

CCJBH January Council Meeting

Friday, January 29, 2021

2:00 PM – 4:30 PM

Zoom Meeting

COUNCIL MEMBERS

Kathleen Allison, Chair

Secretary, California Department of Corrections and Rehabilitation

Will Lightbourne

Director, California Department of Health Care Services

Stephanie Clendenin

Director, California Department of State Hospitals

Matthew Garcia

Field Training Officer, Sacramento Police Department

Tony Hobson, PhD

Behavioral Health Director, Plumas County

Mack Jenkins

Chief Probation Officer, Ret.
San Diego County

Stephen V. Manley

Santa Clara County Superior Court Judge

Danitza Pantoja, PsyD

Coordinator of Psychological Services, Antelope Valley Union High School District

Tracey Whitney

Deputy District Attorney, Mental Health Liaison,
Los Angeles County District Attorney

Minutes

I. Welcome & Introductions, Roll Call

Council Members Present: Secretary Kathleen Allison, Stephen Manley, Matthew Garcia, Stephanie Clendenin, Mack Jenkins, Tracey Whitney, Jim Kooler (on behalf of Will Lightbourne)

Council Members absent: Tony Hobson, Danitza Pantoja

Staff Members Present: Brenda Grealish, Executive Officer, Monica Campos, Angela Kranz, Elizabeth Vice, Sara Dubay-Singh and Jessica Camacho

II. Approval of December Meeting Minutes

Brenda Grealish, Executive Officer, Council on Criminal Justice and Behavioral Health (CCJBH)
Minutes for approval 12-11-2020

Motion to adopt minutes made by Mack Jenkins, second by Judge Stephen Manley

Ayes: 5

Nays: 0

Abstentions: 1

Minutes were Approved.

*****PUBLIC COMMENT*****

No Public Comment

III. UPDATE: ISMIP Program Transition

Robert Storms, *Associate Director (A), Division of Adult Parole Operations (DAPO)* stated that all eight Integrated Services for Mentally Ill Parolees (ISMIP) program contract locations (Sacramento, Fresno, Kern, Santa Clara, San Francisco, Los Angeles, San Bernardino, and San Diego) were effectively closed with the reduction in funding. As of December 31st, there are no active contracts for the ISMIP program. DAPO is continuing to work with all eight counties in regards to referral processes going forward. San Bernardino and Fresno are both contracting with the same contractors that DAPO had so there is an understanding of how the referral would be moving forward.

Mr. Storms stated that Los Angeles (LA) County has been active with the department as a whole, both in post release referrals and pre-release referrals. LA County provided the necessary information to start making post release referrals for those who would have gone to ISMIP. DAPO has started making those post release referrals and have the criteria worksheet needed for the referral as well as the eight network locations in which the referrals are made. LA County is working with California Correctional Health Care Services (CCHCS) on the pre-release effort.

Mr. Storms said the remaining counties Kern, Sacramento, Santa Clara, San Diego and San Francisco, are all working with DAPO on developing more formalized referral processes for parolees. In regards to the remaining Corrective Action Plan (CAP) items from the recommendations from the State Auditor, DAPO will continue to move forward and see what areas can be implemented. One large criteria is identifying individuals pre-release that would have qualified for the ISMIP program. DAPO is working with partners and CCHCS to accomplish this. Mr. Storms stated that Brenda Grealish provided useful input and insight with regards to this task and pointed out that it is the next major step for the CAP.

Q&A Discussion with Council Members

Mack Jenkins, *Chief Probation Officer (Retired), San Diego County*, asked Mr. Storms to define who the county leads are.

Robert Storms stated that the primary lead is county behavioral health. In addition, DAPO confers with county probation, as well as medical Whole Person Care representatives, including substance use delivery partners, and other treatment partners. Los Angeles is very broad. DAPO includes representatives from parole, rehabilitative programs, CCHCS, and others.

Judge Stephen Manley, *Santa, Clara County Superior Court Judge*, added that there is not enough treatment capacity and the issue should be addressed this year. He said that when the State eliminates the funding or the program, there are effects on the county's ability to meet the needs for behavioral health services, particularly mental health services. He said the State must understand that the county wants to help find additional funding to expand treatment. Many parolees need high level treatment and it is hard to find the resources for them.

Brenda Grealish thanked Judge Manley and added that there are significant investments proposed for building out the continuum of care in the Governor's proposed budget.

*******PUBLIC COMMENT*******

Sosa: I am Sosa, a graduate of the Offender Mentor Certification Program (OMCP) program from the CDCR Division of Rehabilitative Programs (DRP). One of my questions is when it comes to mental health,

you have a lot of CCCMS (Correctional Clinical Case Management System) parolees coming out that are also part of the medical program. How are they being assisted when they parole?

Robert Storms stated the parolees are participating in Medication Assisted Treatment (MAT) within the institutions and community. He explained that there is a continuum of care connection. The utilization management nurses, or the nurses within our Substance Use Disorder Treatment (SUDT) program, are making those connections outside institutions. Before the inmates release, CDCR is connecting them with the provider, and giving them their appointment information. For parole, if individuals come out, and that appointment doesn't happen, agents and behavioral health staff will help link them to providers in the community and in the behavioral health system in parole. Services can be received on an outpatient basis as a transitional service pending reintegration into the community. There is also the opportunity to participate in MAT. Psychiatrists prescribe MAT, so the parolee will come into the pharmacy and in-reach and a nurse will administer the MAT medications, as needed. There is pharmacy in-reach in many of DAPO's parole units now.

Daniel: I just wanted to say hello to this new Secretary, Ms. Allison. I just wanted to put it in over here that we're going to continue to be of help, share some lived experience and continue to hopefully make progress in the direction that I see you guys going in. And that is over here this is SAR, that's the organization that's been out here for six years. And we are out here representing, and this is a program that started behind prison walls in 2005. We are out here now representing and hopefully stopping mass incarceration with these young people. Trying to put a dent in that. Thank you.

Brenda Grealish stated there was time for one more public comment.

Robert Forte: It is a pleasure being in front of the Council. My name is Robert Forte. I am the co-chair of the Senate for Reentry Roundtable Legislative and Policy Subcommittee. I'm also a Regional Case Manager for a nonprofit that contracts with the Department of Labor and the Department of Justice and the subject I'm bringing up is something that's actually in front of one of the assembly members, Stone, which is the Cal-ID issue. From a lived experience and from a professional aspect, I'm looking at all the challenges that mentally ill inmates are facing being released from California Department of Corrections and Rehabilitation (CDCR) without identification. COVID revealed the complete lack of collaboration between the agencies. If an offender is released mentally ill into the public without ID, it's taking him between 90 days and six months before he can even get a functional ID to get assistance in the community. So that means the 90 days, to get a California ID, you have to get a birth certificate, you have to get a social security card. And that timeframe versus the timeframe of his funding and support, it puts him in a hole because, by the time he gets functional and starts to get support, his funding runs out and he's left without support. And COVID revealed all this because there's no collaboration between the county, DMV, CDCR, Social Security Administration, and that's something that's broken. That piece, that crack in the concrete, inmates are falling through that crack daily.

Secretary Kathleen Allison thanked Mr. Forte and stated that she was aware of the issue as it relates to Cal-ID. She stated that CDCR has been working with DMV for many years and have been able to get Cal-IDs in the hands of offenders who have a photo ID on record at DMV within 10 years or newer. There will also be some pending legislation going through this next legislative cycle to figure out what CDCR can do with the population that has a DMV record 10 years or older.

