

## AGENDA ITEM REQUEST

Community Corrections Partnership Executive Committee (CCPEC)

*Note: This agenda item request is due at least eight (8) weeks prior to CCPEC meeting.  
Email requests to [ProbationCommunityPrograms@acgov.org](mailto:ProbationCommunityPrograms@acgov.org).*

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

FROM: **Name:** Yesenia Lott  
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This agenda item is being submitted for consideration by the Community Corrections Partnership Executive Committee (CCPEC) at their meeting on March 16, 2026.

**Title:** AB 109 Mental Health & Substance Use Disorder Services

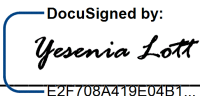
**Subject/Description:** Case/Care Management Services and Infrastructure: Providing Services and Sustaining Access for Alameda County Justice Involved Population.

**Background Information:** Alameda County Behavioral Health Department's (ACBHD) mission is to support and empower individuals experiencing mental health and substance use conditions along their path towards wellness, recovery, and resiliency. ACBH envisions a community where all individuals and their families can successfully realize their potential and pursue their dreams where stigma and discrimination against those with mental health and/or alcohol and drug issues are remnants of the past. In fiscal year 2024-2025, ACBHD provided services to 3,895 AB 109 eligible clients served by approximately 111 community-based programs across Alameda County. AB 109 clients received 69,213 mental health visits and 86,036 SUD visits. ACBHD is requesting approval of continued AB 109 funding in the amount of \$4,943,097 (including a 5% COLA) for fiscal year 2026-2027.

**Fiscal Impact\*, if any:** \$4,943,097 in allocation for fiscal year 2026-2027.

**Recommended action to be taken:** Approve continued allocation of ACBHD's AB 109 funding for fiscal year 2026-2027 in the amount of \$4,943,097, to sustain mental health and substance use services for AB 109 eligible clients throughout Alameda County. This reflects a 5% COLA increase from last fiscal year.

*\*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.*

Signature:  \_\_\_\_\_  
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Print Name and Title: Yesenia Lott Assistant Director

## **Section 2: Request to Renew or Extend an Existing Contract**

### **A. Provider Information**

1. Contractor Name: *Various community-based organizations providing Mental Health and Substance Use Disorder services contracted by ACBHD.*
2. Program Name: *Various contracted programs- 111 in total.*
3. City and Board of Supervisors District: *Various cities and districts throughout Alameda County.*

### **B. Information About the Program**

1. Please provide a summary of the program. *ACBHD and contracted community-based organizations provide mental health and substance use disorder services spanning 111 unique programs county wide for AB 109 eligible clients within Alameda County. ACBHD utilizes AB 109 funding to support community providers to ensure clients have access to quality Mental Health, Substance Use Disorder, Case and Care Management and other critical services.*
2. What part of the AB 109 population was served under the contract? (For example: unhoused individuals, clients disengaged from Probation Services, etc.)
  - o Justice involved individuals needing case and care management, housing, food and other immediate needs.*
  - o Incarcerated individuals who need mental health services.*
  - o Individuals re-entering the community after incarceration.*
  - o Clients who require substance use recovery services.*
  - o Unhoused clients/clients dealing with housing instability.*
  - o Clients disengaged from Probation services.*
3. What client needs were addressed? (For example: housing, employment, substance abuse etc.)
  - o Community-based mental health services.*
  - o Referrals, linkages, and case management for housing, employment, and primary health care.*
  - o Crisis response and intervention.*

