PROJECT UPDATES

September 2019

Supporting AB 1810 Implementation

Background
In FY 2018-19 CCJBH was awarded 150,000 per year for 3 years to support the implementation of AB 1810 or Pre-Trial Mental Health Diversion. The legislation specifically directed CCJBH to provide consultation to the Department of State Hospitals (DSH) to implement the DSH Diversion Program, which focuses on felony pre-trial diversion for individuals at risk of being deemed incompetent to stand trial who are experiencing severe mental illness and who may be homeless or at risk of homelessness.

Status
Since this time, CCJBH staff has been supporting DSH with a variety of responsibilities including developing and scoring county proposals, reviewing scopes of work, and acquiring or delivering technical assistance to the counties. Through a limited scope training contract with the Council on State Governments Justice Center (CSG), CCJBH is supplying a variety of training to counties including topics such as successful planning and implementation, sustainability, housing, and case planning through the end of 2019.

CCJBH and DSH were successful in obtaining a technical assistance from the SAMHSA GAINS center in which counties could participate in a 2-day training with subject matter experts provided by SAMHSA. CCJBH, DSH and the California Behavioral Health Directors Association (CBHDA) representing the counties also met with these subject matter experts to discuss future training needs and identify potential paths forward for future training opportunities to support the counties. In addition, the Department of Health Care Services (DHCS), via their contract with the California Institute for Behavioral Health Solutions (CIBHS), will also be a partner in supplying the technical assistance necessary for program success.

During the analysis led by experts from the SAMHSA GAINS Center, it was determined that within existing resources the following areas would be priority:

1. DHCS via CIBHS – Develop a Criminal Justice Informed Workforce
2. DSH – Improve DSH Pre-Trial Felony Mental Health Diversion Program Implementation
3. CCJBH – Ensure Broader Mental Health Diversion Implementation and Statewide Policy Success.

The partnership with DSH, CBHDA and DHCS via CIBHS has been collaborative and productive. All entities recognize that the on-going training and technical assistance needs in this area are vast, as documented by several entities including CCJBH, the Judicial Council and the Mental Health Services and Oversight and Accountability Commission. For CCJBH we now have more clarity regarding where to invest and leverage remaining resources, that is – Champion Diversion and Long-Term System Change.
Next Steps

Understand, Support and Provide Training to Leadership

1. Gather input from implementation leaders – To date meeting are scheduled with the Probation Chiefs and Public Defenders (September and October)
2. Provide technical assistance support for Court and County Behavioral Health Leadership (November)
3. Training for State and Local Implementation Leadership via Words to Deeds (November)

Request for Proposals for On-Going Consultation, Training and Policy Recommendations

1. Making the Case of Diversion – especially for partners with critical roles in leadership such as District Attorneys, Judges, and other local elected officials. Sample deliverables include trainings, toolkits, videos, etc.
2. Listening and Learning from Local Expertise - Consider the value of state-level steering or advisory committee representative of the various partners in diversion that can identify policy issues during implementation, find common ground, seek resolutions and propose recommendations for the Council to consider to strengthen the effectiveness and sustainable impact of AB 1810. Sample deliverables include a final set of policy recommendations and identify next steps top support expanded Mental Health Diversion statewide.

Lived Experience Stakeholder Contracts

Background

In FY 2018-19 CCJBH was awarded $670,000 per year ongoing to support stakeholder contracts to help in the reduction of recidivism for those individuals experiencing behavioral health issues. The legislation instructed CCJBH to use the funds for the reduction in involvement between individuals with mental illness and the criminal justice system. Following the spirit of MHSA funds, CCJBH is conducting a community engagement process to obtain input on how to best implement the intent of the legislature.

Status

CCJBH staff have executed a contract with California State University, Sacramento to facilitate the community engagement process which includes the following activities:

1. Workgroup of stakeholders initiated to help guide the process (June 2019 – November 2019)
2. Kick-Off event to obtain policy makers and program administrators input (June 2019)
3. Key informant interviews with a diverse group of criminal justice and behavioral health grant administrators and recipients (August and September 2019)
4. Review of literature to document current trends, emerging needs and best practices (September 2019)
5. Focused listening sessions to hear from specific community such as individuals with substance use disorders, women, LGBTQ youth, people of color, family members and consumers (October and November 2019)
6. Regional convening to allow all stakeholders in the area an opportunity to provide input (October and November 2019)
7. Final report which includes findings from various events and recommendations for criteria to use in the competitive bidding process (November 2019)
Next Steps

Statewide Community Engagement events
Hold regional forums and listening sessions throughout the state (October and November)