Robert Forte: Thank you very much, Ms. Allison, you are absolutely right. I'm actually going to be testifying in front of the legislation on the issue.

Brenda Grealish noted that one of the projects that the Council is working on as part of the Governor's veto message from SB 369 is identifying barriers to reentry and strategies to overcome them. The Council will add this to the compilation.

IV. CSG Housing Project

Hallie Fader-Towe, *Director, Behavioral Health, Council on State Governments (CSG)*

Brenda Grealish introduced Hallie Fader and stated that she and the CSG team worked on the housing projects for individuals who are in the criminal justice system and have behavioral health needs.

Hallie Fader-Towe stated that CSG is a national nonprofit membership association for all three branches of State government. She said that, two years ago, she had the opportunity to address this Council at the request of Stephanie Welch to talk about research-based practices for people with behavioral health needs who were leaving corrections at risk of homelessness. She stated that they spoke about the importance of assessing individual needs, risk of homelessness to pair people with appropriate levels of support, treatment and different types of housing. She said they also had discussed the cycle that people can fall into where homelessness leads to increased law enforcement contact, leads to criminal justice incarceration, leads to difficulties finding housing. Following that presentation, the Council embarked on a yearlong project, listening to stakeholders and developing a robust [report of housing policy](#) recommendations that were released about a year ago.

Ms. Fader-Towe stated that around that time, the Melville Charitable Trust, the largest foundation in the United States, exclusively devoted to ending homelessness, was interested in State policy strategies to improve outcomes for this population of people with behavioral health needs, at risk of homelessness and also involved in the criminal justice system. She stated that CSG partnered with Stephanie Welch and former Secretary Diaz to request funding from Melville Charitable Trust to support a project to develop recommendations for California, based on best practices in this area. She stated that the last update was provided in August on some key findings. In September, CSG was able to visit the reentry work group to get additional input.

Ms. Fader-Towe added that Mr. Forte's comment, about how the systems often don't talk to each other relates to data. She explained that the same person will end up in various different datasets and it is difficult to discern whether it is the same person who has a mental health need who is also showing up in a homeless management information system. The CSG team gathered and analyzed data to make estimates of how many people need different types of services and need different types of housing support.

Ms. Fader-Towe thanked Brenda Grealish, Corrine Buchanan at the Department of Social Services, Katie Howard at the Board of State and Community Corrections, Julie Lo and Allie Sutton at the Homeless Coordinating and Financing Council, and advisors at CSAC and County Behavioral Health Directors Association, all of who weighed in on drafts of this report and helped sharpen the recommendations.

Thomas Coyne *Senior Policy Analyst, Behavioral Health, Council on State Governments (CSG)* stated that although they are a national organization, the focus is on California. Interviews were used from across the State to get an overview of the situation. He stated that CSG used data that was publicly available and which came out as recently as last year. He pointed out that some of the data was pre-COVID and that there is uncertainty of numbers during these times, but the CSG team is drawing on best practices as well as what's been emerging in the State. This included housing first approach, getting people quickly housed,

while reducing barriers to housing. He stated that this is all guided by leadership from corrections, housing, and behavioral health.

Mr. Coyne stated that on top of there being generally a lack of affordable housing, there is an increased likelihood of experiencing homelessness after incarceration, as well as the overlap in experiencing homelessness for people who have mental health diagnoses or conditions. To get at this overlap, CSG thought to apply the criminal justice and behavioral health framework that was developed by the Council of State Governments Justice Center. The goal is to try and visualize this overlap between the systems and needs (behavioral health needs, affordable housing needs, those currently or recently under criminal justice supervision) and to acknowledge that people don't necessarily fit into just one category.

Mr. Coyne stated that CSG used what was publicly available on jail data which is limited and also generally pre-COVID to get a rough estimate of what housing and what housing plus services are needed across the State. Looking at the separate population statistics of people who are experiencing homelessness, there are between 17% and 42% in jail who may experience homelessness and almost 30% who have an open mental health case. When looking at data further back a year or more, the data shows a similar percentage. There is an additional 15% to 40% of people also experiencing homelessness in the year prior to their jail stay, which could be a large number of people. We have tried to estimate this overlap between those who need housing assistance and mental health services. Between 2% and 10%, who might need a high level of services such as permanent supportive housing with Assertive Community Treatment (ACT) or another intense level of mental health services, or 8% to 16% of people who might have a moderate or lower level of mental health services out in the community. This could be a range of options, anything from intensive case management at the higher end or general outpatient services on the lower end.

Mr. Coyne stated that through CDCR and prison, there is a better picture of the necessity at the State level, particularly public data, about people leaving on parole. CSG has a general idea of the number of people in prison in California with a serious mental illness (about 30%) but there's a lack of public data on the overlap. It is this lack of housing services across the United States, but particularly in California, that can wind up mismatching people and services, which does not necessarily lead to success for people or programs. In this sphere, CSG knows that parole has begun the work to break down silos by collaborating with both Specialized Treatment for Optimized Programming (STOP) providers and housing providers.

Charlie Francis *Project Manager, Behavioral Health, Council on State Governments (CSG)* stated that the centerpiece of this work was the interviews with stakeholders, leaders, and people with lived experience. He said that the problems that are leading to lack of housing opportunities for this population break down into five different areas. The first one is silos between criminal justice and other systems, such as the housing system and community mental health system. There is not typically a mechanism for these people to communicate with each other. As a result, discharge planners or community supervision may be reluctant to refer people to housing first programs because they are not necessarily required to be engaged in services. It might instead lead to more reliance on transitional housing and recovery housing. Although these are important options, it is important to ensure that people are connected to permanent housing so they don't end up back in prison or jail.

Mr. Francis said that the second challenge is lack of data, most of which is a resource issue. He said there is screening for risk of homelessness while in prison or in jail and there is also assessment of housing needs. These are done in CDCR to varying levels, particularly the homelessness risk assessment. In jails, it's much less widespread. Because it takes time in jails, there are people coming in and out much more frequently, plus there's not as much staff or other necessary resources. It makes it difficult not only to put

people in housing, but also to make the case to advocate for the fact that there is a need for more housing for this population. So, we don't have a full picture of what those coming out of jail need.

Mr. Francis said the third challenge is regulatory and revolves around the Housing and Urban Development (HUD) definition of homelessness, which reflects a priority on people who are chronically homeless. Although that is a good policy goal, it will tend to disadvantage some, particularly people who have been incarcerated for over 90 days. The leadership group pointed out that many State programs also use the HUD definition where they could actually have latitude to serve the reentry population more explicitly. Mr. Francis said the fourth barrier is stigma. Many landlords are reluctant to rent to this population. Service providers may also be reluctant to serve people they see as hard to serve. During interviews, people with lived experience reported that housing authorities are only required to impose certain minimum levels of criminal record restrictions that are required by HUD, but many housing authorities will go above and beyond that.

Mr. Francis said the fifth barrier is a lack of available housing. Looking at a broader picture from the data, there is only 23 available units for every 100 Californians with extremely low income that need one. So while it is important to maximize the resources that are already available, ultimately, a long term strategy to develop housing is needed. He said there are 10 recommendations grouped into five main areas. The first group involves building the data infrastructure to advocate for the need to connect people with housing, then moving towards getting more immediate resources, particularly rental assistance, and supportive services to help people connect with existing housing. Finally, move towards growing the housing pie.

