



Building bridges to prevent incarceration

Diversion and Reentry Workgroup

March 19, 2021

Brenda Grealish
Executive Officer, CCJBH
Office of the Secretary, Kathleen Allison, Secretary
California Department of Corrections and Rehabilitation (CDCR)



Agenda

1:00 PM	Welcome & Introductions
1:10 PM	CA Health Facilities Financing Authority (CHFFA) Update
1:25 PM	Q&A with Councilmember Advisors Public Comment on Agenda Item II
1:30 PM	SB 369 Veto Message
1:50 PM	Public Comment on Agenda Items III
2:10 PM	Open Discussion



Agenda

2:55 PM Next Steps

3:00 PM Adjourn



Quick Notes:

**** Workgroup is being recorded ****

- Use the “raise hand” feature to make a comment
- *You will be placed in line to comment in the order in which requests are received by the host.*
- **When it is your turn to comment, the meeting host will unmute your line and announce your name.**
- *Members of the public should be prepared to complete their comments within 3 minutes or less if a different time allotment is needed and announced by the Executive Officer.*

Email:

CCJBH@cdcr.ca.gov



COMMUNITY SERVICES INFRASTRUCTURE GRANT PROGRAM UPDATE

CALIFORNIA HEALTH FACILITIES
FINANCING AUTHORITY



915 CAPITOL MALL, ROOM 435
SACRAMENTO, CA 95814
PHONE: 916-653-2799



CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY (CHFFA)

EXECUTIVE DIRECTOR

FRANK MOORE

DEPUTY EXECUTIVE DIRECTOR

CAROLYN ABOUBECHARA

GRANTS UNIT MANAGER

BIANCA SMITH

PROGRAM MANAGER

SONDRA JACOBS

Today's Discussion



- Background
- Funding
- Eligibility and Eligible Project Costs
- Grant Awards by Funding Rounds
- COVID-19 Pandemic Impacts
- Monitoring and Reporting
- Contact Information

Background



- **Senate Bill 843, Sec 52 (2016)** found that community alternatives to jail and prison should be expanded by establishing a one-time competitive grant program called the Community Services Infrastructure Grant Program.

- The **target population** are Justice-Involved Individuals with mental health illnesses, substance use disorders, or who suffer from trauma.
 - Justice-Involved Individual Definition for Program: the regulations define this as an individual who has been subject to an arrest and/or the adjudication process.



Background (cont.)

- **Key Objectives**
 - Expand access to jail/prison diversion programs and services.
 - Create or expand mental health treatment, substance use disorder treatment, and trauma-centered service facilities in local communities.
 - Reduce the need for mental health treatment, substance use disorder treatment, and trauma-centered services in jails/prisons.

Funding



The Budget Act of 2017 (AB 97) included a one-time General Fund appropriation of \$65.8M in grant funding for projects that had to be encumbered/awarded by June 30, 2020, and projects completed/funds disbursed by June 30, 2022.

Eligibility



Applicant Eligibility:

- A County
- Counties Applying Jointly

Program Eligibility:

- SB 843 does not restrict the types of Programs eligible for grant funding.
- Programs must divert individuals from jails/prisons **and** provide mental health treatment, substance use disorder treatment, and/or trauma-centered services.
- Jail Diversion Definition for Program: the regulations define this as the avoidance of or reduction in jail and/or prison time, through directive or court order, to a mental health treatment facility, substance use disorder treatment facility, and/or trauma-centered services facility as an alternative to incarceration.



Eligible Project Costs

Grant funding may be spent on the following:

- Facility Acquisition
- Renovation
- Furnishings and/or Equipment
- Information Technology
- UP to 3 months of program start-up or expansion costs (training, personnel salaries, and benefits)



Funding Rounds

- After conducting two funding rounds, CHFFA has 14 active grant projects in 9 counties, with a combined award amount of \$64,662,981.
- The programs will provide mental health treatment, substance use disorder treatment, and trauma-centered services for an estimated 1,805 justice involved individuals annually.
- The Counties of Riverside, San Luis Obispo, and Sonoma have programs which will also provide treatment and services for individuals deemed incompetent to stand trial.



