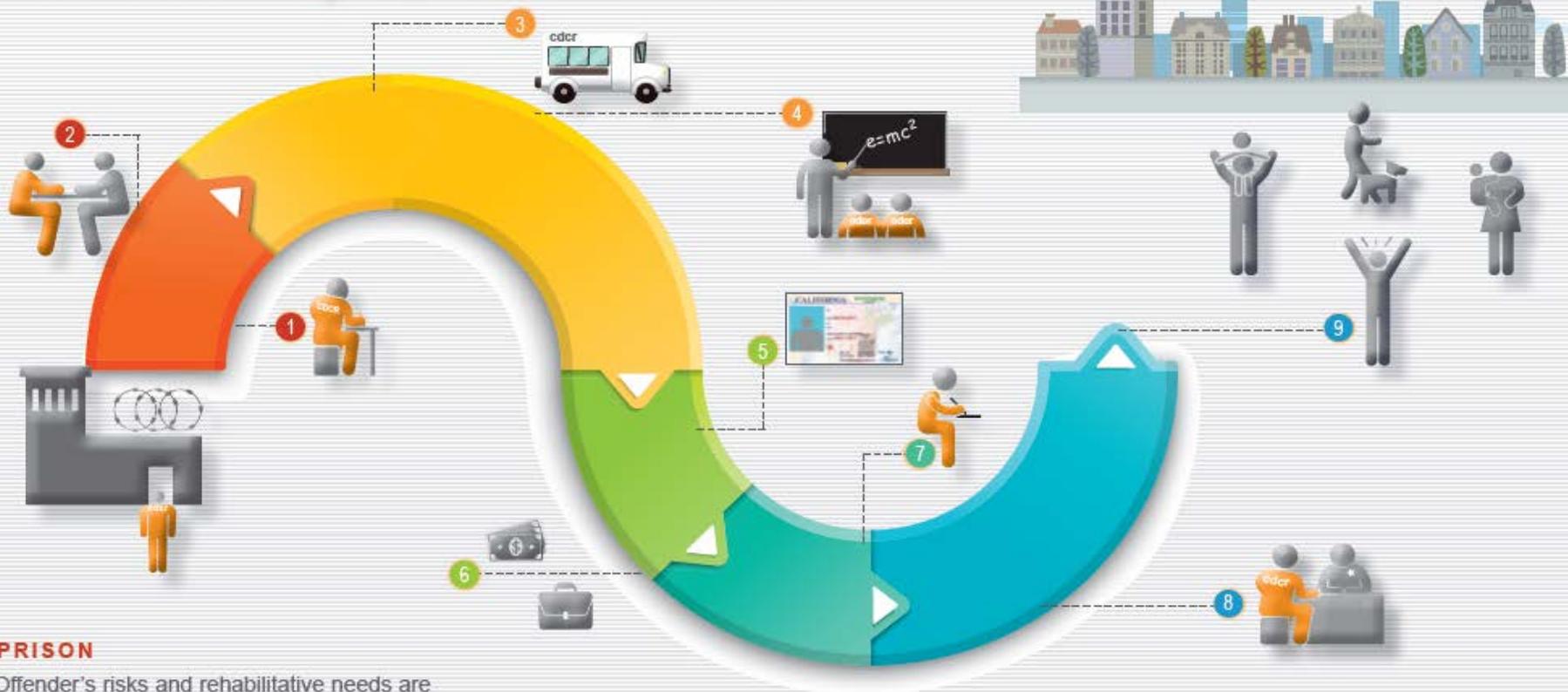


welcome to
DSAG



The Roadmap to Rehabilitation



IN-PRISON

- 1 Offender's risks and rehabilitative needs are assessed.
- 2 Offender meets with their correctional counselor and is placed in appropriate programs and/or education, based on rehabilitative needs.

UP TO 48 MONTHS PRIOR TO RELEASE

- 3 Eligible offenders are transferred to either a Reentry Hub, or Substance Abuse Treatment Program.
- 4 Cognitive Behavioral Treatment is provided for substance abuse, anger management, criminal thinking, and family relationships.

CLOSER TO RELEASE (WITHIN 7 MONTHS OF RELEASE)

- 5 Offender applies for California Identification card.
- 6 Eligible offenders enroll in pre-employment and financial literacy programs.

RIGHT BEFORE RELEASE

- 7 Reentry assessment directs offender to appropriate parole programs.

