

AGENDA ITEM REQUEST

Community Corrections Partnership Executive Committee (CCPEC)

Note: This agenda item request is due at least six (6) weeks prior to the CCPEC meeting.

Email requests to ProbationCommunityPrograms@acgov.org.

TO: Community Corrections Partnership Executive Committee (CCPEC)
c/o Alameda County Probation Department
Brian Ford, Chief Probation Officer
1111 Jackson Street, P.O. Box 2059
Oakland, CA 94604-2059

FROM: **Name:** Juan Taizan
Title: Forensic, Diversion, and Re-entry Services Director
Agency/Organization/Department: Alameda County Health/ Alameda County Behavioral Health Department
Address: 200 Embarcadero Cove, Suite 400, Oakland, CA 94606
Phone #: 510-383-8535 **Alternate Phone #:** _____
Email: Juan.Taizan@acgov.org

This agenda item is being submitted for consideration by the Community Corrections Partnership Executive Committee (CCPEC) at their meeting on March 17, 2025.

Title/Subject/Description: AB 109 Reentry Services: Sustaining Access and Supporting Success for Alameda County Justice Involved Reentry Population

Background Information: Since February 1, 2020, Alameda County Health / Alameda County Behavioral Health Department has contracted with Felton Institute (Felton) and ROOTS Community Health Center (Roots) to provide evidence-based programs for clients with mild to moderate mental illness. Felton's Mission to Motivate (M2M, South/East County) and ROOTS Nia Care (North County) programs provide services centered around evidence-based practices to Alameda County Probation Department clients. AB 109 funds have been allocated four times, \$2,500,000 in fiscal year 2017-2018, \$1,577,000 in fiscal year 2021-2022, \$1,577,000 in fiscal year 2022-2023, and \$1,577,000 in fiscal year 2023-2024. Since 2020, the mild to moderate programs have served over 200 clients. Both contracts are set to expire on June 30, 2024. Currently, Alameda County Behavioral Health Department in partnership with Alameda County Probation Department is proposing to move forward with a RFP (request for proposal) and reimagine the services that are currently being provided by these two contract providers.

Fiscal Impact*, if any: Would require allocation of \$3,500,000 for FY 2025-2026.

Recommended action to be taken: Approve a one-year contract allocation (July 1, 2025-June 30, 2026) for the Mental Health and Wellness Program.

**When requesting funding, please answer the questions in either Section 1 or 2 below. If requesting funding for a new program idea, answer the questions in Section 1. If requesting funding for a program with an existing AB 109-funded contract, answer the questions in section 2.*

Signed by:
Signature: Juan Taizan
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Print Name and Title: Juan Taizan – Director of Forensic, Diversion, and Re-entry System of Care

Section 1: Requesting Funding for a New Idea

Addressed in the Logic Model

A logic model from the Programs and Services Workgroup may be attached in lieu of answering the following questions:

- What part of the AB 109 population do you propose to serve? (For example: unhoused individuals, clients disengaged from Probation services etc.)
- Which client needs are being addressed? (For example: housing, employment, substance abuse etc.)
- What are the objectives and benchmarks for success of the proposed program/activity?
- What are the resources and activities required by an organization to make the program successful? (For example: staffing, development of workshops etc.)
- How will Probation Officers inform clients about the program/activity?
- If referrals don't come from Probation, how will clients be informed of the program/activity?

Background Research

- Is the initiative evidence-based or a promising new idea?
- If this is an evidence-based program, what does the research say about it?
- If there is existing research, was the research done on a population similar to the population the program anticipates serving?
- Is Probation funding any similar activities?
- If Probation is funding similar activities, what is unique about this program/activity, why is it necessary?
- Lived experience can often provide a layer of knowledge often not captured by traditional research methods. Please provide any anecdotal knowledge based upon lived experiences that contributes to or strengthens your proposed program/activity.

Fiscal Impact

- What is the total proposed budget for this program/activity?

