

# **APPENDICES**

## Appendix A

### Opportunities and Challenges

<b>Finding: Address the challenges stigma presents to building capacity and alternatives to incarceration</b>	
1a	<b>Recommendation.</b> COMIO will continue to support and collaborate with stakeholders to dispel myths about mental illness, justice-involvement, and the prevalence of co-occurring substance use among two-thirds of this population. COMIO can provide information regarding best practices in diversion and be available to provide referrals to experts in the field. Communicate the message that both criminal justice and behavioral health systems have joint responsibilities with shared resources over this population and its diversion from incarceration.
2a	<b>Recommendation.</b> COMIO will use workshops, educational site visits, local outreach, the website and newsletter to further identify and disseminate effective strategies, and to raise awareness to combat stigma-based decision-making.
3a	<b>Recommendation:</b> COMIO will include Board of Supervisors (BOS), Chief Administrative Officers (CAO), and other decision-makers in educational efforts about people with mental health and substance use disorders who are justice-involved and the barriers they face due to their criminal background.
4a	<b>Recommendation.</b> COMIO will encourage diversion stakeholders to participate in the local Mental Health Services Act (MHSA) planning process to encourage that MHSA resources support efforts to prevent and reduce the incarceration of people with mental illness. One of the primary goals of the MHSA is to prevent incarceration. Counties already have several efforts underway with MHSA funds. Explore what else can be done, especially through leveraging other funding opportunities for diversion (e.g. Prop 47 and Public Safety Realignment).
5a	<b>Recommendation.</b> Promote the implementation of DRC’s NIMBY reduction policy recommendations, especially efforts to ensure that local governments are complying with land use/planning, fair housing and anti-discrimination laws. Ensure that people with disabilities are not discriminated against based on their criminal background, and that they receive reasonable accommodations from landlords and municipalities that make land-use decisions.

## Diversion

	<b>Finding: Explore a new paradigm to support effective practices to reduce recidivism and prevent incarceration among individuals with mental illness</b>
1b	<b>Recommendation.</b> Core competencies to provide effective integrated correctional and behavioral health services to better promote recovery and recidivism are significantly needed – both in custody and in the community. For resources to support necessary training and technical assistance, counties can explore the flexibility of existing funding sources or use technical assistance resources available through the MHSA state administration funds, which is appropriate because reducing incarceration (including recidivism) is one of the primary goals of MHSA.
2b	<b>Recommendation.</b> Promote the use of peers who are formerly justice-involved as an essential element of the service team. Encourage counties to support the hiring and training of the formerly incarcerated. All efforts to expand the use of peers in the workforce, including strategies that support Medi-Cal reimbursable services, should include the formerly incarcerated.
	<b>Finding: More data and information is needed to support planning and effective practices</b>
3b	<b>Recommendation.</b> Researchers, including PPIC as part of the 12county study, could include questions that are specific to behavioral health impact when investigating correctional reforms, particularly public safety realignment.
	<b>Finding: Know the problem that needs fixing when building capacity</b>
4b	<b>Recommendation.</b> Counties can use a standard definition of mental illness, substance abuse, and recidivism across the state in community corrections so that comparisons and trends across counties and statewide can be drawn. COMIO recommends the use of BSCC’s definition of recidivism and the statutory definition of mental illness (MI) and substance use disorder (SUD) as guidance for inclusion in Medi-Cal programs.
5b	<b>Recommendation.</b> Counties can better understand the prevalence of mental illness in the jail population by using validated screening and assessment tools at booking, including a brief screen for MI and SUD to determine treatment needs. Tools should be gender specific but simple enough anyone can administer them.
6b	<b>Recommendation.</b> Counties can then also screen for recidivism risk pre-trial to determine eligibility for diversion or alternative community supervision. The use of validated assessment tools can prioritize high risk, high need, and difficult to serve populations. The court can then consider when alternative treatment and services are appropriate.
7b	<b>Recommendation.</b> Support the counties to know their populations. Through projects like CA FDW’s J-SCI counties can learn how to use data to make informed decisions about services and funding. Counties need baseline data to know who is in their jails and why. They also need support to develop projections as to what kinds of service alternatives they need and where to develop a system wide approach to diversion. Measuring the problem is essential in making arguments for behavioral health resources to BOS, CCP, and/or MHSA stakeholder bodies.
	<b>Finding: Provide guidance and confidence to support data-sharing</b>
8b	<b>Recommendation.</b> The California Office of Health Information Integrity (CalOHII) based in the Health and Human Services Agency is working with stakeholders to produce a non-mandatory guidance document about the use, disclosure, and protection of sensitive health data. Guidance for when and how data can be exchanged with criminal justice partners, including law enforcement, corrections and the courts should be included in the effort.

