES-Men's Overnight-ESG	65	No	Place not meant for habitation (e.g., a vehicle, a
1/30/2019	1/30/2019	Street Outreach	BFHP-NA-SO-CuB Outreach-Berkeley	—	No	Place not meant for habitation (e.g., a vehicle, a
3/8/2016	3/21/2016	Emergency Shelter	EOCP-NYA-ES-SSP PRCS-RHP	13	No	Transitional housing for homeless persons (rck
11/23/2015	5/21/2016	PH - Rapid Re-Housing	EOCP-NYA-RRH-PRCS Housing Stabilization-RHP	180	No	Place not meant for habitation (e.g., a vehicle, a

CLINICAL/MEDICAL DASHBOARD: diagnosis; conditions; immunizations; allergies.

Consumer User: George, John Enterprise: Alameda Health System

Search... Rinebarger, Donna X

Consent SCP

Geierter, Terrence Funkhouser (38y) DoB: 6/17/1983
 Medical Home: Alameda Health System - Highland Wellnes...
 Ethnicity: Not Hispanic or Latino
 Race: Black or African American

Consumer ID: XN11000237

Contact

Mobile: (422) 592-3052
 Other: (766) 868-7376
 Fax: (760) 256-4555
 Email: test@thrasys.com
 Address: 4662 Groeber St, CASTRO VALLEY, CA 94...

Status Check

Click the **Consent** button above to view or edit. Care Connect Enrolled.

Information Sharing Authorization Sharing
 Sharing HIV No
 Add'l Sharing of Mental Health No

Medi-Cal Enrollment
 ID: XN11000237
 Status: Active
 Month: 09/01/21
 County: Alameda
 Renewal Date: 06/30/22
 Medicare Status: No Coverage

Programs & Encounters | Contacts and Care Team | Housing Detail | **Clinical** | Meds / Labs / Vitals | Claims | Files & Documents

Diagnosis

Diagnosis	Type	Date
Adjustment disorder with depressed mood (F43.21)	Emergency	9/1/2
Other stimulant abuse, uncomplicated (F15.10)	Emergency	8/14/
Amphetamine abuse (disorder) (84758004)	Emergency	8/14/
Pain in left leg (M79.605)	Emergency	8/4/2
Encounter for removal of sutures (Z48.02)	Emergency	8/4/2
Surgical follow-up (183644000)	Emergency	8/4/2
Left leg pain (287047008)	Emergency	8/4/2
Major depressive disorder, single episode, unspecified (F32.9)	Emergency	8/1/2

Count: 51 Time: 2:10 PM

Problem List

Condition	Diagno...	Status	Source
Current some day smoker (428041000124106)	8/6/2021	Prior Histon	AHS_CCDA
Cigarettes smoked current (pack per day) - Reported (8663-7)	8/6/2021	Resolved	AHS_CCDA
Cigarette pack-years (401201003)	8/6/2021	Resolved	AHS_CCDA
Never used (451381000124107)	8/6/2021	Resolved	AHS_CCDA
Current drinker of alcohol (finding) (219006)	8/6/2021	Resolved	AHS_CCDA
Alcohol intake (160573003)	8/6/2021	Resolved	AHS_CCDA
Not sure (LA12693-0)	8/6/2021	Resolved	AHS_CCDA

Count: 7 Time: 2:10 PM

Immunizations

Description	Vaccinated	Source
TST-PPD intradermal (96)	7/9/2021	AHS_CCDA
TST-PPD intradermal (96)	3/21/2021	AHS_CCDA
TST-PPD intradermal (96)	1/21/2021	AHS_CCDA
TST-PPD intradermal (96)	12/7/2020	AHS_CCDA

Allergies

Description	Recorded	Status	Source
No Known Drug Allerg	5/31/2019	Active	SRH

MEDS/LABS/VITALS DASHBOARD: Medications; Lab orders; EMS Transport Notes; COVID test results; vitals.

Consumer User: George, John Enterprise: Alameda Health System

Search... Rineberger, Donna

Consent SCP

Home Lists Consumer Upload Files Messaging Analytics

Programs & Encounters Contacts and Care Team Housing Detail Clinical **Meds / Labs / Vitals** Claims Files & Documents

Gelerter, Terrence Funkhouser (38y) DoB: 6/17/1983

Medical Home:
Alameda Health System - Highland Wellness...

Ethnicity: Not Hispanic or Latino
Race: Black or African American

Consumer ID: XN11000237

Contact

Mobile: (422) 592-3062
Other: (766) 868-7376
Fax: (760) 256-4555
Email: test@thraays.com
Address: 4662 Groeber St, CASTRO VALLEY, CA 94...

Status Check

Click the **Consent** button above to view or edit. Care Connect **Enrolled**.

Information Sharing Authorization Sharing

Sharing HIV No
Add'l Sharing of Mental Health No

Medi-Cal Enrollment

ID: XN11000237
Status: Active
Month: 09/01/21
County: Alameda
Renewal Date: 06/30/22
Medicare Status: No Coverage

Medications

Description	Ordered	Status	Source
RISPERIDONE 2 MG	8/14/2021	Prescribed	AHS_CCDA
IBUPROFEN 400 MC	8/4/2021	Prescribed	AHS_CCDA
ACETAMINOPHEN 3	8/4/2021	Prescribed	AHS_CCDA
LIDOCAINE HCL 1%	8/4/2021	Prescribed	AHS_CCDA
RISPERIDONE 2 MG	8/2/2021	Prescribed	AHS_CCDA
NICOTINE 2 MG CHI	8/1/2021	Prescribed	AHS_CCDA

Count: 11 Time: 2:10 PM

Covid-19 Test Results

Test Name	Test Value	Date
SARS-CoV-2 ORF1ab Resp Qi NAA+probe	NOT DETECTED	7/25/2020, 5:00 PM
SARS-CoV-2 (COVID-19) RdRp gene NAA+probe Qi (Resp)	Not detected	12/6/2020, 4:00 PM
SARS-CoV-2 (COVID-19) RNA NAA+probe Qi (Unsp spec)	Not detected	12/22/2020, 4:00 PM
SARS-CoV-2 (COVID-19) RNA NAA+probe Qi (Unsp spec)	Not detected	1/2/2021, 4:00 PM
SARS-CoV-2 (COVID-19) RdRp gene NAA+probe Qi (Resp)	Not detected	1/20/2021, 4:00 PM
SARS-CoV-2 (COVID-19) RNA NAA+probe Qi (Resp)	Not detected	3/31/2021, 5:00 PM

Lab Orders and Results

Description	Ordered	Status	Source	LabResultsCount
► EMSRUNSHEET	8/2/2021	Completed	ESO	61
► EMSRUNSHEET	8/1/2021	Completed	ESO	88
	8/14/2021	Completed	AHS_CCDA	0
	8/4/2021	Completed	AHS_CCDA	0
► EMSRUNSHEET	8/4/2021	Completed	ESO	137
► EMSRUNSHEET	8/1/2021	Completed	ESO	86

Count: 22 Time: 2:10 PM

Vitals

Name	Date	Source
Vitals	8/14/2021	Alameda Health System CCDA (D)
Vitals	8/4/2021	Alameda Health System CCDA (D)
Vitals	8/4/2021	Alameda Health System CCDA (D)
Vitals	8/2/2021	Alameda Health System CCDA (D)
Vitals	8/1/2021	Alameda Health System CCDA (D)

CLAIMS DASHBOARD: Providers; medications; problems list; claim events. This dashboard is where information from AC Behavioral Health is displayed.

Search... Rinebarger, Donna

Consent SCP

Programs & Encounters Contacts and Care Team Housing Detail Clinical Meds / Labs / Vitals **Claims** Files & Documents

Range: 3M 6M **1Y** 2Y

Visits
 Evaluation
 Procedure
 Service
 Imaging
 Test
 Product
 Other/Unclassified

Consumer

Gelerter, Terrence Funkhouser
 Male (38y) DoB: 6/17/1983
 Medical Home: Alameda Health System - Highland Welnes...
 Ethnicity: Not Hispanic or Latino
 Race: Black or African American

Consumer ID: XN11000237

Contact

Mobile (422) 592-3052
Other (766) 868-7376
Fax (760) 256-4555
Email: test@thrasys.com
Address: 4662 Groeber St. CASTRO VALLEY, CA 94...

Status Check

Click the **Consent** button above to view or edit.
 Care Connect Enrolled.

Information Sharing Authorization Sharing

Sharing HIV No
 Add'l Sharing of Mental Health No

Medi-Cal Enrollment

ID XN11000237
 Status Active
 Month 09/01/21
 County Alameda
 Renewal Date 06/30/22
 Medicare Status No Coverage

Providers

Provider	Show Date	Initial	Latest
Barcliff, Rodrigo - General Acute Care Hospital			2/14/2021
Bays, Dane - Internal Medicine			9/3/2020
Bohner, Riley - Emergency Medicine			9/6/2020
Carco, Gilberto - Psychiatry			10/17/2020
Cavalcante, Fredrick - General Acute Care Hospital			9/6/2020
Cressman, Rueben - Psychiatry			1/21/2021
			9/2/2020

Medications

Medication	Show Date	Initial	Latest
BACLOFEN TAB 20MG			9/2/2020
BANOPHEN CAP 25MG			7/19/2021
FLUOXETINE CAP 20MG			12/7/2020
HYDROXYZ HCL TAB 25MG			9/3/2020
HYDROXYZ HCL TAB 50MG			12/7/2020
HYDROXYZ PAM CAP 50MG			1/21/2021
			9/2/2020

Problem List

Problem	Show Date	Initial	Latest
Adverse effect of antiemetic and antiemetic drugs, init			7/8/2021
Adverse effect of oth antipsychotics and neuroleptics, init			9/6/2020
Adverse effect of propionic acid derivatives, init enctr			9/6/2020
Adverse effect of usco druo/meds/biol subst, init			4/15/2021

Claim Events

Source	Start Date	Description	Primary Diagnosis
Anthm	7/24/2021	Lab tests - automated general profiles	Laceration without fo
Anthm	7/24/2021	Other drugs	Laceration without fo

SANTA RITA JAIL REPORTS:

Consumers who are incarcerated and those incarcerated in the past

Start: 4/9/2020 End: 4/9/2021 Range: A - C D - H I - M N - R S - Z All

Jail Encounters (organization) ?

