Successful Reentry/Transition

from the California Department of Corrections and Rehabilitation:

IDENTIFICATION OF BARRIERS + SOLUTIONS TO ADDRESS THEM

PREPARED BY

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

Division of Adult Parole Operations
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CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

Integrated Substance Use Disorder Treatment Program

COUNCIL ON CRIMINAL JUSTICE AND BEHAVIORAL HEALTH

Executive Summary

The Governor's veto of SB 369 required the California Department of Corrections and Rehabilitation (CDCR) and the Council on Criminal Justice and Behavioral Health (CCJBH) to "engage with stakeholders, evaluate the barriers of reentry and determine what steps need to be taken to overcome those barriers." This endeavor is hereafter referred to as the SB 369 Veto Message Project. Between February and April 2021, stakeholders participated in eight meetings, including two targeted stakeholder engagement opportunities, three public meetings, and three focus groups. Stakeholders provided feedback on a "SB 369 Barriers Table" that compiled many of the barriers, solutions, and strategies that were captured based on research, subject matter expertise and stakeholder input. The SB 369 Barriers Table has been categorized into Individual-Level, Program/Provider-Level, and System-Level Barriers Tables, all of which are documented in Appendices A-1 to A-3 in this report.[1]

Successful reentry (also called transition) from incarceration requires collaboration across multiple state and local entities[2] as well as community-based service providers. Overall, there were 32 barriers identified within each of the three categories, as follows:

- Individual-Level Barriers (15 barriers) – individuals transitioning from prison to community often face extensive and complex challenges, and the process for accessing necessary services and supports can be unclear and/or challenging. For example, individuals often experience extreme difficulty locating stable housing after release, as waitlists for housing services are long and incarceration can result in de-prioritization on the waitlist when, in fact, addressing housing needs is a key factor necessary to reduce recidivism. Incarceration can damage family relationships and limit the availability of support after release. Unmet health and behavioral health care needs can result from failure to identify medical and dental needs through appropriate screening and assessment, as well as lapsed Medi-Cal and/or SSI benefits and stigma associated with accessing behavioral health care services. Incarceration and the culture shock of transitioning from incarceration can exacerbate histories of trauma, especially for youth and older individuals transitioning after long sentences. Restrictions on licensing and certification, as well as limited training and development for in-demand occupations, make it difficult to find jobs. As a result of employment challenges, individuals transitioning from incarceration can experience material hardship and poverty that is exacerbated by limited financial literacy and limited access to conventional financial institutions. Youth and older individuals transitioning from incarceration, as well as individuals convicted of sex offenses, face especially difficult challenges at reentry.
- Program/Provider-Level Barriers (6 barriers) – limited provider capacity makes it difficult to access necessary services and supports, and there is limited program fidelity and monitoring to ensure the delivery of high-quality, evidence-based services. Service providers work tirelessly across multiple systems to deliver the support and care that individuals need as they transition from incarceration. However, providers face challenges related to capacity. It is difficult to

[1] Certain barriers have been identified as individual-level because individuals transitioning from incarceration directly experience them. However, these barriers are pressing, entrenched structural and institutional/policy problems that require a systemic statewide set of solutions implemented through cost-effective strategies that leverage state and federal funds to support individuals transitioning from incarceration in not only meeting their basic needs but also reintegrating into their families and communities.

[2] Local entities include, but are not limited to, county probation and behavioral health agencies as well as social services and Continuums of Care.

maintain the staff required to serve the criminal justice population, and available funding sources can be opaque or inadequate. Individuals utilize services across multiple systems and express frustration when they encounter capacity limitations or impediments to access. As such, change at the system level must take place so that individuals transitioning from incarceration and the providers who serve them have what they need to succeed.

- System-Level Barriers (11 barriers) – system coordination across State and local entities poses challenges for service delivery. For example, there is limited data and information sharing across State and local entities, as well as a limited technology infrastructure to support data sharing. Where counties lack adequate technology infrastructure and/or capacity to serve as coordinating entities, community-based providers may not have access to correctional data about identified need for physical and behavioral health care services. Administrative challenges make it difficult to ensure that funding is being maximized across and within State and local entities. Funding requirements may not be clearly aligned, and service providers may not be aware of available funding or may not use available funding to its fullest potential. Funding may also be insufficient, especially for services at higher levels of care. In part, this results from the implementation of policy changes that do not take into account the perspectives of a broad range of reentry stakeholders. System-level barriers have major implications for service capacity and the experiences of individuals transitioning from incarceration.

Key findings from an analysis of barriers, potential solutions and potential strategies revealed that a multi-system approach with multiple stages is required. The implementation of identified potential solutions and strategies impact multiple agencies across both State and local-level jurisdictions and would likely require some level of additional resources for implementation. Action to continue addressing identified barriers falls into two potential project categories: 1) Strengthening Existing Projects/Initiatives and 2) New Projects, as detailed below.

1) Strengthening Existing Projects/Initiatives

Outreach and Education – not all impacted stakeholders are aware of existing efforts, signaling a disconnect between planning and implementation. This disconnect could be addressed through outreach and education to local level entities and community stakeholders to ensure they are aware of existing resources and how they may be accessed. This approach would be beneficial to maximize the effectiveness of, and avoid duplicating, current efforts.

Quality Improvement – not all existing efforts are always optimally implemented. Where existing processes and initiatives do not operate as planned, continuous quality improvement (CQI) should be implemented using rapid Plan, Do, Study, Act (PDSA) cycles to improve effectiveness and efficiencies using an iterative process.

2) New Projects

New projects, beyond the scope of existing processes/initiatives, may be required to fully address identified barriers. With expanded resources, CDCR/CCHCS, and potentially other State and local entities, as appropriate, could provide additional services and supports with consideration of the potential solutions and strategies identified through the stakeholder engagement process. The determination of need for new projects would follow the Barriers Prioritization Stakeholder Survey and feasibility and cost analysis detailed below.

Recommended Next Steps

CDCR/CCHCS recognizes the importance of engaging stakeholders in developing existing as well as new projects/initiatives. As such, CDCR/CCHCS recommends a Barriers Prioritization Stakeholder Survey to inform future action. Based on results of the Barriers Prioritization Survey, relevant State departments could work with counties to conduct feasibility and cost analyses that reflect alignment of proposed solutions and strategies with current initiatives. Both the development of existing initiatives and the establishment of new projects/initiatives are subject to the availability of funding.

Barriers Prioritization Stakeholder Survey – it may not be possible to strengthen existing projects/initiatives or implement new projects simultaneously, particularly within current resources. As a result, the CDCR Transition Team recommends that the identified barriers be prioritized using a Barriers Prioritization Stakeholder Survey administered online to State and local administrators, and interested community stakeholders. All stakeholders would have opportunities to provide input into the development of the survey prior to its administration. If desired, and resources are available, the Barriers Prioritization Survey could be supplemented with focus groups or workshops.

Feasibility and Cost Analysis – based on the results of the Barriers Prioritization Survey as well as complexity and resource availability, the Administration could then identify the top three to five barriers and then task the relevant State department with conducting a feasibility and cost analysis for each assigned barrier. An important component of the feasibility and cost analysis would be to evaluate the alignment of proposed solutions and strategies with current State and county initiatives. Where current initiatives are in place, lessons learned regarding roadblocks will point to additional needs (e.g., legislation).

The SB 369 Veto Message Project provided valuable insights about the multiple challenges that individuals face during the transition from incarceration. The project reaffirmed the importance of providing support through a multi-system, collaborative approach that centers on the voices of individuals with lived experience of incarceration to provide insight regarding the design of delivery systems that meet needs. Taken together, these findings inform the continued work of removing barriers to reentry so that individuals transitioning from incarceration can successfully live and thrive in their communities.

I. Background

Reentry, also called transition, refers to the movement of individuals out of prisons or jails back into the community. This transition is often profoundly challenging, and successful reentry requires coordination and collaboration across multiple systems. To address these challenges, SB 369 (Hertzberg), which was sponsored by Californians for Safety and Justice and introduced in the 2019 Legislative Session, passed in both houses, but was vetoed by the Governor. SB 369 would have established the California Reentry Commission within the California Department of Corrections and Rehabilitation (CDCR) and tasked it 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. Instead, the Governor's veto message of SB 369 required CDCR and the Council on Criminal Justice and Behavioral Health (CCJBH) to *"engage with stakeholders, evaluate the barriers of reentry and determine what steps need to be taken to overcome those barriers."*

This document is the product of both internal and external stakeholder input and serves to fulfill the Governor's directive set forth in the veto message. Included are findings from the CDCR Division of Adult Parole Operations, Division of Rehabilitative Programs, and Statewide Mental Health Program and California Correctional Health Care Services (CCHCS) Integrated Substance Use Disorder Treatment Program, hereafter referred to as the CDCR Transition Team, and CCJBH's research on transition barriers, including feedback gathered through an extensive public stakeholder process from individuals with lived experience in the criminal justice system, many of whom have behavioral health needs, criminal justice advocates, and providers of community-based services. In addition to a summary of identified barriers and key takeaways from the stakeholder engagement process, this document includes information about potential solutions to address the identified barriers, notes current and ongoing efforts by CDCR and CCHCS to support individuals transitioning from CDCR facilities as they encounter transition barriers, and provides recommended next steps to address the identified barriers.[3]

II. SB 369 Project Methodology

To assess barriers to reentry, the CDCR Transition Team and CCJBH conducted a literature review of official sources and solicited input from subject matter experts who shared insights about their experiences of delivering and utilizing reentry services. This information was synthesized into a document, referred to as the SB 369 Barriers Table, which was presented for feedback at multiple public stakeholder engagement meetings. Each public stakeholder engagement meeting was followed by a period of public comment that was incorporated, as applicable.

