Care First Community Coalition Budget Platform

2023-2024

Alameda County faces multiple and interlocking crises. We have a crisis of racism: consistently upwards of 40% of those suffering from houselessness, incarceration, hospitalization, and police violence in the County are Black/African American, despite representing only 10.7% of the population. We have an incarceration crisis: more than 90% of those imprisoned in Santa Rita Jail are unsentenced, legally innocent. We face a housing crisis: the number of unhoused residents in Alameda County has risen by 73% in the last 5 years, and Black residents continue to be dramatically overrepresented in the county's unhoused population. And the County has a mental health and substance use disorder crisis, with uncoordinated and inadequate community-based treatment and services increasingly resulting in severely ill and traumatized residents being funneled into jail.

We call on the Care First Jails Last Task Force to address these human-caused crises with the urgency they demand.

The following recommendations are based on the Budget Agenda that the coalition agreed upon and advocated to the County in 2022; we connect each recommendation to corresponding intercept(s), using the Intercept Framework shown below. In addition to the recommendations we share here, we support those in the Justice Involved Mental Health (JIMH) final report and those presented by Brian Bloom. At the same time, we recognize that implementing those and other recommendations requires sufficient funding, data, and transparency.

CARE FIRST PRIORITIES

Halt the $80M Santa Rita Jail Expansion

Alameda County is trying to build a bigger jail to employ hundreds of additional jail staff– $27M would be paid by the County and $53M by the state of California. We demand immediate jail divestment and decarceration.

Invest $171M in House Keys NOT Handcuffs

Alameda County must divest from jail expansion, and reinvest $+27M into building permanent supportive housing. See our budget demands that call for $80M in annual housing investments, and other investments that total to $171M.

Implement Jail Diversion Now!

67 people have died in Santa Rita Jail since 2014! The Alameda County Sheriff must stop admitting people with behavioral health needs into the jail and start implementing diversion at booking and for those on pre-trial (90% of jail population.)

Democratize Alameda County's Budget Process

We need budget transparency of the County's reserves, jail overtime costs, and unspent funds. The County Administrator must give 1 week of advanced public notice for budget meetings and its items.

Gather County Data to Measure Unmet Need

Establish county-based data gathering practices to measure service and housing needs of folks who have a mental illness, substance use disorders, or co-occurring disorders.

INTERCEPT FRAMEWORK AND DEFINITIONS

Intercept #	Title	Definition
Intercept -2	Prevention	Efforts to reduce the incidence, prevalence, or reoccurrence of behavioral health disorders and promote mental wellness throughout the community.
Intercept -1	Early Intervention	Community-based programs and services that aim to provide support and care for individuals living with behavioral health needs prior to crisis.
Intercept 0	Hospitals & Crisis Intervention	Service options available at the point of individual behavioral-health related crisis and may include among other options, emergency rooms, acute and subacute facilities, and crisis stabilization units.
Intercept 1	Law Enforcement & Emergency Services	Point at which the emergency response system is engaged in a behavioral health-related crisis.
Intercept 2	Initial Detention & Courts	Initial detention in a criminal justice facility such as a city or county jail or their preliminary involvement in the Court System.
Intercept 3	Jail	Incarceration at a local correctional facility, with a focus on Santa Rita County Jail.
Intercept 4	Reentry	Services provided for people upon release from local correctional facilities (Santa Rita Jail) as they reenter back into the community after incarceration.
Intercept 5	Community Supervision	Term of probation or parole including the conditions of supervision and services provided by Probation or Parole Departments.

DATA RECOMMENDATIONS TO MEET UNMET NEEDS

1. **[Cross-cutting Intercepts] Identify and recommend ongoing county agency practices that measure unmet needs and service gaps.**

The Alameda County Office of Homelessness Care and Coordination draws on periodic Point in Time counts of persons needing housing for the general population, but county agencies have not established practices to measure other unmet needs or gaps in services provided, including housing specific to behavioral health or re-entry populations, treatment services for mental illness, substance use disorder, or co-occurring disorders.