Drag here to set row groups

Jail	Consumer ID	CIN	Name	Gender	DoB	Visit Start	Release Date
Santa Rita Jail	XN34009343	XN7189605	Bendie, Jefferson	Male	10/22/1992	4/4/2021	—
Santa Rita Jail	XN34003190	XN7052165	Brogden, Marshall	Male	7/16/1975	4/4/2021	—
Santa Rita Jail	XN34001227	XN7180385	Cockrell, Zane	Unknown	12/24/1980	4/4/2021	—
Santa Rita Jail	XN34005515	XN7367950	Alenson, Harold	Female	12/3/1981	4/2/2021	—
Santa Rita Jail	XN34005272	XN7043437	Apruzzese, Gerald	Male	11/23/1957	4/2/2021	—
Santa Rita Jail	XN34006187	XN7157015	Aguas, Noah	Male	12/18/1962	4/2/2021	4/3/2021
Santa Rita Jail	XN34000513	XN7126970	Ans, Heath	Male	7/26/1992	4/1/2021	—

FILES & DOCUMENTS: This section includes consent forms, uploaded documents and continuity of care documents from hospitals.

Consumer User: George, John Enterprise: Alameda Health System

Search... Rineberger, Donna

Consent SCP

Programs & Encounters Contacts and Care Team Housing Detail Clinical Meds / Labs / Vitals Claims **Files & Documents**

Upload Files

Uploaded: 24H 7D 14D **1M** Status:

Active

Clinical Documents

Date 1M 3M 6M **1Y** Signed All

Name	Signed	Type	Source
Vitals	8/14/2021	Observation	Alameda Health System CCDA (I
Vitals	8/4/2021	Observation	Alameda Health System CCDA (I
Vitals	8/4/2021	Observation	Alameda Health System CCDA (I
Vitals	8/2/2021	Observation	Alameda Health System CCDA (I
Vitals	8/1/2021	Observation	Alameda Health System CCDA (I
Information Sharing Authorization	3/21/2021	Consent	AC Care Connect (data)
Coordinated Entry	10/28/2020	Clinical Document	Housing
Coordinated Entry	1/30/2019	Clinical Document	Housing

Consumer

Home Lists Consumer Upload Files Messaging Analytics

Gelerter, Terrence Funkhouser (38y) DoB: 6/17/1983

Medical Home: Alameda Health System - Highland Wellnes...

Ethnicity: Not Hispanic or Latino Race: Black or African American

Consumer ID: XN11000237

Contact

Mobile (422) 592-3052

Other (766) 868-7376

Fax (760) 256-4555

Email: test@thrasys.com

Address: 4662 Groeber St, CASTRO VALLEY, CA 94...

Status Check

Click the **Consent** button above to view or edit. Care Connect Enrolled.

Information Sharing Authorization Sharing

Sharing HIV No

Add'l Sharing of Mental Health No

Medi-Cal Enrollment

ID XN11000237

Status Active

Month 09/01/21

County Alameda

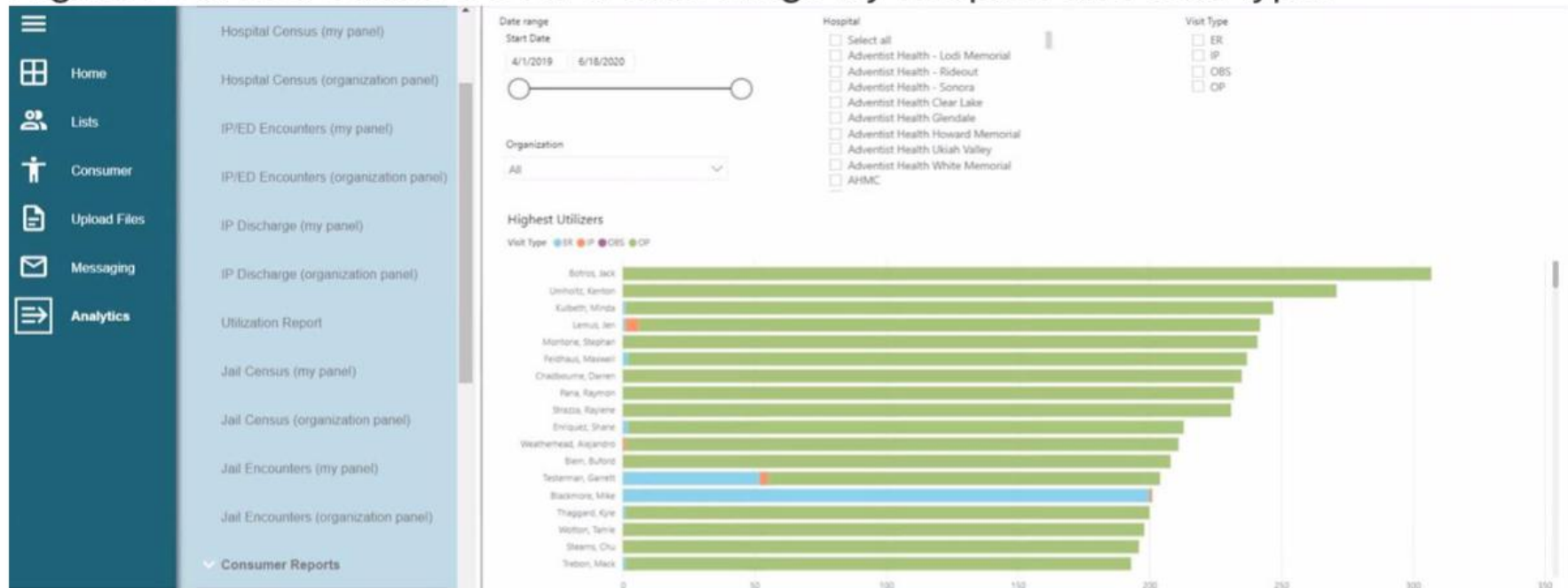
Renewal Date 06/30/22

Medicare Status No Coverage

No Results

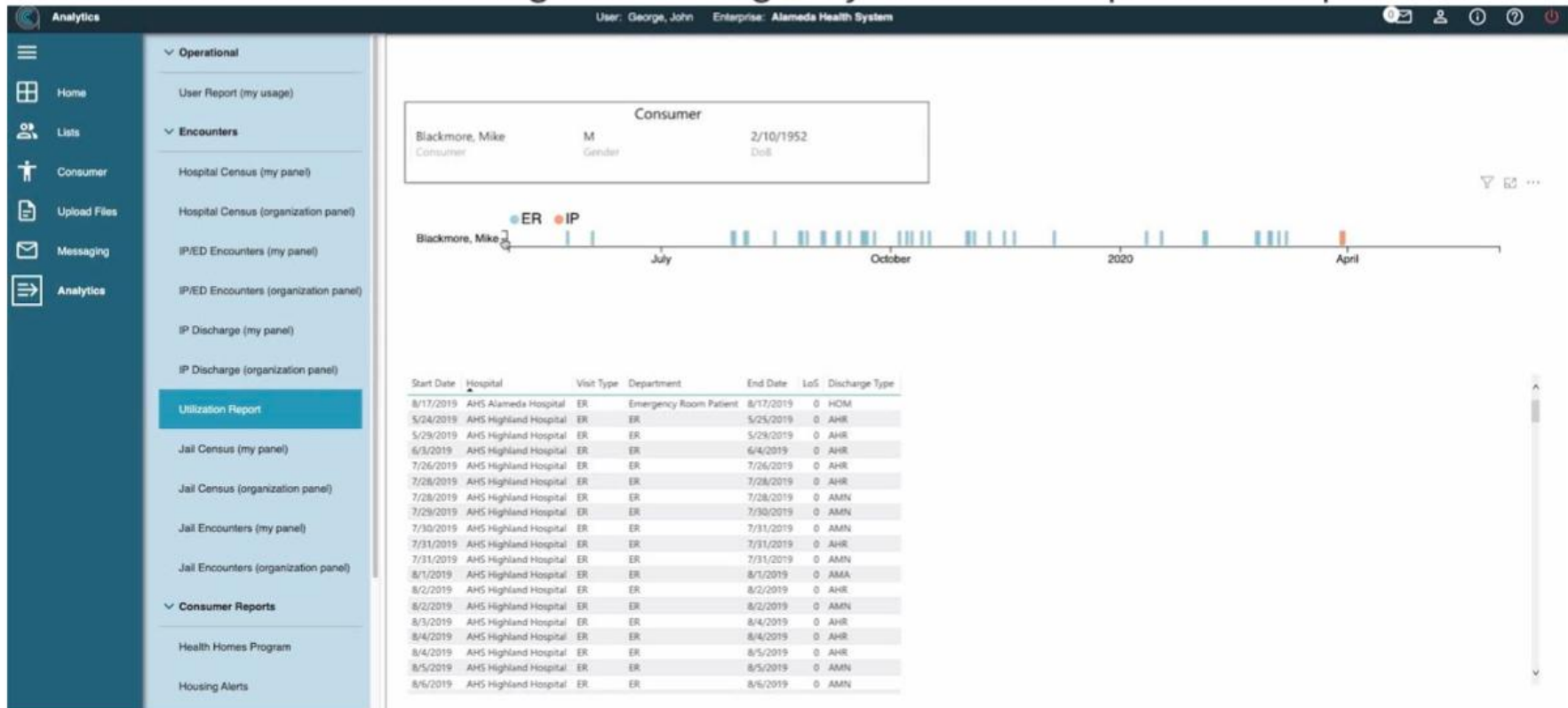
UTILIZATION REPORT:

Highest Service Utilizers over a date range by hospital and visit type.



UTILIZATION REPORT:

Consumers over a date range for emergency room and inpatient hospitalizations.



ENCOUNTER REPORT:

For a consumer by inpatient or emergency department visit at a specific hospital over a date range.