Mr. Francis said the first theme of what CSG is recommending is identify, assess, and connect. To make housing investments, you need to know where there is going to be renewed focus on State investments towards housing and homelessness. As resources are always limited, it is important to be the most impactful when advocating for the homeless. One of CSG's recommendations is, if the goal is to increase homelessness risk assessment in jails, it needs to be made as light touch as possible. There are not many jails nationwide that include this in their models because of this resource issue, and the challenge of integrating the assessment into daily operations. Then there is a need to move towards expanding needs assessment. CDCR does this now for people released into parole, but CSG would like to expand this eventually to all CDCR, and expand it in jails. There needs to be in-reach funding to do that.

Mr. Francis said that the CSG stakeholder group was helpful in identifying that there could be some funding that is not strictly housing funding being used for these purposes, such as the Mental Health Services Act. Finally, the last bullet is a recommendation that is in the process of being implemented. Several months ago, CSG heard a real need for staff from parole on one hand, and local Continuums of Care (CoC), on the other hand, to know not only what each other does, but even have each other's contact information in different regions of the State. CSG helped facilitate a training to build that mutual understanding. A result of this is that some people in leadership and parole want to use it as a starting point to formalize relationships between community supervision and COCs to get that intake going into homeless assistance programs, in what's called the Coordinated Entry System. This system is basically a community-wide system where housing providers and other social service providers do an intake and put clients into a Master System, where they're prioritized according to need and matched with units as they come up. This progression reflects the CCJBH [housing brief](#) from last year.

Mr. Francis stated that as this data infrastructure is being established, the needs have to be met now. Building housing is very important, but it takes time and resources. Start with lower dollar rental assistance. Not everybody coming out of prison and jail needs an ongoing high level assistance like a Section 8

voucher. Instead, they might need \$400 a month for a year to get over the hump and get established with an apartment and a job. Landlords are reluctant to rent, but with the use of landlord incentives, which are small incentives to rent to this population, as well as risk mitigation funds, which basically act like a local insurance policy in case there are damages to the unit or people skip out on rent, we build towards combining public and private resources. One recommendation is to expand State rental assistance, such as the adult reentry grants. It is evident that the public sector cannot do it alone, so CSG is looking at more innovative approaches like flexible subsidy pools. The best known example is in Los Angeles, but it is also being done in San Francisco, San Diego, Napa and several other cities across the State. That is where you seed a pool of housing money with private investment, and that attracts other public and private investment in gradually growing the pool of resources for housing assistance and supportive services.

Mr. Francis stated that there is a lot of excitement around the proposed expansion and implementation of CalAIM. In the precursor programs, like the Whole Person Care pilots, and also adult reentry grants using what is called warm handoffs, there is assistance connecting folks directly from incarceration to not only getting medication and getting transportation, and support with work, but also housing search assistance. Ultimately, given the scope of the needs, there has to be more resources developed in terms of growing the housing pie, especially for the reentry population. There's a whole range of strategies for this. Prioritizing surplus land. There is legislation that allows State and local surplus land to be used for housing development and perhaps the reentry population can get a priority in that. Leveraging capital and operating funds. For example, the project-based voucher program through local housing authorities is a somewhat lesser known source to help make projects viable. Identifying cost savings. Maybe in a couple of years, we see some reduced correctional populations and consider reinvesting those in sort of a gap financing program to help fund housing development. Looking at Pay for Success approaches. This is still very new and evolving, but essentially government pays private housing providers only for certain outcomes such as retention and housing. A promising example in San Francisco is called Project Welcome Home, and they are retaining and housing some of the hardest to serve people. This [report](#) has a real focus in California towards investing in housing and homelessness, and how to make sure that the reentry population has a seat at the table, and is prioritized as these investments are made.

Brenda Grealish thanked the CSG team for the presentation and emphasized the key theme of housing. She said that establishing that foundation for all of the programming being put together, both on the behavioral healthcare and criminal justice sides, to get the right services and support to help people be successful in their housing. She stated that Stephanie Welch did a great job of establishing a need for this population and making that case of why additional services and supports are needed so that this population (behavioral and criminal justice) can be successful and maintain that housing stability that they still need to continue their success in the communities. What are the next steps? What is needed to build that infrastructure? How can the Council now take these recommendations and implement them? In particular, this idea of how to structure this kind of work with the different groups who have pieces of this together so that the Council can help build the infrastructure and identify all of the needs to make this work in our community. Build this out locally and as people are coming from prison transitioning into community.

Q&A Discussion with Council Members

Mack Jenkins thanked the CSG team and agreed with Brenda that the focus is on what to do next. How does this land for the Council? How can the Council impact some of the things that have been recommended? He pointed out that under the mentioned identify, assess, and connect steps in this process, the importance of building direct relationships between discharge planners, community supervision, housing providers, and CoC's is an achievable goal. He stated that it requires the conversation currently taking

place, as well as political will. He noted the importance of the parole agent seeing and understanding part of their role to build those relationships with the discharge planners and the housing providers. He asked if Mr. Storms was still on from DAPO to provide feedback.

Robert Storms replied that the director and the executive management team at DAPO is very focused on integration and the larger picture of all the components. Observers on this meeting are key in that there is a lead going on statewide to do exactly what was said. He said it is a process, but the work is going on.

Judge Stephen Manley stated that the Pay for Success Program is a real opportunity to make a difference and said it needs to be expanded. He said that the data that the county put into effect in 2016 and 2017 is available and that it is a promising practice. He said that he hopes more recommendations are developed around that. He said that after reading what was prepared thus far, it appears there is a lack of data regarding what is going on in jails. Is one of CSG's recommendations going to cover what the Council needs to do to get better information as to what is happening in terms of individuals leaving our jails?

Mr. Francis replied, the short answer is yes. As previously stated, a lot of it comes down to a resource issue. The data is just either simply not being collected or not being reported. That is what a lot of CSG's recommendations focus on which is finding funding to support that work being done. Then, starting with a small pilot group of jails, showing that that approach is successful, and then gradually expanding to more and more of the State.

Judge Stephen Manley asked what having in-reach in jails meant? Does CSG recommend that it should be the responsibility of the sheriffs and the counties? Or is CSG recommending that we should have behavioral health, or the Office of Supportive Housing or whoever is responsible for housing in the county, go into the jails. Because it is one of the critical ways to keep the jail population down since it is now in many counties, substantially lower than it was before COVID.

Hallie Fader-Towe replied that they are not recommending a specific entity be responsible for discharge planning because it looks different in different counties. Although Santa Clara County has an Office of Supportive Housing, many counties do not. In some counties, it may be that behavioral health is best positioned to do that. They may even be the provider in the jail, in which case, they're already there. Our recommendation is to highlight that this should be happening, and as noted during public comments, during COVID it's so easy for people to fall through the cracks. It is important to have some sort of warm connection between what's happening within a facility and treatments and support that are outside the facility, including housing. We don't make a recommendation on which entity within the county is responsible for that. She also noted that through the interview process, regarding Pay for Success and CalAIM, they heard a lot of innovative programming and innovative financing. She noted that Pay for Success, or the flexible subsidy pools, or Medi-Cal may be a good financing mechanism. So there are some programmatic strategies that seem to work well, whether they were paid for by whole person care or paid for by AB 109.

Brenda Grealish asked for any other comments from the Council members.

