



## ***CCJBH Diversion/Reentry Workgroup: Potential Projects for Calendar Year 2021***

Below is a list of potential projects for Calendar Year 2021, most of which reflect recommendations made in prior CCJBH Annual Legislative Reports. Although all projects listed below are critical for improving California's Diversion and Reentry processes, given the limited resource capacity, CCJBH staff highly recommend that the Diversion and Reentry Workgroup select only one project for Calendar Year 2021, and that the project selected focus on supporting the work necessary to comply with the Governor's Veto Message on Senate Bill 369, which directs CDCR and CCJBH to "engage with stakeholders, evaluate the barriers of reentry, and determine what steps need to be taken to overcome those barriers." Other entities may wish to perform work on the remaining projects and/or these projects may be selected by the Diversion and Reentry Workgroup in future years. Projects for consideration are as follows:

### **Prior Legislative Report Recommendations**

- **Collaboratively Develop a Transitions (reentry) Process** – Engage in discussions identify the barriers and inform the development of an effective and efficient transition process from prisons, as well as court diversion, to communities. This involves convening stakeholders, reviewing and providing feedback to define an efficient and effective transitions process.  
**RECOMMENDED**
- **Engage in WPC Pilots** – Actively engage in the current implementation of WPC pilots, of which nine of the twenty-five pilot counties are focusing on the re-entry population. For example, CCJBH can help to identify lessons learned, successes, and challenges, including a need for additional training or support for continued and expanded work with the re-entry population. Counties like Los Angeles and Riverside have been serving individuals returning home from state prison, and CCJBH can learn from those experiences to understand how to improve the warm hand-off and transition to community-based services to inform efforts in this area, including in support of ISUDT and implementation of SB 389 (Hertzberg).
- **Identify/Promote Best Practices for Methamphetamine Treatment** – Promote best practices in treatment for methamphetamine use such as contingency management, which utilizes positive reinforcement and incentives as external motivators to promote adherence to program rules or treatment plans.
- **Overview of Prevention, Diversion and Reentry efforts across the nation; status, progress and impact** – 1. Catalogue existing state and federal efforts in prevention, diversion and reentry, including the authority and funding provided by different entities, 2. Identify strengths and barriers in existing efforts including opportunities to improve coordination to address gaps in prevention, diversion and reentry efforts, 3. Develop a prioritized plan of legislative, regulatory, financial, educational and training and technical assistance activities for statewide action, and 4. Create a reasonable structure to measure the progress and impact.

- **Residential Options for BH alternatives to incarceration** – CCJBH can collaborate with other necessary state and local partners to conduct a thorough analysis of the supply and demand for the variety of residential options, including safe and affordable housing, needed to support the substantial demand for community based behavioral health alternatives to incarceration.
- **Bail Reform** – CCJBH will analyze and provide recommendations on the implications of Bail Reform for people with serious behavioral health disorders (i.e. identifying strategies to deliver services post-release/pre-trial, risk assessment tools and bias, adequate resources for probation and courts).
- **Expedite Medicaid Eligibility and Enrollment** – CCJBH can research and disseminate other state strategies to expedite Medicaid eligibility and enrollment, such as the use of peer educators to support managed care plan selection prior to release.
- **Broaden Medi-Cal Plan Selection** - CCJBH can explore strategies where Medi-Cal plan selection could be completed simultaneously with eligibility and enrollment processes in small counties that have one plan option. For multi-plan counties, prior to release, individuals can receive information to choose a specific provider within the network of the plan selected upon release. Health navigators can assist with activation and the first appointment post-release.
- **Investigate State General Fund (SGF) Resources** – Investigate if and to what extent State General Fund (SGF) resources that support Parole Outpatient Clinics are paying for Medi-Cal reimbursable services. Assess how State and County resources can be leveraged so that SGF can be used for much needed non-Medi-Cal reimbursable services, such as rental assistance.
- **Adopt the Criminogenic Risk and Behavioral Health Needs Framework** - CCJBH can promote the adoption of the Criminogenic Risk and Behavioral Health Needs Framework to ensure that resources are directed towards those with high behavioral health and criminogenic risk needs.
- **Awareness of Substance Use Disorders (SUD)**– CCJBH will collaborate with other state partners to raise awareness and tackle the stigma associated with substance use disorders (SUD). Support California’s public education campaign efforts regarding opioid safety and treatment.
- **Opioid and Substance Use Disorder (SUD) Screening** – Considering the elevated rates and dangers associated with opioid use, CCJBH further recommends that all incoming detainees be screened with reliable and validated tools that provide clinically useful data in the treatment of opioid use and other SUDs. Moreover, to successfully tackle the crisis, it is critical to understand how many individuals suffering from opioid use disorders are entering jails and prisons.
- **Identify Referral and Care Coordination Pathways** – CCJBH is well-positioned to improve service coordination among state and local partners. CCJBH can identify referral and care coordination pathways for a sample size of counties, identifying strengths and weaknesses, as well as barriers. Recommendations to address gaps through training, technical assistance or policy change could be provided.
- **Peer Support Specialists Certification** – Create statewide certification with standardized curriculum for Peer Support Specialists who provide quality services allowing this workforce to be considered qualified providers for Medi-Cal reimbursement through Medi-Cal Specialty Mental Health Services.

- **Invest in Collaborative Relationships, Education and Training** – Investigate how peers, Community Health Workers (CHW), and SUD counselors can work to serve people with co-occurring disorders. Strengthen collaborative relationships by cross- training Peer Support Specialists, CHWs, and SUD Counselors. CCJBH will work with policy and community partners to address barriers to employment for Peer Support Specialists, Forensic Peer Specialist, Consumer Peer Specialist, Veteran Health Peer Specialist, and Mental Health Peer Specialist.
- **Support Workforce Education and Training** – Consider a California counterpart for elements of the federal opioid package (H.R. 6) to support workforce, education and training. For example, expand first responder training regarding opioid safety and develop a student loan repayment program to increase the substance use treatment workforce.
- **Establish a Center of Excellence for Diversion Training** – CCJBH will establish a center of excellence in diversion on the website with webinars and featured tools from experts in the field, but focus more on what individuals are doing in CA. The purpose is not to re-create expertise/tools, but to methodically identify it, and bring it to all 58 counties in a user-friendly, relevant and timely matter.
- **Promote County Screening Tools** – CCBH can promote easy to use validated screening tools for jails, such as the brief justice mental health screen (BJMHS), correctional mental health screen for men (CMHS-M), correctional mental health screen for women (CMHS-W) and the jail screening assessment tool (JSAT).

#### **Other Issues to Consider**

- Identify strategies to keep diversion program participants engaged given that program participation is voluntary during this pandemic (i.e., motivation to change).
- Identify strategies and best practices to prevent individuals being processed in the jail system from “cheating” on mental health screenings/assessments (known as malingering – some individuals have cycled enough times that they’re answering questions in a manner that will result in a mental health diagnosis).
- Identify peer certification training curriculum that has been used to successfully train peers on how to engage and support the behavioral health / criminal justice population.
- Identify strategies to help counties, as a whole, determine if their funding is being spent most efficiently to serve the BH/CJ population, and how to address any identified inefficiencies.
- Develop/publish a statewide funding matrix to reflect how existing funding should be prioritized for reentry, diversion, housing needs (and document any identified gaps).