A. Literature Review and Subject Matter Expert Input

Initial information was gathered via a review of published literature on reentry barriers and solutions that is currently posted to the National Institute of Corrections, National Institute of Justice, Council on State Governments (CSG) Justice Center, National Reentry Resource Center and Substance Abuse and

[3] There are multiple definitions of "barriers to reentry." For example, the National Reentry Resource Center has located thousands of legal and regulatory barriers that limit or prohibit people convicted of crimes from accessing employment, business and occupational licensing, housing, voting, education, and other rights, benefits, and opportunities. This report focuses on barriers that are actionable within the Administration. Additional definitions of terms such as "case management" and "treatment" can be found in Appendix C.

Mental Health Services Administration websites, among others. Sources included official reports and guidance from criminal justice agencies, evaluation studies published in peer-reviewed academic journals, toolkits that synthesize best practices and provide recommendations, and published guidance from health and human services agencies. This information was compiled into the SB 369 Barriers Table.

B. Stakeholder Engagement Process

The CDCR Transition Team and CCJBH developed a proposed SB 369 Stakeholder Engagement Process which, along with the draft SB 369 Barriers Table, was shared through an initial targeted stakeholder engagement (TSE) process that included key entities involved in the SB 369 legislation, as well as with CCJBH's Lived Experience Project contractors[4] and a CSG reentry expert, in order to ensure that the proposed project plan and preliminary findings were accurate and appropriate before embarking on the full Stakeholder Engagement Process. TSE stakeholders included:

- State and county health and human service and criminal justice agencies.
- Organizations representing the perspectives of people with lived experience in the criminal justice system. *Note: Individuals with lived experience of incarceration are the focus of this report. As such, references to "peers" and "peer providers" reflect individuals/providers with histories of incarceration.*
- Legislative staff involved in the development of SB 369.

Once the TSE process was complete, the CDCR Transition Team and CCJBH sought to ensure that a broad representation of internal and external stakeholders was included in the full SB 369 Stakeholder Engagement Process. This included leveraging CCJBH's listserv, which has over 1,000 subscribers, for outreach. From February to May 2021, the CDCR Transition Team and CCJBH facilitated five stakeholder meetings, during which a project overview was provided and feedback was solicited from meeting participants on the SB 369 Barriers Table. CCJBH Lived Experience Contractor, Cal Voices, conducted three two-hour focus groups (Superior and Southern Regions, as well as Statewide) to gather input directly from individuals who experienced transition to the community. Similarly, the Los Angeles Regional Reentry Partnership engaged their network members to gather input. The refinement of the SB 369 Barriers Table was an iterative process that was continually updated with input from each Stakeholder Engagement Meeting, as applicable, such that the final meeting culminated in a comprehensive inventory of barriers. A list and description of the SB 369 Stakeholder Engagement Meetings may be found in Appendix B.

III. Summary of Identified Barriers to Successful Reentry/Transition and Key Findings

In total, the research and stakeholder engagement processes yielded the identification of 32 reentry/transition barriers. Stakeholders described, often in emotional detail, the many challenges faced at reentry. These experiences shed light on needs for system improvements so that the individual experience of accessing services is simple and seamless. In general, existing systems could be improved to increase support for accessing available services, deliver enhanced services with responsiveness to

[4] CCJBH Lived Experience Contractors include the Anti-Recidivism Coalition, Cal Voices, Los Angeles Regional Reentry Partnership, and Transitions Clinic Network.

individuals' needs and with cultural humility, and increase coordination of services across systems. In some cases, addressing the identified barriers may require legislation, and almost all will require some level of additional resources.

For ease of interpretation in this report, the final SB 369 Barriers Table was divided up based on the three categories of barriers: Individual Level (Appendix A-1), Program/Provider Level (Appendix A-2) and System Level (Appendix A-3). Each table includes brief descriptions of the barriers, as well as potential solutions and potential strategies to address them.[5] Within each table, each barrier is classified as requiring new resources and/or issues being addressed in a limited capacity in current efforts, if applicable. The barriers to reentry identified in this project are listed separately because they require different types of solutions and implementation strategies; however, it must be noted that many of these barriers are interrelated. For example, individuals who return home with limited family support may have more difficulty finding housing and meeting other basic needs. Individuals who return home with behavioral health needs may also experience increased challenges surmounting identified barriers.

A. Individual-Level Barriers

As reflected in Appendix A-1, 15 Individual-Level barriers were identified for individuals who transition from prison to community. Overall themes of these barriers are discussed below.

1) Extensive and Complex Challenges Faced at Reentry

Individuals transitioning from incarceration reported difficulty getting their basic needs met, as well as emotional challenges associated with culture shock and stigma. Key identified challenges are as follows:

- ✓ Housing is a major issue. There are inadequate placements to meet need, and placements that exist are located in resource-poor neighborhoods.
- ✓ Poverty and insufficient financial resources are a result of limited employment and training opportunities.
- ✓ Negative experiences in prison are traumatizing and often make it more difficult for individuals to cope with the shock of reentry.
- ✓ After release, there can be difficulty re-establishing relationships with family, including challenges regaining custody of children. Family members are often caregivers to individuals transitioning from incarceration with health care needs.

2) Process for Accessing Services Can Be Unclear and/or Challenging

Individuals with lived experience of incarceration identified several challenges related to accessing available services. In general, there is a need for additional, continued post-release outreach and engagement. Key identified challenges are as follows:

[5] Not all of the Potential Solutions and Potential Strategies included in Appendix Tables A-1 to A-3 are recommended by the CDCR Transition Team.

- ✓ Lack of identifying documents at the time of release, which prevents the approval of applications for benefits. There is a need for multiple types of identifying paperwork, including state-issued ID cards, driver's licenses and birth certificates.
- ✓ Limited clarity about the appropriate steps for accessing services. For example, in order to access Medi-Cal services through the Managed Care delivery system, individuals must successfully apply for and enroll onto Medi-Cal, enroll onto a Managed Care Plan, and choose from available in-network providers. The process for accessing different types of Medi-Cal services, such as dental services, can vary.
- ✓ Cost and inadequacy of public transportation can make it difficult to appear at scheduled appointments.
- ✓ Accessing services across multiple systems can be a fragmented and frustrating experience. User-friendly, easy to understand information about services would facilitate access.
- ✓ Stigma associated with seeking mental health and substance use disorder services, as well as fear that individuals who seek behavioral health services will be penalized.

B. Program/Provider-Level Barriers

As reflected in Appendix A-2, six Program/Provider-Level barriers were identified for individuals who transition from prison to community. Overall themes of these barriers are discussed below. *Note: the following barriers exist primarily at the program/provider level, but successful implementation of solutions to these barriers requires the involvement of state and local entities across multiple systems.*

1) Limited Provider Capacity

A wide range of stakeholders indicated that community-based service providers do not consistently have the resources to serve individuals transitioning from incarceration. Funding and staffing challenges were identified, as well as the need to expand programming using a whole-person, holistic approach that includes peer providers. Key identified challenges are as follows:

- ✓ Individuals transitioning from incarceration have complex needs, and it is difficult to recruit, train, and retain providers that employ staff who have the expertise to serve the criminal justice population. As a result, there are capacity limitations for reentry services, especially at higher levels of care and transitional/reentry housing. Residential services may expand alternatives to incarceration for individuals with behavioral health challenges.
- ✓ Providers in all systems are not always trained to understand the different delivery systems to meet the comprehensive needs of the justice-involved population, which is critical for providing high-quality, tailored services. For example, there is not a regularly updated handbook that providers can use for referrals and to develop a common language.
- ✓ Not all providers have qualified, trained personnel to administer universal screening and assessment. Identified need is often a prerequisite to eligibility for services.
- ✓ Peer providers with lived experience are underutilized and are not consistently prioritized for hiring. The role of peer providers, acting as mentor and life coaches during discharge planning and warm handoff, should be expanded. Where possible, it is essential to foster an ongoing relationship between individuals transitioning from incarceration and individual providers for engagement and continuity of care.

- ✓ Service delivery should emphasize wellness, recovery, empowerment, and emotional needs. Services should meet needs with cultural humility[6] (e.g., offered in multiple languages, gender-responsive, and mindful of the unique needs of youth and older individuals transitioning from incarceration) and support family reunification, as appropriate.
- ✓ Resources to sustain high-quality, evidence-based programs are inconsistent and sometimes inadequate.