4. Redding
   a. Redding Community Library (1100 Parkview Ave., Redding, CA 96001)
   b. October 3, 2019 - 9:00 am – 12:00 pm

5. Santa Clara
   a. Santa Clara County Executive Office (70 W. Hedding Street, San Jose, CA 95112 - East Wing, Lower Level Conference Room)
   b. October 10, 2019 - 9:00 am – 12:00 pm

6. Los Angeles
   a. Amity Foundation (3745 South Grand Avenue, Los Angeles, CA 90007)
   b. October 17, 2019 – 1:00 pm – 4:00 pm

7. Fresno
   a. WestCare (1900 Gateway Blvd., Fresno, CA 93727)
   b. October 22, 2019 – 9:00 am – 12:00 pm

8. Riverside
   a. Riverside University Health System - Behavioral Health (2085 Rustin Ave., Riverside, CA 92507)
   b. November 5, 2019 - 9:00 am – 12:00 pm

Contracting Process

1. Council to hear information learned from state wide community engagement process and vote on criteria for Request for Proposals (RFP) – (November 2019)
2. Develop RFP (November 2019 thru January 2020)
3. Release RFP and conduct a competitive bidding process (anticipated February 2020)
4. Award and monitor contracts (anticipated May 2020 – June 2022)

CDCR-DHCS Medi-Cal Utilization Project

Background

In FY 2016-17, CCJBH was awarded ongoing funding to support research on health service access and utilization for people involved in the criminal justice system, especially justice-involved people with mental illness and substance use disorders. Because many justice-involved people are low-income, they often access behavioral health services through Medi-Cal. The Affordable Care Act expanded Medicaid eligibility, so that many justice-involved people became newly eligible for health care services. CDCR also shifted its warm handoff policy to more effectively enroll people in Medi-Cal at release.

Status

Work on the project began in October 2017, when CDCR shared demographic data on justice-involved people released into the community with DHCS. Staff have located paid Medi-Cal claims for people released from CDCR facilities between January 2012 and March 2017 who were eligible for Medi-Cal services. CCJBH released a report denoting findings from an initial phase of the research in December 2018. Findings indicated that more justice-involved people accessed behavioral health services at higher rates post-ACA expansion compared to
rates of accessing services pre-expansion, but questions remain about the specific types of services that they accessed.

Because the position primarily responsible for conducting the data analysis was unfilled for several months, work on the project was put on hold. A new researcher was hired and began work in July 2019. Current work on the project has involved examining the specialty mental health services that justice-involved people utilized. This work relies on measures that DHCS Behavioral Health staff use in their reporting, which are in turn informed by measures that counties use. Findings from this stage of the analysis will be presented as statewide estimates as well as estimates generated for individual counties.

Next Steps

1. **Describe patterns of access to and utilization of substance use disorder treatment services and other types of health services.** Findings from the Medi-Cal Utilization Project are relevant to CDCR’s upcoming changes to the ISUDTP. A potential deliverable is a policy brief aimed at health care providers and correctional administrators.

2. **Understand which types of health interventions reduce recidivism, as well as for whom these interventions are most effective.** CDCR decision makers are interested in effective ways of containing prison population growth, and behavioral health interventions may help justice-involved people to successfully avoid parole violations and reoffending. A potential deliverable is a policy brief aimed at correctional health care administrators and county behavioral health providers.

3. **Share our findings with statewide partners.** There have been statewide shifts toward data-driven, research-focused policymaking that relies on cross-departmental data sharing to improve outcomes and reduce costs. From a data management and data sharing standpoint, next steps on the project will be highly influenced by the emergent Universal Data Sharing agreement at CHHS Agency and the Data Sharing agreement that CDCR/CCHCS and CHHS are currently developing. Once these changes have taken place, a top priority will be to update data analyzed for the Medi-Cal Utilization Project to include more recent years. A potential deliverable is a usable, high-quality matched dataset that serves as the basis for subsequent cross-departmental data sharing. Ultimately, this dataset could link information from multiple departments as part of CHHS Record Reconciliation and facilitate understanding of the ways that justice-involved people are served by state programs and the ways that service provision can be improved.

4. **Share our findings with a network of potential research partners nationwide.** The importance of behavioral health treatment for justice-involved people has been increasingly recognized, and parallel research efforts are taking place in multiple states. CCJ BH will communicate its research to other organizations in this nationwide movement and advocate for the use of a public health framework in supporting formerly incarcerated, justice-involved people. Staff plan to attend the American Society of Criminology Annual Meeting and submit findings to the Association for Public Policy Analysis and Management Annual Meeting. A potential deliverable is a report targeted at policy researchers at thinktanks and advocacy organizations as well as academic researchers.