Analytics User: George, John Enterprise: Alameda Health System

Hospital: *Start: 8/27/2021 *End: 9/27/2021 Range: A-C D-H I-M N-R S-Z All

IP/ED Encounters (organization panel)

Drag here to set row groups

Hospital	Consumer ID	CIN	Name	Gender	DoB	Visit Start	Visit Type
St Rose Hospital	XN11085178	XN2525445	Ruda, Tiera	Female	12/11/1940	9/27/2021	Inpatient
Alameda Hospital (data)	CZ777777	CZ777777	McAdams, Caren	Female	4/4/1986	9/13/2021	--
Alta Bates Summit - Alta Bates	CZ888888	CZ888888	Barton, Edward	Male	7/12/1952	9/13/2021	--
John George Hospital (data)	CZ999999	CZ999999	Lenor, Donna	Female	3/27/1970	9/13/2021	--
St Rose Hospital	XN11072135	XN2306798	Cuba, Tony	Male	12/16/1944	9/13/2021	Inpatient
St Rose Hospital	XN11196678	XN2355274	Schoen, Cyrus	Male	10/8/1945	9/13/2021	Inpatient
Sutter ADT	XN11016304	XN2043257	Glaubke, Janyoe	Female	11/21/1996	9/10/2021	Emergency - EHEMERDA
Zuckerberg San Francisco General Hospital	XN11197651	XN2625856	Rumford, Anderson	Male	10/18/1995	9/9/2021	--
Zuckerberg San Francisco General Hospital	XN11197651	XN2633262	Rumford, Anderson	Male	10/18/1995	9/9/2021	--
Sutter ADT	XN11010086	XN2616398	Flahive, Norbert	Male	10/11/1965	9/9/2021	Emergency - EHAAERDA
Sutter ADT	XN11010086	XN2022906	Flahive, Norbert	Male	10/11/1965	9/9/2021	Emergency - EHAAERDA
Sutter - CPMC Van Ness	XN11031875	XN2518487	Hoepner, Zachary	Male	2/4/1985	9/9/2021	--
Richmond Medical Center	XN11022923	XN2003479	Jarchow, Gertrude	Female	2/10/1983	9/9/2021	--
San Leandro Hospital (data)	XN11101245	XN2189663	Bulkowski, Madeline	Female	11/17/1986	9/9/2021	Emergency - SLH ED
Fremont Medical Center	XN11234340	XN2038470	Binstock, Lucius	Male	12/30/1965	9/9/2021	--
Washington Hospital Healthcare	XN11065864	XN2375375	Ginzoa, Otto	Male	6/20/2001	9/9/2021	--
Highland Hospital (data)	XN11020368	XN2045053	Holsey, Roy	Male	3/7/1988	9/9/2021	Emergency - HGH ED
John George Hospital (data)	XN11005715	XN2023247	Abdur, Mai	Female	8/16/1984	9/9/2021	Emergency - JGP PSYCH ER SERVICE
Sutter ADT	XN11218414	XN2045563	Mauls, Chariesetta	Female	3/14/1984	9/9/2021	Emergency - EHMPERDA
Sutter ADT	XN11218414	XN2068109	Mauls, Chariesetta	Female	3/14/1984	9/9/2021	Emergency - EHMPERDA
St Rose Hospital	XN11086251	XN2603083	Frenner, Isiah	Male	4/7/1969	9/9/2021	Emergency - ED
Sutter - Memorial Medical Center Modesto	XN11138067	XN2512392	Bayman, April	Female	11/2/1957	9/9/2021	--
Highland Hospital (data)	XN11032183	XN2064020	Creer, Tomika	Female	11/17/1993	9/9/2021	INPATIENT

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, April 24, 2023 3:07 PM
To: Works-Wright, Jamie
Subject: FW: Care First, Jails Last Task Force Meeting (April 27, 2023)
Attachments: noname; CFJL Task Force Agenda (04.27.2023).pdf; CFJL Task Force Meeting Minutes 03.23.2023 (UNAPPROVED).pdf; CFJL Task Force Meeting Presentation (04.27.2023).pdf; CFJL Draft Recommendations By Intercept (04.27.2023).pdf; Cross Cutting CFJL Task Force System Recommendations Grid (04.27.2023).pdf; (-1) CFJL Task Force System Recommendations Grid (04.27.2023).pdf; (-2) CFJL Task Force System Recommendations Grid (04.27.2023).pdf

Internal

Please the message below and attachments

Jamie Works-Wright

Consumer Liaison

[Jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)

510-423-8365 cl

510-981-7721 office



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From: Edward Opton <eopton1@gmail.com>
Sent: Monday, April 24, 2023 1:46 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: Fwd: Care First, Jails Last Task Force Meeting (April 27, 2023)

WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Please forward the attached item to the MHC if it hasn't already been distributed to them.

Thanks . . .

Edward Opton

----- Forwarded message -----

From: **CFJL Task Force, ACBH** <CFJLTaskForce@acgov.org>

Date: Mon, Apr 24, 2023 at 1:30 PM

Subject: Care First, Jails Last Task Force Meeting (April 27, 2023)

To:

Good afternoon,

Please see attached materials for the Care First, Jails Last Task Force meeting scheduled for Thursday, April 27, 2023. The link to join the webinar is also shared below.

Topic: Care First, Jails Last Task Force Meeting

When: Every Fourth Thursday of each month from 1:00pm to 3:00pm Pacific Time (US and Canada)

Please click the link below to join the webinar:

<https://us06web.zoom.us/j/88512375853?pwd=V3M5YnlUZ250SjlwdDMrM3owejJxZz09>

Webinar ID: 885 1237 5853

Passcode: 924011

Or Telephone:

USA 404 443 6397 US Toll

USA 877 336 1831 US Toll-free

Conference code: 988499



Care First, Jails Last Taskforce

UNAPPROVED Minutes

Thursday, March 23, 2023 | 1:00 PM – 2:30 PM

This meeting was conducted exclusively through videoconference and teleconference



Webinar via Zoom: [Care First, Jails Last Task Force \(March 23, 2023\)](#)

Call to Order

The meeting was called to order by Chair Karyn Tribble at 1:08 p.m.

Roll Call & Introductions

Members present: Bedrossian; Bloom; Buchanan; Dixon; Ford; Graves; Lee; Louis; Romero; Starratt; Toro; Chair Tribble.

Excused: Syren

Absent: Abbott, Cespedes, Danao, Dasheill, Penn, Sheehan-Rahman

Agreement to Hold Monthly Virtual or In-Person Meetings

Member Syren is unable to attend, but the Taskforce will plan to meet in-person based on his docket. All appointments are still pending, and we are waiting on formal acknowledgement to the BOS. The Approval granted to hold meetings via teleconference pursuant to AB361.

A motion was made by Member Ford and seconded by Member Toro to approve the meeting minutes.

Agenda Items - Public Comment

Clarification was made that public comment would be allowed at the end of the meeting on any agenda or non-agenda item.

It was stated that the recommendations that the coalition is presenting were compiled through extensive conversation with various entities and they represent and include some things that are on the agenda today. There are also several recommendations that have to do with transparency and data that are cross-cutting, and it is the hope that when this is considered the Taskforce will consider a way to address these cross-cutting items.

Discussion Items

Community Coalition Recommendations

The recommendations are included in the packet. Background was given on the formulation of the recommendations, with the intent of presenting and submitting them to the Taskforce.



Care First, Jails Last Taskforce

UNAPPROVED Minutes

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Intercept Framework and Definitions

Data Recommendations to Measure Unmet Needs

Cross Cutting Intercepts

1. Identify and recommend ongoing county agency practices that measure unmet needs and service gaps.
2. Fund dedicated Alameda County Behavioral Health staff time and/or a consultant to conduct gap analysis.
3. Assess and evaluate the causes of staff shortages and outcomes of efforts to recruit and retain behavioral health line staff in Alameda.
4. Create transparency around the County's reserves and fund balances.
5. Increase and maintain Alameda County advocacy to the California and federal governments for legislation that expands funds.
6. Create transparency of Alameda County's unspent state realignment funds designated for Medi-Cal services.

Intercept 3

7. Create a public accounting of unspent funds in Santa Rita Jail.
8. Create a budget report on how the funds mandated by the Babu settlement have been allocated and spent, and the status of implementation of the settlement's terms.

Recommendations Regarding Continuity of Care and Programs

Cross-cutting Intercepts

9. [\$43M Budget Investment] Fully fund the Alameda County Behavioral Health Department's countywide Forensic Plan.
10. Policy Change.
11. [\$6M Budget Investment + Policy] To maintain existing programs and services run by community behavioral health service providers, behavioral health community-based organization line staff should receive compensation equal to County staff in comparable positions.

By Intercept

12. [Intercepts -2, -1, 4 & 5|\$80 M Budget Investment + Data] Allocate county funds towards permanent supportive housing programs and services.
13. [Intercept -1|\$7.7M Budget Investment] Implement 1 new voluntary crisis facility in underserved areas of the County, modeled on Amber House (Oakland).
14. [Intercept -1 - \$3M Budget Investment] Build 1 new CARES Navigation Center in an underserved area of Alameda County, and fully fund the existing CARES Navigation Center in Oakland.



Care First, Jails Last Taskforce

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15. [Intercepts -1 & 4| \$25.5M Budget Investment] Double the number of people served by Full Service Partnerships, which are wrap-around services for people with severe mental illness and/or substance use disorders, with a plan to further expand FSPs to meet the need.
16. [Intercept 0] |\$2M Budget Investment] Ensure fair compensation for mobile behavioral health crisis team (CATT and MCT) staff, and expand 24/7 city and county crisis response teams.
17. [Intercept 0|\$3.9M Budget Investment] Re-acquire 27 subacute beds available at Villa Fairmont.

The decision before the Taskforce is to discuss and take a vote on the addition of these recommendations to the master list of recommendations to be considered. Discussion ensued as to if these would be incorporated into the existing process as a permanent list by way of a motion. Also, a motion will need to be made to modify the evaluation structure if that is the will of the body. These will not necessarily be final motions related to this matter.

A three-part motion was made:

1. We formally adopt the recommendations that have been submitted by the Care First Community Coalition as part of the ongoing permanent rolling list of recommendations;
2. As we see cross-cutting intercept that may go from one to another, the intercept would be examined to determine if it is positive or policy-like; and
3. With this vote, the Ad Hoc Committees are enabled to evaluate the items that are budget and the items that are data-related and make recommendations back to the Taskforce.

After questions, the vote was made, and the motion carried by those present in-person.

The suggestion was to be noted that additional meetings need to be held to further work on the necessary items.

Subcommittee Descriptions and Assignments

Data: Bloom, Lee, Graves, Danao, Neff, Sheehan-Rahman. Brian Bloom is the designated Chair. The committee will meet on the 2nd Monday of the month.

Finance: Lee, Starratt, Syren, Graves. Corrine Lee is the designated Chair.

CFJL Taskforce System Recommendation Grid Template Review

Intercept Recommendation Grid

This document is to track the Taskforce's system or agency recommendation as guided by the Alameda County Board of Supervisors' Resolution. There is a grid template for each intercept. There is also a grid template for Task Force Agency Recommendations. Concern was voiced regarding the amount of input and/or participation the community-based organizations would have in relation to the implementation of recommendations, and not just the county agencies. Dr. Tribble assured the group



Care First, Jails Last Taskforce

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Care First,
Jails Last



that the BOS proclamation includes community representation and membership and will also require that other county departments contribute to a county-wide plan.

Public Comment

Public Comment was given.