Mack Jenkins added that part of the challenge in making the Pay for Success model work is making sure the decision makers, like Boards of Supervisors, are considering from a county perspective, and recognize the opportunity there and see the value of the investment. The issue is that it doesn't often happen and the point has to be made that this is a model that will work and will produce a return on a county's investment. It is a proven model, not just here in this country, but in other parts of the world, and it just lands differently in different political environments, which is a challenge that requires careful strategy.

Hallie Fader-Towe agreed with Chief Jenkins' point about how this is not a new issue for the Council. She expressed excitement to hear what he will do and to support his work moving this forward so it changes lives across the State. She noted this was a critical issue and that it was important to continue looking into his business agenda, thinking about how housing and homeless services fit into the stakeholders who he is working with, and the data sets he is looking at. This Council has helped bring mental health and substance use together. The Council has also brought mental health, substance use and criminal justice together, and need to bring in housing and homeless services.

Matthew Garcia, *Field Training Officer, Sacramento Police Department*, commented that some law enforcement are encountering parolees on a day to day basis, usually in a crisis situation. He said that it's pretty easy to monitor them and reach out to those that manage them through a Supervised Release File (SRF). Having documentation or a resource for officers on the street to come across this is another component that needs attention so that when officers come across this population, they are not entering into incarceration and have other options.

Charlie Francis replied that, although that was not a focus of this report, it is an area of work for this organization to focus on. It is critically important to connect the officers on the street and community supervision with housing resources that they can divert people into as alternatives to incarceration.

Brenda Grealish added that the next step is to get that infrastructure and then implement within that infrastructure. She then allowed for public comment.

*******PUBLIC COMMENT*******

From Chat Box:

Anthony Franzoia:

Anthony Franzoia from Dept. of Finance here. Will CSG Justice Center's report be available publicly?

Karl Meabrod:

Corrections should absolutely be a major focus; just not the only focus. From my POV as having lived experience.

The National Council is doing parallel work at this link:

<https://www.thenationalcouncil.org/topics/criminal-justice/>

Robert Forte: I heard some very, very interesting concepts. All the ideas are good, but it seems the concepts are too far away. So judge Manley was very close to what I think was one of the real things. I like to use statistics and data so looking at CDCR's own release report, we look at 5226 inmates at large, 75% of that 5000 are linked to behavioral health service and needs and they're homeless. 50% of those were released homeless. So the concept is being prepared not to release them homeless, but not to hold them, but be prepared to house them. And I think that starts with CDCR understanding correction and rehabilitation and understanding the difference between the two. The judge issued the correction, the sheriff housed them and transported them to CDCR. CDCR from the beginning should be about rehabilitation. Corrections shouldn't even exist.

Hector Ramirez: Thank you Commissioners and everybody for creating this space for the stakeholder and the people of California to really engage here. We're very thankful for the work that you all are doing in supporting our communities and our inmate communities especially during these times, I was very pleased

to hear. This is my first time joining this committee. I am from Los Angeles County. I'm an ACCESS ambassador. But I also serve in a variety of other capacities. And I want to just really say how thankful I am for the broad conversation that this committee is having about the initiatives going at the State level to support the mental health needs of all of California, including those individuals that intersect with their criminal justice and behavioral health systems. And I wonder if, perhaps as I get to know this body, perhaps you could tell me if there are ways for the inmate communities as stakeholders to have a process to have some sort of meaningful stakeholder engagement and discussion with the county programs like the Mental Health Services Act (MHSA) and CalAIM where the inmate communities themselves can provide input or recommendations based on some other programs that they themselves will, some of them, might need when they get back into our communities. Remembering, as the previous speaker mentioned, we do want to focus on rehabilitation. I think perhaps this opportunity is something you might already have in place and I apologize if this is already your norm. But if this is something that you don't, I really would hope to collaborate with this commission, to hopefully bring back this broad and very important stakeholder group that while in facilities, attaining rehabilitation can have the ability to make recommendations of what type of programs or services they might need when they go back into their communities. Thank you.

Brenda Grealish thanked Mr. Ramirez and said we do want to build stakeholder engagement and input into all of our work and our discussions. We want to make sure that we're having an opportunity for that in these Council Meeting forums, but also, in other forums such as work groups, or other events that the Council does. The Council will invite stakeholder participation and input. After this meeting, the Council welcomes input, ideas, and recommendations to be formally submitted via the CCJBH web account at CCJBH@cdcr.ca.gov. This helps with tracking and planning future events.

From Chat Box:

Robert Bird:

CDCR has a way to add affordable housing to the market by having inmates build more tiny homes, like the program happening at CTF Soledad at this link: <https://www.cdcr.ca.gov/insidecdcr/2019/10/01/ctf-building-60-micro-homes-for-homeless/>

I encourage CCJBH to promote this novel program to other counties with CDCR facilities that could implement a similar home building effort. Those tiny homes could even be prioritized for the reentry population

V. CCJBH Business Meeting

1. Governor's Budget Highlights

Brenda Grealish thanked the CSG team and noted that Director Clendenin joined the meeting and turned discussion to the next presentation. She introduced the Executive Officer's report for this year and pointed out that in the meeting materials, the [annual budget snapshot](#) document for the governor's proposed 2021-22 budgets is provided. It contains excerpts from the Governor's budget, almost verbatim, on all of the proposals that relate to individuals with behavioral health needs who are in the criminal justice system. She highlighted some higher dollar figures starting with the \$227.2 billion proposed budget. Unexpectedly, there was a budget surplus in the current fiscal year 2021-22. However, there are shortfalls projected for the year 2022-23, 2023-24 and 2024-25. The fiscal resiliency is a critical thought to the budget moving forward. Many of the investments that are in this year's budget are one time investments for our community, and our State Department. Broadly, the State budget proposes investments to address the impact of the pandemic. There was a negative impact on our economy, local businesses and schools, and our communities in general. Looking to address the impacts of the pandemic by continuing to focus on housing and homelessness.

There have already been investments made. The Administration is looking to continue those investments, as well as invest in education and health care. Also, beyond this pandemic, looking at things through an equity lens with racial justice in mind.

Ms. Grealish said CalAIM is back in the budget. This year carries over the initial proposal from last year, seeking a \$1.1 billion investment in 2021-22 to grow to 1.5 billion in 2023-24 to fund CalAIM. \$750 million investment for funding is available for three years to provide competitive grants to counties to build up their behavioral health continuum of care infrastructure. The Department of State Hospital's proposal in the governor's budget for \$233.2 million General Fund in 2021-22, and \$136.4 million in 2022-23 for the Community Care Demonstration Project in three counties to provide the continuum of services to felony Incompetent to Stand Trials (ISTs) as opposed to State Hospitals. This will allow for building out the local continuum of care to end up in services and infrastructure to serve this population.

From Chat Box:

Elizabeth Stanley-Salazar: In my experience SUD and MAT access are critical to the engagement and success for many with COD and housing needs. How is collaboration /partnership with Specialty Substance Use Disorder system? Additionally as Judge Manley noted the costs of capacity is not necessarily considered at the level needed for success I would state that at the provider level it is difficult to find COD services that meet national standards (DDCAT or DDCMHT) STOP is a wonderful and effective network of services however very few of the STOP providers are Drug Medi-Cal Certified

2. Overview of 2021 CCJBH Work Plan

Ms. Grealish said many of the policy issues are carried over from last year, as many were put on hold due to the pandemic. With CalAIM, the goal is to continue partnering with the Department of Health Care Services (DHCS) to make sure there is advocacy for the Criminal Justice population. DHCS already has a great handle on this and many of the proposals target the criminal justice involved population as part of their key target populations. For the issue of homelessness, continuing to collaborate to work on homelessness issues as it is a key foundational piece to community success for individuals who are transitioning back into their communities. She said to focus on the [CSG Justice Center report](#) and how to operationalize and move forward. What role the Council can play to help facilitate those discussions. Working to have the Council staff continue to be involved in conversations related to behavioral health transformation. Continuing to track the DHCS Behavioral Health Subcommittee of the Stakeholder Advisory Committee. Also participating on the California Health and Human Services Agency (CHHSA) Behavioral Health Task Force, and CHHSA Office of Youth and Community Restoration Committee, which is being established as part of SB 823 and being envisioned to operationalize under the Child Welfare Council.