- o Substance use recovery support services-management.
  - o Residential substance use rehabilitation.
  - o Sub-acute treatment services.
  - o Narcotics treatment programming/opioid medication assisted treatment.
4. Please provide a list of the objectives for this program/activity.
- o **In-Custody Mental Health:** Provide high quality evidence-based Mental Health services to incarcerated individuals within Santa Rita Jail.
  - o **Out-of-Custody Mental Health:** Provide high quality evidence-based Mental Health and wrap-around services to community members impacted by the justice system.
  - o **Out-of-Custody Substance Use Disorder:** Provide assessment, referrals, and case and care management to facilitate ongoing treatment and services.
  - o **Case and Care Management:** Provide intensive reentry-focused case management program incorporating pre-release and post-release planning including referrals and coordination to primary care providers, housing, safety net services, etc.
5. Did your organization invest any resources specific to this contract to make the program/activity successful? (For example: staffing, development of workshops etc.)
- o ACBHD invests staffing resources to support AB109 clients, including:
    - Program Specialists who help AB109 providers navigate Probation and Behavioral Health systems to improve follow-up and care coordination for AB109 clients
    - Behavioral Health Clinical Supervisors who support AB109 clients with re-entry supports and care coordination.
    - A post-release Behavioral Health Clinician to follow-up with AB109 clients after release from Santa Rita Jail to ensure connections to community-based providers, as needed.
    - ACBHD invests in trainings and workshops that are open to all contracted Community-Based Organization (CBO) providers on an on-going basis.
  - o During monthly/bi-monthly operational meetings ACBHD program leads provide assistance to CBOs including but not limited to:
    - Training
    - Technical support (e.g., billing support, data support, etc.)
    - Collaboration and coordination with other county agencies/departments
    - Coordinating care for clients
6. Did you do any outreach to the target population, outside of referrals by Probation? If so, what were the results of your outreach?
- ACBHD has established a continuum of services and providers focused on the justice involved population. This includes in-custody services, re-entry services, community-based services, crisis response/intervention services, and care coordination. These direct services and connections to

our justice involved community members allows for direct outreach to AB 109 eligible individuals.

Additionally, ACBHD continues to coordinate training and information sharing between community-based providers that receive AB109 funds and our behavioral health program at Santa Rita Jail.

ACBHD continues to partner with Probation and receives a list of individuals on probation who are likely to be released from Santa Rita Jail within 90 days. ACBHD staff at Santa Rita Jail use this list to outreach and engage these clients and make appropriate referrals based on their level of care. ACBHD has also started including a Deputy Probation Officer in standing multidisciplinary team meetings to coordinate reentry for incarcerated clients eligible for AB109.

C. **Background Research**

1. Is the program/activity evidence-based or a promising new idea?

ACBHD requires contracted CBOs to provide evidence-based practices and modalities. Many contracted providers use specific evidence-based modalities while others may refer to a variety of modalities to inform their work with community members/clients. See below for additional information.

2. If the program/activity is an evidence-based program, what does the research say about it?

Below is a list of some of the common evidence-based modalities used by ACBHD community-based providers.

- o **Cognitive Behavioral Health Therapy (CBT)** – helps the client recognize their own negative behavioral and emotional health patterns and aims to teach regulating skills.
- o **Trauma Informed Treatment** – seeks to acknowledge the impact of widespread impact of trauma and develop coping strategies for clients and families.
- o **Psycho-Education**-integrates emotional and motivational aspects that enable clients to cope with mental illness.
- o **Critical Time Intervention**- CTI was originally validated on the Criminal Justice and Houseless population and has a steady body of data and research.
- o **Wellness Recovery Action Plan (WRAP)**: A self-management intervention that empowers individuals to plan for how best to support their own recovery and improve hopefulness.
- o **Dialectical Behavior Therapy (DBT)**: Originally developed to treat chronically suicidal clients, it has been found to help people cope with distressing thoughts, feelings, and behaviors.
- o **Mindfulness-Based Stress Reduction (MBSR)**: A meditation therapy designed to foster stress management among other benefits.
- o **Seeking Safety**: Seeking Safety is an evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse.

o **CBT for Psychosis:** CBT for psychosis aims at modifying dysfunctional beliefs by helping the person understand the link between perceptions, beliefs, and emotional and behavioral reactions. CBT also helps the person question the evidence supporting his beliefs (whether they are psychotic or not).

o **Peer-Based Mentoring Model-** establishes a structured mentoring system where individuals who have had a successful reentry experience serve as mentors to those recently released from incarceration. Peer mentors undergo training to enhance their mentoring skills, including active listening, conflict resolution, and providing emotional support. They also receive information about available community resources. Peers are matched with mentees based on factors such as shared experiences, interests, and specific reentry needs. This matching process is designed to foster a sense of understanding and relatability between the Peer and the Client.