Recap, Close & Next Steps:

1. Review and discuss each recommendation from the working list
 - a. Confirm as is, confirm with changes or decline
2. For each that is confirmed, we will identify
 - a. Problem it addresses/Data that supports it
 - b. Agency and community partners
 - c. Remaining data questions
 - d. Budget requests
3. Each agency will keep track of their own relevant recommendations

Meeting adjourned at 2:56 PM

Next meeting April 27, 2023 at 1:00 pm

Agenda, Minutes and Meeting Recordings are available online

Visit us at: www.AlamedaCountyCFJLTaskForce.org

Email: CFJLTaskForce@acgov.org



CFJL Taskforce DRAFT Recommendations – RUNNING LIST FOR DISCUSSION ONLY*

Created: January 23, 2023

Last Updated: April 4, 2023

Purpose: This document has been established to provide a list of recommendations for discussion only. This “running list” includes informal ideas and recommendations made by the Care First, Jails Last (CFJL) Taskforce. **The following is for transparency and informational purposes ONLY and will be informed through data review and analysis, Ad Hoc subcommittee work, community input, discussion, and formal action by the Alameda County CFJL Taskforce.** Draft recommendations will be updated accordingly and removed as directed by the CFJL Taskforce. For example, if a draft recommendation is not fully supported by the Taskforce, if a recommendation no longer applies given current/historical data trends; or the draft recommendation is formally adopted by the Taskforce. *If adopted, an item will be removed from this list and tracked elsewhere.*

→ Cross Cutting Intercepts

- 1) Identify and recommend ongoing county agency practices that measure unmet needs and service gaps.
- 2) Fund dedicated Alameda County Behavioral Health staff time and/or a consultant to conduct gap analysis to concretely measure unmet mental health needs, including those named above.
- 3) Assess and evaluate the causes of staff shortages and outcomes of efforts to recruit and retain behavioral health line staff in Alameda County.
- 4) Create transparency around the County’s reserves and fund balances.
- 5) Increase and maintain Alameda County advocacy to the California and federal governments for legislation that expands funds, especially for flexible funds that can be used to serve multiple populations, for both capital and program costs, and for types of supportive housing and services that have been difficult to fund.
- 6) Create transparency of Alameda County’s unspent state realignment funds designated for Medi-Cal services.
- 7) Create a public accounting of unspent funds in Santa Rita Jail.
- 8) Create a budget report on how the funds mandated by the Babu settlement have been allocated and spent, and the status of implementation of the settlement’s terms.
- 9) Fully fund the Alameda County Behavioral Health Department’s countywide Forensic Plan.

- 10) Policy change. Ensure that families with formerly incarcerated/criminalized family members are not restricted from accessing affordable/supportive housing in Alameda County; create alternatives to Section 8 Housing that support system-impacted families.
- 11) To maintain existing programs and services run by community behavioral health service providers, behavioral health community-based organization line staff should receive compensation equal to County staff in comparable positions.
- 12) [Intercepts -2, -1, 4 & 5] Allocate county funds towards permanent supportive housing programs and services for those who are unhoused, suffering from mental illness and/or substance use disorders, and/or are formerly incarcerated.
- 13) Double the number of people served by Full Service Partnerships, which are wrap-around services for people with severe mental illness and/or substance use disorders, with a plan to further expand FSPs to meet the need.

→ **Intercept (-2): Prevention**

- 14) Provide a culturally competent safe place for African Americans that has education on health and nutrition.
- 15) Invest in recreational alternatives (e.g., little league, community centers, etc.).
- 16) Restorative community building opportunities to reduce barriers between affected communities.
- 17) Integrating County Initiatives and Whole Person Care resources to achieve joint goals.
- 18) Outreach to promote mental health resources.
- 19) Invest in recreational spaces for TAY and systems-impacted individuals.
- 20) Conduct public information campaigns aimed at families and placed with personnel who may come into contact with affected individuals.
- 21) Conduct public information campaigns on the potential deleterious impact of marijuana and street drugs on the developing adolescent brain.
- 22) To prevent those who are in active phases of illness from deterioration and potential for arrest and incarceration, provide adequate acute and sub-acute beds. (also see Intercept 0).

- 23) Increase bed space to extend treatment times to reach true stabilization for individuals.
- 24) Provide an inclusive environment that is safe for youth and young adults to gather for education and curriculum regarding emotional support, etc.
- 25) Reimagining a people-first/no-wrong-door approach to behavioral health in Alameda County-centering the patient and their family/caregiver needs, instead of eligibility criteria (at minimum requires increased navigation support as first stop).
- 26) Provide housing stabilization services (financial and other) to people at risk of homelessness with history of mental illness and/or criminal justice involvement.
- 27) Continue to fund AC Housing Secure - Eviction Defense Funding for the entire County. Adopt a policy that provides guaranteed legal representations for those facing eviction
- 28) Adopt Just Cause Ordinance in Unincorporated Alameda County, and advocate for Cities in the County to adopt a Just Cause Ordinance.
- 29) Provide services for 16-17 year olds who are identified as at risk of becoming part of the criminal justice system.
- 30) A collaboration between ACBH and university health systems to identify and serve TAY and junior college students having acute mental health crises.
- 31) Expand the eligibility criteria for case management services.
- 32) Eviction protections.
- 33) Increasing bed space at psych facilities.
- 34) Endorsement of AA center with inclusion of clinical and psychiatric support + medical care, culturally competent. All services in-house.

→ **Intercept (-1): Early Intervention**

- 35) Reach communities with direct intervention and grass roots door knocking.
- 36) Provide a support liaison for under-resourced schools. Develop a job description and fund the position for multiple staff to service schools and provide resources and support.
- 37) Identify and offer support services to children of system-involved parents.
- 38) Increase support for peers and the utilization of peers in interventions.

- 39) Mental health outreach in key spaces
- 40) Increase family training, respite, and peer support opportunities to mitigate potential conflicts and crises.
- 41) Develop outreach teams to help support homeless individuals with forensic involvement.
- 42) Increase/expand sub acute and acute hospital services.
- 43) Expand criteria that meets 5150.
- 44) Increase 5150 response services.
- 45) Strengthen and make robust a distribution system for information and referral services.
- 46) Make accessible reading material and referral to family support groups, classes.
- 47) Make widely available for African American families, information on the African American Family Support Group.
- 48) Fund and open an African American focused mental health center.
- 49) For recent substance abusers, both with and without co-occurring disorders, assess need for residential and outpatient services to meet demand.
- 50) Direct community outreach and include the community thoughts and ideas of early intervention.
- 51) Increase peer counselor positions for street outreach and jail in-reach people who can serve as advocates for clients and their family members
- 52) Create health-literate and destigmatizing materials, billboards, and communications that improve service uptake. Distribute/target where 18-35 y/o eat, live, play, pray, sleep, etc.
- 53) Work with transition aged youth who are homeless or at risk of homelessness on housing, workforce, and supportive services.
- 54) Prioritize county budget to funding of new affordable housing in order to stabilize households in crisis and ensure access for re-entry population.
- 55) Prioritize county budget to fund operation subsidy so that Extremely Low Income households can access housing at 30% income.

- 56) Look at acute hospitals for first entries to John George. Prioritize identifying and serving folks at their first mental health crisis (e.g., first entry into John George or other facility).
- 57) Peer supports: spaces in high-contact areas, investment. Including addressing vicarious trauma.
- 58) More family training, respite, peer support for families themselves.
- 59) Housing, employment, service providers asking for more mental health training → de-escalation. equip them to deal with mental health crises.
- 60) Community education around alternatives to calling 911.
- 61) Job readiness: trainings, employment specialists to help folks develop skills & reintegrate.
- 62) Homeless community: collect data on their children & how to support them.
- 63) School liaison: esp in most impoverished schools.
- 64) Supported work programs can be expanded, for emotional wellbeing & self-sufficiency.
- 65) Implement 1 new voluntary crisis facility in underserved areas of the County, modeled on Amber House (Oakland).
- 66) Build 1 new CARES Navigation Center in an underserved area of Alameda County, and fully fund the existing CARES Navigation Center in Oakland.

→ **Intercept (0): Community Services**

- 67) Add acute and subacute hospitals.
- 68) Have dedicated staff organize the coordination and release of clients.
- 69) Increase CRT options for 290 registrants and those active to Probation/Parole and/or being released from SRJ/CDCR.
- 70) Process for referral from these programs to ECM providers through managed care plans.

- 71) Dedicated crisis service teams that will respond to ACPD offices and other high contact points.
- 72) Increase coordination with ACBH and JGPH during inmate hospitalizations.
- 73) Improve coordinated care.
- 74) Expand collaboration county and agency wide.
- 75) Improve communication and coordination of care across agencies upon entry into a hospital and at the point of discharge.
- 76) For first responders to 5150 calls, CATT teams, MACRO and law enforcement, ascertain they are C.I.T. trained, culturally competent and equipped with follow-up informational materials for families.
- 77) Evaluate current Crisis Intervention Training (CIT) curriculum for inclusion of racial realities and cultural responsiveness.
- 78) Assess current demand, increase the availability of acute and sub-acute beds to meet the demand. As of 2020, ACBH psychiatry department reported that only 3 of 20 individuals brought in to John George Hospital on a 5150, were actually hospitalized.
- 79) Introduction of WIC 5170 and WIC 5343 Facilities.
- 80) Add acute and subacute hospitals
- 81) Develop Crisis intervention teams
- 82) Improved communication and linkage between hospital/crisis response and outpatient service providers. Required types of elevated service provision and linkage for frequent utilizers (e.g., prioritization of FSP or other intensive service models).
- 83) Ensure hospitals create a discharge plan for homeless and at risk patients that includes shelter or housing support.
- 84) Divert funding from Hospitals and Jails to supportive housing, which has a direct impact on their ongoing operations funding
- 85) Introduction of 5170 & 5343 facilities (for detox and treatment) separate from MH facilities.
- 86) Licensed Board & Care centers -> not excluding those with felonies

- 87) More community events, sponsored by PDs (grassroots level, regular, casual gathering) (also address intercepts -2 through 0) - requires funding, requires prioritization.
- 88) Public informational campaigns.
- 89) Ask that police & sheriffs prioritize these sorts of programs.
- 90) 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.
- 91) Re-acquire 27 subacute beds available at Villa Fairmont.

