

Decarcerate Alameda County's Policy and Budget Proposal:

Transform Community-Based Mental Health Care

Vision & Goals

Decarcerate Alameda County has a vision for a just, safe, and healthy Alameda County that places at the center those communities currently targeted by the Sheriff's Office and fast-tracked to Santa Rita Jail.

Prevention, coordinated systems of care, permanent housing, and reentry support will be the lasting solutions that keep our loved ones out of jail and thriving in our communities. The Alameda County Board of Supervisors has clearly stated its strong commitment to reducing the population of those with mental health needs in the jail. We have the experience and innovation to ***zero out the number of people with mental illness in Santa Rita Jail*** and fund programs that prioritize trauma-informed care over punishment and isolation.

Countless Alameda County residents are facing hard times—particularly in communities of color. Racial inequities in Alameda's County's criminal justice and mental health systems are rampant. Because of structural racism, despite Black residents making up just 11% of Alameda County's population, half of the homeless and jail populations are Black. That same trend applies to people in psychiatric institutions. Of the hundreds of people Alameda County placed in psychiatric institutions 10 or more times since 2018, 55% are Black. The convergence of a viral pandemic disproportionately killing Black and Brown people, police shootings of Black people, an escalating economic crisis with sky-rocketing unemployment, and increasing rates of anxiety and suicide has confirmed what most of us already know: racism persists today, and Black Lives will only Matter when we finally choose to make it so.

We want and deserve to live in a county that prioritizes and respects the health, well-being, cultures, and lives of all Alameda County residents. ***We have the resources to rebuild a mental health care system that serves everyone, centering prevention and early intervention*** — reducing our county's overreliance on hospitalization and incarceration. We cannot hope to create real change in Alameda County by continuing to use the same methods and failed strategies that have brought us to this moment. We cannot allow the current momentum to be stalled by a narrow discussion about reforming our jails.

We believe that ***the approach to reach this vision must include an immediate increase in financing for new programs*** along with a dramatic decrease in law enforcement influence and funding. We are calling for a substantial investment in community-based health initiatives run by and located in those

most impacted by incarceration. We reject the notion that investing \$318 million into hiring new jail staff will create greater safety for those with serious mental illness. Our county can permanently end our reliance on jail and policing as solutions to our social problem by fully funding scalable and intentional projects that prioritize stability and community-based mental health care.



Guiding Principles & High Level Recommendations

1. Community engagement of directly impacted people

The process of developing a roadmap to fund alternatives to incarceration should include meaningful engagement and compensation for people directly impacted by the justice system. People directly impacted by institutionalization and incarceration must have opportunities to lead, make decisions, and inform recommendations and policy proposals.

2. Embrace a harm reduction approach

This approach ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them. Harm reduction incorporates a spectrum of strategies — from safer use to managed use to abstinence — to meet drug users “where they’re at,” addressing conditions of use along with the use itself. All recommendations and solutions should prioritize the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live.

3. Avoid law enforcement responses to community members experiencing homelessness, mental health, and/or substance use disorders

Alameda County has decades of experience with the status quo — arrest, incarcerate, and repeat — for our community’s Black, Brown, and most medically vulnerable and socially marginalized members. It’s time we commit to building out Alameda County’s continuum of care rather than continuing to rely on law enforcement as first responders and decision makers for community members with unmet mental health needs.

4. Housing first

Treatment and mental health support are only truly effective if someone has housing. Housing first acknowledges that stable housing is foundational to addressing other issues, including mental health and substance use disorders. All people deserve safe, affordable, and permanent housing — including poor people, formerly incarcerated people, people struggling with health challenges, and people who use drugs. All housing and programs should be provided in an environment that promotes the building of self-respect, confidence, and dignity.

5. **Expand equitable access to community-based systems of care**

Programs, if underfunded and undermined, do not work. Solutions and policy changes should promote decentralized models of care that match people with substance use and mental health disorders to services near where they live while building initiatives and incentives to coordinate resources.