Funding Round One

Approved on July 25, 2019

County	Award Amount	Annual Service Capacity	Treatment and Services		
			Mental Health	Substance Use Disorder	Trauma-Centered Services
Los Angeles	\$ 6,000,000	225	X	X	
Riverside	4,000,000	648	X	X	
San Joaquin	2,500,000	32	X	X	
San Luis Obispo	855,832	40	X	X	
Sonoma	2,266,191	20	X	X	X
Yolo	1,000,000	20	X	X	

Funding Round Two



Approved on March 26, 2020

County	Award Amount	Annual Service Capacity	Treatment and Services		
			Mental Health	Substance Use Disorder	Trauma-Centered Services
Los Angeles	\$ 10,125,415	164	X	X	
Los Angeles	5,300,945	340	X	X	X
Nevada	1,085,664	6	X	X	
Riverside	18,984,848	32	X		
Sacramento	1,690,543	150	X	X	X
San Joaquin	2,930,186	32	X	X	
Solano	6,301,108	16	X		
Yolo	1,622,250	80		X	

COVID-19 Pandemic Impacts



The COVID-19 pandemic has impacted some of the grant projects:

- Additional time requested to meet the readiness, feasibility, and sustainability requirement deadline
- Delays in identifying property for the project
- Requests for reduction in size of awarded projects
- Grant forfeitures

Monitoring and Reporting



- CHFFA is working closely with the counties to ensure timely completion of all projects and that all funds are disbursed before the grant expiration date of June 30, 2022.
- Counties submit status reports while the project is underway, and once project is completed, annual reports that provide data on client demographics, treatments and services provided, and program outcomes, for 5 years from the date the program becomes open and operational.
- CHFFA provides an annual report to the Legislature that updates them on the progress of the program. This report is available on our website.



Contact Information

Address	915 Capitol Mall, Room 435 Sacramento, CA 95814
Phone	(916) 653-2799
Email	CHFFA@TREASURER.CA.GOV

****Q&A with Councilmember Advisors****

****Public Comment on Agenda Item II****



Senate Bill (SB) 369 Veto Message Mandate

Brenda Grealish, Executive Officer, CCJBH

Kevin Hoffman, Deputy Director, CDCR Division of Rehabilitative Programs

Janene DelMundo, Project Director, CCHCS Integrated Substance Use Disorder Treatment

Robert Storms, Associate Director, CDCR Division of Adult Parole Operations

Sheila Green-Beck, Parole Administrator III, CDCR Division of Adult Parole Operations



SB 369 (Hertzberg)

- SB 369 would have established the California Reentry Commission, which would have been tasked with developing a new health and safety agenda for those returning home from custody, reviewing the barriers to reentry and coordinating with other entities to establish a grant program for reentry service providers.
- SB 369 passed both the Assembly and the Senate in the 2019 Legislative Session, but was vetoed by the Governor.



SB 369 Veto Message Mandate

The Governor's veto message of SB 369 directed CDCR and CCJBH to *“engage with stakeholders, evaluate the barriers to reentry and determine what steps need to be taken to overcome those barriers.”*



Project Overview

- CDCR/CCHCS' Transition Team (Division of Adult Parole Operations, Division of Rehabilitative Programs, Integrated Substance Use Disorder Treatment Program) and CCJBH, with input from targeted stakeholders, developed the posted initial draft of the "SB 369 Barriers Table."
 - Preliminary information was gathered via a review of published reports from the:
 - ✓ National Institute of Corrections
 - ✓ National Institute of Justice
 - ✓ Council on State Governments Justice Center
 - ✓ National Reentry Resource Center
 - ✓ Substance Abuse and Mental Health Services Administration



Project Overview (continued)

- The CDCR/CCHCS Transition Team and CCJBH sought initial feedback on the SB 369 Barriers Table from the following entities:
 - CCJBH Diversion/Reentry Workgroup Councilmember Policy Advisors
 - Legislative Staff and Advocates Involved With SB 369
 - CCJBH's Lived Experience Program Advisory Group
 - Anti-Recidivism Coalition
 - CalVoices
 - Los Angeles Regional Reentry Partnership
 - Transitions Clinic Network
 - National Expert from the Council on State Governments
- The CDCR/CCHCS Transition Team and CCJBH is now seeking broad stakeholder input to ensure a comprehensive inventory of reentry/transition barriers, and steps (strategies) to overcome them, are captured.



Project Overview (continued)

- SB 369 Stakeholder Engagement opportunities are as follows:
 - This CCJBH Diversion/Reentry Workgroup Meeting (March 19th)
 - SB 369 Regional Lived Experience Focus Groups (March 22nd and 25th)
 - The Annual Forensic Mental Health Association Conference, Words to Deeds Track (April 1st)
 - The CCJBH Full Council Meeting (April 30th)
 - Two-week public comment period to follow each stakeholder event.
- Information captured from these events will be documented in a final report to the Governor's Office to satisfy the SB 369 Veto Message mandate, which is targeted for submission in July 2021.
- After submitting the Barriers Inventory to the Governor's Office, the CDCR Transition Team, with support from CCJBH, will develop an Action Plan that addresses barriers to reentry by implementing solutions through a coordinated strategy that engages other entities, as needed and appropriate.