Ms. Grealish continued with policy issues and noted the workgroups last year on Juvenile Justice and Diversion/Reentry, the latter of which were combined towards the end of last year because many of the topics overlapped. She said that as mentioned in the [CCJBH annual report](#), the Council is looking to have the workgroup for juvenile justice work to support the SB 823 transition. Specifically, the development of an evidence based practices Toolkit or Compendium to help the local partner agencies build out the infrastructure to serve those children and youth. With diversion/reentry, the Governor's Veto message on SB 369 directed CDCR and CCJBH to "engage with stakeholders" to identify barriers to reentry, as well as strategies to address them. In addition, seeking to secure a contract for recommendations on expanding and enhancing the implementation of AB 1810, the diversion program in the Department of State Hospitals.

Ms. Grealish spoke about the SB 369 Veto Message. Since the last Council meeting on December 11th, CCJBH staff have been working with CDCR's Division of Adult Parole Operations, Division of Rehabilitative

Programs, and the California Correctional Health Care Services' Integrated Substance Use Disorder Treatment Team (altogether referred to as the CDCR Transition Team) to do some preliminary research. The goal is to gather information on what are some identified research or documents that are out there that already established some barriers to reentry. Then categorizing or looking to structure those at the system level, program/provider level and the individual level. Even today, we captured some things that are happening at the individual level, such as with the California ID cards. We will keep tracking those and compile that information. Once a draft document has been created, we will seek input from those involved with the SB 369 legislation. The Council also has in-house expertise through our CCJBH Lived Experience Program project contractors. Once all this information is compiled, the Council will do a broader stakeholder engagement, leveraging some opportunities coming up, such as our March 19th CCJBH Diversion/Reentry Work Group meeting, where we can present the documents and walk people through the barriers and the strategies for overcoming them that we identified to get more input. There will be another opportunity to do that at the April 2021 Forensic Mental Health Association Conference for the Words to Deeds Track. The Council appreciates that opportunity to present and gather feedback in that forum. Then the Council can bring it back at to the CCJBH April 30, 2021, Full Council meeting to put the finishing touches on the document. The goal is to have a nearly final document by the April Full Council meeting. Then, we're going to continue on with the lived experience program project. A big piece from the [Council's 2020 Annual Legislative Report](#) was the SB 803 peer certification. In the legislative report, the Council had mentioned that there should be a specialty certification for those peers who will be working with individuals who have behavioral health needs who are also involved in the criminal justice system. So, we as Council staff are working to do some of that research to compile that information so that we can support the DHCS in their mandate to establish that certification criteria.

3. Voting Items

a. Approval to Adopt Policy Focus of 2021 CCJBH Work Plan

Request for a Council motion to adopt the policy focus outlined in the Calendar Year 2021 Work Plan made by Jim Kooler, second by Judge Stephen Manley

Ayes: 7

Nays: 0

Abstentions: 2

Motion was Approved.

b. Approval of Diversion RFP

Request for a Council motion to develop a Request for Proposal and to enter into Service Agreement(s) for Pre-Trial Mental Health Diversion – Consultation, Technical Assistance and Policy Recommendations.

Motion to adopt Diversion RFP made by Judge Stephen Manley, second by Stephanie Clendenin

Ayes: 6

Nays: 0

Abstentions: 3

Diversion RFP was Approved.

c. Approval of JJ Compendium and Toolkit RFP

Request for a Council motion to develop a Request for Proposal and to enter into Service Agreement(s) for a Juvenile Justice Professional's Evidence-Based Practices and Programs Compendium and Toolkit.

Motion to adopt made by Judge Stephen Manley, second by Secretary Kathleen Allison

Ayes: 6

Nays: 0

Abstentions: 3

Motion was Approved.

d. Approval of delegation of EO Authority to make Administrative Decisions on these RFPs

Request for a Council motion to delegate to the CCJBH Executive Officer (EO) the authority to make any administrative decisions necessary to carry out the State contracting processes for the Requests for Proposals and Service Agreements agreed upon in Voting items a. and b. above.

Motion to adopt delegation of EO Authority made by Judge Stephen Manley, second by Stephanie Clendenin

Ayes: 6

Nays: 0

Abstentions: 3

EO Authority was Approved.

4. Behavioral Health / Criminal Justice Data Reporting

a. 2025 Goals

Angela Kranz, *Research Scientist III, Council on Criminal Justice and Behavioral Health (CCJBH)* stated the 2025 Goals for the Council. The first is to decrease the rate of mental illness and SUDs in jails and prisons to be similar to the prevalence rates in the community. The second, to increase the capacity of community-based services so that they are equipped to meet the needs of people with numerous and complex challenges. The third is support workforce development that can lead to effective, integrated correctional and behavioral health services. The fourth is to continue to support data-driven practices and policy-making among criminal justice and behavioral health systems.

Ms. Kranz stated that the Council has done their best to measure these goals through a review of published reports and data that were available. However, there are several notable limitations of the data that were available. First, available data do not permit us to distinguish between justice involved people with Any Mental Illness (AMI) and Serious Mental Illness (SMI) in jail populations. The measures the Council has identified primarily provide information about AMI and do not reliably measure SMI in jail populations. Next, direct measures of mental illness in the criminal justice population, such as diagnoses by healthcare providers, were not available to us at this time. As a result, our reporting relies on proxy measures such as self-reported symptoms in surveys of incarcerated people, and the number of prescriptions for psychotropic medications from surveys of correctional staff. Another notable limitation is that data on the prevalence of substance use disorder in California jails were unavailable.

b. Review 2020 Legislative Report Data

Ms. Kranz said that the chart appeared in the [CCJBH 2020 annual report](#) on page 19. To provide a reference for our reporting on California, the data on the right side of the chart describes the prevalence of mental health and Substance Use Disorders (SUD) in correctional facilities nationwide. As you can see, the prevalence of behavioral health conditions in prisons and jails nationwide is several orders of magnitude higher than the prevalence of behavioral health conditions in the general population. Looking now at the California specific data, we see similar patterns of overrepresentation. Data from the Department of Health Care Services indicates that approximately 15% of the general population has any mental illness. The measures of any mental illness in California correctional populations primarily reflect level of care and are taken from the Board of State and Community Corrections (BSCC) jail profile survey, as well as CDCR's offender data points report. This data indicates that just under one third of incarcerated people in California correctional facilities had any mental illness. Data from the same sources indicate that while approximately 4% of California's general population has serious mental illness, about 6% of California's prison population receives treatment for serious mental illness. As noted previously, an estimate of the prevalence of serious mental illness in jails is not available given existing data.