→ Intercept (1): Law Enforcement

- 92) Require police interacting with individuals with mental illness to have a community liaison mental health expert involved.
- 93) Create consequences for police departments that don't adhere, or violate, these protocols.
- 94) Dedicated crisis service teams that will respond to ACPD offices and other high contact points.
- 95) Expand mental health work component to services.
- 96) Mental health workers to accompany officers.
- 97) Increase mental health assessments for system involved individuals.
- 98) Refer to Brian Bloom's Forensic Recommendations.
- 99) Non clinical Public Safety database; LE, DA's Office, Probation / Parole communication tool.
- 100) Coordinated Follow up teams in the field.
- 101) CARES Navigation Center.
- 102) Accountability reports for all law enforcement agencies to reflect referrals to CARES Navigation Center.
- 103) Expand pre-arrest and pre-booking diversion programs.

- 104) Build supportive services and mental health providers into emergency services call for people who are homeless.
- 105) Train first responders in how to handle mental health issues.
- 106) Non-clinical public safety database (partnership between agencies) at county level for high-contact individuals.
- 107) Point of arrest diversion (are all law enforcement agencies participating?) - offramps to incarceration.
- 108) Law enforcement carrying information and referral materials to share with families.
- 109) Need additional long-term care beds.
- 110) Point of arrest diversion access points throughout the county (right now only in Fruitvale).

→ **Intercept (2): Initial Detention/Initial Court Hearings**

- 111) Create consequences for discrimination in AOT process.
- 112) Assessment of effectiveness of CARES Navigation Center. Based on assessment, invest more resources into similar programs.
- 113) Explore using Pretrial Services as a diversionary offramp away from jail and into medically appropriate treatment.
- 114) Custody staff should contact community mental health providers during intake.
- 115) Central coordination between entities to avoid duplicating efforts.
- 116) Communication with Public Defenders about options.
- 117) Central contact point for triage and connecting clients to services.
- 118) Improve AOT capacity.
- 119) Some temporary non-voluntary treatment in certain circumstances.
- 120) Develop more Peer led staff within the court systems to work with individuals to connect and engage in services.

- 121) Significantly expand conservatorship options,
- 122) Give family support with an advocate
- 123) (re: improve AOT capacity #7) & CARE court consideration.

→ Intercept (3): Jails/Courts

- 124) Allow families to have more input.
- 125) Behavioral Health Court
- 126) Explore expansion beyond charge-based exclusionary policies.
- 127) Increase the capacity of BHC community-based treatment programs and other secure settings.
- 128) Expand the “Collaborative Courts.”
- 129) Investigate obstacles that prevent IST defendants from getting out of jail and into medically appropriate treatment.
- 130) Investigate the low participation rate for the Mental Health Diversion Statute.
- 131) Coordinated service assessment and connection to in custody services and referrals for community-based providers
- 132) Peer training and learning opportunities within the jails.
- 133) Coordinated discharge efforts and central point of contact for CBO providers.
- 134) Expand the offering and provision for mental health services for system involved individuals.
- 135) Facilitate communication access for families/advocates with incarcerated members to speak with jail personnel.
- 136) Develop communication mechanisms, such as a family liaison role for families/advocates to provide/obtain information on the detained. Situate the role within the ACBH Forensic System of Care.
- 137) Allow families to have more input

- 138) Allow more community agencies to outreach within the jail
- 139) Require and enforce minimum levels of service for people with diagnoses who are in custody and out of custody.
- 140) #3 & #4 - not only investigate, but then let's do something about it → get those folks diverted
- 141) Examination for AOT - ensure that the person making the determination is licensed
- 142) CalAIM - focus on justice population - one way to leverage additional funding (especially 90-day in-reach).

→ **Intercept (4): Reentry**

- 143) Offer programs in the community.
- 144) Provide a roadmap from ACBH to the programs and facilities providing the treatment and re-entry support.
- 145) Engage with Roots Health Center and explore how SLP can be expanded.
- 146) Give clients pre-release planning services and pre-emptive acceptance into programs.
- 147) Reception center for client release.
- 148) Additional residential treatment providers and dual diagnosis providers.
- 149) Triage and outreach team.
- 150) Develop an Interagency Re-Entry team to coordinate care across systems.
- 151) Expand reentry services and programs county wide.
- 152) Fully fund the ACBH Forensic Plan with new money.
- 153) Assure appropriate transitional housing/services for those with SUD or co-occurring disorders.
- 154) Develop a hub within the communities to allow individuals to have a "one-stop shop" to connect to multiple re-entry services with onsite case management etc.

- 155) Required reentry plan and short-term housing placement for all with documented diagnoses who are released.
- 156) ACBH to expand housing stock for people who are being released from jail and have documented diagnoses-perhaps the highest focus should be on those who are at early stages of serious mental illness or SUD.
- 157) Provide 90/60/30 day pre-release housing counseling and connection to coordinated entry for people who were homeless on entry or who do not have a housing plan on exit.
- 158) Increase funding to AB109 Re-entry Housing program - housing support available to probationers leaving jail
- 159) Reentry Center - close to the jail, to which there can be direct transport from the jail; navigation center → direct connection from jail to nav center
- 160) Coordination of pre-release to reentry services in the community - work with them to create a plan with case manager + families - continuous system of service
- 161) Time of release from jail → important for families/existing case managers to know when their family member is being released so they can be there
- 162) Housing - don't have a true housing first model house in AlCo - can we build this out, especially for those who are being released into unhoused status?

→ **Intercept (5): Community Supports**

- 163) Encourage the chances of success for individuals returning home by providing rigorous and substantial requirements from the courts, probation, and police..
- 164) Find a way to effectively evaluate service delivery and incorporate feedback.
- 165) Cross-train between LEA and community programs.
- 166) Utilize community hubs as access points.
- 167) Retain mental health providers who will maintain outreach with hard-to-reach populations.
- 168) Use of community MH providers and clinical peers who will conduct street health and therapy in non-office settings.

- 169) Multigenerational, regionally specific, and other specialty family resources, tools, trainings, supports, etc. are also needed.
- 170) Increase community meetings and use community input for policy making.
- 171) Evaluate the Wellness Centers for inclusiveness, appropriateness of offerings to engage diverse clientele
- 172) Expand Supported Work programs.
- 173) Peer advocacy/counseling.
- 174) Specialized probation unit for people released from SR jail with an SMI/SUD diagnosis.
- 175) Increase housing navigation, harm reduction services, and direct housing support such as vouchers or supportive housing placements.
- 176) Diversify pool of therapists - have incentives for those in the process of being licensed.
- 177) CBOs - hard time competing for therapists (in compensation).
- 178) Front line work can & should be done by peers (SB803 - for billing to Medi-Cal).



Care First, Jails Last

(-1) CFJL Taskforce Intercept Recommendation Grid – Updated April 2023

Members:	Abbott, Kerry Alameda County Office of Homeless Care & Coordination	Bedrossian, Kristina District 4	Bloom, Brian Mental Health Advisory Board	Buchanan, Edward Building Opportunities for Self-Sufficiency	Céspedes, Guillermo City of Oakland	Danco, Tiffany Alameda County Public Defender
	Dashell, Margot East Bay Supportive Housing Collaborative	Dixon, KD District 5	Ford, Andrea Alameda County Social Services Agency	Graves, Kimberly (Community Representative Co-Chair); District 3	Lee, Corrine Alameda County Probation	Neff, Doria Police Agency – North County
	O'Neil, Kelsey Alameda County District Attorney	Penn, Curtis Felton Institute	Romero, Rachell District 2	Sheehan-Rahman, Margaret (Community Representative Co-Chair Alternate); District 1	Souza, Travis Police Agency – South County	Staratt, Michelle Alameda County Housing & Community Development
	Syren, Greg Superior Court	Toro, Jason La Familia	Tribble, Karyn (Chair) Alameda County Behavioral Health Care Services			

Purpose: This document has been established to track the Taskforce's system or agency recommendations as guided by the Alameda County Board of Supervisors' [Resolution](#). The approach to the development of county recommendations was adopted on [July 28 2022](#). This document is a *dynamic* reference point that will reflect the discussion by the task force to approve recommendations as final for inclusion into the agency and county and final workplan.

Summary CFJL Taskforce Preliminary Recommendations to Date:

NOTE: County Departments will be required to submit more comprehensive plan details, including project/program information, financing, duration (short-term, medium-term, and long-term), and related measures of success (metrics) with evidence of an equity, outcome, and data-driven framework; which involves interagency coordination. These plans will inform and assist in the development of a Countywide plan that fosters cross-agency collaboration with non-county organizations and stakeholders (References: CFJL Task Force [July 28 2022](#) and [August 25 2022](#)).

Intercept (-1): Early Intervention Recommendations	Agency(ies) Involved	Issues it address/Related data points	Remaining data questions?	Budget questions/ Recommendations	Notes:
35. Reach communities with direct intervention and grass roots door knocking.	•	•	•	•	•
36. Provide a support liaison for under-resourced schools. Develop a job description and fund the position for multiple staff to service schools and provide resources and support.	•	•	•	•	•
37. Identify and offer support services to children of system-involved parents.	•	•	•	•	•



Care First, Jails Last

38. Increase support for peers and the utilization of peers in interventions.	•	•	•	•	•
39. Mental health outreach in key spaces.	•	•	•	•	•
40. Increase family training, respite, and peer support opportunities to mitigate potential conflicts and crises.	•	•	•	•	•
41. Develop outreach Teams to help support homeless individuals with forensic involvement.	•	•	•	•	•
42. Increase/expand sub acute and acute hospital services.	•	•	•	•	•
43. Expand criteria that meets 5150.	•	•	•	•	•
44. Increase 5150 response services.	•	•	•	•	•
45. Strengthen and make robust a distribution system for information and referral services.	•	•	•	•	•
46. Make accessible reading material and referral to family support groups, classes.	•	•	•	•	•
47. Make widely available for African American families, information on the African American Family Support Group.	•	•	•	•	•
48. Fund and open an African American focused mental health center.	•	•	•	•	•
49. For recent substance abusers, both with and without co-occurring	•	•	•	•	•



Care First, Jails Last

disorders, assess need for residential and outpatient services to meet demand.					
50. Direct community outreach and include the community thoughts and ideas of early intervention.	•	•	•	•	•
51. Increase peer counselor positions for street outreach and jail in-reach people who can serve as advocates for clients and their family members.	•	•	•	•	•
52. Create health-literate and destigmatizing materials, billboards, and communications that improve service uptake. Distribute/target where 18-35 y/o eat, live, play, pray, sleep, etc.	•	•	•	•	•
53. Work with transition aged youth who are homeless or at risk of homelessness on housing, workforce, and supportive services.	•	•	•	•	•
54. Prioritize county budget to funding of new affordable housing in order to stabilize households in crisis and ensure access for re-entry population.	•	•	•	•	•
55. Prioritize county budget to fund operation subsidy so that extremely Low Income households can access housing at 30% income.	•	•	•	•	•
56. Look at acute hospitals for first entries to John George. Prioritize identifying and serving folks at their first mental health crisis (e.g., first entry into John George or other facility).	•	•	•	•	•



Care First, Jails Last

57. Peer supports: spaces in high-contact areas, investment. Including addressing vicarious trauma.	•	•	•	•	•
58. More family training, respite, peer support for families themselves.	•	•	•	•	•
59. Housing, employment, service providers asking for more mental health training -> de-escalation, equip them to deal with mental health crises.	•	•	•	•	•
60. Community education around alternatives to calling 911.	•	•	•	•	•
61. Job readiness: trainings, employment specialists to help folks develop skills & reintegrate.	•	•	•	•	•
62. Homeless community: collect data on their children & how to support them.	•	•	•	•	•
63. School liaison: especially in most impoverished schools.	•	•	•	•	•
64. Supported work programs can be expanded, for emotional wellbeing & self-sufficiency.	•	•	•	•	•
65. Implement 1 new voluntary crisis facility in underserved areas of the County, modeled on Amber House (Oakland).	•	•	•	•	•
66. Build 1 new CARES Navigation Center in an underserved area of Alameda County, and fully fund the existing	•	•	•	•	•



Care First, Jails Last

CARES Navigation Center in
Oakland.



