

ALAMEDA COUNTY PROBATION DEPARTMENT

COMMUNITY CORRECTIONS PARTNERSHIP FISCAL/PROCUREMENT WORKGROUP

March 7, 2023 from 3:00 PM to 5:00 PM
1111 Jackson Street, 2nd Floor, Rooms 226-228, Oakland, CA

Meeting Minutes

Present:

Shauna Conner (Facilitator)

Royl Roberts (Co-Facilitator)	Eddy, Charles	Ly, Vy	Soltani, Haleh
Ahmadi, Atiqullah	Fraix, Madeleine	Maloa-Taulealo, Maloa	Sy, Luwissa
Anderson, Deborah	French, Nancy	Martin, David	Taizan, Juan
Barua, Francesca	Gonzalez, Rezsine	Motley, Ocean	Temporal, Gina
Belowich, Steven	Grigsby, Janene	Ortiz, Manuel	Young, Alexa
Berdin, Marjorie	Ku, Daniel	Pascal, Puyja	Williams, Kisha
Brooks, Rodney	Lee, Corrine	Penn, Curtis	Wilson, Jenica
Cercone, Dante	Lewis, Clyde	Rodriguez, Tina	Zatcoff, Tyler
Clark, Dr. Michelle	Li, Juliana	Smith, Shadeequa	Zhu, Jing
Colon-Rodriguez, Margarita	Louie, Jill	Smith, Shanice	Additional Guests: 0

1. **Call to Order and Introductions** – Meeting was called to order at 3:02 PM
2. **Public Comment** – No comments
3. **Review and Adoption of [February 7, 2023 Meeting Minutes](#)** – Minutes reviewed and approved as written
4. **[Allocation Spreadsheet Overview](#) – Janene Grigsby**
 - a. Current Year: Remaining Unallocated CBO Balance = \$1,207,285 (line 77, column M)
 - b. Current Year: Funds Previously Allocated But Unused and Available To Reinvest = \$668,326 (line 77, column O)
 - c. Next Year: Fiscal Year (FY) 2023/2024 (FY23/24) CBO Allocation = \$34,924,984 (line 73, column N)
 - d. Total Available: AB 109 Funding For Realignment Clients = \$36,800,595 (line 77, column N)
 - e. *Total Proposed Allocation = \$23,152,383 and Total Remaining if approved = \$8,377,151*

5. **Funding Request – Gina Temporal**

Discussions continued on the FY 23/24 budget with the following presentations:

- a. **[New Family Reunification Program](#)**
 - i. Recommend approval of \$4,800,000 for a new Request For Proposal (RFP) with an initial two-year contract for a new Family Reunification Program; the current existing contract term is from February 1, 2019 to January 31, 2024
 - ii. Probation is required to do a new competitive bid because the five-year limit allowed to contract for it has been reached; the total contract amount for these five years is \$5,167,260
 - iii. There are currently 3 providers serving clients' Family Reunification needs: Asian Prisoner Support Committee (they serve all cultures and specifically specialize in immigrants and refugees), Centerforce, and Tri-Cities
 - iv. The [Logic Model](#) was shared for the new program
 - v. Discussion:
 - a) ***How many potential vendors do you anticipate for this new RFP?*** Response: Much of the information cannot be shared yet, but there will be at least one vendor and there is potential for more as the RFP gets built out.

- b) ***One of the current vendors is faith-based and it sounds like they may be using a faith-based approach, which can be off-putting for some. How are you going to manage that in this new contract, especially if it ends up being one provider?*** Response: We would list out the evaluation criteria in the RFP of what they are going to be evaluated on, and one we typically ask is how are you going to be able to serve the entire county, taking in gender-responsive services, religious beliefs, etc.? They would have to speak to how they intend to serve everybody in the RFP. All of our providers are expected to service the entirety of our population.

vi. ***Item approved to move forward to the next CCPEC meeting for consideration/approval***

b. **Health Care Services Agency AB 109 Allocations**

- i. This recommendation is for \$8,180,185 for Alameda County Behavioral Health FY 23/24 funding:

- a) **Recovery Residence Services** = \$408,997
b) **Mild to Moderate Services** = \$1,577,000
c) **Felton SMI (Success: Movement from Incarceration)** = \$1,710,354
d) **Alameda County Behavioral Health (ACBH)** = \$4,483,534

ii. **Discussion:**

- a) ***For the Felton SMI, they said they're looking to expand the use of EMDR. What is the EMDR?*** Response: Yes, Eye Movement Rapid Desensitization; it is an Evidence Based Practice.
- b) ***Also, there was a mention that Felton is looking to increase the use of Peer Support Specialists as a part of their AB 109 work. Would those Peer Support Specialists be Felton employees?*** Response: That is correct, they would be Felton employees
- c) ***What happens if a client is AB 109 eligible, but they do not qualify or do not have Medi-Cal, and they would not qualify for it? Would they still be able to receive the same levels of services and support?*** Response: That is correct. They still will be connected to our services. AB 109 funding is not tied to Medi-Cal billing, so because they are AB 109 eligible, they are eligible for the reentry services through this program.
- d) ***Once a client is referred to an SMI program, is there a way to have a service provider sign them up immediately for general assistance, so when they leave, those things will already be in the process of occurring?*** Response: Yes, that's part of that stabilization and those linkages. Part of the work that Mild to Moderate and SMI programs do is connect clients to those critical services.
- e) ***How long do the programs go for our clients? For instance, I understand there might be a time base, but what happens if the clients are not ready to be discharged within that timeframe?*** Response: We work with the providers very closely and will make extensions and exceptions if we know a client needs a little bit of additional support. While there are set timeframes and we hope to move people through to more permanent services, we also realize there are a lot of challenges, so we have to make exceptions and be flexible.
- f) ***Are the services typically 6-months, 12-months, can they go for 2-years?*** Response: It is a case-by-case basis, which really looks at the client's needs in terms of how long we would extend it. Again, these are not permanent services, so we would not want a client connected to these services for several years. We work with our providers to look at the specifics of each individual and what their needs are, and make decisions from there [Chat Juan Taizan: M2M program timeline for serving clients = 9 months; SMI = 18 months and both can be extended based on client need].
- g) ***For the Recovery Residences that is going to be opening, how long are folks able to stay at the recovering residence?*** Response: I believe it's six months, but again, there are exceptions, and we can adjust depending on the client's need.
- h) ***Looking at the Recovery Residences AIR data, I just want to make sure that the data given is specific to AB 109 eligible clients and not the program totals. Because historically, we've had a***

small percentage of beds in these locations, and the AIR speaks to a contract extension for \$408,997; is that just for the AB 109 beds or is that for the program total? Response: Those are for AB 109 beds. **What is the amount ACBH is funding versus the 408,997 from AB 109?**

Response: I would have to look that up, but I believe it is several hundred-thousand dollars for those two programs. **I would need clarity for me to feel comfortable moving it forward.**

Response: Okay, I will provide it in the chat [Chat Jill Louie: CURA Recovery Residence = \$165,600 for AB 109 and \$838,234 for non-AB 109; Options Recovery Residence = \$245,397 for AB 109 and \$752,427 for non-AB 109].

- i) **It says 338 clients were served in FY 21/22. Again, is that the program total or those are AB 109 clients?** Response: I can go back and look at our numbers and get that for you this meeting.
- j) **With respect to Mild to Moderate and SMI, separate and apart from access, we haven't really had a clear triage point into these programs. So, let's just say a client is referred by Probation staff, are the programs in communication with one another to transition clients, or step them down or up if need be?** Response: The programs have been in communication with us at Behavioral Health, so one of the triage points for us will be the Care Coordination team that we're building out through Behavioral Health for our outpatient services. We are hiring a forensic-specific Critical Care Manager and they will be the connector to all the departments and providers. [ACPD Director Conner thanked Juan Taizan for creating a space for Probation and ACPD to connect and talk through potential barriers to program services].
- k) **Are there current systems or processes in place within the jail to engage and connect clients to services once they become AB 109 eligible?** Response: For full transparency, we are building those processes. I want to acknowledge and lift up Corrine Lee because she has been the person who is helping us identify individuals who become AB 109 eligible and connecting with them in the jail. The Care Coordination teams are going to be a critical component to providing this service and tracking clients as well as the Jail Mental Health Discharge team we're building up.
- l) **Does your request cover clients who may not meet specialty mental health service criteria; those who in some cases are undiagnosed or who we believe may have mental health needs but haven't been connected to mental health services before?** Response: They do through the Mild to Moderate specifically (Mild to Moderate has traditionally not been a specialty mental health designation); and also through our substance use and in-custody services. Through Cal-AIM we will have to navigate what Mild to Moderate, Moderate to Severe specialty mental health means.
- m) **If we have a client that's AB 109 eligible or will become AB 109 eligible, but they don't have Medi-Cal and will not qualify for Medi-Cal, how can they still access recovery and SUD services? We have clients who have been turned away because they do not have Medi-Cal and we've been told they will not be served, so how will that be resolved?** Response: I've been working with Lindsey Lew who has been sending those clients and I've been approving them as one-offs. We're in the process of developing a more formalized process, and that should be done here relatively shortly.
- n) **Circling back to SUD, I wanted some clarity on how many beds the AB 109 allocations has in each of these programs. The numbers that were provided based on our referrals seem reflective of the program and not specific to AB 109.** Response: For CURA there are 9 AB 109 dedicated beds, and for Options there are 14. **If during the year those beds are not full with AB 109 clients, the full allocation would not be used?** Response: We only charge AB 109 for beds that are utilized, so that is why we would come under that allocation.
- o) Probation: Just as a recommendation, if we move this forward, when it gets to CCPEC (Community Corrections Partnership Executive Committee), there will need to be a clearer picture on how the Recovery Services program has been utilized, how it has benefited AB 109-specific clients, and how this money has been spent down.