ON PAROLE

- 8 Parole Agent enrolls and supports parolee program participation and progress.
- 9 Parolee successfully rejoins society.



FOR MORE INFORMATION VISIT OUR WEBSITE:
www.cdcr.ca.gov/rehabilitation

DSAG





Drug Medi-Cal ODS Demonstration Waiver

**CDCR DSAG Update
May 2016**



Standard Terms and Conditions

Comprehensive evidence-based benefit design:
Continuum of Care

- Required Services: Outpatient, Intensive Outpatient, Residential, Narcotic Treatment Program, Withdrawal Management, Recovery Services, Case Management, Physician Consultation
- Optional services: Partial Hospitalization, Additional Medication Assisted Treatment
- Expansion of Workforce (LPHA's)

Justice Involved Population

Santa Cruz County

- With AB 109 population 70% of the reasons for recidivism are due to a SUD
- 50% of jail bookings related to SUD
- Integrated CJ partners into the ODS

Standard Terms and Conditions

- Appropriate Standards of Care: Utilization of The ASAM Criteria
- Care Coordination: Physical and Mental Health
- Strong Network Development for Access
- Benefits Management-Utilization Reviews
- Reporting of Quality Measures
- Address the Opioid Epidemic

Phases

Phase I – Bay Area (May 2015)

Phase II – Southern California (Nov 2015)

Phase III – Central Valley (March 2016)

Phase IV – Northern California

Phase V – Tribal Delivery System

Implementation Efforts

- Finalizing with CMS:
 - State/County Contract Boilerplate
 - CPE Protocol
 - UCLA Evaluation
- Releasing State Policy Notices
- Phased Regional Meetings
- Conducting bi weekly TA conference calls

Implementation Efforts

- Posting Draft and Approved IP Plans
- Conducting County Specific Site Visits (Santa Clara, Santa Cruz, Monterey)
- EQRO Contractor: Behavioral Health Concepts started January 2016
 - Developing review protocols
 - Coordinating with UCLA

Network Capacity

- Remedied DMC certification backlog
- Receiving a high volume of licensing and/or AOD certification applications
- Redirecting staff for licensing applications
- Issued 350 provisional ASAM designations at over 200 residential facilities

Regional Models

- DHCS is flexible in the type of regional models proposed
- Current models in potential development
 - Coordinated with Managed Care Plans
 - Establishment of a JPA
 - County to County Collaboration

Training

- SUD Annual Conference August 23-25
- Technical Assistance Contractor: CIBHS
 - Released statewide training plan
 - Training conducted in early, middle and late implementation phases with training hubs
 - Focused training on ASAM, Networks, Integration, Selective Contracting, Quality Improvement, MAT, Continuum of Care
 - Clinical and management training

Integration Plan

SAMHSA MODEL

- Three Main Categories
 - Coordinated
 - Co-located
 - Integrated Care

Integration Plan

Two Levels Within Each Category

- Coordinated Care
 - Minimal Collaboration
 - Basic Collaboration at a Distance
- Co-located Care
 - Basic Collaboration Onsite
 - Close Collaboration with Some System Integration

Integration Plan

- Integrated Care
 - Close collaboration Approaching an Integrated Practice
 - Full Collaboration in a Transformed/Merged Practice
- Next steps
 - Stakeholder engagement
 - Plan due to CMS October 2016

Implementation Plans

- Reviewing County Implementation Plans
 - San Francisco
 - San Mateo: **DHCS APPROVED**
 - Riverside
 - Los Angeles
 - Santa Cruz
 - Santa Clara
 - Marin
 - Contra Costa
 - Napa

County Innovations

- Pilot to co-locate SUD counselors at MH clinics and/or primary care
- In year 2, exploring co-location of medication assisted treatment at all treatment programs
- For effective transitions, co-locating residential with Intensive Outpatient services
- Piloting sobering centers
- Co-locating MH and SUD clinics

County Innovations

- Receiving a list of ER high-utilizers from managed care plans to target interventions
- Engaging high utilizers through intensive case management
- Embedding SUD counselors in ER
- Partnering SUD counselors with probation; working discharges from jail right into treatment

County Innovations

- Utilizing one coordinated EHRs with SUD, Physical Health and Mental Health
- Expanding SBIRT across all systems of care in the county
- No cost in-custody jail phone lines for brief ASAM screen and treatment assessment
- Same day referrals to treatment