2) Limited Program Fidelity and Monitoring

Stakeholders pointed to the need for streamlined monitoring of evidence-based practices, implemented with fidelity. Key identified challenges are as follows:

- ✓ Not all implemented services are evidence-based and/or documented as best or promising practices, and evidence-based practices are not always used in reentry plans.
- ✓ Without adequate fidelity, provided services may not result in improved outcomes.
- ✓ Providers report that program monitoring and reporting requirements across multiple agencies and entities are burdensome.[7] Disparate reporting requirements generate a wide variety of results that are difficult for administrators and policymakers to interpret.
- ✓ Program monitoring and evaluation does not always take into account the perspectives and experiences of incarcerated individuals.
- ✓ Resources for rigorous evaluation are inconsistent and sometimes inadequate.

C. System-Level Barriers

As reflected in Appendix A-3, 11 System-Level barriers were identified for individuals who transition from prison to community. Overall themes of these barriers are discussed below.

1) Limited Data and Information Sharing Across State and Local Entities

All stakeholder groups identified a need for greater system coordination, grounded in enhanced data and information sharing. Yet, concerns about client privacy were also raised, pointing to the importance of careful implementation that carefully considers access to data. Key identified challenges are as follows:

- ✓ Data and information sharing between the State and counties, as well as among county-level entities,[8] is extremely difficult. As a result, county physical and behavioral health departments, and social services agencies, do not always have access to information about services administered in CDCR facilities. Similarly, CDCR also lacks information about community-based service utilization and outcomes measures, which impedes evaluation efforts.

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[6] The National Library of Medicine highlights three key principles of "cultural humility": lifelong learning and critical self-reflection, the recognition and challenging of power imbalances and institutional accountability.

[7] Providers are able to bill for the time they spend on reporting requirements.

[8] Local entities include, but are not limited to, county probation and behavioral health agencies, as well as social service agencies and Continuums of Care.

- ✓ Data sharing challenges have implications for discharge planning and continuity of care. Processes are in place for pre-release planning and sharing of data and information across state and local entities, but there are sometimes challenges related to expedited releases or last-minute changes to release county or post-release housing situation.
- ✓ Local entities have expressed concerns about liability for data breaches, which leads to hesitation to receive data from, and send data to, CDCR/CCHCS.

2) Limited Technological Infrastructure across State and Local Entities

Technological limitations contribute to hesitation about data and information sharing. Key identified challenges are as follows:

- ✓ Limited technological capacity contributes to lagged data transfer, including delays in processing benefits applications (e.g., Medi-Cal, VA, SSI) and lags in address processing, which can result in misdirected Medi-Cal Benefits Identification Cards and other key documents.
- ✓ Legacy systems are not always compatible with one another, and key data elements may be tracked differently over time and across systems.

3) Administrative and Funding Challenges

In general, systems at the State and local levels are not always designed to be in sync with one another. There are often major differences in local capacity, such that individuals unevenly experience the impact of policy and program changes. Key identified challenges are as follows:

- ✓ Counties are tasked with serving as coordinating entities, but there are major differences in county capacity to serve as a liaison between state and local agencies, and community-based providers.
- ✓ County staff and providers may not consistently understand the intricacies of different funding sources, including the prioritization and limitations of each source, and thus may not be maximizing resources within and across the different service delivery systems in order to efficiently serve their shared population of individuals who are involved in the justice system.
- ✓ Providers may hesitate to offer services if there is uncertainty about reimbursement, and may seek to secure contracts that have less administrative burdens than others.
- ✓ Not all system partners are consistently included in the development of solutions.

D. Key Findings

Essentially, the proposed solutions and strategies listed in the inventory of barriers in Appendices A-1, A-2 and A-3, impact multiple agencies across both State and local-level jurisdictions, and fall into two potential project categories: 1) Strengthening Existing Projects/Initiatives and 2) New Projects. Each of these potential project categories is described below. Many of the proposed solutions and strategies would likely require some level of additional resources to either strengthen current operations or to embark on innovative approaches to reentry/transition. As a result, the implementation of proposed solutions and strategies is subject to the availability of funding.

1) Strengthening Existing Projects/Initiatives

There have been and continue to be a variety of State and local efforts to support the needs of individuals transitioning from prison to community, many of which are designed to address the barriers that were identified in this SB 369 Veto Message Project. That said, examination of the identified barriers shows that not all impacted stakeholders are aware of these efforts, and not all of these efforts are being optimally implemented. As such, Outreach and Education, as well as Quality Improvement, strategies are necessary to bridge these gaps and optimize investments that have been made to date or are currently underway.

Outreach and Education

It became evident through the stakeholder engagement process that many stakeholders are not aware of existing efforts to address some of the transition/reentry barriers, signaling a disconnect between planning and implementation. This disconnect could be addressed through outreach and education to local level entities and community stakeholders to ensure they are aware of existing resources and how they may be accessed. This approach would be beneficial to maximize the effectiveness of, and avoid duplicating, current efforts. For educational purposes, several key recent and current State projects/initiatives relevant to the identified SB 369 Barriers are summarized in Appendix D, and Appendix E provides information about the roles and responsibilities of the divisions within CDCR and CCHCS that are involved in many of these efforts.

Quality Improvement

While many of the identified barriers are already being addressed in a limited capacity through existing efforts, the stakeholder engagement process also revealed that, in some cases, existing processes and initiatives do not always operate as planned. Continuous quality improvement (CQI) would help to ensure that existing processes are being optimally implemented, that established processes are documented, and to streamline reporting requirements. CQI should be implemented using rapid Plan, Do, Study, Act (PDSA) cycles to improve effectiveness and efficiencies using an iterative process. PDSA cycles may indicate a need for additional resources to hire more staff as well as expand training so that staff are equipped to directly assist individuals transitioning from incarceration and/or connect individuals with appropriate services. As existing initiatives are improved, they may be expanded to serve a greater number of individuals transitioning from incarceration. Involving all individuals transitioning from incarceration in the quality improvement process may increase the likelihood that existing processes and initiatives will achieve stated goals.

2) New Projects

New projects, beyond the scope of existing processes/initiatives, may be required to fully address identified barriers. With additional resources, CDCR/CCHCS could integrate additional innovative, evidence-based approaches to service delivery. The potential solutions and strategies identified through the stakeholder engagement process will be included as considered options. The determination of need for new projects would follow the Barriers Prioritization Stakeholder Survey and feasibility and cost analysis detailed in Section E below.

E. Recommended Next Steps

Work is ongoing to address all identified barriers. However, it may not be possible to strengthen existing projects/initiatives or implement new projects simultaneously, particularly within current resources. As a result, the CDCR Transition Team recommends that the identified barriers be prioritized through a Barrier Prioritization Stakeholder Survey process. CDCR/CCHCS, with continued support from CCJBH,[9] could administer an online SB 369 Barriers Prioritization Survey to State and local administrators, and interested community stakeholders, all of whom would have opportunities to provide input into the development of the survey prior to its administration. If desired, and resources are available, the Barriers Survey could also be supplemented with focus groups or workshops.

Depending on the results of the prioritization survey, the Administration could then select the top three to five barriers, depending on complexity and resource availability, and then task the relevant State department with conducting a feasibility and cost analysis for each assigned barrier by a specified deadline. An important component of the feasibility and cost analysis would be to evaluate the alignment of proposed solutions and strategies with current State and county initiatives and lessons learned regarding roadblocks. Additional research would be necessary for identified barriers for which current efforts are unknown. In addition, this analysis would involve determining whether new legislation would be needed to advance progress towards the proposed solutions. Overall, the implementation of proposed solutions and strategies is conditional on available funding.

F. Conclusion

Providing individuals with resources that meets their needs can increase the likelihood of positive outcomes such as reintegration, desistance from criminal behavior, positive and prosocial relationships, and enhanced health and wellbeing. Individuals often experience the transition from prison to community as challenging, and may require extensive support delivered through partnerships across multiple systems. The barriers noted here are consistent with those laid out in the Roadmap to Reentry released by the U.S. Department of Justice in 2016 and the Overview of Reentry released by the National Institute of Justice in 2018, and this project serves as an important first step towards removing the barriers so that individuals transitioning from incarceration can access the services and supports necessary to successfully live and thrive in their communities.

[9] Given limited capacity, CCJBH support is subject to resource availability.

Appendix A-1: Identified Individual-Level Barriers

Note: Implementation of potential solutions and strategies is subject to the availability of funding.