9b	<b>Recommendation.</b> Further investigate what counties have uniquely done to overcome barriers both in building relationship and data systems such as the innovative ways LA County Department of Mental Health shares information with the LAPD and LASD. Promote the exchange between counties of tools like sample interagency agreements and other local protocols. Help disseminate the results from the White House’s Data-Driven Justice Initiative of which Los Angeles, Oakland, San Diego, San Francisco, and Santa Clara are participating in currently.
	<b>Finding: Support counties to address the growth in the number and percentage of offenders booked into and held in jails with mental illness and substance use disorders</b>
10b	<b>Recommendation.</b> Mental illness as a basis for diversion could be expanded. A review of which offenses could be additionally considered for authorization of diversion should be undertaken and recommendations made. As precedent, in 2015 Military Diversion was created as an option to support former military experiencing mental illness, substance use, traumatic brain injury (TBI) or sexual trauma to elect treatment over other action by the court.
11b	<b>Recommendation.</b> The state and relevant stakeholders, including the counties and the Department of State Hospitals (DSH), are examining the reasons behind the growing numbers of Incompetent to Stand Trial (IST) cases. A thorough review is of critical importance, including an assessment of why more community treatment alternatives are not being utilized in the face of this growing and persistent dilemma. COMIO requests to participate in such examinations at the state level and to offer assistance in generating a list of solutions.
	<b>Finding: Build capacity for community alternatives with effective and integrated behavioral health and correctional services</b>
12b	<b>Recommendation.</b> COMO to monitor the progress of the WPC pilots, reaching out to county implementers, when appropriate, to hear about challenges that need to be addressed to support targeting the justice-involved with mental illness, particularly those with co-occurring disorders. Encourage more counties to apply and take advantage of the second round of WPC pilots.
13b	<b>Recommendation.</b> Work with CBHDA and DHCS to identify strategies to increase the number of Drug Medi-Cal certified providers who serve the reentry population, what barriers exist to licensing drug providers, identifying actionable steps to take forward to increase numbers.
14b	<b>Recommendation.</b> Work with partners to better understand resources at the federal, state, and local levels for workforce development. Explore whether the California Office of Statewide Health Care Planning (OSHP) has any recommendations for strategies we could be pursuing.
	<b>Finding: Maximize every opportunity to use Medi-Cal to cover the needs of the justice-involved</b>
15b	<b>Recommendation.</b> California can examine this direction provided in CMS Letter 16-007 to consider the benefits of community supervision versus incarceration for individuals with mental illness and substance use. The faster individuals with these needs can move to the community to access treatment for recovery and stabilization the better. Not only will they be in an environment where they are far more likely to get well but federal reimbursement, in most cases, will cover the majority of the costs.
16b	<b>Recommendation.</b> Work with partners providing community-based services for the justice-involved, including CBHDA, to identify some of the major gaps or challenges with maximizing Medi-Cal funds. Are there alternatives to residential treatment that begin with harm reduction and engagement?