3. If there is existing research, was the research done on a population similar to the population served?

Some of the modalities mentioned above have research/evaluations that is inclusive of populations similar to the target population served by ACBHD. Research shows that several of the above-mentioned evidence-based practices have been used successfully with Reentry, Substance Use Disorder and Mental Health populations.

4. How do milestones/contract deliverables compare to the outcomes of similar work in other jurisdictions?

Compared to other jurisdictions Alameda County offers a robust and comprehensive network of providers dedicated to serving our justice involved community members. Additionally, ACBHD's community-based providers often reflect the communities that they serve, and many providers are dedicated to employing individuals with lived experience with the justice or mental health systems. This an extremely diverse program.

5. Is Probation funding any similar activities?

Probation funds some of the same community-based providers as ACBHD to provide similar case management services and re-entry supports. However, ACBHD provides specialty mental health services and has access to an extensive network of community-based partners to provide a greater spectrum of treatment services and can leverage these providers to bill Medi-Cal when applicable before drawing down AB109 funds.

6. If Probation is funding similar activities, what is unique about this program/activity, why is it necessary?

Only ACBHD has the extensive community-based provider network to provide comprehensive specialty mental health and substance use treatment and recovery services to AB 109 eligible individuals across Alameda County.

7. 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.

ACBHD is committed to working with our county partners to ensure our justice-involved clients are connected to critical services. ACBHD county and program staff work closely to coordinate care for AB 109 eligible clients including connecting clients to crisis housing, inpatient treatment, and community-based services after release from jail, discharge from another community-based program, or due to housing instability.

A few of ACBHD's AB109 funded mental health programs (Felton SMI and REP) explained from their program's perspective, the importance of having lived experience as a key component of their service delivery models, see below.

#### REP

- Lived experience leads to better understanding of stigma that clients face and internalize both as individuals with mental health issues and past/current involvement with justice system. This stigma often significantly impacts their mental health, engagement in services, and confidence/comfort navigating public settings.
- Moreover, less stigma "in the room" when working with a staff who experiences/has experienced the same/similar stigma, which many clients have reported as increasing their vulnerability with REP staff even beginning with the initial meeting.
- Clients more readily trust those that have successfully navigated similar challenges themselves, as staff with lived experience have "real"/practical knowledge rather than textbook
- Clients regularly reference feeling inspired that those with similar backgrounds are now stable and in the roles that REP staff are in. This serves as hope and role modeling for clients. This coupled with understanding the stigma has been very helpful for clients with transforming their self-identity and self-limiting thoughts

#### SMI

- The Program is based on the belief that combining traditional therapeutic interventions with lived experience is most effective for justice-impacted individuals
- It recognizes that many traditional models are not designed for the socioeconomic realities of the justice-impacted population
- There is emphasis on peer engagement and shared experience to build trust, particularly during initial participation
- Program approach challenges internalized beliefs that mainstream success is unattainable
- It supports identity transformation by helping participants recognize their inherent worth beyond criminal labels
- It incorporates an understanding of systemic oppression and trauma as key factors in personal development

- The program promotes education, personal growth, and improved quality of life for justice-impacted individuals

