

CARE FIRST, JAILS LAST:

THE PEOPLE'S PLAN FOR HEALING & SAFETY IN ALAMEDA COUNTY

What is Care First, Jails Last?

In 2021, in response to community outcry about the mass incarceration of people with mental illness, the Alameda County Board of Supervisors unanimously adopted a policy of **Care First, Jails Last**. The fundamental goal of this policy is to “develop a continuum of care that includes a full spectrum of treatment and housing... in order to reduce the number of people with mental illness, substance use and co-occurring disorders in our jail.” The Supervisors appointed a county task force made up of impacted community members and representatives of county agencies and service providers to produce a plan to meet these goals.

On May 23, 2024, the Task Force adopted 58 recommendations to the Board of Supervisors to make Care First a reality in our county. It is now up to the Board of Supervisors to approve and fund them. The following **People's Plan for Healing and Safety in Alameda County** highlights 23 of these recommendations in areas of racial equity, housing, diversion, treatment, transparency, and the county budget.

RACIAL EQUITY: Center the most marginalized

- **Create and fully fund an African American Resource Center** that provides information and culturally responsive services in the areas of education, physical health (e.g., nutrition, meal services, and medical services) and mental health services (including psychiatric support, medication management, and individual and group therapy). African Americans make up only 14% of the County's population but nearly 50% of people in the jail; this Center is one important part of getting Black community members the care they need. (Rec 1A)

HOUSING: Keep people housed

- **More affordable and permanent supportive housing options for people with serious mental illness and substance use disorders:** The County should increase investment in housing for this population and implement its own Home Together plan, which calls for increasing the budget for this housing from \$48 million to \$80 million. (Rec 7M)
- **Create and support an anti-displacement and homelessness prevention system:** Expand legal and eviction prevention services for low-income people at risk of homelessness, including Just Cause policies in county-supported housing projects and dedicating staff to support these efforts. (Rec 7G)
- **Land trusts for affordable housing:** Expand funding and support for efforts that hold land for the purpose of maintaining permanent affordable housing for low-income renters, with a focus on people with serious mental health challenges. (Rec 7O)
- **Invest in stabilizing and thriving post-release:** Use state realignment (AB109) funds to expand the time that people released from jail get access to employment and housing supports, from 6 months to two years. (Rec 7C)
- **Successful re-entry begins with stable and supportive housing:** Create a reception housing program that is available to people immediately upon release from Santa Rita Jail. (Rec 2D)

MENTAL HEALTHCARE: Ensure a holistic continuum of care

- **Full Service Partnerships for all who need them:** Full Service Partnerships (or FSPs) are wraparound services that work with *all* the needs of a person experiencing mental illness, a substance use disorder, and/or re-entering the community. FSPs are proven to reduce episodes of hospitalization and arrest and to improve mental health outcomes. The County has been ordered by federal court to assess how many slots are needed and to provide them, while new state funding will support this expansion. (Rec 2A)
- **Make community care the community's business:** Expand the peer workforce (people with lived experience, trained in care) to include placement in key spaces and decision-making, uplifting their expertise in front-line and leadership roles, and development of employment opportunities for those in re-entry or who have lived experience of mental illness. (Recs 3B / 3F)
- **Invest in community care providers:** Increase compensation to clinical staff in community-based organizations that provide behavioral health services, in order to ensure *full pay equity* between these CBOs and County staff. This is key for recruiting and retaining providers at CBOs that are seriously understaffed. (Rec 10A)
- **Involve families and seek their input about the care of people diagnosed with a serious mental illness, including those who are incarcerated:** As critical support systems for people with mental illness, families must be informed, involved and supported - including assignment of case workers or advocates, early release of health information, and a culturally-informed advice line for families. (Recs 11 A, B and C)
- **Invest in early intervention as a proactive public health strategy:** Provide team-based and trauma-informed support when a person has a first episode of psychosis, with recovery-oriented therapy, family support, and medication management. The County should expand eligibility by age and consider a second program location, as well as publicize existing services. (Rec 3L)

MENTAL HEALTHCARE: Ensure a holistic continuum of care

- **The first response to mental health crisis should be mental health professionals, not police:** Invest in and expand crisis response services and post-crisis care to prevent the worsening of mental health crises. This includes expanding county and city mobile crisis response teams to 24/7 in all parts of the county, peer involvement, follow-up check-ins, response within 30 minutes, outreach about services, and coordination with other providers. (Recs 4A / 4B)
- **Maximize medically appropriate spaces:** The County should assess the unmet need of seriously mentally ill individuals for psychiatric treatment beds, especially for sub-acute care, and add more beds to meet the need. (Rec 4.5 A and B)
- **Interagency coordination and communication is essential to save lives:** To effectively meet Care First goals, we need every relevant county agency to assign a liaison for care coordination, strengthen service coordination when people are booked into jail, ensure coordinated jail discharge efforts, and redesign of the behavioral health ACCESS service line. (Rec 2B)

DIVERSION: Maximize diversion from the carceral system at the earliest possible opportunity

- **Pre-arrest diversion:** Supervisors should commission an independent assessment of the County's CARES Navigation program to make it more effective and apply it more widely. (Rec 5A)
- **Expand pre-trial release** for eligible individuals, in ways that are least onerous and most likely to support people's success and stability. (Rec 5B)
- **Strengthen the county's behavioral health and collaborative courts** by removing barriers, assessing reasons for exclusion from these courts, creating a court for co-occurring disorders (mental health and substance use), and publishing evaluations. (Rec 5C)
- **Dedicate resources to divert defendants declared incompetent to stand trial** from the criminal-legal system into clinically appropriate treatment in non-jail settings, rather than simply restoring them to competency so they can then be prosecuted and incarcerated. (Rec 5D)

POLICY IMPLEMENTATION + BUDGET TRANSPARENCY

- **Require budget transparency to make Care First investments possible:** The County Administrator's Office must transparently report twice a year on funds that are available, including unspent funds in the jail and in county contracts, and make this information publicly viewable. This transparency is critical for making annual and mid-year budget decisions to support the CFJL population. (Rec 6A)
- **\$26 million for construction of new community-based behavioral health facilities:** Last year, Alameda County set aside \$26 million in capital funds (not annual expenses) for the expansion of Santa Rita Jail for a 'mental health facility.' The Care First Task Force declared this project to be "antithetical to the County's Care First Jails Last Resolution" and urged the Board of Supervisors to scrap the project, which it did in January. Now it is time to redirect those funds to the construction needs of the Care First policy and recommendations. (Rec 6C)
- **Unspent funds from the jail and behavioral health contracts must be earmarked to address and fund Care First recommendations:** The Sheriff has hundreds of funded vacant positions in Santa Rita Jail, and some behavioral health contractors do not spend allotted funds. These unspent budgeted funds should be directed to implementing the needed programs and services mandated by the Care First policy. (Rec 6G)

The full recommendations of the
Care First Jails Last Task Force can
be accessed here:

<https://tinyurl.com/5f6mefa5>



KEEP IN TOUCH!

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