**CCJ BH Data-Informed State-Level Framework: Staff Update**

**Background**

CCJ BH serves as a resource to advise the Administration and Legislature on best practices to reduce the incarceration of youth and adults with behavioral health needs by preventing people with mental health needs from engaging in criminal behavior, identifying effective mental health services for justice-involved people, and identifying incentives for the adoption of these services. CCJ BH is committed to data-driven policymaking, but
there are impediments to high-quality policy research on the behavioral health needs of justice-involved people. For example, it is not always clear which types of data can be used to answer which types of questions. Understanding how to use data to meet research and evaluation needs is critical to reducing spending on policies and programs that do not meet expectations.

**Status**

CCJBH was successful in obtaining $400,000 to be encumbered in a deliverables based contract determined by a competitive bidding process. Considering the points of intervention from the criminal justice system, from crisis response to community correctional programs, all of which aim to reduce recidivism, this contract will develop a statewide framework capable of monitoring trends, identifying gaps, and recommending priorities for action by CCJBH and policymakers. An RFP for the framework is under development, and selection of a contractor will take place by June 30, 2020. All deliverables shall be completed by December 2022.

CCJBH is expanding staff capacity for communicating with contractors and for populating and updating the framework by filling two positions. These positions will be filled by January 2020.

**Next Steps**

**Inventory of data sources and research overview:** The contractor will identify California-specific, statewide, regularly updated data that are available at least through 2018 that can be used to monitor rates of incarceration and reduced recidivism among individuals with mental illness and substance use disorders. Accompanying this list of available data will be a list of potential research questions that can feasibly be answered using those datasets. For example, some datasets may be comparable to other datasets with regard to their levels of aggregation. This inventory will denote the varied data, research, and evaluation efforts/responsibilities of critical stakeholders and partners in the intersection of criminal justice and behavioral health including but not limited to; law enforcement, corrections and community corrections, the courts, and behavioral health administrators and providers.

**Recommendations for CCJBH areas of emphasis:** The data inventory will guide the research agenda that CCJBH pursues, and findings from analysis of available data will guide the policy priorities that CCJBH recommends to state policymakers. The framework can be used to measure progress/outcomes at the State level and to build on existing research about program effectiveness. The framework will inform where investments should be sustained, increased, or decreased/removed. It will also measure California’s progress in reducing incarceration rates among individuals with behavioral health need.

The framework will help CCJBH to decide how much and what type of capacity is needed for data analysis to support policy. For example, what is the investment needed to collect and analyze data to populate the framework on an ongoing basis? How frequently should CCJBH populate the framework? The framework will also facilitate communication with other statewide data, research, and evaluation efforts, especially those related to data sharing (e.g., CHHS Universal Data Sharing Agreement).

**Juvenile Justice Roundtable**

**Background**

In January 2015 the Council unanimously approved “Preventing youth with mental health needs from becoming involved in the Juvenile Justice System” as one of three top priority areas of focus. Since then, the Council has continued to work on issues at the intersection of youth with behavioral health needs and the juvenile justice system.
On April 30, 2019, CCJBH conducted a Juvenile Justice Roundtable to hear from experts in the field and identify the critical issues impacting the juvenile justice system and best practice models that are effective for this population. Following the Juvenile Justice Roundtable, CCJBH sent a survey to juvenile justice partners to further collect data.

**Status**

The Roundtable consisted of three panel discussions addressing California’s juvenile justice system and critical issues, youth homelessness and the correlations with juvenile justice, a first-hand perspective from youth with lived experience and the link between Adverse Childhood Experience (ACE) scores among probation youth. From the outcomes of the Roundtable, CCJBH developed a survey sent to criminal justice partners, community–based organizations representing youth with lived experience, homeless youth, cross over youth, and state agency leaders, to help clarify and capture additional input on critical issues pertaining to youth with behavioral health needs in the juvenile system at the state and local levels, best practice models for addressing these needs, and outcomes the state should achieve for this population. The survey closed on July 31, 2019. 65% of those surveyed responded.

**Critical Issues to Address:**
- Access to behavioral health services in the community without a referral
- Over-incarceration of youth with behavioral health needs
- Standards and guidance for diversion

**Next Steps**

The Council on Criminal Justice and Behavioral Health’s (CCJBH) Juvenile Justice Workgroup will research and identify policy recommendations to be included in the CCJBH annual legislative report and will be voted upon by the Council in November 2019.