D. **Program Data**

1. How many people was your organization able to serve under the contract? 3,895 people were served by the 111 ACBHD MH/SUD contracted programs.
2. How many people was your organization expected to serve under the contract? N/A
3. What factors impact the number of people you are able to serve? Receiving referrals from probation, being able to identify/confirm individuals on active probation, and individuals maintaining active engagement with their assigned provider.
4. How has your capacity changed over time? ACBHD's overall capacity has fluctuated over the last several years. New programs were launched (e.g., Forensic Peer Respite, Diversion-Triage Center), some programs expanded (Felton SMI), while other programs have ended (e.g., Roots NiaCare and Felton mild to moderate).
5. How many people were referred to the program/activity by Probation?  
ACBHD does not track AB 109 specific referrals. Instead, ACBHD gathers data from Probation to determine the number of AB 109 clients served by mental health and substance use providers. In the fiscal year 2024-2025, the AB 109 programs served 3,895 clients.
6. How do you define successful completion for this program/activity? N/A, this varies for all 111 programs and there may be no "successful completion" for individuals who require ongoing treatment.
7. Please provide program milestones and other contract deliverable data.  
ACBHD served 3,895 AB 109 eligible clients in Mental Health and Substance Use Disorder Rehabilitation modalities, including but not limited to, crisis, hospital, residential, narcotics treatment, subacute and recovery residences **providing approximately 783 client services county-wide.**
8. Describe how successfully your organization achieved your contract milestones and the other contract deliverables.  
Fiscal Year 2024/2025 ACBHD continued to see significant outcomes including:
  - A continued 15% decline in AB109 client who were incarcerated in the 12-months following their initial mental health visits.
  - A continued 28% decline in AB109 client who were incarcerated in the 12-months following their initial visit with a substance use provider.
  - 20% decrease in incarcerations (across both MH and SUD)
  - 11% decrease in psychiatric hospital admissions (across both MH and SUD)

- 1% decrease in psychiatric hospital days (across both MH and SUD)
- 29% increase in primary care physical exams (across both MH and SUD)

9. Is there a waitlist for this program/activity? ACBHD’s referral unit will assess individuals for their mental health treatment or substance use needs. If a specific provider/level of care is at capacity and cannot receive any new clients, the referral unit will identify another provider that provide the same level of service or a provider that can temporarily case manage the client until a higher level of care is available.
10. If known, how many clients were reincarcerated while in your program?  
In FY 24/25, ACBHD’s MH/SUD programs served a total of 3,895 individuals, of which 1,522 people remained engaged in treatment for at least 90 days. 77% (n = 1,166) of clients who remained engaged in treatment had no further incarceration at Santa Rita Jail.
11. What are some mechanisms your program used to mitigate and address recidivism? This varies across all of ACBHD’s contracted providers. Some approaches include:
- Attending court dates with clients for emotional support and/or providing transportation support (some cannot or will not attend without their program rep)
  - Collaborating with probation officers to address holistic needs of client and promoting mutual engagement in services
  - Providing letters of support or reports to court/probation reflecting progress towards goals and consistent participation
  - Collaborating with the Collaborative Court to support with client’s goals related to drug court conditions and promoting mutual engagement in services
  - Using motivational interviewing and incentives to promote engagement in MH and SUD treatment, which is often mandated by the court
  - Discussing underlying root issues behind engagement in criminal activity to address those via therapy and/or resource linkage (many crimes were “crimes of survival”)
  - Advocacy via letters explaining how MH symptoms can enhance criminogenic risk (provided to client’s lawyers upon request)
  - Regularly elicit feedback directly from clients regarding satisfaction with services and improvements that could be made to support efficacy and quality of services
  - Obtain prior to client's release from jail and/or during first meeting once released, the terms of client's release from their probation/parole officer and/or attorney and review with client so they have clear understanding as well as their service team
    - Have proactive conversations regarding barriers to abiding by terms now and/or in past and make plans addressing the obstacles. Moreover, identify resources and strengths now/historically with abiding by terms of release.
    - Discuss incorporating terms of release into treatment plan goal
  - Closely coordinate with client's legal team
  - Address practical needs related to stability/remaining in community, e.g. obtaining a working phone and reliable transportation, housing and in areas away from clients triggers
  - Center clients identified reasons for wanting to stay out of custody

E. **Contract Information**

1. Contract Term:

	Start Date	End Date	Budget Allocation
<b>Original Contract Term:</b>	FY 21/22	FY 22/23	\$4,483,534
<b>1<sup>st</sup> Amendment:</b>	FY 22/23	FY 23/24	\$4,483,534
<b>2<sup>nd</sup> Amendment:</b>	FY 23/24	FY 24/25	\$4,483,534
<b>3<sup>rd</sup> Amendment:</b>	FY 24/25	FY 25/26	\$4,707,711
<b>4<sup>th</sup> Amendment:</b>	FY 25/26	FY 2/27	\$4,707,711

2. Budget: Budget vary across all 111 providers contracted with ACBHD. However, AB109 funds are used to cover services that are not billable to Medi-Cal or to cover treatment costs to clients without active Medi-Cal. AB109 funds do not support county staff salaries.