Signature: Juan Taizan
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Print Name and Title: Juan Taizan – Director of Forensic, Diversion, and Re-entry System of Care

Program Description: The Mental Health and Wellness (MHW) Program is designed to support adults in the Realignment community with their mental health and wellness needs. This is achieved through consultation, triage, case management, wellness response, and closed-loop, warm hand-offs. This program also seeks to improve community mental health through provider support and healing circles following critical incidents. AB 109 Clients and community members will gain wellness strategies, have access to needed services, and receive health education regardless of MH severity and insurance status.

Target Population Who We Invest In	Inputs/Resources What We Invest	Activities What We Do	Outputs/Participation Who We Reach	Outcomes Short to Long-Term Results
<ul style="list-style-type: none"> • Clients with known mental health needs <ul style="list-style-type: none"> ◦ Releasing from SRJ or CDCR facilities ◦ Current/history of MH services or hospitalization ◦ Requires services not currently covered by insurance • Clients seeking support with MH navigation <ul style="list-style-type: none"> ◦ Medi-Cal and forensic system ◦ Private insurance and private pay options ◦ Managed care – health plans and local clinics ◦ Community wellness • Clients experiencing MH challenges in ACPD offices, housing, and partner locations • AB 109 community 	<p>--- Probation ---</p> <ul style="list-style-type: none"> • Client referrals and in custody coordination • Collaboration with provider • Realignment funding • Close partnership with ACBHD <p>--- Providers ---</p> <ul style="list-style-type: none"> • Qualified staff with appropriate MH training, license, and certification • Employ peers and formerly incarcerated staff • Evening and weekend services • Living wages • Training and advancement opportunities • Staff skilled in: <ul style="list-style-type: none"> ◦ De-escalation ◦ Trauma-informed ◦ Conflict resolution ◦ Restorative justice ◦ MH First Aid ◦ CBI/CBT 	<ul style="list-style-type: none"> • Singular referral point • Co-location at ACPD offices and CORE; SRJ pre-release • MH Triaging/Navigation <ul style="list-style-type: none"> ◦ SRJ in-reach and field outreach ◦ Peer support ◦ Case management ◦ MH linkages ◦ Family support ◦ Medication linkage ◦ Warm handoffs ◦ MH barrier removal • Wellness Response <ul style="list-style-type: none"> ◦ Deescalate MH situations at ACPD locations • Community Wellness <ul style="list-style-type: none"> ◦ Psychoeducation ◦ Healing circles ◦ Groups/workshops • Clinical Services <ul style="list-style-type: none"> ◦ Non-Medi-Cal ◦ Short to long term services depending on need ◦ Services regardless of MH severity/acute • Specialty Services <ul style="list-style-type: none"> ◦ Address client-driven needs, cultural practice, and specialized interventions 	<ul style="list-style-type: none"> • # of people utilizing the service by the client, referrals, the result of the referral, services received, and connections to community mental health providers • Increase access to appropriate MH services and provide flexible services regardless of insurance, acuity, diagnosis, etc. • Program outcomes: <ul style="list-style-type: none"> ◦ Successful connections to community MH providers ◦ Crisis de-escalation ◦ Community healing ◦ Workshops, outreach, education activities ◦ Participant quit ◦ Participant expelled ◦ Length in program/unit • Qualitative data • Staff makeup and retention data • Utilization at ACPD offices, CORE, and key locations – access to immediate care 	<ul style="list-style-type: none"> • Short Term: Learning Outcomes <ul style="list-style-type: none"> ◦ Consultation and linkage ◦ Crisis de-escalation ◦ Needs and accessibility of services • Mid-Term: Action Changes <ul style="list-style-type: none"> ◦ Clients connected to appropriate level of care and gain tools ◦ Improve community's comfort and ability to support JI individuals with MH needs ◦ Coordination in support of Client MH needs and access • Long-Term: Change in Conditions <ul style="list-style-type: none"> ◦ Maintain community MH treatment and manage symptoms ◦ Improve client outcomes and mitigate provider vicarious trauma and provider burnout ◦ Decrease in recidivism

Evaluation

Collect Data | Analyze and Interpret Data | Utilize Findings