County Innovations

- Designing recovery services modality specifically for youth
- Accelerating county MH and SUD integration plan roll-out
- Working on training Judges on ASAM
- Encouraging Judges to sentence based on ASAM

County Innovations

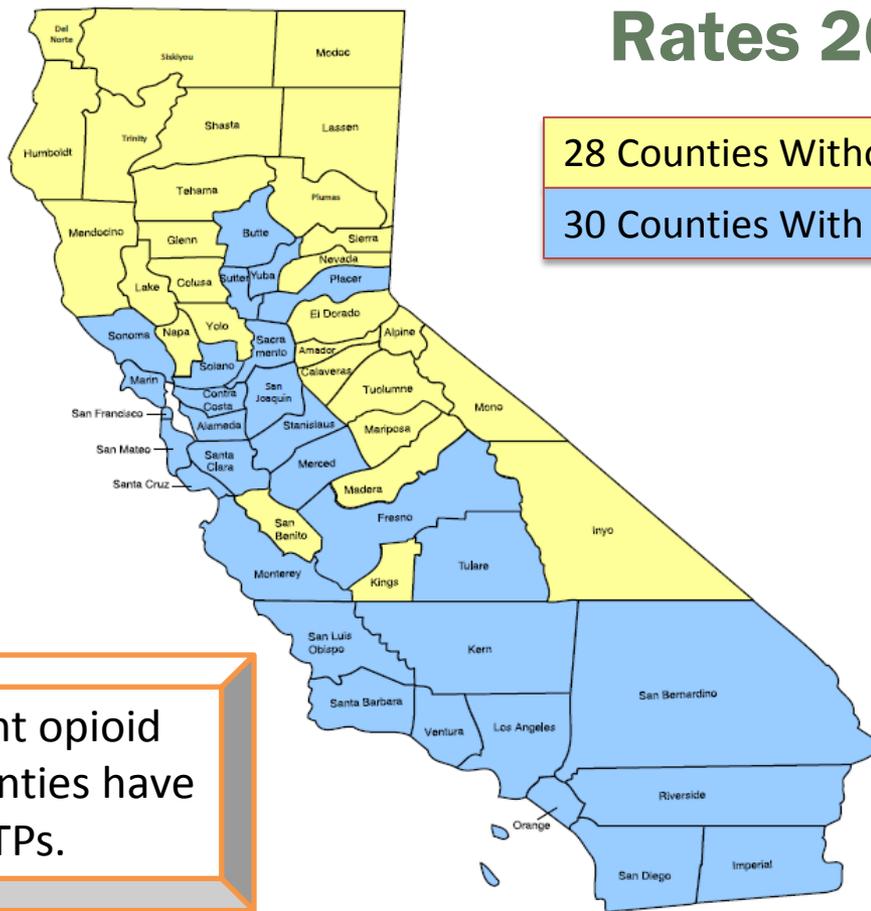
- Requiring weekend and evening hours for all treatment providers
- Testing tracking SUD access standards
- Utilizing managed care access standards
- Requiring all SUD contractors to become DMC certified

Opioid Overdoes Rates 2009-2013

#Rank	County	N	Population	Rate
1	Lake	83	323,492	25.7
2	Plumas	25	99,526	25.1
3	Lassen	34	174,738	19.5
4	Amador	32	188,606	17.0
5	Humboldt	114	679,156	16.8
6	Tuolumne	45	275,988	16.3
7	Calaveras	30	227,059	13.2
8	Shasta	114	889,827	12.8
9	Santa Cruz	151	1,332,413	11.3
10	San Francisco	442	4,085,910	10.8
11	Siskiyou	22	225,849	9.7
12	San Joaquin	317	3,463,283	9.2
13	Ventura	371	4,147,214	8.9
14	Mendocino	39	442,419	8.8
15	Madera	63	758,997	8.3

**Data generated from <http://epicenter.cdph.ca.gov> on April 21, 2016

Opioid Overdoes Rates 2009-2013



28 Counties Without NTP Services
30 Counties With NTP Services

The top eight opioid overdose counties have **zero** NTPs.