6. **New programs, new dollars**

Our county must begin finding and leveraging streams of funding that can support scaling and immediately implementing the recommendations of the JIMH taskforce and Behavioral Health Care Agency. New programs should never be implemented or funded by reducing existing community-based mental health services, beds, or programs. We need a financially and operationally sustainable system across the continuum of primary prevention, crisis support services, and ongoing care with capacity for meeting the full needs of individuals reflective of the needs of specific communities. Development of this integrated system requires new funding for the Alameda County Health Care Services Agency (HCSA) and not a diversion of existing HCSA funding. Additionally, a final plan, when approved by the Board of Supervisors, must be adequately resourced, managed, and directed by a separate entity tasked with the specific goal of coordinating all relevant programs and departments.

7. **Transparent and accessible data and research**

It is impossible to make or prioritize informed recommendations to expand diversion and community treatment opportunities for justice-involved individuals without publicly accessible quantitative and qualitative data, beginning with quantitative and qualitative data on the existing needs of all people in the County experiencing mental illness or substance use disorders.

The county needs to deliver and utilize emerging data and research from all criminal justice and behavioral health agencies to assess existing program needs and gaps. Transparent, regularly updated, and readily available justice data will improve the Justice Involved Mental Health Taskforce's accountability to the community.

8. **Learn from effective existing models**

Across the United States, communities are coming to terms with the fact that jailing people with serious clinical needs such as mental and substance use illnesses is harmful to those individuals as well as their communities. We can benefit from the experience of those places that have already implemented such a continuum of care with great success, such as Miami Dade County and Houston, TX. Los Angeles County has produced a very detailed plan to divert mentally ill people from jail and to provide them a continuum of care which can also serve as a model.

Priority Areas

Decarcerate Alameda County held a forum on August 26, 2020 for community members with mental health needs directly impacted by incarceration. We learned that people with mild to serious mental health disorders ***need timely access to the least restrictive and most appropriate community-based treatment***, regardless of their race, ethnicity, gender, sexual orientation, socio-economic status, insurance coverage, ability to pay, or zip code of residence.

Due to this overwhelming need, we chose to prioritize our recommendations to the county's [Justice Involved Mental Health Taskforce](#) (JIMH) ***on intercept stages that focus on prevention, early intervention, re-entry, and coordination of care — these include Intercepts -2, -1, 0, 4, and a set of cross intercept recommendations***. We acknowledge that until data is made accessible, details that address the scale of need and appropriate treatment aren't yet possible. Decarcerate Alameda County will keep pressing for data transparency across all stages of the Sequential Intercept Model and continue to send policy proposals along with corresponding funding in each area.



Detailed Recommendations (by Intercepts):

Intercept -2: Universal Needs to Support Community Mental Health (Pre-diagnosis)

1. **Fund and provide universal mental health assessments in the community for all ages**
 - a. Create a financially and operationally sustainable integrated system across the continuum of primary prevention (i.e., that aims to prevent illness, crisis, or harm before it occurs) for our county.
 - b. Prioritize youth and school based services, including counseling services and family supportive services at an early age.
 - c. Provide strengths-based services based on real needs, rather than perceived public safety threat or pathology-focused, criteria. Crises are prevented and mitigated by proactive, community intervention, well before they require police or justice involvement.
 - d. Provide care and treatment that is person-centered, trauma-informed, and compassionate and that ensures dignity and respect for each person.
 - e. Focus on social determinants of health, including access to health care and healthy food, economic security, and safe housing.
 - f. Offer services that are highly coordinated, geographically and linguistically accessible, and culturally responsive.

2. Focus on prevention and early intervention

- a. Include wrap-around services, peer support, youth and school-based services, trauma-informed care, and employment opportunities.

- b. Create and expand decentralized, coordinated service hubs in strategic locations across the county where people, their families, and support network can seek support, referrals, and/or immediate admission 24 hours a day to a spectrum of trauma-informed services that include but are not limited to: mental health, including psychiatric urgent care centers in addition to John George; supportive housing via a coordinated entry system; and substance use disorder services such as withdrawal management, medication assisted treatment, and recovery intake centers.

3. Create and expand conflict mediation and violence prevention based on restorative justice principles

- a. Identify key services, such as de-escalation services, education, training, substance use and co-occurring disorder services, trauma response and support, and conflict mediation.

4. Focus on housing first

- a. Provide permanent supportive housing targeted to individuals with chronic illnesses, disabilities, mental health issues, or substance abuse disorders who have experienced long-term or repeated homelessness and who would like housing.
 - i. Permanent supportive housing has a retention rate of 98%

- b. Build rapid re-housing capacity. Rapid re-housing provides short-term rental assistance and services to help people obtain housing quickly – this includes housing identification, rent and move-in assistance, case management, and services. Rapid re-housing has shown that between 75-91% of households remain housed a year after being rapidly re-housed.