SB 369 Discussion Format

- The CCHCS ISUDT, CDCR Division of Rehabilitative Programs and CDCR Division of Adult Parole Operations will present the system, program/provider and individual level barriers that have been identified to date.
- Discussion will then open to meeting participants, which will be centered on questions to ensure that the barriers identified are accurate, to capture additional barriers if any are missing, and to gather feedback on steps (strategies) to address the identified barriers.
- Participants should reference the draft SB 369 Barriers Table during the discussion as additional information, such as the solutions and strategies identified to date, is provided that is not reflected on the PowerPoint slides.



SYSTEM LEVEL BARRIERS

(11 barriers identified thus far)



Barrier 1.1 - *System-Level*

System Coordination Within and Between State Departments

- There is limited coordination across and within state-level agencies that serve the criminal justice population.



Barrier 1.2 - *System-Level*

System Coordination Between State and Local Level Entities

- There is limited coordination across state-level and local level agencies that serve the criminal justice population. Processes, regulations, and timelines may be misaligned.



Barrier 1.3 - *System-Level*

System Coordination Between Local Level Entities

- There is limited coordination across local level entities that serve the criminal justice population.



Barrier 1.4 - *System-Level*

Misaligned or Insufficient Funding Sources

- Service providers may not always be aware of available funding sources or the appropriate use of funds. Funds may be insufficient.



Barrier 1.5 - *System-Level*

Data and Information Sharing Challenges Between CDCR and County Departments / Entities

- Concerns about liability for potential breaches sometimes prevent county departments / entities (such as Managed Care Plans) from establishing data-sharing agreements with State departments, such as CDCR.



Barrier 1.6 - *System-Level*

Data and Information Sharing Challenges between County Departments and their Contracted Providers / CBOs

- Data sharing from county departments to their contracted providers / CBOs can be limited, which prevents or delays the flow of information that providers/CBOs need to provide services.

Barrier 1.7 - *System-Level*

Changes to Policies and Programs that are Difficult to Implement, Fail to Address Identified Issues and Fail to Obtain Practical Ideas From a Broad Range of Stakeholders

- Often laws are enacted that address very small segments of the reentry population or the reentry population within a certain district, and often are developed without input from reentry stakeholders.



Barrier 1.8 - *System-Level*

Insufficient / Inappropriate Services for Criminal Justice Population

- Mental Health Courts and other types of specialized services are not always available, so service needs may go unaddressed or inappropriately addressed.



Barrier 1.9 - *System-Level*

Limited Service Capacity for the Criminal Justice Population

- It can be difficult to find placements that are close to the release county and comply with parole conditions.



Barrier 1.10 - *System-Level*

Medi-Cal Provider Enrollment is Too Complex

- Medi-Cal certification is difficult and labor-intensive, which can deter providers from participating.



Barrier 1.11 - *System-Level*

Inconsistent Discharge Planning Practices

- Not all individuals receive pre-release discharge planning.



PROGRAM/PROVIDER LEVEL BARRIERS

(6 barriers identified thus far)



Barrier 2.1 – *Program/Provider-Level*

Insufficient Cross-Training of Service Providers

- There are inadequate opportunities for service providers across the behavioral health, primary care, criminal justice, and other systems to become familiar with one another's systems.



Barrier 2.2 – *Program/Provider-Level*

Low Program Fidelity and Implementation of Ineffective Programming

- Some programs have been documented as effective, but they may not be implemented in the way that the curricula dictate. Other programs may not have been evaluated rigorously.



Barrier 2.3 – *Program/Provider-Level*

Lapsed Benefits After Release

- Incarceration in prison can result in suspended benefits, such as Medi-Cal, SSI, VA, SNAP, and housing. People are released with benefits that are no longer active and struggle with navigating, accessing and reinstating previous benefits.

Barrier 2.4 – *Program/Provider-Level*

Limited Continuity of Care After Release

- All too often, individuals who are receiving services while incarcerated do not continue to receive those services in their community and, if they do, it is not necessarily informed by the treatment they received while incarcerated.



Barrier 2.5 – *Program/Provider-Level*

Service Coordination and Program Placement When Medical Needs Increase Post-Release

- People are placed into post-release programming based on their needs while incarcerated, and it can be difficult to coordinate services for releases whose health declines after release.



Barrier 2.6 – *Program/Provider-Level*

Limited Outreach and Engagement

- Individuals transitioning from incarceration may have limited knowledge of recovery-oriented activities that can support reintegration.



INDIVIDUAL LEVEL BARRIERS

(15 barriers identified thus far)



Barrier 3.1 – *Individual-Level*

Unmet Housing Need and Homelessness

- There are significant living restrictions on individuals transitioning from incarceration. Many of these restrictions are placed without regard for rehabilitation or potential to reoffend.