NTP Regulations

Hub & Spoke Model:

- Medication Unit (MU)
 - Medication dispensing
 - Drug Screening
- Office Based Narcotic Treatment Network (OBNTN)
 - NTP treatment excluding medication dispensing & drug screening
 - Intake and Counseling
- Both MU and OBNTN providers must be affiliated with a NTP
- MU & OBNTN providers expand access into communities where NTP services are currently unavailable

Opioid Projects

- Safe Opioid Prescriber Training hosted by DHCS July 11, 2016
- CMS TA on assessing all MediCal MAT data (entry points, utilization, gaps)
- SAMHSA Grant to expand MAT
- SAMHSA Grant to expand naloxone

UCLA Evaluation

- Multiple baseline design
 - Access to care
 - Quality of care
 - Coordination of care
 - Within SUD continuum of care
 - With recovery support services
 - With mental and physical health services
 - Costs



More Information

- DHCS website
 - FAQs and Fact Sheets
 - ASAM Designation
 - Approval Documents/Information Notices
- <http://www.dhcs.ca.gov/provgovpart/Pages/Drug-MediCal-Organized-Delivery-System.aspx>
 - Draft Implementation Plans
- <http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>
- Inquiries: DMCODSWAIVER@dhcs.ca.gov



DSAG



The Council on Mentally Ill Offenders (COMIO)

**Director's Stakeholder Advisory Group
May 5, 2016**

**Stephanie Welch, MSW
Executive Officer, COMIO
Office of the Secretary, Scott Kernan
California Department of Corrections and Rehabilitation (CDCR)**



Objectives

- Who is the COMIO and Why Focus on Behavioral Health Needs
- What do we do – 2016 Work Plan Activities
- May is Mental Health Month
- Discussion – How can COMIO Support/Assist DSAG?

Who is COMIO

- Former Senate President Pro Tempore Don Perata recognized that youth and adults with unmet mental health needs were at high risk of becoming criminally involved without services
- COMIO was established in 2001, penal code section 6044
- 12 – Member Council chaired by the Secretary of CDCR, key state departments, and appointed experts from criminal justice and behavioral health



Who is COMIO

Primary Goal:

“Investigate and promote cost-effective approaches to address the mental health needs of at-risk adults and juveniles who are likely to offend or have a history of offending”



What Does COMIO Do

Through an annual legislative report and monthly activities, COMIO investigates, identifies, and promotes cost-effective strategies for youth and adults with mental health needs that:

- Prevent criminal involvement (initial and recidivism)
- Improve behavioral health services
- Identify incentives to encourage state and local criminal justice, juvenile justice, and mental health programs to adopt approaches that work



Why the Focus on Behavioral Health Needs?

- Each year, an estimated 2 million people with serious mental illnesses are admitted to jails nationally
- Almost $\frac{3}{4}$ of these adults also have drug and alcohol use problems
- Once incarcerated, these individuals stay longer in jail and upon release are at a higher risk of returning to incarceration than those without these illnesses.

Why the Focus on Behavioral Health Needs?

According to the CDCR Outcome Evaluation Report, July 2015

- The return to prison rate is higher for offenders who are classified as needing mental health services (this was approximately 19% for the 2009-10 cohort)
- By year 3 of release, the return rate was –
 - 69.6% of individuals from the Enhanced Outpatient Program (high level of care)
 - 59.3% of individuals from the Correctional Case Management System (moderate level of care)



Why the Focus on Behavioral Health Needs?

Overall the trend at CDCR is that the population with mental health needs, particularly serious ones, is growing

- In 2006 the mental Health Population as a % of the total in custody population was 18.9%
- As of February 2016 that number rose to 29.1%



“Decarceration” is all the Political Buzz

- President Obama wants to make prison reform one of his last achievements in office
- Due to the costs associated with mass incarceration, it is a rare issue that has national bipartisan support
- The National Association of Counties and Behavioral Health Leaders have made it a policy priority for 2016
- California’s own Governor has been the trend-setter for many the reforms now being dicussed and dissected nationally, demonstrating a belief in rehabilitation and redemption
but can it control costs?



What is COMIO Working On?

We recognize there is a window of opportunity to advocate for what is the best for individuals with mental illness at risk of incarceration:

2015-2016 Priorities:

- Promote Pre-Trial Diversion Strategies
- Strengthen Training for First Responders/Law Enforcement
- Support and Expand Effective Behavioral Health Programs to Prevent Juvenile Delinquency



What is COMIO Working On?

Biggest Challenge: We Are Looking for DATA

“If we have not measured the problem locally and summarize it statewide we cannot make the case for behavioral health services rather than incarceration.”

“Without understanding the mental health population within the continuum of the criminal justice system, and their experience and contact with law enforcement we cannot document the case for change.”



