

Alameda County SB823 Subcommittee Minutes

3.4.21

JJCC Subcommittee Members Present:

Chief Still, ACPD
Eileen McAndrew, DA
Alphonso Mance, PD
Juan Taizan, ACBH
Hon. Ursula Jones Dickson
Andrea Zambrana, Conflict Counsel
Monica Vaughan, ACOE

Vamsey Palagummi, JJDP
Emily Young, DPN
Hayden Renato, Free Our Kids Coalition
Caryn Quezada, District 1 Representative
Erin Palacios, District 3 Representative
Trevor Arceneaux, District 4 Representative
Kelly Thompson, District 5 Representative

1. Call to Order & Introductions
 - a. At 12:30 pm by Chief Still
2. Minute Approvals
 - a. 2.25.21
 - i. Emily Young and Erin Palacios did not receive minutes
 - ii. Minutes will be approved at the next meeting

New Business

3. Data Request Updates
 - a. See slides from Robert Walton, ACPD
 - b. Questions and Comments
 - i. What does it mean that youth are out of county?
 1. A: We have youth in custody who don't have an address in Alameda County. They committed their offense in Alameda County but did not live in Alameda county.
 - ii. Do our partners see individual youth's needs score - behavioral health, ACOE, CBO'S, etc.?
 1. During MDT meetings, we have discussions regarding the YLS assessment results. If a partner requests to see the raw scores, we assess the request's purpose and provide the scores accordingly.
 - iii. This information is helpful when thinking through programming, not only in terms of content but also in indicating areas with higher needs. Thinking about community partnerships and community-based partnerships, making sure those services are in locations that best serve youth.
4. Presentation from Department of Behavioral Health
 - a. See slides from Lisa Carlisle & Juan Taizan, Alameda County Behavioral Health.
 - b. Question and Comments

- i. Are these programs that will be available to SB 823 youth? Does TAY refer to youth in the TAY program or youth of transition-age?
 1. A: TAY refers to transition-age youth.
 2. A: Yes, programs and services can be available to SB 823 youth. Youth have to qualify for Medi-Cal and meet Medi-Cal necessity standards for services. Youth would need more moderate to severe mental health services.
 - ii. How do youth get services if they don't have Medi-Cal?
 1. A: SB823 youth are covered under Medi-Cal
 - iii. Are SB823 youth still insured under probation once in the community?
 1. A: Yes
 - iv. Will we be evaluating SB 823 youth for complex trauma such as PTSD during intake?
 1. A: Yes
 - v. When a minor or Tay doesn't agree to services, how is the need addressed to ensure rehabilitation?
 1. A: Something to consider as a workgroup. Can't force youth to engage in treatment. If youth are non-responsive will look to other partners for engagement strategies.
 - vi. Who covers those youth with mid or moderate needs?
 1. A: In custody, ACBH will cover mild to moderate and moderate to severe. Out of custody, ACBH's health plan only able to serve moderate to severe. Mild to moderate referred to another plan, through Alameda Alliance and Beacon.
 - vii. Does in custody mean physical detained, or does in custody mean on probation?
 1. A: In custody means in detention in the JJC.
 - viii. If we have an SB 823 youth who serves two years of sentence in custody and the remainder of their sentence out of custody in the "step-down" program, which has been mentioned, during the later part of those two years, would the Medi-Cal necessities requirements apply or would they still be covered?
 1. A: They would still be covered as an SB 823 youth.
 - ix. Not all services are county services; the Delinquency Prevention Network supplements lower-level needs.
 - x. What we design needs to be robust enough to meet long-term needs.
5. Parts 3 & 4 of Draft Interim Plan A
- a. See slides from Dr. Soto, Impact Justice.
 - b. Subcommittee Discussion
 - c. Questions and Comments
 - i. ACPD will provide services for youth with severe mental illness and sex offender treatment in collaboration with partners. Makes more sense to have a regional cohort for small populations to address long-term needs
 - ii. Judges determine sentence outcome; secure track will provide guidance much like a sentencing matrix. Judges will decide what components of the "inside-outside" concept they're willing to support. Maybe a requirement from a local judge to bring



