CCJBH
Council on Criminal Justice and Behavioral Health

Building bridges to prevent incarceration

2021 CCJBH Legislative Report

Policy Recommendations

Diversion/Reentry Policy Recommendations

Strengthening System Capacity

1. There should be sufficient capacity at all levels in California's behavioral health continuum of care, particularly psychiatric inpatient services. Counties should leverage the DHCS Behavioral Health Continuum Infrastructure Project (BHCIP) and California Department of Social Services Continuum of Care Expansion Project grant opportunities to address gaps identified in the DHCS gap analysis report, with proposals developed in a manner that ensures that the complex, unique and multi-system needs of the BH/JI population are met. Accordingly, this planning effort should be comprehensive, and also involve partnering with local Continuums of Care and Public Housing Authorities to establish/expand capacity for permanent supportive housing at the lower end of the continuum for individuals with behavioral health needs, including those involved in the justice system, in order to prevent future justice system involvement. Each Managed Care Plan should opt to provide all possible Community Supports, or seek additional Community Supports, as appropriate, to maximize service availability and federal funding within the overarching Behavioral Health Continuum.
2. Efforts should be made to identify the "hidden network" of community-based organizations CBOs and evaluate the feasibility of transitioning them into mainstream systems, which would expand capacity to serve the BH/JI population, stabilize their funding, and could also serve to address BH/JI population engagement/service utilization, including addressing disparities. Federal reimbursements across all systems should be maximized to the greatest extent possible.
3. There should be coordination between all criminal justice system partners (jails, prisons, probation, parole and courts) and Medi-Cal Managed Care Plan Enhanced Care Managers to optimize implementation of DHCS' CalAIM initiative by ensuring that treatment is offered and provided to the BH/JI population, as appropriate.
4. CCJBH should explore opportunities to secure resources identified to:
    a) Implement trainings and technical assistance to expand expertise of the needs of the BH/JI population and to promote cross-system education, including sharing information about best and promising practices (e.g., engagement and treatment expertise) and facilitating collaboration and cross-training across delivery systems.
    b) Support multi-system collaboration, including exploring the feasibility of developing MOU guidance for counties to use to establish care coordination for their behavioral health population (prevention), including those who have become involved with the justice system (intervention),[1] as well as implementing Collaborative Case Planning as an approach to support multi-system service coordination and treatment/intervention planning. Under DHCS' CalAIM Justice-Involved initiative and pursuant to California Penal Code Section 4011.11(h) (5), DHCS will collaborate with counties, sheriffs, probation departments, Medi-Cal managed care plans and county behavioral health agencies to develop and implement behavioral health linkages to facilitate behavioral health treatment in the community for county jail and juvenile inmates that were receiving behavioral health services before their release.

[1] The guidance that was established for foster youth through AB 2083 could be used as a model.

Note: this is a repeat finding from last year that has yet to be addressed, but is so important, particularly with regard to Medi-Cal Managed Care's Enhanced Care Management benefit, that it is being mentioned again this year.

c) Track the Behavioral Health Continuum Infrastructure Program, including but not limited to the forthcoming Needs Analysis and administered grant funds, and identify related opportunities to support the development of additional capacity for mental health residential and psychiatric inpatient treatment.

5. All systems that serve the BH/JI population should consider employing Forensic Peer Support Specialists. CCJBH should continue efforts to develop and provide information and guidance related to establishing a Forensic Peer Support Specialist classification in California, including relevant certification(s).
6. CCJBH should work with the Chief Probation Officers of California and the Judicial Council to explore the relationship between, and impact of, AB 1950 on the SB 678 requirements to ensure these new requirements do not adversely impact capacity to maintain the high level of implementation of evidence-based practices that have been established to date.

Housing/Homelessness

7. The BH/JI population should be prioritized for housing/homelessness projects that are being developed and implemented using new and continuing federal and State funding.
8. CCJBH and relevant system partners should continue to work to disseminate and address the recommendations in the report produced by the CSG Justice Center.
9. CCJBH should continue learning about the housing system in order to identify key areas of impact and advocate for the BH/JI population.
10. Counties should consider piloting housing projects that target the BH/JI population, leveraging and building upon other successful projects such as the Denver Supportive Housing Social Impact Bond Initiative.

Research/Evaluation/Data

11. State and local entities should expand data collection on the behavioral health needs of the justice-involved population on issues including, but not limited to, expanded and improved data on the prevalence of mental health and SUD needs in jails. It is not clear if individuals booked into jails are universally screened and assessed for behavioral health issues, which negatively affects service delivery and inhibits data collection. As a preliminary step, a statewide survey could be conducted to understand current processes that are in place and current capacity for data collection and reporting on the BH/JI population at the local level. Reporting requirements should be streamlined, where appropriate, and additional data collection and reporting requirements should be considered where necessary, with a high priority placed on establishing a statewide repository of information about the prevalence of behavioral health conditions in jails.
12. Local health care agencies should sign the MOU that the California Correctional Health Care Services (CCHCS) has developed for data sharing, and resources such as Providing Access and Transforming Health funds as part of CalAIM should be efficiently leveraged for capacity-building pursuant to federal approval. Additional guidance should be developed, alongside additional resources provided, for data sharing across local entities.
13. CCJBH should explore expanding data linkage efforts beyond Medi-Cal utilization (e.g., to address the issue of individuals found IST, better understand the importance of Full Service Partnerships for improved outcomes, and support enhanced understanding of post-release outcomes such as homelessness, education/employment, and overdose/morbidity/ mortality). State and local entities should expand data collection and analysis to facilitate performance monitoring and data-informed policy development, as well as improve data quality and streamline reporting requirements. Shared metrics, tied to funding, should be

established across systems to point to areas that require additional investment and inform policy development.

Other Findings/Recommendations

14. System partners who serve the BH/JI population should consider using a "Pay for Success" model for reimbursement, which incentivizes desirable outcomes (e.g., increasing the number of participants in a diversion program). Local Boards of Supervisors should be educated on the benefits of this approach.
15. System partners in criminal justice are struggling on how to best address the immediate needs of individuals who suffer from mental health conditions and are symptomatic (e.g., hallucinating). In particular, many sheriffs and their jail staff are not fully educated on the effective use of Involuntary Medication Orders (IMOs), including best practices, which seem to be leading to misconceptions and, thus, avoiding their use. In some cases, even if an IMO has been established, it is not always implemented. As such, training and technical assistance should be provided to support the proper use of IMOs in local jail settings. CDCR and the DSH could be consulted to learn best practices that have been shown to be effective in institutional settings in California, and Forensic Peer Support Specialists should be considered as an important resource to improve engagement.
16. Additional engagement strategies should be explored to address the issue of engagement, including the use of Assisted Outpatient Treatment (Laura's Law) and Psychiatric Advanced Directives.
17. Individuals with lived experience in the behavioral health and criminal justice systems, and their families/caregivers, should be informed and engaged in all efforts related to the BH/JI population. CCJBH, and related system partners, should continue leveraging their expertise to ensure that programs and services are designed in a manner that will actually meet their needs, thus maximizing the chance to improve their engagement.
18. There is a clear and persistent overrepresentation of the BH/JI population in jails and prisons, as demonstrated in CCJBH's 2025 Goal #1, Prevalence in Jails/Prisons. To address this issue, system partners should focus efforts internally and across systems to implement diversion programs. Community-based agencies should provide services using a whole-person approach to prevent recidivism and facilitate reintegration into the community.