What is COMIO Working On?

Biggest Opportunity: Interest and Support

“With so much attention and urgency for criminal justice reform, especially for persons with mental illness, partnerships across universities, state and local government, and private foundations should emerge to get answers now through the information and manpower that is collectively available.”



2016 Work Plan Activities

Diversion: *“Divert to What”* and *“Divert to Where”*

- Can we identify/assess the size and needs of criminally involved persons with mental illness in different counties?
- What mix of community services, including types of housing, is needed for this population?
- Where are MHSA of Public Safety Funds presently being spent on criminally involved persons with mental illness in each of the counties?
- Are existing local mental healthy delivery systems user-friendly and qualified to work with criminally involved persons with mental illness arrested in the community?



2016 Work Plan Activities

Training: Crisis Intervention, Supervision, and Custody

- What are the needs of the population while incarcerated how can their experience inform training needs?
- What are the most effective competencies regarding supervision of individuals with serious mental health needs among community correctional staff, which includes county probation officers, state parole agents, and state, county, and city correctional officers?
- What is being done to support the mental well-being of first responders and community correctional officers under increasing pressure and interactions with both individuals in crisis and custody?



2016 Work Plan Activities

Prevention of Juvenile Delinquency:

- With recent reforms, what are the mental health needs of our remaining youth experience detention?
- Which programs and resources have demonstrated the biggest impact in addressing the racial and ethnic disproportion of youth of color in the Juvenile Justice system?
- Where are trauma-informed best practices being used and what critical elements are needed to improve outcomes?

MAY

IS MENTAL HEALTH MONTH!



- Why address Stigma?
 - Our target population experiences multiple layers upon even more layers...
- California's Efforts and Why Lime Green
- What Can We Do

STIGMA IS A PROBLEM FOR CALIFORNIANS

The California Well-Being Survey assessed the impact of mental health stigma and discrimination on individuals who are experiencing psychological distress. The survey was conducted by RAND Corporation as part of efforts by the California Mental Health Services Authority (CalMHSA) to improve the mental health of California residents.

“Our findings indicate the clear need for stigma and discrimination reduction efforts in the state of California.”

-RAND Corporation

90%

of Californians living with **psychological distress** report some measure of **discrimination**

75%

of Californians would definitely or probably **hide a mental health problem** from coworkers or classmates

“Those experiencing **PSYCHOLOGICAL DISTRESS**

may find it more difficult to secure a job, rent a home or form close relationships.”

US Department of Health and Human Services,
Mental Health: A Report of the Surgeon General. 1999

THE EFFECTS OF STIGMA

What We Know...

Serious mental illness costs America **\$193 billion in lost earnings each year.**



NAMI, *Mental Illness Facts and Figures*

Over 50% of students (age 14 and older) with a mental health condition, who are served by special education, drop out.



NAMI, *Mental Illness Facts and Figures*

In California, it's estimated that one person dies by suicide **every two hours.**



American Foundation for Suicide Prevention

SHARING OUR STORIES

- We all have been impacted and have our own stories to tell
- Watch Video

WHY LIME GREEN? WHAT CAN WE DO

- **Lime Green** is emerging as an international color that represents mental health awareness.
- Provides a platform to promote mental health and wellness, suicide prevention and health equity.
- The lime green ribbon allows for a dialogue to begin about people's experiences.
- Wearing a lime green ribbon provides an opportunity to share your story of recovery or your belief that mental health is an essential element to wellness.



MENTAL HEALTH MATTERS DAY

WHAT CAN WE DO

- May 23rd – CDCR HQ 11am to 1pm Each Mind Matters Event – Awareness, Action, Change
 - How can we support our mental health and the health of our community?
 - Inspirational Guest Speakers, Local Service Providers and Goodies like Ribbons and Posters
- May 24th - Encourage people to attend the Mental Health Matters Day West Steps of the Capitol 10:30am-12:30pm for speakers, food trucks, and information booths



FOR HELP or MATERIALS
www.eachmindmatters.org



COMIO and DSAG

Working Together

- Building bridges with community mental health and support community reentry
- Linkage to the mental health stakeholder/advocacy community
- Helping mental health stakeholders better understand the unique needs of individuals with mental illness or behavioral health needs who are justice-involved

Ideas - Let's Discuss
Thank You!

Stephanie.welch@cdcr.ca.gov
<http://www.cdcr.ca.gov/COMIO/>



DSAG