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	***Being Addressed in a Limited Capacity in Current Efforts***
1.1	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.	• Additional funding to expand capacity, especially for rental assistance and housing subsidies, reentry housing, transitional housing, permanent supportive housing, and sober living so that housing placements fit the needs of people coming home and there are adequate, knowledgeable staff to deliver services. • Partnerships between CDCR and housing providers to facilitate referrals and placements. • Access to Section 8 vouchers and rental	• Examine and implement the recommendations in the report, *Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails*. • Identify how CalAIM ECM and In Lieu of Services can be leveraged to address housing needs / homelessness. • Continue to build on existing programming. • Work with communities to overcome	CDCR (DAPO) CDCR (SMHP) CCHCS (ISUDT) DHCS HCD Continuums of Care Managed Care Plans County Departments and their Contracted Providers / CBOs Veteran Affairs Regional Centers	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
			subsidies, especially for former lifers. • Housing complexes specifically designated for returning citizens, including both single-family and multi-family units. • Investment in public education to address NIMBY issues. • Track progress toward additional system coordination, such as metrics presented in the Homeless Coordinating and Financial Council's Action Plan. • Offer incentives to cities and counties to adjust zoning to allow for the programs without protracted conditional use hearings.	NIMBYism and obtain clearances such as Conditional Use Permits. • Give notice of living restrictions as early as possible before release so that the individual has time to plan their reintegration. • Conduct individual risk evaluations before placing living restrictions on individuals. • Continue ongoing pre-release communication of the placement process and the placements themselves. • Continue to provide/expand housing navigation			

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
				services prior to release. • Identify low-income housing that does not discriminate against people with histories of incarceration and limited credit history, and provide support with landlord engagement as needed.			
1.2	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	• Develop a process for fast-tracking plan re-enrollment changes for individuals releasing to another county. • Communicate updated release dates with county Medi-Cal offices. • Support successful implementation of pre-release enrollment	• Develop and release guidance on this new process. • Continuous process improvement to ensure that individuals are enrolled onto Medi-Cal in their release county.	CCHCS DHCS	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
		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.	processes proposed in CalAIM.	• Continue to support and expand existing processes so that Medi-Cal application submission and enrollment are completed prior to release.			
1.3	Unmet Health Care Needs	Individuals who received health and behavioral health care services while	• Use a client/patient centered approach to determine needs of returning community members.	• Forensic Peer Support Specialists and Community Health Workers who have lived	CDCR (DAPO) CDCR (SMHP) CCHCS (ISUDT) DHCS MCPs	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
		incarcerated may not opt to continue those services (e.g., medication support) after release.	• Build capacity of county health care systems to effectively care for individuals transitioning from incarceration, including but not limited to engagement with Medi-Cal Managed Care Plans (MCPs) and primary care delivery systems such as Federally Qualified Health Centers (FQHCs). • Ensure that health information privacy and confidentiality for people on supervision are maintained. • Ensure connection to Medication Assisted Treatment (MAT) and other necessary treatment for Substance Use Disorder for those who need it.	experience in the criminal justice system can be employed to support individuals who need health and behavioral health services to access and engage with treatment services. • Implement evidence-based programs that are identified best practices, such as cognitive-behavioral therapy and motivational interviewing, and establish training requirements to assist with implementation. • Explore the option of providing	FQHCs County Departments and their Contracted Providers / CBOs Veteran Affairs Regional Centers		

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
			• Eliminate the stigma of mental illness and ensure adequate mental health service capacity, through policy action if necessary. • Develop trust between providers and individuals who require services.	smartphones to those releasing from incarceration to enable them access to telehealth and other virtual services, as well as support for accessing telehealth. • Build capacity for telemedicine in areas that are rural and have limited transportation options. • Ensure that individuals are not penalized for seeking behavioral health services and that mental health conditions are considered when			

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
				addressing conduct issues.			
1.4	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.	• Apply trauma-informed principles to case planning and delivery of all services, recognizing both histories of trauma and current experiences of trauma. • Utilize comprehensive evidence-based assessment tools that account for length of time incarcerated, trauma, and individual needs, using a holistic approach and motivational interviewing. • Create prison environments to support rehabilitation, including through enhanced staff training. • Offer support for life skills, self-efficacy,	• County entities can contract with CBOs that employ mentors and life coaches to provide support after release. Begin building relationships between the reentering individual and peer navigator prior to release, as appropriate. • Provide support for mental and emotional well-being, including support for self-care and self-help, maintaining healthy relationships, and	CDCR (DAPO) CDCR (SMHP) CCHCS (ISUDT) County Departments and their Contracted Providers / CBOs Veteran Affairs Regional Centers	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
			healing and goal setting prior to release. • Build on existing programming that supports individuals at reentry. • Include family members and other individuals who provide support to facilitate engagement in treatment, and provide services such as family therapy.	navigating grief/loss and mental illness. • Allocate resources to encourage constructive peer support groups, and begin building relationships with peer mentors prior to release. Create continuous, long-term relationships between all reentering individuals and peer mentors. Consider prison clearance for peer support specialists. • Minimize trauma through the design of the prison environment to support health (e.g., increase time outside, encourage			

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
				exercise, bright cheery paint colors).			
1.5	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.	• Include criminogenic risks and needs within a whole-person, wraparound approach to services for <u>all</u> people who are transitioning from incarceration. • Adequate funding is needed for evidence-based programs that are identified best practices, such as cognitive-behavioral therapy, motivational interviewing, and restorative justice. • Continue ongoing work to ensure that qualified providers universally administer appropriate screening and assessment tools, including assessments	• Implement Collaborative Comprehensive Case Planning for all parolees. This is especially important for the criminal justice population with behavioral health needs, as research shows that addressing <u>both</u> behavioral health <u>and</u> criminogenic needs are addressed are necessary in order to reduce recidivism. • Continue to deliver high-quality behavioral health	CDCR (DAPO) CDCR (SMHP) CCHCS (ISUDT) County Departments and their Contracted Providers / CBOs Veteran Affairs Regional Centers	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
			developed based on the risk/needs/responsivity model.	programming in prison and in the community, and expand efforts as needed. • Ensure a seamless service delivery model by establishing the same programs in prison and in community. • Provide domestic violence, anger management, gang prevention and other classes in prison and in the community. • Provide support for linkages to education and self-growth programs. • Engage/employ individuals with lived experience to			

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
				lead classes, as appropriate.			
1.6	Challenged Family Relationships	Contact between incarcerated individuals and their families is often limited (for a variety of reasons, including criminal behavior itself), putting stress on family relationships and limiting availability of family support upon release. Regaining custody of children is a challenge.	• Ensure that incarcerated people are able to stay connected to their families and are reunified with family after release, as appropriate. • Provide wraparound services to help unite parents with their children who are in the child welfare system. • Provide parenting classes while in prison. • Ensure placement close to family, especially young children, upon release. • Continue ongoing work with community-level service providers and agencies to promote reunification of families (e.g., Child Protective	• Make it easier to stay connected to family during incarceration, through placements local to family, longer visiting hours, and reduced-cost phone and video calls. • Provide reliable transportation for family visits, whether a child is in the child welfare system or living with family members. • Offer family therapy that meets family court requirements and detailed information about the process.	CDCR (DAPO) County Departments and their Contracted Providers / CBOs	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
			Services, family law attorneys).	• Establish a plan for regaining child custody prior to release, where possible. • Offer wraparound services that help unite parents with children in the foster care system. • Provide relevant information and support for family members, including spouses and children of incarcerated parents (e.g., self-help guides), so that family members can better understand the experience of incarceration and what to expect at release.			

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
1.7	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.	• Build marketable skills and certificates or credentials for diverse occupations, including knowledge work, while people are in prison through work release programs. • Support to accompany employment, such as case management and wraparound services. • Policies that decrease barriers to employment and education, such as restrictions on licensure for certain professions and background checks.	• Expanded access to in-prison educational / vocational programming, apprenticeships, entrepreneurial training, and Peer Specialist training. • Explore partnerships with the Department of Rehabilitation (DOR). • Ensure that incarcerated people are receiving education and training for occupations that are currently in-demand and that pay living wages by coordinating with the California Workforce	CDCR (DAPO) CWDB EDD DOR County Departments and their Contracted Providers / CBOs	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
				Development Board (CWDB). • Transitional Case Management and wraparound services should accompany employment services. • Consider providing direct cash assistance (i.e., guaranteed income) post-release. • Provide records of in-prison program participation and completion.			
1.8	Fines, Fees, and Restitution	Fines, fees, and restitution imposed by the criminal justice system exacerbate	• Minimize the impact of criminal justice system fines, fees, and restitution on reentry. • Ensure that individuals transitioning from	• Limit the use of fines, fees, and restitution as punishment. • Cease the accrual of fines and fees	Legislators Judicial Council	X	Unknown[10]

[10] Additional information will be gathered on barriers identified as Unknown if they are identified as high-priority through the Barriers Prioritization Survey.