Responses from ACBH to the Grand Jury report recognize the lack of public-facing data or dashboards. External Quality Reports on the Department suggest that ACBH is organizing its data on services provided, but do not report on the nature or extent of gaps. In addition, the existence of waiting lists for CBO services, the proportion of people released from John George and Villa Fairmont because of lack of space, the number of people with SMI and/or substance use disorders incarcerated at Santa Rita or without housing, and the lack of demographic data of populations not receiving adequate services - all strongly suggest that there are significant unmet needs for services in the County.

Solution: The Task Force should develop recommended methods to identify and measure gaps in services (unmet needs) for persons who are NOT currently justice-involved, but have exhibited behavioral health needs or are at high risk of behavioral health crisis and/or of becoming justice-involved.

a. We strongly urge the Task Force to develop concrete recommendations for ongoing practices by county agencies to identify and measure such unmet needs for supportive housing, treatment, and other services whose absence increases the risks of incarceration.

Solution: The data collected and reported must, in every possible instance, include demographic information to facilitate addressing racial and geographic disparities in services and outcomes.

Solution: Practices to measure unmet needs should include but not be limited to:

a. Annual surveys of CBOs contracted by ACBH for data on the number, demographics, diagnoses, and other information for adults on waiting lists that are maintained by those CBOs, and
b. Methods for generating reliable, comprehensive information on the housing needs and risk of homelessness of all ACBH clients in Alameda County, including the number of people with serious mental illness or substance use disorders who are housed with their families.

DATA RECOMMENDATIONS TO MEET UNMET NEEDS

2. **[Cross-cutting Intercepts] 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.**
   a. Estimated cost: $200,000, reserves.

3. **[Cross-cutting Intercepts] Assess and evaluate the causes of staff shortages and outcomes of efforts to recruit and retain behavioral health line staff in Alameda County.** This should include identifying housing options, workforce development (training) and funding to increase compensation that addresses workforce needs.

RECOMMENDATIONS REGARDING BUDGET AND FINANCE TRANSPARENCY

4. **[Cross-cutting Intercepts] Create transparency around the County's reserves and fund balances.**

To implement the Task Force's recommendations and support County and community discussion of how to meet the County's Care First policy goals, public and regular information on the County's assets and prospective revenues are necessary.

Solution: The County's Budget web page and Comprehensive Annual Financial Report should i include consolidated sections that state clearly the amount of each fund balance, source, liabilities on those funds, changes since previous year, and conditions for use for each fund balance that the County controls.

5. **[Cross-cutting Intercepts] 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.

1. Similar to what was done for the Home Together Plan, so that a plan may be developed to address the countywide mental health crisis.

6. **[Cross-cutting Intercepts] Create transparency of Alameda County's unspent state realignment funds designated for Medi-Cal services**. Unspent state realignment funds lose the federal match when services are not provided but the state has already paid the county.

   a. How much has been left unspent annually, and how much may be made available to address Task Force recommendations?

7. **[Intercept 3] Create a public accounting of unspent funds in Santa Rita Jail.** The funds allocated for the jail that remain unspent because of unfilled staff positions, as well as overtime, should be transparent and subject to proposals for re-investment. This accounting should include:

   a. An accounting of how much is being spent on overtime in the jail.
   b. A regular periodic accounting of funded vacant positions in Santa Rita Jail of ACSO, ACBH and contractor (e.g. Telecare) staff.