- p) ***In your number of AB 109 clients receiving behavioral health services, there is a use increase of 2-3% during a period when the AB 109 population decreased by approximately 40%, so I am wondering if you know what the increase is due to? Was there an increased need? Was there an increase of accessibility to the services? Do you have any idea what caused that shift?***
Response: I do not know. We can follow-up on it and build that into the next presentation.
- q) ***Regarding the \$4-million ACBH general funds, how is it distinguished what gets billed to AB 109 versus what gets drawn down from Medi-Cal and what gets drawn down from you all internally? For these same clients, are you pulling down AB 109 funds when they can't get paid through Medi-Cal, and then using Medi-Cal to leverage those funds? How is the general \$4-million allotted to ACBH being identified and dedicated to those folks?***
Response: Our first priority is to always bill Medi-Cal because it's an untapped revenue source. Next we prioritize in the program is general fund for us; we're going to try to prioritize that before AB 109. We have some priorities that we use to try to provide these services and only chargeback that allocation that we were approved for. ***So, to clarify, you are drawing down Medi-Cal first, and from there you are doing the general funds. Is AB 109 getting drawn down generally to the population, or are you only using AB 109 for those specially-identified AB 109 populations?***
Response: We are only using AB 109 if a client receiving the services is on the Probation list that we receive.
- r) ***This is related to the 132 programs that draw down from AB 109 funds. How are clients accessing these programs? Is it primarily through Access or Centerpoint, and is there then automatically a Medi-Cal barrier to AB 109 clients accessing those 132 County-operated services?***
Response: They can come in through any way. When we look at all the services provided, we match the AB 109 names to the services they receive throughout our system, so Medi-Cal may or may not be applicable in certain situations depending on how and where they are getting served. So, it's not necessarily just through Access or Centerpoint; there is no one entry point.
- s) ***We typically give the AB 109 list annually, so how is that reconciliation happening? Are you waiting until the end of the year to identify which of these funds will come down to AB 109? How is that process done throughout the fiscal year?***
Response: Our data services team is receiving that list quarterly, so following each quarter, we are bumping it against our data system and we're preparing an invoice and sending it to Probation Finance for review. So, we are doing quarterly updates. ***And those quarterly updates are coming back to Probation?***
Response: Yes, they are.
- iii. ***Item approved to move forward to the next CCPEC meeting for consideration/approval with a contingency: Probation will convey to the CCPEC Chair some of their questions from today, and will also follow-up with the Probation Research team on the quarterly reconciliation***
- a) ***This is a comment and question: underutilization has been a problem for the AB 109 programs going back to the beginning. What is Probation doing in terms of supervising and accountability with the DPOs (Deputy Probation Officers) to make sure they are providing more energetic, robust referrals? With the exception of housing and employment, the majority of programs are underutilized.***
Response: I appreciate you bringing this forward. We definitely want to make sure we're getting full use of AB 109 funded programs. We have a number of challenges: (1) Since this team has come on, we've looked at almost every contract that we have, and we recognize that when some of the providers were putting forth capacity information, it was guess work. We have some programs saying they can serve 40 people, but they actually serve 400. So when we're looking at data, what the contract says they can serve versus what they serve, we can't really use it; (2) we can't really evaluate the impact of the program as who is utilizing it if we don't have appropriate data, and this continues to be a challenge. We want to make sure everyone is getting access to these programs, but we need clean, appropriate data in order for us to have those conversations; and (3) we have done a number of initiatives internal to Probation, one of them

has been the case plan that's been rolling out and will still continue to have to be revisited, when clients are being accessed for what their needs are, it automatically maps to what programs potentially are available in that need area. We also intend to utilize the Pre-release allocation to have community-based operations imbedded in our offices to catch people as they're coming in. And we want to partner with our CBOs to have them in our offices and other entry points like the courts and Santa Rita jail, where they're able to meet people – their peer mentors are able to talk through what services are available, so we can partner with the DPOs to get better utilization of our services. This issue has been something that was a priority for this team when I came onboard and it's continuing to be looked at, but I think it has to be looked at from multiple vantagepoints. But you do raise an excellent question.