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
		financial difficulties.	incarceration are able to apply for unemployment benefits and child custody even if they have outstanding fines, fees, and restitution. • Provide opportunities for incarcerated individuals to pay outstanding fines, fees, and restitution through work while incarcerated.	during incarceration. • Create payment plans and sliding scale fines and fees for those individuals with less ability to pay. • Provide a written record of outstanding fines, fees, and restitution at release.			
1.9	Lack of Identification	A lack of state-issued identification makes it difficult to apply for benefits upon release from incarceration.	• CDCR has already established a California Identification Card Program through its Division of Rehabilitative Programs. • The California Department of Motor Vehicles has established fee reductions and waivers. • File identifying documents under the	• Ensure that the CDCR ID program is open to everyone and improve processes as necessary. • Exchange Prison ID cards for State ID cards. • Acquire Social Security card and Birth Certificate (for individuals born in	CDCR (DAPO) CDCR (DRP) DMV Social Security Admin.	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
			incarcerated individual's personal property and make it available as part of the discharge process.	California) before release and provide California IDs to all returning citizens on the day of release. • Eliminate fees to exchange an ID card or renew driver's licenses for returning citizens. • Ensure that current, updated addresses appear on ID cards.			
1.10	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.	• Processes are in place to support transportation at release and when necessary for parole reporting, especially for parolees with mental illness who are unable to take public transportation.	• Ensure that free transportation to county of commitment is available for all returning citizens who need it. • Establish processes to support transportation for job searches, to get to and from work	CDCR (DAPO) CDCR (DRP) County Departments and their Contracted Providers / CBOs	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
				and other necessary appointments and activities, such as parole check-in, obtaining legal documentation, seeking housing. • Provide vouchers for public transit for a minimum of 6 months post-release for returning citizens, both when leaving custody and while on community supervision. • Consider contracting with Lyft/Uber utilizing the voucher system for transportation for returning citizens. • County agencies could set aside			

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
				funding for private transportation or incorporate local paratransit to incorporate formerly incarcerated individuals into their service. • Ensure that counties and their contracted providers/CBOs know when it is appropriate to bill Medi-Cal, to cover the cost of transportation for medically necessary appointments.			
1.11	Limited Access to Appointments, such as Court Dates	There may be insufficient appointments available, or appointment processes may	• Establish appointments prior to release. • Provide incentives to appear at appointments, where necessary.	• Establish court dates to get driver's licenses reinstated, family court, and other outstanding	CDCR (DAPO) County Departments and their Contracted Providers / CBOs	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
		be difficult to navigate.		court mandated sanctions. • Establish appointments to register as an offender. • Establish appointments for child support. • Enhanced infrastructure for appointment reminders from health care providers.			
1.12	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	• Support with financial practices that will help to establish credit and savings, including managing paychecks, evaluating financial products, and budgeting.	• Financial education for all incarcerated individuals that begins prior to release, potentially through partnerships between correctional agencies, agencies that regulate	CDCR (DAPO) CDCR (DRP) County Departments and their Contracted Providers / CBOs	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
		incarcerated people may not have bank accounts or credit, and often experience financial instability at release.		financial institutions, and financial institutions themselves. • Assistance with establishing bank accounts and credit. • Access to debit cards and training as to using them.			
1.13	Limited Familiarity with Opportunities for Support, Healthy Activities, and Rights At Release	Individuals may be released outside of where they used to reside, and they may be unfamiliar with resources in that community.	• Targeted outreach and advertisement of services from credible messengers, such as Community Health Workers. • Culturally appropriate outreach in multiple languages. • Share information about expungement and voting rights at release. • Leverage technology for sharing information, as appropriate, such as service information on a	• Create a Reentry Resource Website that serves as a clearinghouse for all critical reentry information. *Note: past attempts for a reentry resource website have been challenging due to it being labor-intensive to keep it updated.* • Provide each individual exiting a prison in California	CDCR (DAPO) CDCR (DRP) County Departments and their Contracted Providers / CBOs Veteran Affairs Regional Centers	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
			smartphone provided at release.	with a Reentry Guidebook that would act as a service directory for people who may lack Internet access, and that can be referenced by all stakeholders to create a common language and directory for referrals. • Leverage Forensic Peer Support Specialists and Community Health Workers with lived experience as navigators to provide a sense of belonging, assistance with goal-setting, life skills, and			

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
				developing positive relationships.			
1.14	Special Considerations for Youth and Older People Transitioning from Incarceration	Both older and younger people transitioning from incarceration require a special level of care. The risk of recidivism among older individuals is lower than among younger individuals.	• Tailored support, including peer navigators, for older people who may have been incarcerated for extended periods. • Tailored support, including peer navigators, for individuals who were transferred from juvenile correctional facilities to adult correctional facilities and have never experienced being an adult in the free world. • Tailored support and adequate placements, such as a nursing home setting, for individuals who are elderly or have disabilities and require	• Implement pre-release workshops that are focused on navigating basic responsibilities and social institutions, with emphasis on successful reentry for younger or older people. • Offer classes to increase comfort with technology. • Address special considerations in individualized case plans. • Where necessary, submit applications for exemption for Selective Service Registration.	CDCR CDCR (SMHP) County Departments and their Contracted Providers / CBOs County Public Guardian	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
			help with Activities of Daily Living.				
1.15	Special Considerations for Individuals Convicted of Sex Offenses	Individuals convicted of sex offenses face distinct social stigmas and legal limitations.	• Individuals convicted of sex offenses have extremely limited opportunities for housing because of restrictions around locations such as schools. • Provide specialized programming and support for individuals convicted of sex offenses, including peer navigators who are familiar with the unique constraints these individuals face.	• Repeal legislation that creates barriers to housing for people convicted of sex offenses. • Where barriers are imposed based on sex offenses, differentiate among types of sex offenses.	Legislators	X	Unknown

Appendix A-2: Identified Program/Provider-Level Barriers

Note: Implementation of potential solutions and strategies is subject to the availability of funding.

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	***Being Addressed in a Limited Capacity in Current Efforts***
2.1	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. Relevant terminology can vary across systems.	• Support regular cross-training for service providers so that they can become familiar with processes across systems. • Support regular training on best practices for serving the criminal justice population, including trauma-informed care, cultural sensitivity, and addressing criminogenic risks/needs. • Engage with relevant associations as needed.	• Survey providers and agencies regarding available training and potential gaps in knowledge. • Remedy gaps through educational materials. • Provide paid opportunities for people with lived experience to co-facilitate and lead trainings, where feasible / appropriate. • Ensure that relevant providers are included in trainings where needed / appropriate.	CDCR DHCS County Departments MCPs FQHCs Individuals with Lived Experience and their Contracted Providers / CBOs	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
2.2	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.	• Invest in required reporting and evaluation, including standards that are enforced and tied to funding. • Implement evidence-based programs that have been documented as best practices. • Ensure that curricula are in-depth and meet individuals' needs.	• Link data across systems for evaluation purposes, and continue to refine processes for access to CDCR data by evaluators as needed. • Increase capacity to implement programs with fidelity. • Increase accountability and transparency for program outcomes. • Create long-term, sustainable funding sources that support evidence-based programs.	CDCR DHCS County Departments and their Contracted Providers / CBOs	X	X
2.3	Lapsed Benefits After Release	Incarceration in prison can result in suspended benefits, such as	• Continue to support in-reach, such as the Transitional Case Management Program,	• Although prison in-reach services may not be funded through Medi-Cal,	CDCR (DAPO) CCHCS (ISUDT) DHCS	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
		Medi-Cal, SSI, VA, SNAP / CalFresh, and housing. People are released with benefits that are no longer active and struggle with navigating, accessing and reinstating previous benefits.	enables applications for benefits to be submitted prior to release. • Suspend benefits upon incarceration and reactivate benefits upon release.[11] • Change criteria for services when the criteria can exclude people transitioning from incarceration. • Provide EBT card at release. • Provide information about application submission both through online portals and through physical mail, as technology can be a barrier to accessing services.	other county funds (e.g., AB 109) may be used to support these services. • Track and advocate for the federal Medicaid Reentry Act, which would provide thirty days of coverage for Medicaid (Medi-Cal) services prior to release. • Establish processes for service provision across counties where there were last-minute changes to release county. • Provide information about options for service provision while Medi-Cal	County Departments and their Contracted Providers / CBOs		

[11] Policies and procedures for suspension and re-activation are already in place, per guidance from the federal Center for Medicare and Medicaid Services.

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
				enrollment is pending.			
2.4	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.	• Increase coordination between CDCR and local level entities to ensure continuity of care to ensure service needs that were being addressed in the incarcerated setting continue to be addressed in the community, if needed. Mental health clinicians already initiate contact with county behavioral health departments for patients presenting with significant mental health concerns in efforts to support and advocate for seamless continuity of care. • Expand capacity for community-based services that are aligned	• Once Enhanced Care Management is available through the CalAIM waiver, designated CDCR/CCHCS staff can coordinate with MCP Enhanced Care Managers, who will then take lead responsibility for coordinating health, behavioral health care, as well as coordinate other supportive services, care for returning citizens. • Establish a collaborative pilot program to support the development of the proposed Enhanced Care	CDCR (DAPO) CDCR (SMHP) CCHCS (ISUDT) County Departments and their Contracted Providers / CBOs Veteran Affairs Regional Centers	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entit	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
			with correctional services so that services are available to all released individuals. • Expand capacity for services in rural areas and small counties.	Management benefit in CalAIM (could initially focus on individuals released to Post-Release Community Supervision since CDCR already has similar services through the STOP provider network). • Include individuals with lived experience as service navigators, with individuals with lived experience of incarceration serving in the role. • Memoranda of Understanding between correctional health care providers and community			

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
				behavioral health providers would facilitate continuity of care and medical record sharing. • Ensure that individuals on Medication-Assisted Treatment are eligible for appropriate medications and are provided information upon release about medications and incentives provided by AB 1304. • Provide a 30-day supply of medications at release. • Provide a copy of medical records to formerly incarcerated			