8. **[Intercept 3] 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 CONTIUNITY OF CARE AND PROGRAMS

Totaling $171 million in new investments and 3 policy changes

9. **[Cross-cutting Intercepts - $43M Budget Investment] Fully fund the Alameda County Behavioral Health Department's countywide Forensic Plan, which includes funds for:**

   1. Six CATT mobile crisis teams. Estimated cost: $6.6M, general fund. Intcpt
   2. Crisis 24-hour dispatch service. Estimated cost: $2.2M, general fund. Intcpt 0
   3. Expand voluntary residential treatment beds countywide. Estimated cost: $16.5M, reserves. Intcpts 0 and 4
   4. New board & care facilities. Estimated cost: $2.2M, reserves. Intcpt -2
   5. Facility for co-occurring mental illness/substance treatment. Estimated cost: $1.05M, reserves. Intcpt 0
   6. Hospital beds (25-bed subacute facility, 16-bed acute facility). Estimated cost: $9.5M, reserves. Intcpt 0
   7. Expand satellite urgent care clinic services. Estimated cost: $2M, general fund. Intcpt -1
   8. Re-entry support teams. Estimated cost: $1.08M, general fund. Intcpt 4
   9. Peer respite for persons from Santa Rita Jail, on probation, at risk. Estimated cost: $1M, general fund. Intcpt 4

   Estimated cost: $43M, various funding sources.

The County as of October 2022 had funded $8.63M of ACBH's $52M proposal. In addition, ACBH identified $5.6M of funding for services not in its original $52 proposal including $3.745M for wraparound services for transitional age and African American youth; and $1.2M for substance use mobile outreach teams. The BOS unanimously agreed in June 2022 to ask the CAO to identify funding sources for these investments; the CAO is currently expected to report to the Board in March 2023.

10. **[Cross-cutting Intercepts - 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 supports system-impacted families.**

11. **[Cross-cutting Intercepts - $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.**

Solution: This should begin with completing a 5% increase in compensation to stop the bleeding of staff in CBOs contracted with the County.

- Estimated initial cost: $6 million ($6M), general fund.
- This includes County contracts with community health centers or FQHCs which provide prevention and early intervention services in the community.

12, **[Intercepts -2, -1, 4 & 5 - $80M Budget Investment + Data] 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.**

The Office of Homeless Care and Coordination has identified a need for additional 4,195 units of supportive housing, beyond the current inventory of 3,215, which must be met over at least five years with County, State and other funds.

Solution: Invest $80M, blend of reserves and general fund, to expand supportive housing units. $80 million would represent an increase from the approximately $46 million from the County's General Fund allocated in FY 2021-2022, which accounted for about one quarter of all funds dedicated to the Home Together plan.

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2. Data is from ACBH April 25, 2022 presentation to Joint Health & Public Protection Committee.

Solution: Expand licensed Board-and-Care facilities, which have been reduced in Alameda County and are designed to support highly impacted persons experiencing mental illness and/or substance use disorders.

- This should include the Supportive Housing Community Land Alliance initially supported by an MHSA Innovation grant.
- Support higher reimbursement rates for board-and-cares to match the reimbursement rates for comparable facilities for the developmentally disabled.

Solution: Dedicate staff to facilitate return to supportive housing for those persons who lose access to it.

Solution: Do an evaluation and analysis of AB 109 funding available for housing for formerly incarcerated people with behavioral health needs, including those with all types of convictions.

13. **[Intercept -1 - $7.7M Budget Investment] Implement 1 new voluntary crisis facility in underserved areas of the County, modeled on Amber House (Oakland).**

a. Estimated annualized cost is $7.7M
b. Amber House's 2-level facility offers the community a crisis stabilization unit (CSU) downstairs and crisis residential treatment (CRT) beds upstairs. The CSU operates as a voluntary drop-in center to stabilize individuals at risk of hospitalization or arrest in a safe and supportive space for up to 24 hours. Estimated annualized costs (general fund):
c. CSU: 12 beds, 19 staff is $5.2M
d. CRT: 12 beds, 13 staff is $2.5M

Solution: The County should assess the extent and geography of needs for these services.
Solution: The County should develop public education and awareness campaigns to promote utilization of these early intervention/diversion services and re- educate care coordinators to support individuals accessing these services.

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.**

Estimated cost: $3M+, general fund.