5. Increase public awareness and education

- a. Establish online directories and mechanisms for the public to get information, locate services to prevent incarceration and recidivism, and promote recovery. This tool should track identified problems and response progress through an accessible dashboard and should align with existing tools.

- b. Develop a public education and communications campaign to build awareness of a care-first model, not incarceration and punishment. This campaign should stress use of the ACCESS line, CBO network, CATT, suicide prevention hotline (rather than 911) for behavioral crises, available non-law enforcement resources, and different types of community-based solutions.

6. Enhance cross system coordination of care

- a. Establish, expand, enhance, and coordinate the database and tools available for real-time bed availability for all justice and health system partners.

- b. Deliver integrated mental health and substance use disorder services, rather than parallel services.

7. Organize service capacity and contracting

- a. Remove time limits to service provisions that prevent access to long term health, mental health or substance use disorder treatment plans.
- b. Create contract language for CBOs that supports effective models that are servicing people 24/7, with appropriate specialization, intensity, staffing, language/culture, quality, and staff with lived experience.
- c. Do not allow contracts to arbitrarily limit the number of people served, although quality assurance provisions are necessary.
- d. Institute payment reform to prioritize performance-based contracts (instead of fee-for-service) with flexible service delivery rules to ensure providers can deliver treatment and support all clients' needs concurrently.
- e. Dedicate funding to long-term, sustainable infrastructure and professional development support for community-based systems of care beyond service. delivery and connect contractors to new and existing capacity-building resources.
- f. Conduct a comprehensive assessment of existing contracting practices. (including but not limited to actively gathering anonymous feedback from service providers contracted and not contracted with the county) to ensure transparency in understanding hurdles to participation and identify innovative solutions to make a positive impact, while conducting an audit of current spending and investments to identify impacted geographic communities.
- g. Create processes for equitable distribution of resources and contracts particularly with regard to racial and geographic inequities.



Intercept -1: Supportive Services (Pre-crisis)

1. Create and expand decentralized, coordinated service hubs in strategic locations across the county

- a. Create a place where people, their families, and support networks can seek referrals and/or immediate services 24 hours a day to a spectrum of trauma-informed services that include but are not limited to: mental health, including Psychiatric Urgent Care Centers; supportive housing via a coordinated entry system; and substance use disorder services such as withdrawal management, medication assisted treatment (MAT) and recovery intake centers (i.e., sobering centers).

- 2. Train loved ones of people with clinical behavioral health disorders on how to support their loved ones**
 - a. Help loved ones assess service needs, provide assistance through various stages of treatment, and follow prevention/treatment plans while incentivizing family/client involvement with compensation and certificates, etc.
- 3. Support meaningful exchange of information and clarity between provider, patient, and family/caregiver to improve patient care and health outcomes**
- 4. Focus on housing first**
 - a. Geographically locate crisis residential treatment in communities so they are accessible and to avoid overreliance on ambulances and hospital beds.
 - b. Develop partnerships with and between landlords, county departments, providers, and communities/neighborhoods that increase housing options and support residents in maintaining housing, including onsite management staff.
 - c. Expand affordable successful housing models designed for and tailored to justice-involved individuals with mental health and/or substance use disorder needs, specifically:
 - i. Expanded Full Service Partnership programs (FSP)
 - ii. Expand interim housing inclusive of clubhouse living with supportive employment, recovery bridge housing, and sober living
 - iii. Expand permanent subsidized housing inclusive of independent living and board and care facilities
- 5. Scale innovative programs that comprehensively provide housing, wraparound services, and career track employment for justice-impacted individuals**
- 6. Expand crisis mediation and violence prevention work based on restorative justice principles**
- 7. Support and broaden implementation of community-based harm reduction strategies**
 - a. Provide these strategies for individuals with mental health needs, substance use disorders, and/or individuals who use alcohol/drugs, including but not limited to sustained prescribing of psychiatric medications.
- 8. Create safe consumption sites that will act as service hubs and be a part of the decentralized system of care**

9. **Create a system that contributes to and/or offsets the cost to family members and caregivers for housing loved ones within their home or in the community through options such as tax credits, stipends, vouchers, motel conversions, or partial pay options**

10. **Create robust community education**
 - a. Focus especially on impacted communities with services tailored to people who identify as cisgender women, LGBTQ+, or TGI, so that incarceration is not the first point of contact for services.