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
				individuals at release.			
2.5	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.	• Greater collaboration between criminal justice providers and local health services providers. • Sufficient service capacity across the continuum of care to meet need. • Create a pathway to services for individuals who require services while in the community, even if they did not receive a mental health diagnosis while incarcerated. • Provide opportunities to participate in community-based programming while individuals are still in custody status, so that some information can	• Ensure sufficient service capacity at higher levels of care, including skilled nursing facilities, board and care facilities, and transitional care facilities, to meet needs that increase after release. • Enhanced flexibility in placements to accommodate unexpected changes in need for services.	CDCR (DAPO) CDCR (DRP) CDCR (SMHP) CCHCS (ISUDT) MCPs FQHCs County Departments and their Contracted Providers / CBOs Veteran Affairs Regional Centers	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
			be gained about their post-release needs.				
2.6	Limited Outreach and Engagement	Individuals transitioning from incarceration may have limited knowledge of recovery-oriented activities that can support reintegration.	• Share timely and accurate information about services and resources after release, relevant to each county because services vary. • Use social media to conduct outreach and raise awareness of services.	• Explore/consider opportunities for contracting with community Reentry Resource Centers in communities that lack basic reentry services. Include recovery-oriented recreation (e.g., dances, arts, other healthy outlets) • Provide formerly incarcerated people with resource manuals at release, building on existing efforts.	CDCR (DAPO) CDCR (SMHP) County Departments	X	X

Appendix A-3: Identified System-Level Barriers

Note: Implementation of potential solutions and strategies is subject to the availability of funding.

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	***Being Addressed in a Limited Capacity in Current Efforts***
3.1	System Coordination Within and Between State Departments	There is limited coordination across and within State level agencies that serve the criminal justice population.	• Strengthening communication, collaboration, and information sharing between in-custody supervision and parole. • Promote/strengthen cross-departmental awareness and understanding of existing or new/revised policies/initiatives. • Increase transparency and open communication between departments and with the community. • Strengthen communication and engagement across all relevant system partners (e.g., the homeless	• Clearly define and operationalize roles and responsibilities of the relevant lead agencies at the State level and the coordination among them. • Memoranda of Understanding between State departments that outline roles / expectations and facilitate data-sharing. • Establish a defined and universally adopted standard of care that includes coordinated health, housing, education,	CDCR (DAPO) CDCR (DRP) CCHCS (ISUDT) CCHCS Utilization Management CCJBH DHCS HCD Individuals with Lived Experience Veteran Affairs Department of Developmental Services	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
			services response system).	employment, criminogenic risks/needs, and other wraparound services. • Host quarterly stakeholder meetings to discuss challenges and opportunities as webinars and/or in communities impacted by reentry.			
3.2	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.	• Strengthening communication and collaboration between in-custody supervision and county departments (e.g., probation, health, behavioral health, social services and housing), including regularly updated contact information at the county level.	• Clearly define and operationalize roles and responsibilities of the relevant lead agencies at the State and local levels, and the coordination among them. • Strengthening Community Partnerships	CDCR (DAPO) CDCR (SMHP) CCHCS (ISUDT) DHCS CDSS DSH HCD MCPs FQHCs County Departments	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
			• Promote/strengthen cross-departmental awareness and understanding of existing or new/revised policies/initiatives. • Strengthened data-sharing infrastructure so that data can be shared from the State to counties, and counties can share data with the state. • Strengthen data collection and data management capacity within the context of a broad data strategy, with clear roles and responsibilities.	through the ISUDT Network by developing formal referral workflows with counties, which then coordinate with their contracted providers / community-based organizations (CBOs). • Establish and consistently track shared metrics of success, including leading indicators such as MAT appointments made prior to release and long-term indicators such as reduced costs through reduced incarceration.	and their Contracted Providers / CBOs Continuums of Care Individuals with Lived Experience Veteran Affairs Regional Centers		

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
3.3	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. Some counties may not work closely with Federally Qualified Health Centers and other service agencies.	• Increased communication between local criminal justice, health, behavioral health, housing and social services agencies and their contracted providers / community-based organizations. • Promote/strengthen cross-departmental awareness and understanding of existing or new/revised policies/initiatives.	• Clearly define and operationalize roles and responsibilities of the relevant lead agencies at the local level and the coordination among them. • Strengthen Community Corrections Partnerships. • Consistent, high-quality case management using a whole-person approach. • Select a lead agency for case planning once individuals are in the community. • Collaborative Comprehensive Case Planning that includes applications for all	County Departments and their Contracted Providers / CBOs Individuals with Lived Experience Veteran Affairs Regional Centers	X	Unknown

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
				needed benefits, in addition to discharge/release planning processes already in place within CDCR. • Enhanced Care Managers within the Managed Care Plan health care delivery system can help to coordinate services at the local level for those who meet medical necessity criteria. • Leverage the Stepping Up Initiative through the Council on State Governments Justice Center. • Align local-level eligibility requirements and screening /			

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
				assessment tools with state-level practices, which are already in place and rely on the ASAM criteria.			
3.4	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.	• Technical assistance to ensure that responsible staff are familiar with how funds should be used. • Provide additional funding if there are gaps.	• Publish guidance on effectively utilizing multiple funding sources to serve the criminal justice population. • Establish a process to monitor effective use of funds and gaps in funding.	CDCR CCHCS (ISUDT) DHCS HCD County Departments and their Contracted Providers / CBOs	X	X
3.5	Data and Information Sharing Challenges Between CDCR and County Departments / Entities	Concerns about liability for potential breaches sometimes prevent county departments / entities such as Medi-Cal	• A state level database should contain identified county points of contact so that care can be coordinated across State and county departments / entities. • A streamlined statewide collaborative case	• CDCR/CCHCS has already developed direction and guidance for counties, which could be widely adopted and implemented.	CDCR (DAPO) CDCR (SMHP) CCHCS (ISUDT) County Departments MCPs FQHCs	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
		Managed Care Plans (MCPs) from establishing data-sharing agreements with State departments, such as CDCR.	management platform that all reentry/transition partner agencies can utilize for data sharing and reporting key information, as appropriate. • Requiring local entities to share data with state agencies as a condition of funding. • Design and implement data-sharing solutions that protect client / patient confidentiality and minimize the likelihood of unintended negative consequences.	• Counties sign CCHCS ISUDT' MOU to begin data sharing. • Establish guidance for data sharing between agencies and MCPs when CalAIM Enhanced Care Management (ECM) benefit is implemented. • Build infrastructure so that entities can comply with regulations. • Implement software solutions that support rather than hinder data sharing. • Consider designing data systems using an open-source data platform, which includes			

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
				standardized naming and reporting conventions that allow agencies to use and share data more effectively. • All software could be designed with standardized Application Programming Interface (API) functionality allowing counties and the State to utilize data more cost-effectively, oftentimes with the ability to utilize existing internal resources or procure services from a wider range of providers at lower cost. By			

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
				utilizing an API, other counties can access data in their criminal justice and health systems to gain valuable insight about a justice-involved person's health and services history. • Require that contracted CBOs have the capacity to receive relevant data. • Invest in enhanced technology to improve data transfer and benefits applications.			
3.6	Data and Information Sharing Challenges between County	Data sharing from county departments to their contracted providers / CBOs	• Robust and timely transfer of data from counties to their contracted providers / CBOs, so that providers	• Development of infrastructure that accommodates concerns about sharing community-	County Departments and their Contracted Providers / CBOs	X	Unknown

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
	Departments and their Contracted Providers / CBOs	can be limited, which prevents or delays the flow of information that providers / CBOs need to provide services.	have the information they need, such as the number of individuals returning to their area, data on their health needs, and projected releases.	based health service utilization data. • County departments will facilitate timely connection to services for the justice-involved population, including timely communication about changes in county of release with contracted providers / CBOs.			
3.7	Changes to Policies and Programs that are Difficult to Implement, Fail to Address Identified Issues and Fail to Obtain Practical Ideas From a Broad	Often laws are enacted that address very small segments of the reentry population or the reentry population within a certain district, and	• Collaborative development of policy and programs, including legislation, by involving a broad range of stakeholders. • Through advocacy organizations, capture practical ideas from currently and formerly	• Before pursuing laws, legislators should discuss proposals with those agencies and entities who will have to implement them, and with members of population that	Legislators Relevant Associations Individuals with Lived Experience Relevant Advocacy Groups	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
	Range of Stakeholders	often are developed without input from reentry stakeholders. Through advocacy organizations, capture practical ideas from currently and formerly incarcerated individuals with lived experience in the reentry process and system and incorporate those ideas / experiences into policies.	incarcerated individuals with lived experience in the reentry process and system and incorporate those ideas / experiences into policies.	they intend to serve, to facilitate collaboration on how best to solve the problem.			
3.8	Insufficient / Inappropriate Services for	Mental Health Courts and other types of specialized	• Ensure sufficient service capacity so that everyone who requires services can receive a	• Offer light-touch services as well as more intensive services.	CDCR (DAPO) CDCR (DRP) CDCR (SMHP) CCHCS (ISUDT)	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
	Criminal Justice Population	services are not always available, so service needs may go unaddressed or inappropriately addressed.	broad range of needed services. • Continue to leverage CDCR's Specialized Treatment for Optimized Programming contractors and other organizations with expertise in corrections and health systems. • Ensure that available services meet needs. • Identify barriers that prevent conservatorship from occurring prior to release.	• Offer services that recognize barriers such as transportation. • Continue to conduct screening and assessment prior to release to ensure that need for services is known. • Regularly update treatment plans to reflect needs. • Include appropriate personnel, such as individuals with lived experience of incarceration. • Review conservatorship barriers to determine if improvements can be made to this process prior to	DHCS HCD County Departments and their Contracted Providers / CBOs Individuals with Lived Experience Veteran Affairs Regional Centers		