For each AIR:

- a) Original AIR for SUD Services = \$408,997
 - a. Probation wants clarity on the data set as to whether or not it was AB 109-specific individuals
 - b. Probation will clarify internally what the process is for reconciling the list
 - c. Recommendation is to move this item forward for CAB and CCPEC review with the understanding that a and b above will be addressed at the next meeting
- b) Mild to Moderate Services = \$1,577,000
 - a. Probation wants clarity on process/access for individuals who do not have Medi-Cal
 - b. Recommendation is to move this item forward for CAB and CCPEC review with the understanding that a above will be included in presentations for CAB and CCPEC
- c) Felton SMI (Success: Movement from Incarceration) = \$1,710,354
 - a. Probation wants clarification on the acronym EMDR, the Peer Support Specialist added to the presentation, and the Medi-Cal question above
 - b. Recommendation is to move this item forward for CAB and CCPEC review with the understanding that a above will be included in presentations for CAB and CCPEC
- d) Alameda County Behavioral Health (ACBH) = \$4,483,534
 - a. Probation will follow-up on what the reconciliation process is internally
 - b. Recommendation is to move this item forward for CAB and CCPEC review

6. Contracts Update – Gina Temporal

- a. There are two updates for this month:
 - i. The Center of Reentry Excellence (CORE) and Client Resource Forum Coordinator – The General Services Agency (GSA) is finalizing negotiations and will go to the Board of Supervisors (BOS) towards the end of March
 - ii. Cognitive Behavioral Interventions (CBI) – GSA is finalizing negotiations and will go to the BOS around the end of March
 - iii. AB 109 Evaluation Services – A Request for Information (RFI) was released for the purpose of identifying vendors who have the capacity and experience to provide AB 109 evaluation services of the government partners and CBO providers and to gather information for the development of the Request for Proposal (RFP); the responses are being evaluated
 - iv. Early Intervention Court Program – The RFP posted on March 3; bids are due April 6
- b. Pending RFPs that will be released this month:
 - i. Coordinated Reentry Services Program (CRSP) – This is formerly the Pre-Release Planning and Case Management allocation; RFP is posting in March
 - ii. Employment Services – RFP is posting in March
- c. New Program:

- i. Home Bridge Transitional Housing Program – This is coming via the Comprehensive Opioid, Simulant and Substance Abuse Program (COSSAP), a grant Probation received, which is being partnered with the Opioid/Alcohol Use Prevention Program’s AB 109 allocation; La Familia is operating this housing program from both funding streams that offers substance use treatment and wraparound reentry and recovery supportive program that are provided in a community-based residential setting. The program’s wraparound case management substance use treatment includes medication assisted treatment, mental health treatment, permanency planning, and reentry focused navigation services

d. Discussion:

- i. ***Under the scope of work being developed, the Kinship Reentry Workforce Program has been on the list for about 4-5 years (it originally came from Fresno Pacific University and was piloted in a CDCR facility there). What is happening with it?*** Response: Probation did reach out to get clarity because they were unable to find the original AIR presentation that went with it; this will come out with Family Reunification. We’re trying to put together an umbrella of services that will include this

7. AB 109 Designation Account Update – Howard Chen

- a. There is one update for this month:

- i. FY 2021-22

- a) \$120,000 moved from Commitments to Actuals for Early Intervention Court – new RFP (pg. 5, line 9)

8. **Next Meeting** – Tuesday, April 4, 2023 from 3:00 PM to 5:00 PM

9. **Public Comment**

- a. Bay Area Systems Impact Coalition (BASIC) is having an event on March 16 at Solano Community College (Vallejo campus) from 12:00 – 5:00 PM
- b. This is the last meeting for Shauna Conner who will be transitioning to Juvenile Services, but she will be at the next meeting in April

10. **Adjournment** – Meeting adjourned at 4:49 PM