17b	<b>Recommendation.</b> Support aggressive Medi-Cal enrollment strategies in jails, using assessment and screening tool to identify high need/high risk populations like those with co-occurring behavioral health issues. Support further analysis and identification of best practices in enrollment.
18b	<b>Recommendation.</b> Eliminate the practice of Medi-Cal terminations for individuals who are incarcerated for more than a year and replace the practice with suspension during incarceration (regardless of length) and exiting incarceration with benefits intact.
19b	<b>Recommendation.</b> Explore the usefulness of a waiver currently requested by New York State that would allow federal Medicaid matching funding to provide care management and other supportive services to incarcerated individuals in the 30 days prior to their release. In California this would aid in supporting the continuity of care transfer from jails and prisons to community-based providers.
	<b>Finding: Address building capacity challenges for housing and facilities beyond Not In My Backyard (NIMBY)</b>
20b	<b>Recommendation.</b> Opportunities for Housing First initiatives must not exclude people based on justice status, explicitly or implicitly. COMIO will monitor and participate in the to be established Homeless Coordinating and Financing Council that will oversee the implementation of Housing First Initiatives. COMIO can help explore how conditions of probation and parole and Housing First initiatives may be able to work together to provide more housing opportunities for the justice-involved.
21b	<b>Recommendation.</b> COMIO supports the California Department of Housing and Community Development (HCD) inclusion of criteria for those who are “at risk” of chronic homelessness in the administration of the NPLH Initiative. The sole use of the definition “chronic homelessness” could exclude those exiting incarceration. This is because it requires having to meet the criteria of homelessness prior to incarceration, but it is incarceration that causes the loss of independent housing. The inclusion of “at risk” of chronic homelessness should be included in HCD programs and initiatives.
22b	<b>Recommendation.</b> Housing and service providers could further explore opportunities to expand group housing options as an alternative to single family units. Group housing not only could be more accessible and affordable but might be a better fit for individuals with behavioral health challenges.
23b	<b>Recommendation.</b> Prioritize housing for the most vulnerable – high risk and high need individuals with mental illness, substance use, and justice involvement. The Los Angeles County uses a coordinated entry system which is now available throughout the County. <a href="http://ceslosangeles.weebly.com/about-ces.html">http://ceslosangeles.weebly.com/about-ces.html</a>
24b	<b>Recommendation.</b> Educate local PHA, providers, and advocates about the recent clarifications of the application of fair housing act standards to the use of criminal records. Arrest records cannot be the basis for denying admission, terminating assistance, or evicting tenants. Review local policies and ensure they are consistent with the law. Support Californians to know their housing rights and file grievances when they are denied.
	<b>Finding: Maximizing existing initiatives by leveraging resources, disseminating lessons learned, and facilitating exchange of practices</b>
25b	<b>Recommendation.</b> The State and/or state-level partners (e.g. associations, foundations, and universities) should support counties with resources to take advantage of the Stepping Up Initiative and its technical assistance. Resources could bring counties together and facilitate the exchange of knowledge, tools and resources. The state can listen and help address barriers to aid county level strategies and interventions. COMIO is eager to support such activities in the future.

26b	<b>Recommendation.</b> Applicants for the CSI program could be required to leverage with existing efforts or enhance by additional sustainable funding for diversion services within a capitol project. Provide needed tailored assistance to smaller counties with unique challenges. Support efforts that use cost effective or evidence-based practices.
27b	<b>Recommendation.</b> HCD could ensure that parolees are eligible for NPLH placements by supporting screening for fitness for supportive housing due to mental illness to determine eligibility rather than justice-status.
28b	<b>Recommendation.</b> HCD could consider streamlining zoning procedural requirements as part of the implementation of NPLH in part to help ease the burden on interested providers who already will be operating in an extremely expensive market and burdensome regulatory environment.

