

# Full Council Meeting

**April 30, 2021**



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



# 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](mailto:CCJBH@cdcr.ca.gov)**



# Agenda

<b>Time</b>	<b>Topics to be discussed</b>
2:00 PM	Welcome & Introductions, Roll Call
2:15 PM	Approval of January Full Council Meeting Minutes
2:20 PM	Public Comment on Agenda Item II
2:25 PM	Update: ISMIP Program Transition
2:40 PM	CCJBH Business Meeting
2:55 PM	Q&A Discussion with Councilmembers Public Comment on Agenda Items III & IV



# Agenda Continued

<b>Time</b>	<b>Topics to be discussed</b>
3:05 PM	SB 369 Veto Message Mandate
4:00 PM	Q&A Discussion with Councilmembers Public Comment on Agenda Item V
4:25 PM	Announcements
4:30 PM	Adjourn



# January Full Council Meeting Minutes

**Step 1: MOTION TO ADOPT OR AMEND**

**Step 2: PUBLIC COMMENT ON AGENDA ITEM II**

**Step 3: ROLL CALL FOR A VOTE**



# ***ISMIP Transition Update***



# ISMIP Transition Update

## Division of Adult Parole Operations (DAPO)

Robert Storms, Associate Director



# CCJBH Business Meeting





# ***CCJBH Workgroup Updates***



# Update on Workgroups

## Juvenile Justice

### **Council Advisors:**

Dr. Danitza Pantoja

Chief Mack Jenkins



# Update on Workgroups

- California Health and Human Services Agency's Office of Youth and Community Restoration (OYCR) and the Division of Juvenile Justice provided an update on the DJJ transition.
- BSCC provided SB 823 Summary of Findings and RFA Process.
- Chief Probation Officer Brian Richart provided an overview of how County Probation Departments are preparing for Implementation of SB 823.
- An Update and Timeline was provided to participants on the current status of the Juvenile Justice Request for Proposal (RFP).



# Update on Workgroups

## **Diversion/Reentry**

### **Council Advisors:**

Chief Mack Jenkins

Dr. Tony Hobson

Judge Stephen Manley



# Update on Workgroups

- The CCHCS ISUDT, CDCR Division of Rehabilitative Programs and CDCR Division of Adult Parole Operations presented the system, program/provider and individual level barriers identified to date.
- Discussion then opened up to meeting participants, centered on questions to ensure that the barriers identified were accurate, to capture additional barriers if any were missing, and to gather feedback on steps (strategies) to address the identified barriers.
- Participants were provided with the draft SB 369 Barriers Table during the discussion as reference and as additional information, such as the solutions and strategies identified.



# ***2025 Goals Reporting***

Angela Kranz  
Research Scientist III

Jessica Camacho  
Health Program Specialist II



# 2025 Goals Overview

In its 2019 Legislative Report, CCJBH put forth four goals that should be achieved by 2025:

- Equalize mental health and substance use disorder prevalence rates in jails/prisons and in the community
- Ensure adequate system capacity to serve the BH/CJ population through community-based services
- Ensure adequate workforce capacity to serve the BH/CJ population using evidence-based best practices
- Continue to support data-driven practices and policymaking to achieve improved outcomes



# Reminder of Established Goal 1 Metrics

*Goal 1: Equalize mental health and substance use disorder prevalence rates in jails/prisons and in the community.*

Metric Description	Available Data
<ul style="list-style-type: none"><li>• Comparison of:<ul style="list-style-type: none"><li>• Prevalence of mental health and/or SUD needs in custody settings</li><li>• Prevalence of mental health and/or SUD needs in the community</li></ul></li></ul>	<ul style="list-style-type: none"><li>• CDCR In-Custody Population (Total and Mental Health) Reports</li><li>• Board of State and Community Corrections Jail Profile Survey Data</li><li>• Department of Health Care Services and Substance Abuse and Mental Health Services Administration Estimated Prevalence Rates</li></ul>





# Proposed Goal 2 Metrics

*Goal 2: Ensure adequate system capacity to serve the BH/CJ population through community-based services.*

Metric Description	Available Data
<p>Behavioral Health Services</p> <ul style="list-style-type: none"><li>• # of counties meeting time/distance and timely appointment standards</li><li>• Inpatient Beds Per Capita</li><li>• # of Felony Incompetent to Stand Trial Referrals</li></ul> <p>Criminogenic Needs Interventions</p> <ul style="list-style-type: none"><li>• County Probation Implementation of Risk/Needs Assessments and Targeted Interventions</li></ul>	<ul style="list-style-type: none"><li>• Department of Health Care Services Network Adequacy Reports</li><li>• Health and Human Services Agency Behavioral Health Reports</li><li>• Department of State Hospitals Documents and Reports</li><li>• Judicial Council SB 678 Reports</li></ul>



# Proposed Goal 3 Metrics

*Goal 3: Ensure adequate workforce capacity to serve the BH/CJ population using evidence-based best practices.*