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
				release for the most acute patients releasing to the community with no support.			
3.9	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.	• Increase general housing and residential treatment service capacity. • Increase service capacity for people transitioning from incarceration.	• Change placement criteria and practices that can result in discrimination against people transitioning from prison. • Foster co-location of services (e.g., facilitating enrollment into social services benefits at community clinics).	CDCR (DAPO) CDCR (DRP) CDCR (SMHP) CCHCS (ISUDT) DHCS HCD County Departments and their Contracted Providers / CBOs Veteran Affairs Regional Centers	X	X
3.10	Medi-Cal Provider Enrollment is Too Complex	Medi-Cal certification is difficult and labor-intensive, which can deter	• Streamline the Medi-Cal provider enrollment process.	• Explore opportunities to update the Medi-Cal provider enrollment process and/or expand	DHCS	X	Unknown

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
		providers from participating.		training opportunities to support providers trying to enroll as Medi-Cal providers.			
3.11	Inconsistent Discharge Planning Practices	Not all individuals receive pre-release discharge planning.	• Improve CDCR capacity for discharge planning so that all individuals can receive one-on-one, personalized support. DAPO Parole Services Agents interview individuals prior to release to develop release plans. PSA's also conduct assessments and case plans and coordinate placement into community programs for all those released to DAPO Supervision. • Nurses already conduct assessments during discharge interviews to	• Engage mental health pre-release coordinators and resource nurses at each institution, and expand these efforts as needed. • Involve and engage the person leaving prison in the discharge planning process. • Include information about individual barriers to reentry in the discharge plan. • Make it a standard practice to arrange pre-release meetings between	CDCR (DAPO) CDCR (SMHP) CCHCS (Dental) MCPs FQHCs County Departments and their Contracted Providers / CBOs	X	X

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
			assess medical needs and gaps. • Further discussions would be beneficial to include dental needs of each individual before they are released to ensure they know how to access services in the community. • Mental Health clinicians currently assess individuals receiving mental health services while incarcerated and provide pre-release services to support continuity of care and transition into the community. Improve communication between the State and counties, and between counties and their	State and county departments / MCPs, once CalAIM is implemented. These meetings should include Community Health Workers (CHWs) and provide opportunities for CHWs to provide input into the release plan. • Establish flexible processes that can accommodate last minute release changes.[12] • Support discharge planning that is based on an initial assessment of reentry needs that takes place at			

[12] Processes are in place to minimize the impact of unexpected changes to county of release.

#	Barrier	Description	Potential Solution(s)	Potential Strategy	Potentially Impacted Entities	Potential Resource Requirements	
						Requires New Resources	*Being Addressed in a Limited Capacity in Current Efforts*
			contracted providers / CBOs. • Continue to refine processes for treatment planning, beginning at intake to include improved information sharing from the direction of community (e.g., county behavioral health and Medi-Cal Managed Care Plans) into CDCR to ensure that an individual's healthcare history (prior to incarceration) is known and can be taken into consideration when providing treatment during incarceration.	intake. Intensive reentry planning and coordination for all released individuals should take place well in advance of release.			

Appendix B SB 369 Stakeholder Engagement Meetings		
Meeting Date	Meeting	Participants Represented
2/17/2021	Targeted Stakeholder Engagement with Legislative Staff and Advocates Involved With SB 369	Senator Hertzberg's Office Senate Public Safety Committee Californians for Safety and Justice
2/19/2021	Targeted Stakeholder Engagement with CCJBH's Lived Experience Program Advisory Group	Anti-Recidivism Coalition Cal Voices Los Angeles Regional Reentry Partnership Transitions Clinic Network
3/19/2021	CCJBH Diversion/Reentry Workgroup	In 2020, participants in the CCJBH Diversion/Reentry Workgroups represented over forty organizations ranging from state, county, and city agencies to advocates, reentry service providers and health care providers.
3/22/2021	Superior Region Focus Group	Individuals with lived experience (fifty across all focus groups) in the criminal justice system shared the challenges they faced at reentry.
3/22/2021	Southern Region Focus Group	
3/25/2021	Statewide Focus Group	
4/1/2021	Forensic Mental Health Association: Words 2 Deeds Track Session	W2D's Master List comprised of criminal justice agencies, the courts, mental health professions, governmental agencies, and nongovernmental organizations, consists of approximately 500+ people
4/30/2021	CCJBH Full Council Meeting	CCJBH Council members are affiliated with the following organizations: California Department of Health Care Services, California Department of State Hospitals, Sacramento Police Department, Plumas County Behavioral Health, San Diego County Probation, Santa Clara County Superior Court, Antelope Valley Union High School District, Los Angeles County District Attorney's Office

Appendix C: Glossary

Similar terms could have different meanings in different systems. Two such terms have already been identified: “case management” and “treatment.” Sample definitions from the criminal justice system are as follows:

- DAPO/DRP define case management as “an individualized supervision plan that assesses the parolee's needs, changing case factors, risks, and case dynamics for a successful reentry. Case management includes assessing and linking parolees to such services in the community.”

- ISUDT defines case management as “a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual’s comprehensive needs.” ISUDT defines treatment as “medical care or care given to a patient/program participant for an illness or injury.”

Sample definitions from the community behavioral health system are as follows:

- A definition of case management used by the Drug Medi-Cal Organized Delivery System in the Standard Terms and Conditions (STCs) is “a service to assist beneficiaries in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.”

- For the purpose of delivering Medi-Cal Specialty Mental Health Services, Targeted Case Management is defined as “services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary’s progress; placement services; and plan development.”

- Through the Medi-Cal Managed Care System, Basic Case Management Services include assessment, identification of appropriate providers and facilities, communication, education, and referral. Complex Case Management Services include “management of acute or chronic illness, including emotional and social support issues by a multidisciplinary case management team; intense coordination of resources to ensure the member regains optimal health or improved functionality; development of care plans specific to individual needs and updating of these plans at least annually; and assessment of transitional needs of members in and out of Complex Case Management Services.”

Appendix D: Current Efforts to Address Identified Barriers

Justice system partners and other entities offer a wide variety of resources and services to support individuals upon their transition, and there have been a multitude of efforts to establish processes to prepare individuals leaving incarceration for their transition into the community. Key efforts relevant to the barriers identified during the SB 369 Barriers Project are discussed below.

CDCR/CCHCS:

- The **Specialized Treatment for Optimized Programming (STOP)** program provides comprehensive, evidence-based programming and services to parolees in their first year of release during their transition into the community in order to support a successful reentry. Processes are in place to ensure that services are implemented with fidelity and are backed by robust research. Capacity for the STOP contracts was bolstered through the "Returning Home Well" public-private partnership that expanded the capacity for essential services like housing, health care, treatment, transportation, direct assistance, and employment support for Californians returning home from prison after July 1, 2020.
- **Care coordination and case management** are available through community corrections. Individuals released to parole are connected to necessary services at release, and CDCR/CCHCS works directly with counties to establish a warm handoff to community-based physical and behavioral health care services as well as probation departments for individuals released to Post-Release Community Supervision.
- **Pre-release planning and sharing of information at release**, including planning for transportation and housing, takes place through DAPO and ISUDT. DAPO Parole Services Agents (PSAs) interview individuals prior to release to develop release plans. PSAs also conduct assessments and case plans and coordinate placement into community programs for all those released to DAPO supervision. In addition, monthly meetings are held by DAPO to provide community and support take place statewide through the Parole Reentry Navigation Network. There are established Reentry Resource Centers through which individuals on parole can receive clear, timely, regularly updated information about available resources, delivered in a user-friendly format.
- CDCR delivers **services for individuals released after long-term prison sentences**, as well as **gender-responsive programs** and **substance use recovery programs**, all of which are **trauma-informed**.
- CDCR engages with **community colleges and Continuums of Care** to expand training opportunities so that providers are able to meet the needs of individuals transitioning from incarceration.
- Infrastructure for reporting and evaluation is continuing to expand. For example, CDCR's Specialized Treatment for Optimized Programming contracts will soon include a **requirement that program providers share information on fidelity of implementation**.
- Multiple **cross-departmental partnerships** are in place between CDCR and agencies such as the Department of Health Care Services, Employment Development Department, Department of Motor Vehicles, and Department of Veterans Affairs.