Care First, Jails Last

Members:

Abbott, Kerry
Alameda County Office of Homeless Care & Coordination

Bedrossian, Kristina
District 4

Bloom, Brian
Mental Health Advisory Board

Buchanan, Edward
Building Opportunities for Self-Sufficiency

Cespedes, Guillermo
City of Oakland

Danao, Tiffany
Alameda County Public Defender

Dasheill, Margot
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Penn, Curtis
Felton Institute

Romero, Rachell
District 2

Sheehan-Rahman, Margaret
Community Representative Co-Chair Alternate; District 1

Souza, Travis
Police Agency – South County

Starratt, Michelle
Alameda County Housing & Community Development

Syren, Greg
Superior Court

Toro, Jason
La Familia

Tribble, Karyn (Chair)
Alameda County Behavioral Health Care Services

Care First, Jails Last Taskforce AGENDA

Location: 1100 San Leandro Blvd., San Leandro CA
(Redwood Conference Room)
<https://us02web.zoom.us/j/88512375853?pwd=V3M5YnUzZ250SjlwdDMrM3owejJxZz09>

Date: April 27, 2023
Time: 1:00pm – 3:00pm PST
Attendees: CFJL Task Force Members; Charlene Taylor (RDA); Jamon Franklin (RDA); Elinam Ladzekpo (RDA)

- I. Call to order
- II. Roll call
- III. Review and Approval of Prior Meeting Minutes (Jan and Feb)
- IV. Public Comment (Agenda Items)
- V. Discussion & Action Items
 - A. Subcommittee Update
 - B. Review and Finalize Recommendations for Intercepts (Action Items)
- VI. Public Comment (Non-Agenda Items)
- VII. Adjourn

Next meeting: May 25, 2023

Agendas, minutes, and meeting recordings are available online

Visit us at: www.AlamedaCountyCFJLTaskForce.org

Email: CFJLTaskForce@acgov.org

Taskforce Purpose: To work collaboratively to develop a county-wide plan for the implementation of policies and practices that will alter the way Alameda County supports and serves people with behavioral health challenges with the goal of reducing the number of those individuals who currently land in jails. This Taskforce will facilitate the collaboration of criminal justice, behavioral health, and wraparound service (e.g., public benefits, social services, and housing) agencies to create department level implementation plans which will support the county-wide Care First, Jails Last plan.

Facilitation Provided by:

Resource Development Associates (RDA)



Care First, Jails Last Taskforce Meeting

April 27, 2023

Agenda

- Subcommittee Updates
- Review process for recommendation review and finalization
- Review and Finalize Recommendations for Cross-Cutting & Intercept – 2




Subcommittee Updates





Subcommittee Members

- Data
 - Brian Bloom (Chair)
 - Corrine Lee
 - Kimberly Graves
 - Tiffany Danao
 - Doria Neff
 - Peggy Sheehan-Rahman
- Finance
 - Corrine Lee (Chair)
 - Michelle Starratt
 - Greg Syren
 - Kimberly Graves



CFJL Taskforce System Recommendation Grid Template Review



Recc Vetting Process

- We will review & discuss each recc from working list
 - 3 options: confirm as is, confirm with changes, or decline
 - For each that is confirmed, we will identify
 - Problem it addresses/Data that supports it
 - Agency and community partners
 - Remaining data questions
 - Budget requests
- **Each agency will keep track of their own relevant reccs (See template)**



Cross Cutting Recommendations





Recommendations by Intercept

Cross Cutting

1. Identify and recommend ongoing county agency practices that measure unmet needs and service gaps.
2. Fund dedicated Alameda County Behavioral Health staff time and/or a consultant to conduct gap analysis
3. Assess and evaluate the causes of staff shortages and outcomes of efforts to recruit and retain behavioral health line staff in Alameda.
4. Create transparency around the County's reserves and fund balances.
5. Increase and maintain Alameda County advocacy to the California and federal governments for legislation that expands funds....
6. Create transparency of Alameda County's unspent state realignment funds designated for Medi-Cal services.



Recommendations by Intercept

Cross Cutting


7. Create a public accounting of unspent funds in Santa Rita Jail.
8. Create a budget report on how the funds mandated by the Babu settlement have been allocated and spent, and the status of implementation of the settlement's terms.
9. [\$43M Budget Investment] Fully fund the Alameda County Behavioral Health Department's countywide Forensic Plan....
10. Policy Change.
11. [\$6M Budget Investment + Policy] To maintain existing programs and services run by community behavioral health service providers, behavioral health community-based organization line staff should receive compensation equal to County staff in comparable positions.




Recommendations by Intercept

Cross Cutting

12. Allocate county funds towards permanent supportive housing programs and services for those who are unhoused, suffering from mental illness and/or substance use disorders, and/or are formerly incarcerated.
13. Double the number of people served by Full Service Partnerships, which are wrap-around services for people with severe mental illness and/or substance use disorders, with a plan to further expand FSPs to meet the need.



Intercept -2 Recommendations





Recommendations by Intercept

-2: Prevention

14. Provide a culturally competent safe place for African Americans that has education on health and nutrition.
15. Invest in recreational alternatives (e.g., little league, community centers, etc.).
16. Restorative community building opportunities to reduce barriers between affected communities
17. Integrating County Initiatives and Whole Person Care resources to achieve joint goals
18. Outreach to promote mental health resources
19. Invest in recreational spaces for TAY and systems-impacted individuals.



Recommendations by Intercept

-2: Prevention

20. Conduct public information campaigns aimed at families and placed with personnel who may come into contact with affected individuals.
21. Conduct public information campaigns on the potential deleterious impact of marijuana and street drugs on the developing adolescent brain.
22. To prevent those who are in active phases of illness from deterioration and potential for arrest and incarceration, provide adequate acute and sub-acute beds. (also see Intercept O).
23. Increase bed space to extend treatment times to reach true stabilization for individuals.
24. Provide an inclusive environment that is safe for youth and young adults to gather for education and curriculum regarding emotional support, etc.



Recommendations by Intercept

-2: Prevention

25. Reimagining a people-first/no-wrong-door approach to behavioral health in Alameda County-centering the patient and their family/caregiver needs, instead of eligibility criteria (at minimum requires increased navigation support as first stop).
26. Provide housing stabilization services (financial and other) to people at risk of homelessness with history of mental illness and/or criminal justice involvement.
27. Continue to fund AC Housing Secure – Eviction Defence Funding for entire County. Adopt a policy that provides guaranteed legal representations for those facing eviction
28. Adopt Just Cause Ordinance in Unincorporated Alameda County, and advocate for Cities in the County to adopt a Just Cause Ordinance.



Recommendations by Intercept

-2: Prevention

29. Provide services for 16-17 year olds who are identified as at risk of becoming part of the criminal justice system.
30. A collaboration between ACBH and university health systems to identify and serve TAY and junior college students having acute mental health crises.
31. Expand the eligibility criteria for case management services.
32. Eviction protections.
33. Increasing bed space at psych facilities.
34. Endorsement of AA center with inclusion of clinical and psychiatric support + medical care, culturally competent. All services in-house.



Recommendations by Intercept

-1: Early Intervention

35. Reach communities with direct intervention and grass roots door knocking.
36. Provide a support liaison for under-resourced schools. Develop a job description and fund the position for multiple staff to service schools and provide resources and support.
37. Identify and offer support services to children of system-involved parents.
38. Increase support for peers and the utilization of peers in interventions
39. Mental health outreach in key spaces.
40. Increase family training, respite, and peer support opportunities to mitigate potential conflicts and crises.
41. Develop outreach teams to help support homeless individuals with forensic involvement.



Recommendations by Intercept

-1: Early Intervention

42. Increase/expand sub acute and acute hospital services.
43. Expand criteria that meets 5150.
44. Increase 5150 response services.
45. Strengthen and make robust a distribution system for information and referral services.
46. Make accessible reading material and referral to family support groups, classes.
47. Make widely available for African American families, information on the African American Family Support Group.
48. Fund and open an African American focused mental health center.



Recommendations by Intercept

-1: Early Intervention

49. For recent substance abusers, both with and without co-occurring disorders, assess need for residential and outpatient services to meet demand.
50. Direct community outreach and include the community thoughts and ideas of early intervention.
51. Increase peer counselor positions for street outreach and jail in-reach people who can serve as advocates for clients and their family members
52. Create health-literate and destigmatizing materials, billboards, and communications that improve service uptake. Distribute/target where 18-35 y/o eat, live, play, pray, sleep, etc.
53. Work with transition aged youth who are homeless or at risk of homelessness on housing, workforce, and supportive services.



Recommendations by Intercept

-1: Early Intervention

54. Prioritize county budget to funding of new affordable housing in order to stabilize households in crisis and ensure access for re-entry population.
55. Prioritize county budget to fund operation subsidy so that Extremely Low Income households can access housing at 30% income.
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59. Housing, employment, service providers asking for more MH training → de-escalation. equip them to deal with mental health crises.



Recommendations by Intercept

-1: Early Intervention

60. Community education around alternatives to calling 911.
61. Job readiness: trainings, employment specialists to help folks develop skills & reintegrate.
62. Homeless community: collect data on their children & how to support them.
63. School liaison: esp in most impoverished schools.
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65. Implement 1 new voluntary crisis facility in underserved areas of the County, modeled on Amber House (Oakland).
66. Build 1 new CARES Navigation Center in an underserved area of Alameda County, and fully fund the existing CARES Navigation Center in Oakland.