Ms. Kranz stated that a report from CCHCS indicated that, although there is not currently official validated data regarding the prevalence of SUD or specific types of SUD in CDCR, it has been estimated that the prevalence of SUD among the CDCR population is approximately 80%. Overall, this chart indicates that people with behavioral health needs are overrepresented in the criminal justice system relative to the general population. The next chart describes decreases in the prison and jail populations as a result of emergency measures taken to reduce the spread of COVID-19. Each bar should be interpreted as the percent that each population decreased when we compare the population in June 2019 and the population in June 2020. For example, we see that the overall prison population declined by approximately 10% during this time period while the overall jail population declined by approximately 35% during this time period. Highlighting a key takeaway from this chart, we see that incarcerated people with mental health needs were less likely to be released due to the public health emergency than incarcerated people without mental health needs. This was especially striking among jail releases. While the reduction in the local jail population was about 35% for the non-mental health population, the reduction of the jail mental health population was about half that size at 15%. It thus appears that a notable number of individuals with mental health conditions were not released. However, for the prison population, we see that the mental health population was released at about comparable rates to the non-mental health population.

Ms. Kranz stated that one possible interpretation of these findings is that release from prison was governed primarily by standardized release criteria that did not include mental health designation as a factor. Conversely, the jail releases may have been governed by less standardized release criteria. As a result, releases from jail could have been more heavily influenced by concerns about undertreated behavioral health conditions, especially mental health conditions. The data that underlie this chart are imperfect. However, this chart does indicate that here, as in many other areas, the COVID-19 pandemic has exacerbated existing inequalities. The pandemic may have amplified the over-representation of people with behavioral health needs in the criminal justice system because they were released from jail into the community at lower rates even after emergency measures were implemented.

c. Discussion: Measuring Goals #2-4

Jessica Camacho Duran, *Health Program Specialist II, Council on Criminal Justice and Behavioral Health (CCJBH)* stated that the 2025 goals are aligning behavioral health prevalence rates between corrections and community, robust capacity of community-based services, workforce development, data-driven practices and policy-making. We have metrics that we are using already for behavioral health prevalence rates between corrections and community, which is goal number one. However, we are wanting to have a discussion with all of you today on how we can better define measure and make sure that we're on track for goals two and three. So we would like to take some time to get that conversation going. Do any of you know of any current efforts that are used to track community based services as well as their capacity?

Robert Storms replied, I'm not aware of a metric that does that.

Brenda Grealish stated communities are able to provide community-based services for individuals as they release in a variety of different areas. We, as a Council staff, are going to be embarking on trying to operationalize these metrics. Since we put these forward in 2019 as 2025 goals, we're trying to figure out what's the best way to measure them? As a Council, what is our interest in measuring capacity? What are we looking for as a goal for capacity? What would sufficient capacity look like? Same thing for workforce development. What would a sufficient workforce look like for this community based continuous services? We want to tap into the expertise of the Council members. We're just now starting to work on it as Council staff, but thought we would carve out some time for discussion with members at this Council meeting. What do you see as goals and, specifically, how can we operationalize goals 2 and 3?

Judge Manley stated that the capacity issue regarding the mentally ill who are in the criminal justice system is the critical issue in California. One of the reasons that they are overrepresented in the population that remains in jail is a lack of treatment in the community. It's a county issue and there's no State direction, or mandate, that we collect data and present it. But, on an individual county basis, we are looking at how many basic fundamental treatment modalities are available. How many outpatient slots do we have? How many residential treatment beds do we have for substance abuse? How many crisis residential beds do we have? How many locked facility beds do we have? The second step is to figure out what do you need? For example, in Santa Clara County, if you have a wait list of individuals who are being kept in custody solely because there is no treatment slot bed available for them in the community, then you can draw some conclusions. And what we're trying to do is develop a dashboard that will give us the number we have, the number that are filled day-to-day and the number that are waiting to fill those beds or slots. That's one way to approach it. The counties say we don't have enough treatment for behavioral health. The State's response is you have all these different funding streams (Medi-Cal, Prop 63, AB 109), you should be able to find all the treatment you need. However, it just isn't taking place and it doesn't work.

Judge Manley continued that we also are measuring wait time to get into treatment. A substantial percentage of those who are seriously mentally ill or not seriously mentally also use drugs and have co-occurring disorders. It's a relapsing condition. When one is in a state of relapse and using daily, one needs to get into detox. We have detox beds in my county, but the waitlist for them is so horrendously long that it is not even worth counting, which is unacceptable. We have all this funding to deal with opiates, and heroin, and fentanyl, and yet, if someone is overdosing and needs medical detox, where do you find it immediately because they need it immediately. Today, for example,

hearing cases this morning for detox, you must call every two hours to stay on the list. Homeless mentally ill people don't have a phone, they don't have the ability to call every two hours. But that rule was established because we don't have any detox. We have maybe 16 beds for men, and maybe 8 for women and we don't even make it equal. The challenge is, how do we get the cooperation of all of the counties to give us the data? Santa Clara has found a way to do it. Have we implemented it yet? No, it has taken us two years, just to get to the point of formula to try and make a determination of what the lack of capacity is in our county. No one disputes the fact that we don't have sufficient treatment. We do not have the capacity, we need to expand it. But when you ask, how much do you need and in which areas do you need, no one can come up with the answer. So you have to build in a measurement tool and that is why we are moving towards this dashboard that will tell you how many beds we have, how quickly they are filled from day to day, what the waiting lists are for different modalities of treatment. Then what the demand is from voluntary, as well as court ordered, from those in jail. When talking about discharge planning and diversion, I always said divert to what? Discharge to what? Who is going to pick the person up? Where are they going to begin treatment? At least in our county, I'm very, very proud of our Board of Supervisors for taking this on and trying to come up with some real numbers.

From Chat Box:

Carol West:

Number of ex inmates connected with a primary health care location, housed, retrained for a living wage in an available job with a willing employer post release. Number of ex inmates trained as post prison health workers (Reintegration Peer Support Specialist)

Karl Meabrod:

In Stanislaus County, those numbers are fluid and difficult to keep up with. Different agencies are "allocated" certain numbers of beds, and this causes issues with placement, although it's understandable why it's done this way.

Carol West:

Is there a plan to immunize all inmates so that it make access to existing services possible? There is a lot of fear and resistance to taking individuals leaving jail/prison re: behavior and COVID status?

Karl Meabrod:

It really comes down to relationships...our people work well together even when at capacity.

Elizabeth Stanley-Salazar:

CalAIM begins to try to address this type of issue. If managed care plan was responsible for services to beneficiaries to address health. Mental Health and SUD as well as tracking social needs this issue would be addressed. Unfortunately addressing accountability for services to CJ pop does not occur "no sooner than 2027". Maybe there could be a few pilots before.

Tracey Whitney, *Deputy District Attorney, Los Angeles County District Attorney's Office*, stated, I really agree with what Manley said. And, at least as far as LA is concerned, I don't think that it's that the county has the numbers and is failing to cooperate and give them over to the State. I think that many of the county stakeholders just plain don't know. I think that the reason for that is that the beds and the services, not all of them are necessarily public entities. A lot of them are private providers that are subcontractors with our Department of Health Services, our Department of Public Health, our Department of Mental Health, and we have all these little individual silos. And so I don't know that even all the public stakeholders necessarily know all of the beds because, let's say you contract with a provider and you contract for say 100 beds, you may not realize that that provider has 200 more beds available if you would just make your contract bigger and invest more dollars. So, these are the

kinds of things that we're grappling with locally because we really do want an inventory of available resources. We want people to be able to access those services quickly and easily.