- There are **pre-release enrollment processes** in place, such as the Transitional Case Management Program, so that applications for benefits may be submitted prior to release. Applications for benefits are submitted and identifying documents are secured prior to release. Tracking mechanisms are in place for submitted benefits applications (e.g., Medi-Cal, SSI, and VA).
- Databases within CDCR/CCHCS are in place to capture relevant information about incarcerated individuals and share this information as appropriate. CDCR/CCHCS has drafted **Memoranda of Understanding between CDCR/CCHCS and counties** that would establish a legal framework for the sharing of sensitive medical and mental health information from state and local entities regarding the health care needs of individuals transitioning from incarceration.
- In addition to providing services to individuals on parole, CDCR **coordinates with probation agencies and other county entities** so that individuals released to Post-Release Community Supervision can receive appropriate services.

California Health and Human Services Agency (CHHS)

- To address the long-term negative effects of Adverse Childhood Experiences (ACEs), the Office of the Surgeon General within CHHS has established the ACEs Aware Initiative to invest in Medi-Cal provider training to deliver trauma-informed services.

Department of Health Care Services (DHCS)

- The California Advancing and Innovating Medi-Cal (CalAIM) initiative includes multiple Medi-Cal delivery system improvements and enhancements, and also identifies certain individuals transitioning from incarceration as a target population.
- DHCS has published extensive resources and guidance to expand provider capacity and improve the process of provider enrollment.

Homeless Coordinating and Financing Council (HCFC)

- The HCFC, under the Business, Consumer Services, and Housing Agency, has developed an Action Plan for Preventing and Ending Homelessness in California that orients the State's efforts to drive purposeful, meaningful, and measurable progress toward preventing and ending homelessness in California.

Local Level Initiatives:

- Counties often use funding sources in appropriate ways that maximize the usage of available funds. Many counties have blended and optimized existing funding sources through local multi-agency collaboration to design creative programs for the criminal justice population.
- Some counties have established FQHCs as one-stop-shops for service delivery to reduce travel burden and facilitate service navigation. This model could be expanded.

Appendix E: Roles and Responsibilities of CDCR/CCHCS Divisions

Multiple divisions within CDCR and the California Department of Correctional Health Care Services (CCHCS) have roles in successful reentry (also called transition) from prison.

Within CDCR, responsibilities of relevant divisions are as follows:

The **Division of Adult Parole Operations (DAPO)** is responsible for protecting the community by enabling parole agents to have an active part in the local community's public safety plans. DAPO are the catalysts for change in the way communities deal with crime and reintegration. DAPO encourages and assists individuals with their community reintegration while providing a range of programs and services that offer the opportunity for change. Prior to release from a CDCR institution, DAPO guides the prerelease process and collaboratively develops reentry case plans, and manages the Transitional Case Management Program, which utilizes contracted benefits workers in all adult prisons to apply for federal and state benefit entitlements prior to an inmate's return to the community. Benefits applied for include Medi-Cal, Social Security and Veteran's Affairs coverage, and this service is available to all releasing inmates, not just those releasing to parole supervision. Upon release, DAPO assists each individual with obtaining reentry resources and rehabilitative programs in the community. DAPO is committed to working closely with our community partners and advocating for the needs of those on parole supervision. DAPO's Behavioral Health Reintegration (BHR) program provides gap services and psychosocial support services for parolees reintegrating into county mental health and substance use disorder treatment programs. BHR employs licensed mental health professionals located in parole units throughout the state. DAPO's presence in the community enables visibility and accessibility in an effort to reduce recidivism and enhance community safety.

The **Division of Rehabilitative Programs (DRP)**, through its Community Reentry Services section, provides comprehensive post-release rehabilitative programs and services located in communities throughout the State of California delivered through residential, outpatient, reentry and recovery housing, and day reporting centers. DRP also provides Alcohol and Other Drug (AOD) Counselors for the Integrated Substance Use Disorder Treatment Program. DRP provides these services through multiple contracts with Non-Profit Treatment Providers.

The **Statewide Mental Health Program (SMHP)** provides mental health services via the Mental Health Services Delivery System (MHSDS) to individuals incarcerated within CDCR. The MHSDS includes various levels of care ranging from independent outpatient services to acute psychiatric inpatient care. A component of the SMHP is the Statewide Pre-Release Program which provides supportive pre-release services specifically to individuals within the MHSDS. Prior to release, mental health pre-release assessments are conducted to identify case factors requiring specific attention for transition of care. Upon discovery of various concerning case factors, mental health clinicians initiate outreach to various CDCR and community stakeholders to discuss continuity of care and other key concerns related to transition from prison to the community. In conjunction, for individuals releasing to Post-Release Community Supervision, mental health records are shared with county behavioral health departments. For those transitioning to supervision under DAPO, and connected to BHR services upon release, institutional mental health records can be accessed directly by CDCR BHR clinicians. For individuals releasing from inpatient psychiatric programs, Coordinated Clinical Assessment Team meetings are held with various entities to discuss pre-release plans and support a smooth transition for this highly vulnerable population. The pre-release services provided within the MHSDS are continuously improving as relationships develop and grow with numerous stakeholders and community partners.

Within CCHCS, responsibilities of relevant divisions are as follows:

The **Integrated Substance Use Disorder Treatment (ISUDT)** Program requires active involvement of nearly all business areas within CDCR and CCHCS in order to provide timely and effective, evidence-based treatment and transitions to incarcerated individuals afflicted with substance use disorder with the long-term goals of reducing substance use disorder related morbidity and mortality, and recidivism. The project is implemented statewide and focuses on three patient populations at higher clinical risk for substance use disorder related harm including: 1) patients entering prison prescribed Medication Assisted Treatment (MAT); 2) patients already in CDCR who have one or more events indicative of high risk behavior, and 3) individuals preparing to leave prison within 15-18 months. Primary project areas include, but are not limited to: 1) Intake, 2) Cognitive Behavioral Interventions, 3) Medication Assisted Treatment, 4) Enhanced Pre-Release Planning, and 5) Transition Services.

The **Inmate Dental Services Program (IDSP)** makes every effort to ensure that each inmate has their dental needs addressed and stabilized before they are discharged/paroled, and works to ensure accessibility for dental services post-release. Currently, in the **Re-Entry Program (REPS)**, dentists in the community are contracted to provide services within the scope of policy and procedures of IDSP. For those being discharged or paroled, enrollment in Medi-Cal includes dental coverage. Those individuals will need to be informed as to this benefit and how to access services from enrolled Medi-Cal dental providers. The scope of services available are similar to those of the IDSP. There are various types of providers (individuals, public clinics, Federally Qualified Health Centers, etc.) that provide dental services through Medi-Cal. Additional support for reentry / transition planning is provided through:

Established by CA Penal Code Section 6044(a), the **Council on Criminal Justice and Behavioral Health (CCJBH)** is a 12-member council chaired by the Secretary of the California Department of Corrections and Rehabilitation (CDCR) and is comprised of the Department of State Hospitals (DSH), the Department of Health Care Services (DHCS), and appointed expert representatives from the criminal justice and behavioral health fields such as probation, court officers, and mental health care professionals. CCJBH serves as a resource to assist and advise the administration and legislature on best practices to reduce the incarceration of youth and adults with mental illness and substance use disorders (SUDs) with a focus on prevention, diversion, and reentry strategies.

Appendix F: Additional Stakeholder Observations

Certain stakeholder comments were not within the scope of CDCR/CCHCS' authority. In particular, SB 369 legislative advocates expressed continued interest in centralized planning through a statewide reentry commission composed of experts, impacted individuals, and representatives from all involved agencies to serve as a convener of stakeholders and facilitate service delivery coordination. Along this line, an additional idea was submitted to create an oversight board, exclusively and solely community based excluding any law enforcement and/or legal system personnel, which would oversee the implementation of policy changes and funding that impact the incarcerated population.

In addition, some stakeholders suggested the creation of an Office of Reentry within CDCR, with funding for staff such as reentry coordinators, social workers, and individuals with lived experience of incarceration at each CDCR institution, as well as sites across California, to assist with the transition from incarceration. Stakeholders also suggested the redirection of funds from prison closures to community-based services including, but not limited to, housing services, monthly income stipends, etc. Another suggestion was to ensure that housing options are available using a Housing First model, so that sobriety restrictions do not impose barriers to entry. To strengthen connections to the Medi-Cal delivery systems, one stakeholder group suggested a collaborative pilot program focusing on the implementation of Enhanced Case Management via CalAIM for individuals released to Post-Release Community Supervision, leveraging lessons learned from ongoing pre-release coordination efforts, and offering technical assistance to develop provider networks (including, but not limited to, Enhanced Care Management providers).

In general, individuals with lived experience expressed a desire for empowerment and greater accountability with regard to the criminal justice system, including the opportunity to share information about their experiences in ways that inform improvements and to participate in all aspects of policy/program development as paid staff. Individuals raised concerns that the conditions of custody and community supervision (e.g., electronic monitoring and outstanding fines, fees, and restitution) make it difficult to reintegrate into society. Additional stakeholder observations included the importance of calling attention to the negative portrayals of justice-involved individuals in the mass media and changing the stigma against formerly incarcerated individuals in public opinion through a public education campaign and associated shift in the culture of service delivery, with the ultimate goal of increasing capacity of evidence-based, person-centered community-based services. Some stakeholders expressed frustration that certain practices being implemented do not have a robust evidence base.