Metric Description	Available Data
<p>Behavioral Health Services</p> <ul style="list-style-type: none"><li>• Mental Health Professional Shortage Areas</li><li>• Adverse Childhood Experiences Trainings Completed</li><li>• # of counties that participated in CCJBH/DSH Diversion training</li></ul> <p>Criminogenic Needs Interventions</p> <ul style="list-style-type: none"><li>• County Probation Training in Cognitive-Behavioral Therapy</li></ul>	<ul style="list-style-type: none"><li>• Office of State Health Planning and Development Health Professional Provider Shortage Reports</li><li>• Office of the Surgeon General Adverse Childhood Experiences Reports</li><li>• Department of State Hospitals / CCJBH Data</li><li>• Judicial Council SB 678 Reports</li></ul>



# Proposed Goal 4 Metrics

*Goal 4: Continue to support data-driven practices and policymaking to achieve improved outcomes.*

Metric Description	Available Data
<p>Timely Transition from Incarceration to Behavioral Health Services</p> <ul style="list-style-type: none"><li>• # of Counties Participating in CCJBH Medi-Cal Utilization Project Training and Technical Assistance Provided to Counties</li><li>• Initial Medi-Cal Utilization Indicators<ul style="list-style-type: none"><li>• % Enrolled onto Medi-Cal</li><li>• Length of time to Activate Medi-Cal</li><li>• % of those Needing BH Services who Received It</li><li>• Length of time to Receive BH Services</li></ul></li></ul>	<ul style="list-style-type: none"><li>• CCJBH Medi-Cal Utilization Project Data</li></ul>



# Council Vote on the Metrics for the 2025 Goals

**Step 1: MOTION TO ADOPT THE TRACKING METRICS**

**Step 2: PUBLIC COMMENT**

**Step 3: ROLL CALL FOR A VOTE**



# ***CCJBH Lived Experience Project Update***



# Lived Experience Project Updates

- LEP contractors assisted with collecting stakeholder feedback on SB 369.
- Cal Voices: Recruited an additional 2 Ambassadors to represent the Superior and Southern regions.
- ARC: Disseminated a press release in March and will be launching trauma-informed storytelling trainings.
- TCN: Established their TCN Advisory Site Committee and held monthly meetings.
- LARRP: Launched their Leadership Academy, and leaders have attended stakeholder meetings.



***CCJBH  
Public Health Meets  
Public Safety  
Project Update***



# Public Health Meets Public Safety

- CSG facilitated a focus group on April 21, 2021.
  - Individuals with lived experiences were recruited by LEP contractors to attend.
  - Feedback provided will help inform areas of focus for the project.
- CSG has developed a dashboard for publicly available data that can be used to better understand the intersection of justice & behavioral health, which can be accessed on the CCJBH [website](#).





# PHMPS Data Inventory

Data Inventory - CCJBH | Tableau x +

public.tableau.com/profile/council.on.criminal.justice.and.behavioral.health#!/vizhome/DataInventory/DatasetResourceInventory

tableau public GALLERY AUTHORS BLOG RESOURCES ACTIVITY ABOUT SIGN UP SIGN IN

CCJBH - Profile Favorite Make a Copy Download

## Inventory of Priority Datasets

Public Health Meets Public Safety  
Connecting data, policy, and people

Keyword search

Access  
Publicly available  
Request

Report Data Domain  
(All)

Access  
 (All)  
 Publicly available  
 Request

Data Level  
(All)

Adult Probation data  
The California Department of Justice (DOJ) collects summary data on probation populations from county probation agencies. The data includes monthly counts for felony and misdemeanor probation entry and exits by county and type of placement.

American Community Survey  
The American Community Survey (ACS) is an ongoing national Census survey that provides annual information on the U.S. population at various geographical levels. Data collection includes information about demographics, family status, healthcare, education, employment, and income. The ACS is one of the only national surveys that includes individuals who are incarcerated at the time the survey is conducted.

Annual Probation Survey and Annual  
The Bureau of Justice Statistics (BJS) collects probation and parole data through annual surveys conducted by census. These data include the total number entering and exiting probation and parole supervision each year.

Contact kevin@oconnellresearch.com

Go to Dashboards

Read the report here: <https://www.dropbox.com/s/f2xzkz6engtnah/Data%20Inventory%20Brief.docx?dl=0>

tableau

Data Inventory

Viz Author: CCJBH



***CCJBH  
Forensic Peer  
Support Specialist  
Update***



# Forensic Peer Support (FPS) Specialty

- With the passage of SB 803, Peer Certification, CCJBH has embarked on a project to research a certification process for Forensic Peer Support Specialists.
- As part of the information gathering CCJBH staff met with
  - Georgia's Mental Health Consumers Network
  - Pennsylvania's Mental Health Consumers Network
  - Yale PRCH
- CCJBH staff are currently working on drafting a report summarizing findings from this research, and recommending a FPS specialty that may be utilized within and across the health care, behavioral health and justice systems. Once the final draft is completed, Councilmembers will be asked to vote on the final product.