	Budget Allocated	Percentage of Total Budget	Total Expenditures as of DATE
<b>Personnel:</b>			
<b>Program Costs:</b>			
<b>Direct Participant Support:</b>			
<b>Indirect Cost:</b>			
<b>Other:</b> Click here to enter text.			
<b>Total:</b>			

3. Direct Participant Support and Cost per Client AB 109 funds for ACBHD go directly to contracted mental health and substance use providers for direct client services. However, the providers do not have AB 109 specific budgets.

a. What percentage of the expenditures goes to the Contractor vs. the Participants?

b. Total Expenditures vs. Successfully Completed:

*(Total Expenditures / # of Successful Completions = Cost per Successfully Completed):*

*\$100,000 / 10 clients = \$10,000 per client*

c. Total Expenditures vs. Total Active Clients:

*(Total Expenditures / # of Active Clients = Cost per Active Client):*

*\$100,000 / 20 clients = \$5,000 per client*

4. Does this contract have an extension available? **N/A, this has been an annual allocation. The County cannot RFP for specialty mental health services outside of ACBHD.**
5. Why should the contract be extended/renewed?  
 This contract should be renewed because ACBHD's MH/SUD programs have delivered measurable, system-wide impact for AB109 clients during FY2024-2025. These programs are reducing recidivism, improving health outcomes, and expanding access to care at scale. Key achievements include:
  - 15% reduction in AB109 clients incarcerated within 12 months of their initial mental health visit
  - 28% reduction in AB109 clients incarcerated within 12-months of their initial visit with a substance use provider.
  - 20% overall decrease in incarcerations (across both MH and SUD)
  - 11% decrease in psychiatric hospital admissions (across both MH and SUD) and 1% decrease in hospital days, reflecting improved stability.
  - 29% increase in primary care physical exams, strengthening whole-person care.

ACBHD served **3,895** AB 109 eligible clients through 111 contracted Mental Health and Substance Use Disorder programs, delivering approximately 783 services county wide across crisis, hospital, residential, narcotics treatment, subacute and recovery residences. These programs employ evidenced-based approaches to reduce recidivism, many led by staff with lived justice-system experience, creating culturally responsive, client-centered care that drives outcomes and equity.

Renewing this contract ensures continuity of these proven interventions, prevents disruptive of critical services, and sustains momentum in reducing incarceration and improving health for AB 109 clients.

**F. Fiscal Impact**

1. What is your proposed annual budget for this program/activity? **The total budget for AB109 related services provided by ACBHD MH & SUD providers is \$4,943,097.**
2. What is the total proposed budget for the requested program/activity? Please include a complete budget breakdown. **N/A**
3. Have you exhausted all of your previous AB 109 funding? If not, how much unspent AB 109 funding do you have remaining? **Yes, we have exhausted all of the previous AB109 funding.**
4. What is your total budget for the program/activity under the contract? **\$4,943,097**
  - a. If the proposed annual budget is higher than that of the previous year, please justify the increase. **ACBHD's AB109 budget for fiscal year 2026-2027 in the amount of \$4,943,097 includes a 5% COLA increase from last fiscal year.**
  - b. If the proposed annual budget is lower than that of the previous year, please explain.
5. Staff Salaries **N/A**
  - a. How much does your highest paid staff member allocated to this contract make?

- b. How much does your lowest paid staff member allocated to this contract make?
- c. What is your average staff salary?
- d. Do you offer living wages based on the [MIT Living Wage Calculator](#) (for a single person \$29.95 per hour)?