 - b. Give peer support organizations, case managers, peer navigators, and counselors access to real-time data on treatment availability to streamline the referral process.

11. **Training and employment**
 - a. Partner with state Department of Occupational Rehabilitation to create job opportunities. Create employer incentives for LBGQ+/TGI job creation.

 - b. Expand supported employment for mental and substance use disorders.

 - c. Create new employment programs for those with serious mental illnesses

 - d. Provide more subsidized transportation.



Intercept 0: Hospitalization and Crisis Continuum of Care

1. **Create and expand decentralized, coordinated service hubs in strategic locations across the county**
 - a. Create places where people, their families, and support network can seek crisis support, referrals, and/or immediate admission 24 hours a day to a spectrum of trauma-informed services that include but are not limited to mental health including psychiatric urgent care centers in addition to John George; supportive housing via a coordinated entry system; and substance use disorder services such as withdrawal management, medication assisted treatment, and recovery intake centers.

2. **Amend and decentralize the county's 5150 and 5180 processes to allow non law enforcement intervention and decision making**
 - a. Allow licensed clinicians and certified behavioral health providers to authorize 5150 and 5180 processes.

b. Specifically increase the designation of those who can write 5150s to include community-based behavioral health providers. As currently diagrammed in the SIM model, there are no non-police mobile teams, agencies, families, or other non-police institutions that can help people with mental illness or substance use disorder get care, unless referred by police.

- 3. Expand, diversify, and strengthen non-crisis mobile response teams to address gaps**
 - a. Address gaps including (a) following through with people in crisis to avert involuntary hospitalization; (b) involving peers in mobile response teams that connect to individuals' gender identity; (c) developing system for outreach workers to respond to non-law enforcement calls.

- 4. Significantly resource, geographically expand, and strengthen crisis mobile response teams such as Community Assessment & Transport Teams (CATT)**
 - a. Improve staffing for the crisis response teams to minimize caller wait times and ensure live operator coverage 24 hours, 7 days a week.

 - b. In addition to accessing CATT through 911, create an additional CATT 24/7 hotline that is accessible to the public.


- 5. Ensure that all response teams have the capacity to (a) minimize and/or eliminate a child's trauma and family separation; and (b) connect caregivers to community-based support services, including immigration services**

- 6. Expand voluntary community-based crisis residential treatment**
 - a. Support the creation of more programs modeled on Amber House (Oakland), which provides voluntary, short-term residential treatment, as well as crisis stabilization and supportive programming, with the aim of early intervention, diversion, and prevention of more serious mental health problems.

- 7. Begin post-hospitalization care planning, as needed, before release from hospital or crisis care**
 - a. Include an assessment of health/medication needs, family/loved ones in the region, custodial responsibilities, and individuals' recovery goals in planning. Ensure all people who identify as cisgender women, LGBTQIA+ have a plan tailored to the unique barriers they may face upon release.

- 8. Develop a public education and communications campaign to build awareness of a treatment-first model**
 - a. Ensure campaign would stress the the use of CATT (rather than 911), suicide prevention for behavioral crises, available non-law enforcement resources, and different types of community based solutions.

9. **Establish, expand, enhance, and coordinate the database and tools available for realtime bed availability for all justice and health system partners**
10. **Develop and expand a decentralized range of clinical spaces countywide and ensure that current sites are sufficiently resourced**



Intercept 4: Re-Entry

Adequate goals and specific details for re-entry require the County to produce accurate data on the needs of current and formerly incarcerated people and to use this data to set objectives to meet those needs.