Recommendations by Intercept

0: Community Services

67. Add acute and subacute hospitals
68. Have dedicated staff organize the coordination and release of clients.
69. Increase CRT options for 290 registrants and those active to Probation/Parole and/or released from SRJ/CDCR.
70. Process for referral from these programs to ECM providers through managed care plans.
71. Dedicated crisis service teams that will respond to ACPD offices and other high contact points.
72. Increase coordination with ACBH and JGPH during intimate hospitalizations.



Recommendations by Intercept

0: Community Services

73. Improve coordinated care.
74. Expand collaboration county and agency wide.
75. Improve communication and coordination of care across agencies upon entry into a hospital and at the point of discharge.
76. For first responders to 5150 calls, CATT teams, MACRO and law enforcement, ascertain they are C.I.T. trained, culturally competent and equipped with follow-up informational materials for families.
77. Evaluate current Crisis Intervention Training (CIT) curriculum for inclusion of racial realities and cultural responsiveness.
78. Assess current demand, increase the availability of acute and sub-acute beds to meet the demand. As of 2020, ACBH psychiatry department reported that only 3 of 20 individuals brought in to John George Hospital on a 5150, were actually hospitalized.



Recommendations by Intercept

0: Community Services

79. Introduction of WIC 5170 and WIC 5343 Facilities.
80. Add acute and subacute hospitals.
81. Develop Crisis intervention teams
82. Improved communication and linkage between hospital/crisis response and outpatient service providers. Required types of elevated service provision and linkage for frequent utilizers (e.g., prioritization of FSP or other intensive service models).
83. Ensure hospitals create a discharge plan for homeless and at risk patients that includes shelter or housing support.
84. Divert funding from Hospitals and Jails to supportive housing, which has a direct impact on their ongoing operations funding.



Recommendations by Intercept

0: Community Services

85. Introduction of 5170 & 5343 facilities (for detox and treatment) separate from MH facilities.
86. Licensed Board & Care centers -> not excluding those with felonies
87. More community events, sponsored by PDs (grassroots level, regular, casual gathering) (also address intercepts -2 through 0) - requires funding, requires prioritization.
88. Public informational campaigns.
89. Ask that police & sheriffs prioritize these sorts of programs.
90. 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.
91. Re-acquire 27 subacute beds available at Villa Fairmont.



Recommendations by Intercept

1: Law Enforcement

92. Require police interacting with individuals with mental illness to have a community liaison mental health expert involved.
93. Create consequences for police departments that don't adhere, or violate, these protocols.
94. Dedicated crisis service teams that will respond to ACPD offices and other high contact points.
95. Expand mental health work component to services.
96. Mental health workers to accompany officers.
97. Increase mental health assessments for system involved individuals.
98. Refer to Brian Bloom's Forensic Recommendations.



Recommendations by Intercept

1: Law Enforcement

99. Non clinical Public Safety database; LE, DA's Office, Probation / Parole communication tool.
100. Coordinated Follow up teams in the field.
101. CARES Navigation Center
102. Accountability reports for all law enforcement agencies to reflect referrals to CARES Navigation Center
103. Expand pre-arrest and pre-booking diversion programs.
104. Build supportive services and mental health providers into emergency services call for people who are homeless.
105. Train first responders in how to handle mental health issues.



Recommendations by Intercept

1: Law Enforcement

106. Non-clinical public safety database (partnership between agencies) at county level for high-contact individuals.
107. Point of arrest diversion (are all law enforcement agencies participating?) - offramps to incarceration.
 - a. shouldn't be limited to misdemeanors
 - b. shouldn't be predicated on someone's insurance
108. Law enforcement carrying information and referral materials to share with families.
109. Need additional long-term care beds.
110. Point of arrest diversion access points throughout the county (right now only in Fruitvale).



Recommendations by Intercept

2: Initial Detention/Initial Court Hearings

111. Create consequences for discrimination in AOT process.
112. Assessment of effectiveness of CARES Navigation Center. Based on assessment, invest more resources into similar programs.
113. Explore using Pretrial Services as a diversionary offramp away from jail and into medically appropriate treatment.
114. Custody staff should contact community mental health providers during intake.
115. Central coordination between entities to avoid duplicating efforts.
116. Communication with public defenders about options.



Recommendations by Intercept

2: Initial Detention/Initial Court Hearings

- 117. Central contact point for triage and connecting clients to services.
- 118. Improve AOT capacity.
- 119. Some temporary non-voluntary treatment in certain circumstances.
- 120. Develop more Peer led staff within the court systems to work with individuals to connect and engage in services.
- 121. Significantly expand conservatorship options.
- 122. Give family support with an advocate
- 123. (re: improve AOT capacity #7) & CARE court consideration



Recommendations by Intercept

3: Jails/Courts

124. Allow families to have more input.
125. Behavioral Health Court.
126. Explore expansion beyond charge-based exclusionary policies.
127. Increase the capacity of BHC community-based treatment programs and other secure settings.
128. Expand the “Collaborative Courts.”
129. Investigate obstacles that prevent IST defendants from getting out of jail and into medically appropriate treatment.
130. Investigate the low participation rate for the Mental Health Diversion Statute.
131. Coordinated service assessment and connection to in custody services and referrals for community-based providers.



Recommendations by Intercept

3: Jails/Courts

132. Peer training and learning opportunities within the jails.
133. Coordinated discharge efforts and central point of contact for CBO providers.
134. Expand the offering and provision for mental health services for system involved individuals.
135. Facilitate communication access for families/advocates with incarcerated members to speak with jail personnel.



Recommendations by Intercept

3: Jails/Courts

136. Develop communication mechanism, such as a family liaison role for families/advocates to provide/obtain information on the detained. Situate the role within the ACBH Forensic System of Care.
137. Allow families to have more input
138. Allow more community agencies to outreach within the jail



Recommendations by Intercept

3: Jails/Courts

139. Require and enforce minimum levels of service for people with diagnoses who are in custody and out of custody.
140. #3 & #4 - not only investigate, but then let's do something about it → get those folks diverted
141. Examination for AOT - ensure that the person making the determination is licensed
142. CalAIM - focus on justice population - one way to leverage additional funding (esp 90-day inreach)
 - a. *note: many in jail are pre-trial*



Recommendations by Intercept

4: Reentry

143. Offer programs in the community.
144. Provide a roadmap from ACBH to the programs and facilities providing the treatment and re-entry support.
145. Engage with Roots Health Center and explore how SLP can be expanded.
146. Give clients pre-release planning services and pre-emptive acceptance into programs.
147. Reception center for client release.
148. Additional residential treatment providers and dual diagnosis providers.
149. Triage and outreach team.
150. Develop an Interagency Re-Entry team to coordinate care across systems.



Recommendations by Intercept

4: Reentry

151. Expand reentry services and programs county wide.
152. Fully fund the ACBH Forensic Plan with new money.
153. Assure appropriate transitional housing/services for those with SUD or co-occurring disorders.
154. Develop a hub within the communities to allow individuals to have a "one-stop shop" to connect to multiple re-entry services with onsite case management etc.
155. Required reentry plan and short-term housing placement for all with documented diagnoses who are released.
156. ACBH to expand housing stock for people who are being released from jail and have documented diagnoses—perhaps the highest focus should be on those who are at early stages of serious mental illness or SUD.



Recommendations by Intercept

4: Reentry

157. Provide 90/60/30 day pre-release housing counseling and connection to coordinated entry for people who were homeless on entry or who do not have a housing plan on exit.
158. Increase funding to AB109 Re-entry Housing program - housing support available to probationers leaving jail
159. Reentry Center - close to the jail, to which there can be direct transport from the jail; navigation center → direct connection from jail to nav center



Recommendations by Intercept

4: Reentry

160. Coordination of pre-release to reentry services in the community - work with them to create a plan with case manager + families - continuous system of service
161. Time of release from jail → important for families/existing case managers to know when their family member is being released so they can be there
162. Housing - don't have a true housing first model house in AlCo - can we build this out, esp for those who are being released into unhoused status?



Recommendations by Intercept

5: Community Supports

163. Encourage the chances of success for individuals returning home by providing rigorous and substantial requirements from the courts, probation, and police
164. Find a way to effectively evaluate service delivery and incorporate feedback.
165. Cross-train between LEA and community programs.
166. Utilize community hubs as access points.
167. Retain mental health providers who will maintain outreach with hard-to-reach populations.



Recommendations by Intercept

5: Community Supports

168. Use of community MH providers and clinical peers who will conduct street health and therapy in non-office settings.
169. Multigenerational, regionally specific, and other specialty family resources, tools, trainings, supports, etc. are also needed.
170. Increase community meetings and use community input for policy making.
171. Evaluate the Wellness Centers for inclusiveness, appropriateness of offerings to engage diverse clientele.
172. Expand Supported Work programs.
173. Peer advocacy/counseling.



Recommendations by Intercept

5: Community Supports

- 174. Specialized probation unit for people released from SR jail with an SMI/SUD diagnosis.
- 175. Increase housing navigation, harm reduction services, and direct housing support such as vouchers or supportive housing placements.
- 176. Diversify pool of therapists - have incentives for those in the process of being licensed.
- 177. CBOs - hard time competing for therapists (in compensation)
- 178. Front line work can & should be done by peers (SB803 - for billing to Medi-Cal)



Next Steps & Upcoming Meetings





Next Steps & Upcoming Meetings

- May Meeting
 - Finish recommendation finalization for Intercept -1 (Early Intervention)
 - Reports from Data and Finance Subcommittees
 - Begin recommendation finalization for Intercept 0 (Community Services)



Care First, Jails Last

Cross Cutting CFJL Taskforce Intercept Recommendation Grid – Updated April 2023

Members:	Abbott, Kerry Alameda County Office of Homeless Care & Coordination	Bedrossian, Kristina District 4	Bloom, Brian Mental Health Advisory Board	Buchanan, Edward Building Opportunities for Self-Sufficiency	Céspedes, Guillermo City of Oakland	Danco, Tiffany Alameda County Public Defender
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Summary CFJL Taskforce Preliminary Recommendations to Date:

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Intercept (Cross Cutting)	Agency(ies) Involved	Issues it address/Related data points	Remaining data questions?	Budget questions/ Recommendations	Notes:
Recommendations					
1. <i>Identify and recommend ongoing county agency practices that measure unmet needs and service gaps.</i>	•	•	•	•	•
2. <i>Fund dedicated Alameda County Behavioral Health staff time and/or a consultant to conduct gap analysis to concretely measure unmet mental health needs, including those named above.</i>	•	•	•	•	•