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3. This would represent an increase from previous year commitments of County funds, though it still falls short of the need identified in Alameda County's Home Together 2026 report. This plan aims to eliminate homelessness in the County by 2026. However, the investment needed in FY 2022-2023, according to that Plan, is greater than in later years, as we invest in permanent housing, not just temporary solutions or band-aids to a pervasive and systemic problem that is causing widespread suffering.

CARES Navigation Center is a misdemeanor diversion program for people with mental illness and substance-use disorder that redirects individuals arrested for misdemeanors out of the criminal justice system and into services. The centers will operate Monday through Friday 12-hours per day. (See also: Task Force member Brian Bloom's recommendations)

Solution - policy change: Eligibility should not be limited to those arrested on misdemeanors. Estimated cost: $0.3M per facility, general fund

Solution - policy change: Eligibility should be expanded beyond those on Medi-Cal.

Solution - data: The Task Force should request specific data on the number and demographics of people brought to the CARES Navigation Center by each agency. This can help understand and address the disproportionate incarceration of African Americans and under-use of this service by some agencies.

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. Estimated cost: $25.5M, general fund.

The US Department of Justice, in its April 2021 issuance of findings against Alameda County, cited a need for Full Service Partnerships (FSPs) of 4,000 to 6,000 people in Alameda County, with a funded capacity for only 850. Since then, the County has added capacity, up to 1,005 FSP slots, but this falls far short of the need.

Our recommended investment would only meet half the number of FSP slots recommended by the Behavioral Health Collaborative and the need identified in the US Dept of Justice's litigation, but it would represent a start. These services will prevent longer hospital stays and recycling through institutionalization, and thus save inpatient beds for severely disabled individuals, quickly pay for themselves, generate significant savings in the high cost of locked facilities, and improve participants' quality of life.

The BOS unanimously agreed in June 2022 to ask the CAO to identify funding sources for expanding FSPs, but did not specify an expansion amount; the CAO is currently expected to report to the Board in March 2023.

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4. The Behavioral Health Collaborative in March 2022 recommended a more than four-fold increase in Alameda County's FSP capacity to ensure the community is aware of the service, referrals are being appropriately made, and there are no wait lists, and to serve targeted priority populations, particularly transitional-age youth with a history of trauma or aggression, African American males, the LGBTQ population, the homeless population, and those struggling with substance use disorders.

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 to all parts of Alameda county**; and to address the full range of mental health crises, substance use, and other nonviolent disputes that otherwise would only be addressed by law enforcement. Several reports indicate that persons who staff the County's crisis response teams are not paid adequately and work in unsustainable conditions.

- This complements $6.6M proposed in ACBH Forensic Plan to expand crisis response teams
- Estimated cost: $2M, general fund.

17. **[Intercept 0 – $3.9M Budget Investment] Re-acquire 27 subacute beds available at Villa Fairmont that are currently leased out to neighboring counties or Kaiser**. Estimated cost: $3.9M, general fund. While some Care First Coalition members share the Department of Justice's critique of Alameda County's dependence on institutional care for people with serious mental illness, most Coalition members support investment in additional hospital beds for acute and subacute care.

The BOS unanimously agreed in June 2022 to ask the CAO to identify funding sources for purchasing back the leased Villa Fairmont beds; the CAO is currently expected to report to the Board in March 2023.

Signed:

All of Us Or None
American Friends Service Committee
Behavioral Health Collaborative
Berkeley Friends Racial Justice Action Team
Community Health Center Network/Alameda Health Consortium
Congregation Beth El
East Bay Housing Organization
East Bay Supportive Housing Collaborative
Families Advocating for the Seriously Mentally Ill
Interfaith Committee for Justice in our Jails
National Alliance on Mental Illness – Alameda County
Restore Oakland, Inc.

Also supporting these recommendations:
Mental Health Association for Chinese Communities
National Alliance on Mental Illness – East Bay