Ms. Whitney stated that I don't know if a statewide solution would necessitate legislation to require the counties to do these kinds of local inventories. I know our Board of Supervisors has been very interested in getting this information for Los Angeles and I know that the inventories that we have gotten done have been sort of a needs analysis of what do we feel are the shortfall of available treatment spots, and sort of how many of each kind of thing, across the continuum of care, is needed. That is actually the best information that we've ever gotten from our Department of Mental Health was when the Board asked them what more resources they need, where the holes were. On a moment-to-moment basis for the Justice practitioners, somebody like Judge Manley, if he wants to refer someone into a bed, to not know where there is available beds on a moment-to-moment basis that really creates a delay and a problem. My question is, do you think it needs statewide legislation? Would that help to mandate some kind of statewide inventory on a county-to-county basis?

Judge Manley stated, I think it does need legislation.

Jessica Camacho thanked Judge Manley and Tracey for their replies and stated that we've actually had conversations along the same lines about doing a county profile, seeing what is out there and what is not. So it is encouraging to hear that our thinking is very much in line with what Judge Manley and Tracey mentioned.

Secretary Kathleen Allison: Where would it fall under, Brenda, you or another organization to maintain. Because it is a lot to maintain. We struggle with maintaining our beds.

Brenda Grealish: It probably wouldn't be something that the Council would maintain, but one of the State Departments or one of the State entities. I think there is a lot to it because even just to unpack these ideas, there are several layers, and probably different entities would have different roles and responsibilities, like housing would not fall under one particular department, probably something within the housing realm. Then there are interventions that need to happen within criminal justice, and what would that look like? Then there's behavioral health, and what would that look like? We established these goals in 2019, but how are we going to know that we are meeting them unless we define them and then track them? I think these conversations have been really helpful to do some preliminary thinking. As Jessica was saying, it is helpful because much of what has been discussed here has come up in our conversations, and from this conversation, we are looking as Council staff to continue to support this thinking. We are looking to tap into our Public Health Meets Public Safety contract with the Council on State Governments Justice Center, and the inventory that they've done in categorizing all the datasets that are available. So, we can try to start operationalizing and defining what these metrics would be for these goals. What we're wanting to do is come back based on this conversation in April with some proposed definitions and metrics, and how we would look at it in our legislative reports in the years to come. If there are public participants who are calling in today who have ideas for the Council, please send them to us at CCJBH@cdcr.ca.gov. We will take that information and look through it all to be able to start coming up with a plan to define these metrics.

From Chat Box:

Davy Andrek:

With great respect. I am Davy Andrek an ACCESS Ambassador in The Superior Region. I have been in Peer Service for 20+ Years without alcohol or drugs. I count 9-10 ACES and have found education

& example of other peers has been among my best resources. I hope we rally educating our struggling. I never knew the depths of my trauma until a couple years ago. I feel education of peer examples, my collegiate studies as well as ACEs, empowered my mind. Therefore, I feel open public education in HUMANIZING mental health is preventative and lessens expenditures & broken hearts throughout the long run. Do we have testing & education resources for the empowering of peer minds? I thank you!!!

d. Update on the Public Health Meets Public Safety Project

Brenda Grealish stated that the goal is to examine the publicly-available data to see how we can use it to answer policy questions. So, the ones we just talked about with our 2025 Council goals are a great example of that. How can we use available data to answer some of the questions that we have? For the data sets that aren't publicly available, we would have to work to develop interdepartmental agreements to get the information. We can start answering some of these questions and tracking these metrics over time. The Council is looking to get the data inventory that CSG has done published on our website once we get enough capacity to do so. But, it's a great inventory of the publicly-available data that's relevant to our population.

Ms. Grealish stated, with our public health meets public safety project, we've already had a couple of project deliverables that are complete, including this publicly-available data inventory. Deliverable three, which will be due in June, will be a report on data linkage. Deliverable four, which is due at the end of this year, will be our populated framework model. So, what is that framework for data reporting? And then, of course, our Medi-Cal utilization project.

e. Update on the Medi-Cal Utilization Project

Ms. Grealish stated that there is a universal data sharing agreement now that streamlines data sharing across all agencies under the Governor. It allows all of our departments to be able to share data more easily. Angela Kranz, in particular, has been working on this business use case proposal between the Department of Healthcare Services and CDCR so that we can get that data reporting up and running again. We will be able to look at our releases who are coming out of State prison to see who is getting connected to Medi-Cal, looking at eligibility and how long that is taking to activate eligibility, as well as linkages to behavioral health services for those who need them, and the time it is taking for that.

f. LEP Status Update

Liz Castillon Vice, *Staff Services Manager II, Council on Criminal Justice and Behavioral Health (CCJBH)*, stated that we expect that in future Council meetings, each one of these lived experience contractors will provide an in depth overview of their activities and what they've completed. These funds were supported with CCJBH's Mental Health Services Act (MHSA) funding. They allow CCJBH to expand its reach to incorporate the voice of those with lived experience into the work of the Council. By the end of 2020, all five of the lived experience contracts were signed and executed, and they will be completed by June 30, 2023. The goal of these contracts is to elevate those individuals with lived experience in the communities throughout the State of California. Contractors include the LA Regional Reentry Partners (LAARP), Transitions Clinic Network (TCN) in the Bay Area, Anti-Recidivism Coalition (ARC) in the Central Region, and Cal Voices for Southern and Superior Regions. The Council's investment in Lived Experience programs is \$1,907,229.00.

Ms. Vice stated that CCJBH is monitoring these contracts and supporting each of the contractors as they deliver and conduct activities. Deliverables 1-4 are administrative, which enables us to keep track of them and make sure that our taxpayer dollars are being well spent. They are performing activities related to capacity building in outreach, awareness-building and education. The following are brief descriptions of each project:

- The LA regional partners' goal is to invest and build the capacity of 12 cohort members that are participating in criminal justice reform organizations throughout LA County. They have completed recruitment and hiring, and are continuing training and the curriculum development for these 12 cohorts. Four members of each of the 12 cohorts will sit on three issue committees: Integrated Health, Employment, and Education. Ms. Vice stated that their second implementation phase is going to be project design, research, and getting the 12 cohorts into community engagement. Then, having them reach out and serve on a regional Advisory Commission, help with education, and also with engagement throughout the county.
- The Transitions Clinic Network (TCN) program's goal is to improve the behavioral health-related services in the Bay Area by building a network of community health workers (CHWs) with a history of incarceration, and they will be embedded in primary care team training to enhance the continuity of care and engage patients to improve the health and reentry outcomes. Part of the components of the TCN program are to train the CHW's and develop a curriculum design, provide them with mentorship and support, ensure proper continuity of care through referral processes throughout the TCN network, and then develop video-based training.
- ARC is expanding their existing programs to include individuals with lived experience, as well as embedding those with lived experience into their established program areas and providing training to strengthen their skills and impact in the following areas: policy, workforce, education, communications, inside programs for those who are currently incarcerated, and community collaboration.
- Cal Voices' program goals are to recruit regional ambassadors with lived experience, focus on policy advocacy, restorative justice practices, and peer support for the justice involved. The component of their training is to identify virtual ambassadors and provide them with 20 hours of training to ensure they can support justice-involved individuals. They are developing a web-based information clearinghouse for fact sheets, policy summaries and events. They are blasting the social media presence, and providing quarterly emails with important links to information events, program updates, and changes. They are also sending updates to community law enforcement, probation, social services, advocates and stakeholders. Additionally, they're expanding advocacy, engaging the regional ambassadors in collaboration meetings, speaking engagements, and leadership roundtables, which will be scheduled for 2021. They're developing a data collection tool for peer provider interviews to support the peer support services that we are all working on as a community. Finally, they are providing community peer provider and leadership workshops, which are ongoing and have just gotten underway. CCJBH has already engaged all of the contractors, asking them to prepare in-depth reports at each of the Council meetings throughout this upcoming year as they advance their activities and performance throughout this contract year.