# ***CCJBH-Tracked Legislation Update***

***Liz Vice  
Staff Services Manager II***

\* Please refer to the Legislation handout located on our website or by clicking [here](#).



## Q&A with Councilmembers

**\*\*Public Comment on Agenda Items III & IV\*\***



# ***Senate Bill 369 Veto Message Project***



# Senate Bill (SB) 369 Veto Message Mandate

Brenda Grealish, Executive Officer, Council on Criminal Justice and Behavioral Health  
Kevin Hoffman, Deputy Director, CDCR Division of Rehabilitative Programs  
Robert Storms, Chief Program Administrator, CDCR Division of Adult Parole Operations  
Lisa Heintz, CCHCS Director, Legislation and Special Projects, Integrated Substance Use  
Disorder Treatment



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# 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.



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# 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.”*



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# 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 an 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



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# 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 Justice Center
- 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.



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# Project Overview (continued)

- SB 369 Stakeholder Engagement opportunities were/are as follows:
  - CCJBH Diversion/Reentry Workgroup Meeting (March 19<sup>th</sup>)
  - SB 369 Regional and Statewide Lived Experience Focus Groups (March 22<sup>nd</sup> and 25<sup>th</sup>)
  - Annual Forensic Mental Health Association Conference, Words to Deeds Track (April 1<sup>st</sup>)
  - This CCJBH Full Council Meeting (April 30<sup>th</sup>)
  - A two-week public comment period followed/will follow each stakeholder event.
- Feedback has been received from organizations representing individuals with lived experience and programs/provider groups. The posted draft SB 369 Barriers Table has been updated to reflect stakeholder feedback, within CDCR's role and authority.
- Key Takeaways from the Stakeholder Process thus far include:
  - Need for increased service coordination across systems
  - Need for improved communication and transparency regarding available services
  - Need for enhanced services and responsive service delivery



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# 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, including stakeholder feedback.
- 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 updated 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.



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# SYSTEM LEVEL BARRIERS

*(11 barriers identified thus far)*



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# 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.



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# 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.



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# 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, in part because some counties have limited capacity to serve as the coordinating agency for services.



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# 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.



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# 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.



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# 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.



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## 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.



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# 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.



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# 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.



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# 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.



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# Barrier 1.11 - *System-Level*

## ***Inconsistent Discharge Planning Practices***

- Not all individuals receive pre-release discharge planning.



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# PROGRAM/PROVIDER LEVEL BARRIERS

*(6 barriers identified thus far)*



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## 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.



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## 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.



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## 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.



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## 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.



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## 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.



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# 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.



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# INDIVIDUAL LEVEL BARRIERS

*(15 barriers identified thus far)*



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# 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.



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## 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.



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## 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.



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## 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.



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## 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.



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# 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.



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## 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.



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# Barrier 3.8 – *Individual-Level*

## ***Fines, Fees, and Restitution***

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



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## 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.



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## 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.



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# 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.



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## 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, and often experience financial instability at release.



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## 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.



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## 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.



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# Barrier 3.15 – *Individual-Level*

## ***Special Considerations for Individuals Convicted of Sex Offenses***

- Individuals convicted of sex offenses face distinct social stigmas and legal limitations.



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# 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?*



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# Report Outline and Council Vote

- The draft report outline is as follows:
  - Background of SB 369 and Governor's Directive
  - SB 369 Project Methodology
  - Overview of Identified Barriers
  - Analysis and Key Findings
  - Recommended Next Steps
  - Appendix: Barriers Table

**Step 1:** Council Motion to adopt report outline and delegate authority to CCJBH Executive Officer to make administrative updates as seen fit.

**Step 2:** Public Comment

**Step 3:** Roll Call for a Vote



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# Next Steps

- Public comment on the reentry/transition barriers and strategies to address them may be submitted to CCJBH at [CCJBH@cdcr.ca.gov](mailto:CCJBH@cdcr.ca.gov) by COB on Friday, May 14<sup>th</sup>.
- The CDCR/CCHCS Transition Team and CCJBH will draft a report summarizing the research feedback captured from the stakeholder meetings, which will be made available by the end of May 2021 for a final two-week public comment period to follow.
- On June 24, CCJBH will convene to review the final draft of the SB 369 report and take a final vote to approve it.
- The target date to submit to the Governor's Office is in July 2021.



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*Note: Dates may be subject to change based on the revision and review process.*

## **Q&A with Councilmembers**

**\*\*Public Comment on Agenda Item V\*\***



# Upcoming Events

**May is Mental Health Awareness Month!**

**CalHOPE**

**Presented by Dr. Jim Kooler - Tuesday, May 4<sup>th</sup>, 12-1PM**

**Registration [Link](#)**

**NEXT DIVERSION/REENTRY WORKGROUP MEETING**

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

**NEXT CCJBH FULL COUNCIL MEETING:**

**Friday, July 30, 2021 2:00-4:30PM**

**ADJOURN**

***THANK YOU FOR YOUR PARTICIPATION!***