- youth in for a progress report hearing, the progress will determine what the continued program will look like, whether it's inside or outside.
- iii. In relationship to DJJ programming, ACPD has extended programming, plans to have a smaller population, and more support inside units to address mental and behavioral health needs.
 - iv. Looking to build a more robust reentry service and network in partnership with Alameda County Behavioral Health.
 - v. Have yet to make a decision on which RNA tool to use.
 - vi. Who or what are the factors that decide when a youth moves between phases?
 - 1. A: Depending on the requirements of the court, if any, based on secure track.
 - vii. Who are the youth counselors? Are they probation employees, and what is their background and train?
 - 1. A: Three types of youth counselors, behavioral health/mental health training mental health specialist classification, would be part of MDT. Juvenile Institution Officers inside the units, and Deputy Probation Officer. DPOs and JIOs have four years degrees or advanced degrees.
 - viii. Will ACPD and ACBH have the capability to address and serve mental health needs?
 - 1. A: Yes. ACBH needs to identify long-term treatment models and implementation of those models.
 - ix. Request for language about library involvement to be amended to reflect current library services properly.
 - x. Will the subcommittee discuss parts 1 & 2? Will the subcommittee be receiving any other parts?
 - 1. A: No time to discuss parts 1 & 2 today? The subcommittee will have time when drafting the plan.
 - 2. A: Subcommittee has all parts of the interim plan. The subcommittee will have time to go over all parts next week.
 - 3. A: One more part is coming around plans to retain youth instead of sending them to the adult system.
 - xi. What is the makeup of the facility being used? How many beds inside of the facility are being contemplated for use? Does that discussion change how we view these services operating on a day-to-day basis? Hall was designed for short-term detentions, not long-term commitments. Would like a sense next week of what that's going to look like because we're going to need to rethink the physical construct of that environment pretty significantly over the next.
 - xii. In the description of adding a mentor in phase 1, and there's a description of adding connections to the community in phase 2, that description should be moved into phase 1 because we should be establishing community connections on day one. We should have a model that highlights community and family engagement to the greatest extent possible at every phase. As well as starting to build the reentry plan. We need to get the community involved early and often.

- xiii. We lose the ability to control how our youth are treated in other counties when we send them out. We need to think about how much we can serve young women and how we can make the early services more robust to avoid getting to this place. If we have a population of one, it gives us the opportunity to create a truly family-based environment. We should be thinking about if there are models for two young people that create another location and a way to do this with robust services in a different structure. We should be looking at that too, even if it is expensive.
 - 1. A: It's not the cost we think about in terms of the difficulty of providing services to a small population; we don't want to socially isolate one young woman. Agree that we need programs that share the same values and priorities as us. Still undecided on the use of regional services, will not send a young woman out of the Bay Area, some Bay Area departments are proposing to offer services.
 - 2. A: We need to look very closely at what we do for young women and sex offenders. In order to not have social isolation, can we create virtual therapeutic groups in partnership with other jurisdictions? We are not set on one model.
- xiv. Chief Stills proposes having more weekly meetings if need be.
- xv. We are planning to have robust facilities discussions around BSCC regulations and think creatively about how to create family-orientated environments.
- xvi. In the process of identifying someone with expertise in building a therapeutic environment inside a detention facility to make a presentation to the subcommittee.
- xvii. We have already applied for a grant from BSCC for funding to be able to make those modifications. Whether or not we get the grant funding, we are going to make modifications.
- xviii. Who will the listed authors of the Phase A plan be?
 - 1. A: ACPD will submit a staffing proposal as well as a letter to the board; the letter will underscore the plan is an interim plan; the subcommittee will continue developing the final plan that will go to the board for approval.
- xix. Who's going to be the author of the plan we're looking at?
 - 1. A: Plan will be submitted on behalf of the subcommittee as an interim plan. The cover letter document will be shared with the committee for approval.
- xx. This is not the subcommittees' developed interim plan; the subcommittee has not waded through most of the questions or took a vote on any items; we're giving input; that is the extent of what the subcommittee can do because of time constraints. No language in section 1 or 2 that says this is not the subcommittees' developed plan or that it isn't going to be submitted to the State.
 - 1. A: Header reads Grant Interim plan, will clarify more in the plan. The language will be added to reflect as such.
- xxi. Will existing contracts have to reapply for programming for SB 823?
 - 1. A: No, they will not have to reapply. The existing DPN network can and will be expanded to meet the gaps identified.



2. A: In the process of making a \$1 million investment in violence prevention, partnering with OPD for community-based services.
- d. Any gaps
6. Subcommittee Roundtable Discussion
7. Public Comment
 - a. Questions and Comments
 - i. Concerned to see language in the plan, which appears to commit to evidence-based practice in the plan. Need further discussion and vetting of evidence-based practices.
 1. A: Legislation reference evidence-based practices. Will have a deeper discussion on treatment modality.
 - ii. Can we change the treatment modality between Phase A and Phase B?
 1. A: Yes, treatment modality can be changed between Phase A and Phase B.
 2. A: Welcome input from subcommittee to identify content experts.
 - iii. Should we first align on what are the major components that we agree upon? Do we believe in a phased approach? Do we believe in an inside-outside program? Do we believe in family integration and reunification from the start? Place holder language and name that.
 1. A: Only locked into the 24-hour unit that has to be staffed with JJC staff and behavioral health staff. The language will be clear in the cover letter and interim plan that this plan has not been approved; there has been input, still under construction.
 - iv. How many beds are in the unit?
 1. A: Planning on 22 beds. Plan on reconfiguring closed units into vocational training units.
8. Next Steps
 - a. 3.11.21 Meeting
 - i. Presentation from Alameda County Office of Education
 - ii. Secure Track
 1. Presentation & Discussion
9. Meeting Adjournment 2:35