Carol West: City College of San Francisco has an existing CHW curriculum for Post Prison Reintegration CHWs at this link: <https://www.ccsf.edu/degrees-certificates/community-health-worker>

Foundations for Community Health Workers, 2nd Edition

Jessie Wright:

I apologize, but maybe I missed the information. What are the requirements for you Peer Support Specialist individuals?

Davy Andrek:

I see elements of these being explained currently. Thank you so very much!!!

Karl Meabrod:

There are many Forensic Peer Support Programs. The VA in particular does a fine job with certification of people as Forensic Peer Supports.

Karl Meabrod:

Workforce Development training courses at this link:

<https://www.thenationalcouncil.org/events-and-training/training-development-courses/>

Jessie Wright:

Who would I contact to get that information? Thank you

5. Legislation

Brenda Grealish introduced the next slide to show the legislation that the Council is tracking thus far.

Elizabeth Vice stated that beginning in February and March, we will be into heavy committee session in the Legislature. So all of the bills will be heading towards Committee, and we'll be tracking them. Primarily, they are in the Health Committee and Emergency Services Committee. Much of them are in the areas of homelessness, health, and emergency services. We received one new bill last night for the reentry housing program, which we will be following closely.

VI. Announcements/ Public Comment

Brenda Grealish announced that the [CCJBH 2020 Annual Legislative Report](#) has been posted and thanked everyone who was involved in helping to complete it. It nicely maps out what we're seeking to do in this coming year. We have the upcoming Juvenile Justice Workgroup on March 12th, 1-3 PM. We're looking to see if we can get the Office of Surgeon General to come and talk about their report on roadmap to resiliency, particularly as it relates to the children and youth who were involved in the juvenile justice system, particularly as we're starting to think about the Division of Juvenile Justice transition. Also thinking about how ACE's (Adverse Childhood Experiences) and trauma screening really should play into that work. We really want to intervene very early with children and youth to mitigate any of the trauma they have experienced. Also we will probably be doing an SB 803 update at that meeting. And we will think about how to best address the request for student mental health initiative information that Secretary Allison was asking Dr. Kooler about. On March 19th, we have Diversion/Reentry Work Group meeting in which we are planning to talk about SB 369 and, at the request of the Council, an update from California Health Facilities Financing Authority (CHFFA) on the \$68 million grant for diversion infrastructure. Our next Full Council meeting will be on Friday, April 30th from 2-4:30 PM. Any last minute thoughts from our Council members before we move to general public comment?

Ryan Youtsey, *Parole Administrator / Adult Parole, Division of Adult Parole Operations (DAPO)*, thanked the team for the great organization and support.

Judge Manley: I thought the report that you prepared was outstanding, and I've received a number of emails and calls regarding how well it was written, how important the issues that were covered are and I just wanted to commend the staff for the wonderful job you did on that report.

Brenda Grealish: Thank you. I think I would agree and say the CCJBH team did a great job. So kudos to the team and also appreciate everybody from the Council and our workgroups and all the participants that helped. Even on these meetings, we have a lot of people weighing in with thoughts and ideas and we are just pulling and incorporating it. It is a nice to-do list not only for CCJBH to track, but for our systems, in general. We're looking forward to seeing how our system shape out, especially given the exciting proposed investments in our infrastructure that are coming up in the upcoming year and even in the out-years. Thank you, Judge Manley for noting that.

Elizabeth Moore: There are two aspects that I wanted to bring up to you guys in dealing with my own personal experience with the judicial system, as well as certain scenarios that happened in my local area. One of the things is that the Butte County probation departments put homeless people on ankle monitors, and they have nowhere to charge them. Another thing I want to talk about is I had a mental health issue that turned into a legal issue, couple years back, about three years back. And I had a really hard time engaging with my public defender. So I saw those two aspects to be taken into consideration to where if you could. I know public defenders are overworked and underpaid, but I was forced to accept a plea because we never even had a conversation about what actually had transpired. So maybe we could do something about providing special public defenders for people who have mental health cases, or even a separate court. Some municipalities have even done a separate court.

Brenda Grealish: Thank you for sharing your experience. Actually, Judge Manley on our Council has one of those courts. So I really appreciate you sharing that experience, especially as we mentioned earlier in this presentation that we are looking at SB 369 to identify barriers to reentry. Again, there are individual level barriers, so I really appreciate you sharing that experience so that they we are aware of it and can incorporate it. Thank you.

Carol West: Thank you. I am one of your CalVoices access ambassadors. I am part of your new contract, and the Executive Director of the Sonoma County Peer Council. I am a peer support specialist and a community health worker. I am very interested to see the intersection that is potentially possible with SB 803, and interested to know if there will be a way for local counties to implement training for people leaving prisons and jails. I did put in the chat box the link to the city college of San Francisco that has had a post-prison health worker program and the textbooks that they used. They do have additional specialized curriculum for people working with post incarceration, and the requirement to get into that program is a lived history of incarceration. So I wanted to put that up there.

David Andrek: Thank you. I didn't rename myself. I like to go by Davey. Honestly, it is a bit endearing to me. It is my grandfather's name and he saved my life to tell you the truth. You know, I was born here in Butte County. I am an Access Ambassador for the Superior Region. My name is Davey Andrek. Now, here in Butte County, we have the highest child trauma rates in the State of California. And yes, my grandpa Davey, you know, he helped save my life and offered me a place to find a bit of education and resources where I was able to slow down a little bit and find peer examples. It seems to me that peer examples are the most plausible in my recovery. There are all kinds of things that I could read from a textbook and aspects like that. However, peer examples really make a difference and plausible recovery modeling. What I want to say is that I very much value the education in those factors. So I want to applaud you. I made that little bit of

a comment right there, and questioned if education would be brought about, and I see that you're speaking on that. I also want to say, please, that I hope we opt out along the lines of overmedicating individuals because I really feel that the overmedication that I have struggled with in my life at times has been sweeping glass under rugs. The traumas that I have faced in my life, it is a reality, that there's things that need to be dealt with, rather than sweeping them under the rug and not talking about them. I wasn't educated about these traumas until a couple years ago. I got back into California about eight years ago. And I learned about a handful of things that were happening around here. When it came to the education, I applaud the strides that human rights has come to with the different organizations in California, you know. It wasn't quite like this on the East Coast, where I lived most of my life, and I don't want to go on too much. I just want to say that I applaud the strides that California has made, in human rights and I hope we opt out of AB 1976. For the notions of empowerment of minds and for the opportunity for us to learn to discern with valid education. Thank you.

Brenda Grealish thanked everyone and stated that she was appreciative of all who tuned in and contributed to the rich conversation, and looks forward to continuing the conversation throughout the year.

**** Written feedback can also be sent in to: CCJBH@cdcr.ca.gov ****

Upcoming Meetings

Juvenile Justice Workgroup – Friday, March 12 1-3PM

Diversion/Reentry Workgroup – March 19 1-3PM

Council Meeting

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

VII. Adjourn