Barrier 3.2 – *Individual-Level*

Medi-Cal Enrollment and Activation

- Due to last-minute changes in county of release, individuals may be enrolled in a plan for a different county than they are released to, and it takes at least 30 days to transfer Medi-Cal, leading to delays in care.
- When individuals are released earlier than anticipated, counties do not activate their Medi-Cal until their original release date. Individuals have to contact their county Medi-Cal office to activate, which can lead to delays in care.



Barrier 3.3 – *Individual-Level*

Unmet Health Care Needs

- Individuals who received health and behavioral health care services while incarcerated may not opt to continue those services after release.



Barrier 3.4 – *Individual-Level*

Trauma and Culture Shock

- Many incarcerated individuals have histories of trauma, and incarceration itself can be traumatizing. In addition, returning citizens, especially those who were incarcerated for long periods, can become overwhelmed with the culture shock of reentry/transition.

Barrier 3.5 – *Individual-Level*

Unaddressed Criminogenic Risks/Needs

- Community-based programs do not consistently provide interventions to address criminogenic risks and needs. Specific programs, such as those that address criminal thinking, anger management, negative peer associations, family relationships, etc., may not be widely available.



Barrier 3.6 – *Individual-Level*

Challenged Family Relationships

- Contact between incarcerated individuals and their families is often limited (for a variety of reasons), putting stress on family relationships and limiting availability of family support upon release. Regaining custody of children is a challenge.



Barrier 3.7 – *Individual-Level*

Limited Human Capital and Poverty

- Formerly incarcerated people often have lower levels of education and employment, and face barriers to education and employment post-release, such as legal barriers that preclude licensure and certification.

Barrier 3.8 – *Individual-Level*

Fines, Fees, and Restitution

- Fines, fees, and restitution imposed by the criminal justice system exacerbate financial difficulties.

Barrier 3.9 – *Individual-Level*

Lack of Identification

- A lack of state-issued identification makes it difficult to apply for benefits upon release from incarceration.

Barrier 3.10 – *Individual-Level*

Limited Access to Transportation to Treatment / Intervention Services

- A lack of reliable transportation makes it difficult to receive necessary health and criminogenic risks/needs interventions.



Barrier 3.11 – *Individual-Level*

Limited Access to Appointments, such as Court Dates

- There may be insufficient appointments available, or appointment processes may be difficult to navigate.



Barrier 3.12 – *Individual-Level*

Limited Access to a Bank Account and Limited Financial Literacy

- Lack of knowledge about good financial practices can lead to difficulty with establishing a strong financial foundation. Formerly incarcerated people may not have bank accounts or credit.

Barrier 3.13 – *Individual-Level*

Limited Familiarity with Opportunities for Support and Healthy Activities

- Individuals may be released outside of where they used to reside, and they may be unfamiliar with resources in that community.

Barrier 3.14– *Individual-Level*

Special Considerations for Youth and Older People Transitioning from Incarceration

- Both older and younger people transitioning from incarceration require a special level of care.



Barrier 3.15 – *Individual-Level*

Special Considerations for Individuals Convicted of Sex Offenses

- Sex offenders' social stigmas and legal limitations should be considered when pursuing social welfare programs.



Open Discussion

- *Are the reentry/transition barriers that were presented today accurate?*
- *Are there any reentry/transition barriers missing? If so, what is missing?*
- *What steps can be taken to address the identified barriers?*

Next Steps

- Public comment on the reentry/transition barriers and strategies to address them may be submitted to CCJBH at CCJBH@cdcr.ca.gov by Friday, April 5th.
- CCJBH Lived Experience Project contractors will conduct regional focus groups to capture feedback from individuals from lived experience who are interested in sharing their experiences and offering their ideas to address barriers they encountered.
- The CDCR/CCHCS Transition Team and CCJBH will seek stakeholder input at the Forensic Mental Health Association Conference, Words 2 Deeds Track, on April 1st, with another two-week public comment period (April 15th).



Next Steps (continued)

- The final draft of the SB 369 Barriers Table will be presented at the CCJBH Full Council Meeting on Friday, April 30th, with a final two-week public comment period to follow.
- The CDCR/CCHCS Transition Team and CCJBH will draft a final report summarizing the research feedback captured from the stakeholder meetings, with a target date to submit to the Governor's Office in July 2021.



NEXT CCJBH FULL COUNCIL MEETING:

Friday, April 30, 2021 2:00-4:30PM

NEXT DIVERSION/REENTRY WORKGROUP MEETING

Friday, June 18, 2021 1:00-3:00PM

THANK YOU FOR YOUR PARTICIPATION!

ADJOURN