## Training

	<b>Finding: Seize opportunities to expand crisis intervention training and models, learn more about what works and does not work</b>
1c	<b>Recommendation.</b> Encourage the Center for Behavioral Health Excellence at UC Davis who has already begun to assess the effectiveness of Police-Mental Health Collaborations, to identify what are the critical ingredients for the most measurable impacts among various crisis response programs. Such an analysis could be helpful to direct investments in training and programs statewide and locally.
2c	<b>Recommendation.</b> COMIO can work with partners in the field and researchers to develop recommendations regarding what competencies are critically needed for which populations (i.e. dispatcher vs emergency room technician) and help identify how training and skill-building can be resourced.
	<b>Finding: More could be done to understand the challenges law enforcement and community corrections professionals face in the field.</b>
3c	<b>Recommendation.</b> COMIO will seek opportunities to raise awareness about the impact of trauma and stress on law enforcement and correctional professionals to increase understanding and support collaborative criminal justice-behavioral health partnerships.
	<b>Finding: More resources are needed for law enforcement and community corrections professionals to support their wellness and improve outcomes for those they interact with who have mental illness</b>
4c	<b>Recommendation.</b> Invest in a comprehensive review of best practices in Officer Wellness and Peer Support Programs, including models from other states and countries. Investigate whether there is evidence to suggest that officer wellness is linked to improved outcomes for the justice-involved, like reduced critical incidents, use of force, and improved behavior.
	<b>Finding: By building relationships and providing resources, current opportunities to strengthen skills for law enforcement and community corrections can achieve outcomes</b>
5c	<b>Recommendation.</b> Request that CDCR share lessons learned from the Commission on Correctional Peace Officer Standards and Training (C-POST) revision of curriculum to include 24 hours of crisis de-escalation into existing training with BSCC or other community correctional systems that are in the process of strengthening this type of training.
6c	<b>Recommendation.</b> Encourage POST and/or BSCC to explore the use of an application process for cost reimbursement to law enforcement and community correctional entities for enhanced crisis intervention and mental health training that can document a need and commitment to maximize training opportunities.
7c	<b>Recommendation.</b> COMIO will encourage criminal justice constituencies to visit mental health programs and vice versa for mental health constituencies to better understand each other's perspectives and leverage resources. COMIO can use workshops and educational site visits to support such cross-system collaboration.
	<b>Finding: Invest in the criminal justice and behavioral health workforce, especially the nexus between the two</b>
8c	<b>Recommendation.</b> COMIO will share the findings from the 2016 report with key professional guilds and educational institutions, and request further dialogue about strategies that can support the need for skill building for core correctional services among behavioral health providers.

## Juvenile Justice

	<b>Finding: The juvenile justice population has changed significantly over the last decade</b>
1d	<b>Recommendation.</b> Continue to investigate the root cause of increased severity and acuity of mental illness in juvenile detention in support and partnership with CPOC, CBHDA, Judicial Council and other appropriate expert partners. Specifically explore how best to advance efforts to improve competency restoration for juveniles in the justice system.
	<b>Finding: There are significant reforms underway that will impact justice-involved youth</b>
2d	<b>Recommendation.</b> COMIO will continue to monitor the implementation of CCR so that alternatives for high risk and high need justice-involved youth are adequate including strengthening training, support, and resources that include substance use and correctional services.
	<b>Finding: Sufficient data collection, performance measures, and outcomes are needed to monitor effective programs</b>
3d	<b>Recommendation.</b> Support the work of BSCC and the Juvenile Justice Data Working Group to improve data collection, performance measures, and outcomes for California’s youth offender.
	<b>Finding: Seize opportunities to develop a continuum of crisis care for children and youth</b>
4d	<b>Recommendation.</b> COMIO will encourage counties to use best practice models in responding to children and youth in crisis and monitor how this investment is supporting diversion and contributing to reduced recidivism.
	<b>Finding: Strengthen efforts to support on-going program investments that show promise and innovation to prevent youth justice involvement</b>
5d	<b>Recommendation.</b> COMIO can promote primary prevention programs with an evidence-base to prevent delinquency in the future and increase opportunities for cross collaboration between education, child welfare, criminal justice and behavioral health sectors. Efforts should include a focus on the entire family and not just the youth. BSCC, through its State Advisory Committee on Juvenile Justice and Delinquency, could be an effective venue for fostering this collaboration.
6d	<b>Recommendation.</b> COMIO can promote examples of cross-system collaboration (Probation, Behavioral Health, Education, Juvenile Courts) that are grounded in shared resources and outcomes through the website and newsletter. Such partnerships can blend resources (MHSA, Medi-Cal, Education, Child Welfare, and Juvenile Justice) to be responsive to emerging issues like the need for a trauma informed system of care.
7d	<b>Recommendation.</b> Continue to monitor and promote for opportunities for youth diversion programs under Prop 47 and promote the use of evidence-based prevention and early intervention programs for youth who are justice-involved or at risk of justice-involvement.