Care First, Jails Last

<p>3. Assess and evaluate the causes of staff shortages and outcomes of efforts to recruit and retain behavioral health line staff in Alameda County.</p>	•	•	•	•	•
<p>4. Create transparency around the County's reserves and fund balances.</p>	•	•	•	•	•
<p>5. Increase and maintain Alameda County advocacy to the California and federal governments for legislation that expands funds, especially for flexible funds that can be used to serve multiple populations, for both capital and program costs, and for types of supportive housing and services that have been difficult to fund.</p>	•	•	•	•	•
<p>6. Create transparency of Alameda County's unspent state realignment funds designated for Medi-Cal services.</p>	•	•	•	•	•
<p>7. Create a public accounting of unspent funds in Santa Rita Jail.</p>	•	•	•	•	•
<p>8. Create a budget report on how the funds mandated by the Babu settlement have been allocated and spent, and the status of implementation of the settlement's terms.</p>	•	•	•	•	•
<p>9. Fully fund the Alameda County Behavioral Health Department's countywide Forensic Plan.</p>	•	•	•	•	•
<p>10. Policy change. Ensure that families with formerly</p>	•	•	•	•	•



Care First, Jails Last

<p><i>incarcerated/criminalized family members are not restricted from accessing affordable/supportive housing in Alameda County; create alternatives to Section 8 Housing that support system-impacted families.</i></p>					
<p>11. <i>To maintain existing programs and services run by community behavioral health service providers, behavioral health community-based organization line staff should receive compensation equal to county staff in comparable positions.</i></p>	•	•	•	•	•
<p>12. <i>Allocate county funds towards permanent supportive housing programs and services for those who are unhoused, suffering from mental illness and/or substance use disorders, and/or are formerly incarcerated.</i></p>	•	•	•	•	•
<p>13. <i>Double the number of people served by Full Service Partnerships, which are wrap-around services for people with severe mental illness and/or substance use disorders, with a plan to further expand FSPs to meet the need.</i></p>	•	•	•	•	•



Care First, Jails Last

(-2) CFJL Task Force Intercept Recommendation Grid – Updated April 2023

Members:	Abbott, Kerry Alameda County Office of Homeless Care & Coordination	Bedrossian, Kristina District 4	Bloom, Brian Mental Health Advisory Board	Buchanan, Edward Building Opportunities for Self-Sufficiency	Cespedes, Guillermo City of Oakland	Danco, Tiffany Alameda County Public Defender
	Dashell, Margot East Bay Supportive Housing Collaborative	Dixon, KD District 5	Ford, Andrea Alameda County Social Services Agency	Graves, Kimberly (Community Representative Co-Chair); District 3	Lee, Corrine Alameda County Probation	Neff, Doria Police Agency – North County
	O'Neil, Kelsey Alameda County District Attorney	Penn, Curtis Felton Institute	Romero, Rachell District 2	Sheehan-Rahman, Margaret (Community Representative Co-Chair Alternate); District 1	Souza, Travis Police Agency – South County	Staratt, Michelle Alameda County Housing & Community Development
	Syren, Greg Superior Court	Toro, Jason La Familia	Tribble, Karyn (Chair) Alameda County Behavioral Health Care Services			

Purpose: This document has been established to track the Taskforce's system or agency recommendations as guided by the Alameda County Board of Supervisors' [Resolution](#). The approach to the development of county recommendations was adopted on [July 28 2022](#). This document is a *dynamic* reference point that will reflect the discussion by the task force to approve recommendations as final for inclusion into the agency and county and final workplan.

Summary CFJL Task Force Preliminary Recommendations to Date:

NOTE: County Departments will be required to submit more comprehensive plan details, including project/program information, financing, duration (short-term, medium-term, and long-term), and related measures of success (metrics) with evidence of an equity, outcome, and data-driven framework; which involves interagency coordination. These plans will inform and assist in the development of a Countywide plan that fosters cross-agency collaboration with non-county organizations and stakeholders (References: CFJL Task Force [July 28 2022](#) and [August 25 2022](#)).

Intercept -2 - Prevention Recommendations	Agency(ies) Involved	Issues it address/Related data points	Remaining data questions?	Budget questions/ Recommendations	Notes:
14. Provide a culturally competent safe place for African Americans that has education on health and nutrition.	•	•	•	•	•
15. Invest in recreational alternatives (e.g., little league, community centers, etc.).	•	•	•	•	•
16. Restorative community building opportunities to reduce barriers between affected communities.	•	•	•	•	•



Care First, Jails Last

<p>17. Integrating County Initiatives and Whole Person Care resources to achieve joint goals.</p>	•	•	•	•	•
<p>18. Outreach to promote mental health resources.</p>	•	•	•	•	•
<p>19. Invest in recreational spaces for TAY and systems-impacted individuals.</p>	•	•	•	•	•
<p>20. Conduct public information campaigns aimed at families and placed with personnel who may come into contact with affected individuals.</p>	•	•	•	•	•
<p>21. Conduct public information campaigns on the potential deleterious impact of marijuana and street drugs on the developing adolescent brain.</p>	•	•	•	•	•
<p>22. To prevent those who are in active phases of illness from deterioration and potential for arrest and incarceration, provide adequate acute and sub-acute beds. (also see Intercept 0)</p>	•	•	•	•	•
<p>23. Increase bed space to extend treatment times to reach true stabilization for individuals.</p>	•	•	•	•	•
<p>24. Provide an inclusive environment that is safe for youth and young adults to gather for education and curriculum regarding emotional support, etc.</p>	•	•	•	•	•



Care First, Jails Last

25. Reimagining a people-first/no-wrong-door approach to behavioral health in Alameda County-centering the patient and their family/caregiver needs, instead of eligibility criteria (at minimum requires increased navigation support as first stop).	•	•	•	•	•
26. Provide housing stabilization services (financial and other) to people at risk of homelessness with history of mental illness and/or criminal justice involvement.	•	•	•	•	•
27. Continue to fund AC Housing Secure – Eviction Defense Funding for entire county. Adopt a policy that provides guaranteed legal representations for those facing eviction.	•	•	•	•	•
28. Adopt Just Cause Ordinance in Unincorporated Alameda County, and advocate for Cities in the County to adopt a Just Cause Ordinance	•	•	•	•	•
29. Provide services for 16-17 year olds who are identified as at risk of becoming part of the criminal justice system.	•	•	•	•	•
30. A collaboration between ACBH and university health systems to identify and serve TAY and junior college students having acute mental health crises.	•	•	•	•	•
31. Expand the eligibility criteria for case management services.	•	•	•	•	•



Care First, Jails Last

32. Eviction protections.	•	•	•	•	•
33. Increasing bed space at psych facilities.	•	•	•	•	•
34. Endorsement of AA center with inclusion of clinical and psychiatric support + medical care, culturally competent. All services in-house	•	•	•	•	•

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, April 24, 2023 11:22 AM
To: Works-Wright, Jamie
Subject: Agenda items for May

Hello Commissioner,

I hope this email finds you well.

Please have your agenda items to me by Friday, April 28th and any items for the packet to me by Friday, May 5th. Please write the agenda item the way you want it to be seen on the agenda. Thank you for understanding and meeting the deadlines.

Jamie Works-Wright

Consumer Liaison

[Jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)

510-423-8365 cl

510-981-7721 office



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Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, April 24, 2023 10:44 AM
To: Works-Wright, Jamie; Warhuus, Lisa
Subject: FW: MHC Item

Internal

Hello Dr. Warhuus and Commissioners,

Please see the email below from Edward Opton.

Jamie Works-Wright

Consumer Liaison

jworks-wright@cityofberkeley.info

510-423-8365 cl

510-981-7721 office



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From: Edward Opton <eopton1@gmail.com>
Sent: Sunday, April 23, 2023 12:05 AM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: MHC Item

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4.22.23

I'd appreciate it if you would distribute the memo below to the MHC and to Dr. Warhuus.

Edward Opton

To: Mental Health Commission
 From: Edward Opton
 Date: April 22, 2023
 Re: Should the Mental Health Commission make its "Care First, Jails Last" recommendation shorter or longer?

The Mental Health Commission (MHC) is preparing a memorandum that will ask the Mayor and the City Council to endorse "Care First, Jails Last" as City policy. We should keep in mind that our memo will appear on its readers' desks in the context of an attention-span-challenging mini-mountain of other recommendations and requests.

For example, Kelly Hammergren's compilation of City Council action items for the week of April 23-30 includes no fewer than 25 items *just from from Dr. Warhuus's division of our city's government*, and 22 of those items concern amounts ranging from about \$100,000 to \$5 million. Four of the items will cost \$1 million or more. When the "Care First, Jails Last" proposal comes before the Council in June, the pile of other requests may be just as high as in April.

Reviewing documentation for programmatic decisions is a considerable burden on the Mayor, the Council members and the City Manager. Let's make our proposal as lengthy as it needs to be, but no longer.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Thursday, April 20, 2023 7:37 AM
To: Works-Wright, Jamie
Subject: FW: Let's Know What You Think! Help Shape and Impact Alameda County's Mental Health System

Public

Public

Please see the email from Monica

Jamie Works-Wright

Consumer Liaison

[Jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)

510-423-8365 cl

510-981-7721 office



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From: monica jones <mjberkeleycommissioner18@gmail.com>
Sent: Wednesday, April 19, 2023 6:13 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: Fwd: Let's Know What You Think! Help Shape and Impact Alameda County's Mental Health System

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Hi,

Can you share with the commissioners.
 Thanks.

Monica

----- Forwarded message -----



WE WANT TO HEAR FROM YOU!

Help shape and impact Alameda County's mental health system!

30-DAY PUBLIC COMMENT NOTICE

for the Alameda County Mental Health Services Act (MHSA)

Three-Year Program & Expenditure Plan For Fiscal Years 2023-2026



Alameda County Mental Health Services Act (MHSA)
 Three-Year Program & Expenditure Plan For Fiscal Years 2023-2026
 30-Day Public Comment: 4/1/23 – 4/30/23

[ACMHSA.ORG](https://www.acmhsa.org)

Culminates in a public hearing at the Alameda County Mental Health Advisory Board Meeting on May 15, 2023

HHREC PODCAST: <https://www.youtube.com/@thehhrecpodcast83>

How To Read The MHSA 3 Year Plan: https://www.youtube.com/watch?v=TFk6Mto_5Kc&t=2s



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 MHSA PODCAST

alameda county
behavioral health
 MENTAL HEALTH & SUBSTANCE USE SERVICES



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