ALAMEDA COUNTY PROBATION DEPARTMENT

Community Corrections Partnership
Generational Health Subcommittee Regular Meeting
Hybrid Meeting – 1111 Jackson St., Oakland CA, 94607
June 16, 2026 , 12:00 – 2:00 PM

MEETING MINUTES

Chairpersons:

Utkarsh Sinha
Clyde Lewis

Present:

Ball, Angela
Brown, Robin
Cruz, Ayana
Ellington, Dario
Ghimire, Nawadip
Gonzalez, Rezsin
Grigsby, Janene
Lee, Corrine
Oberes, Jabez
Reed, Monte
Richardson, Rebecca
Sandoval, Gale
Saporito, Zarlasht
Smith, Ron
Sponer, Kalili
Taylor, Tatiana
Turner, Charles
Wang, Jenny
Young, Alexa

1. Call to Order
   A. Tatiana Taylor called the meeting to order. Everyone briefly introduced themselves and participated in the icebreaker activity.
2. Review and approval of the February 17, 2026 and April 21, 2026 Meeting Minutes.
   A. The meeting minutes for the February 17, 2026 and the April 21, 2026 meetings were approved as presented.
3. Introduction to the Alameda County Reentry Plan
   The subcommittee reviewed the Road to Reentry Plan, the Alameda County's plan to support AB 109 eligible individuals and their families with successful transition back into the community.
   A. The role of the Generational Health Subcommittee includes supporting successful transitions, connecting individuals to services provided by county agencies and community-based organizations, reducing recidivism, identifying service gaps, recommending programming, and identifying programs that may be funded with AB 109 dollars.
   B. The plan includes reducing recidivism, coordinating services, supporting effective transitions, and promoting transparency and accountability.

4. Reentry Goals

The Subcommittee used a survey to gather input that would help identify and refine goals for the Reentry Plan. Members reviewed responses regarding where support is lacking, where support is abundant, existing programs, needed improvements, and what clients and the community want and need.

A. Question: From your line of work, where is support, including AB 109 support, lacking?
    a. Systems coordination and clear pathways into long-term health and housing services.
    b. Housing and stable living environments
    c. Employment and economic stability
    d. Care coordination, staffing, direct support, and job leads
    e. Support before, during, and after probation

B. Question: From your line of work in the AB 109 community, where is there abundance of support?
    a. Areas of available support included accessibility of funding resources including barrier removal, probation services, behavioral health services, case management, barrier removal, and employment preparation. Members noted that services may not always be coordinated and that employment readiness does not always lead to job placement.

C. Question: What known programs does Alameda County Agency or your community organization have that likely supports the re-entry population and possible AB1 online clients?
    a. Programs identified as supporting the reentry population included family reunification, housing, employment, education, CORE, lifelong reentry clinic, Opportunity Works, BACS, Goodwill reentry, root & rebound, Planting Justice, and Prison-to-Employment community services.

D. Question: How can these programs improve?
    a. More quality providers
    b. Increasing transparency, coordination with existing resources, collaboration, and the leveraging of funding.
    c. Publicizing programs and making them known throughout the community
    d. Creating a ‘No Wrong Door’ system and expanding housing solutions
    e. Increasing peer leadership, staffing, direct leaders, and steady communication with clients.
    f. Providing the right level of support, sustaining clients’ transitions out of services, and avoiding false expectations regarding monetary aid.

E. Question: What do your clients in these programs want?
    a. Members reported that clients want barrier removal, trust, housing and job assistance, monetary support, concrete tools, dependable follow-up, connection, transparency, timely services, and a path toward a productive and thriving future.

G. Question: What do your clients in these programs need?
    a. Clients need empowerment, technical assistance, structure, continuous support, employment and housing resources, targeted programs, and people and organizations that will remain alongside them for the long term.

H. Question: What does the community in general want?
    a. The community wants safety, easy access to resources, stronger prevention programs, coordinated care, transparent data, an understanding of outcomes and why investment in reentry matters, greater County involvement, better neighborhoods, violence prevention, and effective and efficient programs and services.

I. Some comments and additional information from the committee members:
    a. Members discussed the importance of engaging health partners who may not work with the reentry population day to day, so that the Subcommittee's goals are responsive to behavioral health, public health, social services, providers, and people with lived experience.
    b. Public Health representatives discussed upstream work, Measure C violence prevention funding, limited home-visiting programs, and the Front Door program, which helps individuals navigate systems and access resources. Planting Justice was highlighted for its agricultural, employment, and wraparound support for the reentry population.
    c. Members emphasized taking a broad view of health that includes behavioral health, mental health, environmental health, food, violence prevention, employment, housing, and systems navigation.
    d. The Subcommittee discussed making the goal-development process actionable by leveraging the different perspectives and resources of County departments, community providers, and individuals with lived experience.

J. A question was thrown for the members to answer: "If you had a magic wand and can make any one change, what would that be?" Here's a summary of the responses:
    a. Employment was identified as a major need. Members discussed the difficulty individuals with backgrounds face when seeking work, even when they are motivated and consistently applying and interviewing. More job opportunities and updated employer tax incentives were suggested.
    b. Members discussed sustainability, fiscal responsibility, and the need to leverage funding across agencies rather than duplicate services or rely on short-term funding. The group emphasized understanding how funds enter the County, where they are going, and how to support local infrastructure and coordination.
    c. Storytelling was identified as a powerful way to highlight successful reentry outcomes, increase awareness of available programs, inspire participants, and encourage additional community investment. Members supported creating and sharing short videos and success stories through social media and other platforms

5. Wrap-up and Public Comments

A. Success stories
    a. A provider shared the progress of a participant who obtained his driver's license, began pursuing a forklift certificate, and continued working toward a commercial driver's license and employment as a bus driver. The provider emphasized that the milestone increased the participant's confidence, opened additional opportunities, and reinforced the value of a strong support system.
    b. Another success story described an individual recently released from San Quentin who obtained two jobs, secured housing and a vehicle, connected with Project Rebound and needed services, and began teaching tennis to youth and volunteering with community activities. Members emphasized that, when given an

opportunity and support, formerly incarcerated individuals can contribute significantly to the community

B. A public comment recommended updating employer incentive programs and tax credits for hiring individuals with backgrounds so that the incentives reflect current economic conditions.

C. Members reiterated their support for developing success stories and publicizing reentry outcomes. The youth co-chair noted that hearing people share their experiences can inspire others to become involved and create change.

D. The next Generational Health Subcommittee meeting was announced for August 18, 2026.