County should appropriate funds and generate requests for proposals for community-based organizations to meet the following objectives:

8. **Begin release planning for everyone as soon as possible after being booked into jail, using a reentry provider**
 - a. Include an assessment of health/medication needs, family/loved ones in the region, custodial responsibilities, employment status, and individuals reentry goals in pre-release planning.
8. **Expand re-entry services, the Multidisciplinary Reentry Teams (MRTs)**
 - a. The teams should provide a comprehensive menu of services including psychiatric treatment, case management, housing, and employment support, linkages to other community services including behavioral health treatment, legal services, life skills, and education services.
10. **Ensure all people who identify as cisgender women, LGBTQ+ and/or TGI have a discharge plan tailored to the unique barriers they may face upon release, especially with respect to housing**
11. **Without any delay of release, increase capacity of discharge planning**
 - a. Coordinate releases for people directly to a program and program funding to expand CBO intake hours.
 - b. If not exiting directly to a program, notify family members of a person's release (with that person's permission) with enough time for family to pick them up, and increase use of coordinated releases to family.
 - c. Avoid overnight release without direct link to programs, interim housing, safe place, or transportation.

- 10. Provide incentives to community treatment facilities to accept patients from jail who have clinical mental health needs, substance use disorders, and/or co-occurring disorders**

- 11. Without any delay of release, ensure that all individuals before they are released from County Jail are offered services to obtain their California ID, Social Security card, birth certificate, and other documentation needed for obtaining healthcare, employment, housing, government benefits, and other supports and inform them how to receive fee waivers**
 - a. Ensure that Social Services Agency will unsuspend Medi-Cal for all people prior to release.

 - b. For those whose benefits have lapsed or never had Medi-Cal, but are eligible and would benefit from the coverage, support the (re)application process in every way possible and as quickly as possible.



Cross-Intercept Recommendations

1. Public communication and accountability

- a. Increase, ensure, and fund public collaboration in all phases of JIMH planning, implementation, evaluation, and system oversight. Host recurring meetings across county after final recommendations

- b. Make website for public to get information, locate services, and promote recovery

- c. Avoid overnight release without direct link to programs, interim housing, safe place, or transportation.

2. Equitable resource distribution

- a. Create process for equitable distribution of resources and contracts particularly with regard to racial and geographic inequities

- b. Fund comprehensive evidence-based mental health and substance use care, transitional housing with wraparound services, gender-affirming primary care, violence prevention, gang intervention, art therapy, family reunification, and occupational therapy

3. Data collection and service coordination

- a. Expand and coordinate data tracking across county justice, health, and social service organizations
- b. Develop client database across all county services and justice entities to provide support and follow up
- c. Provide real-time Full-Service Partnership (FSP) availability
- d. Track and publish all county service and incarceration spending

4. Public awareness and education

- a. Create a campaign to make the public aware of treatment-first models and publicize non-law enforcement resources

5. Organizational capacity building and contracting

- a. Create contract language that supports providing service 24/7
- b. Prioritize performance-based contracts by offering incentives
- c. Expand community-based care by finding and supporting smaller organizations and helping them access funds (including organizations serving system-impacted LGBTQ+/TGI people and cisgender women) and supporting training for orgs to become Medical Fee Waiver and County and State funded
- d. Fund long-term sustainable infrastructure and professional development support for community-based care
- e. Conduct assessment of current contracting practices
- f. Standardize and simplify contracting process
- g. Create and enforce anti-LGBTQ+/TGI discrimination policies and create easy reporting process
- h. Train mental, behavioral and primary care providers on serving LGBTQ+/TGI and cisgender women communities

6. Workforce hiring and training

- a. Require mental health providers to train in substance use disorder care
- b. Train social and health care workers to address continuum of needs and create culturally sensitive care
- c. Train and employ system-impacted individuals as technologists for data collection and analysis
- d. Partner with justice-impacted people and families to create training materials
- e. Develop social and healthcare workers who can provide integrated mental health and substance use care as well as members of or those with experience working with impacted communities
- f. Reach out to educational institutions to find forensic mental health professionals
- g. Increase community health workers, peer counselors, and peer navigators across all Intercepts, with lived experience and provide training and opportunities for advancement
- h. Train housing providers in LGBTQ+/TGI needs

7. Commit to racial equity throughout the system

- a. Establish or strengthen a culture dedicated to achieving racial equity
- b. Identify a mechanism to monitor racial inequities where appropriate
- c. Change practices in response to identified racial inequities in order to eliminate them

If you have any questions about our recommendations or general questions for Decarcerate Alameda County (DAC), please contact Tash Nguyen and John Lindsay Poland at tash@restoreoakland.org and jlindsay-poland@afsc.org