CCJBH
Council on Criminal Justice and Behavioral Health

Building bridges to prevent incarceration

Diversion and Reentry Workgroup

Friday, September 17, 2021
1:00 PM – 3:00 PM
Zoom Webinar

Workgroup Purpose: To provide an update on CCJBH's Mental Health Diversion Contract and review the findings and recommendations for the 2021 Legislative Report.

Councilmember Advisors:

Mack Jenkins, *Chief Probation Officer, Ret. San Diego County*
Tony Hobbes, *Ph.D, Behavioral Health Director, Plumas County*

Absent: Judge Stephen Manley, *Santa Clara Superior Court Judge*

CCJBH Staff:

Brenda Grealish, *Executive Officer, Council of Criminal Justice and Behavioral Health (CCJBH),* Monica Campos, Angela Kranz, Jessica Camacho Duran, Emily Grichuhin, Paige Hoffman, Catherine Hickinbotham, Daria Quintero, Elizabeth Vice

I. Welcome and Introductions

Ms. Grealish welcomed participants to the meeting and gave an overview of the agenda.

II. June Meeting Minutes

Minutes from CCJBH's Diversion/Reentry Workgroup on June 18, 2021, have been posted to the CCJBH website.

III. Update on the Diversion Contract with Council of State Governments (CSG)

Catherine Hickinbotham, *Health Program Specialist, CCJBH*

The Mental Health Diversion Consultation Technical Assistance and Policy Recommendations contract was awarded to the CSG Justice Center in summer 2021. The contract includes subject matter expertise, specialty consultation, and technical assistance services to a minimum of 20 counties aimed to enhance, sustain, or expand local capacity to successfully implement mental health diversion as well as a final report that will include recommendations on how to expand mental health diversion in California.

CSG has met with local stakeholders to do preliminary planning. CSG developed a 20-question survey, which included questions on current diversion practices and challenges due to COVID-19, and was sent to local stakeholders who have implementation roles in diversion. So far, 75 percent of counties completed the survey. Most counties who have not yet responded are small rural counties. The results of the

survey will help to identify curriculum for the fall learning community sessions, which will include presentations by relevant subject matter experts and breakout discussion groups. The learning sessions are anticipated to begin at the end of October 2021.

Q&A with Councilmember Advisors:

No questions were provided.

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

No public comment was provided.

IV. 2021 Annual CCJBH Legislative Report Diversion/Reentry

CCJBH compiled information from previous Diversion and Reentry Workgroup meetings and Councilmember input to develop draft recommendations related to the population of individuals with behavioral health (BH) needs who are justice system-involved (JI; hereafter referred to the BH/JI population) for CCJBH's 2021 Legislative Report. The recommendations were categorized by strengthening system capacity, addressing housing and homelessness, research/evaluation/data related to diversion and reentry, and other miscellaneous recommendations. In regards to strengthening system capacity, findings emerged this year related to justice involved individuals with behavioral health needs who require a variety of services across multiple delivery systems. Service entities need to think broadly about possible system partners beyond the behavioral health and criminal justice sectors, such as housing and social service entities, and examine the community systems needed to support this population. If a comprehensive service delivery system infrastructure, then there should be reductions in the prevalence rates of individuals with behavioral health needs in jails and prisons.

The next finding is a lack of formal coordination between systems that serve this shared population. System partners do not have the necessary knowledge about one another that is needed to effectively and efficiently engage coordination efforts. The lack of multi-sector coordination may be resulting in system inefficiencies such as duplication of efforts, missed opportunities to prevent escalation into a higher levels of care that can prevent individuals from becoming justice involved, and an incomplete infrastructure to complete comprehensive programs. Without proper infrastructure in place, it is hard to optimize the resources for programs, such as the California Advancing and Innovating Medi-Cal (CalAIM) initiative and housing, which leads to the BH/JI population not getting the services they need, and can result in their frustration and disengagement from the service delivery system.

Another finding is the need for a strong, robust system of providers with expertise in providing these services that the BH/JI population trusts. There is an unknown number of hidden networks of community-based organizations that provide services outside the mainstream systems that they consider to be credible resources and have the potential to fill current system gaps. Another key resource that could be helpful is a Forensic Peer Support Specialist (FPS) and how this classification can be leveraged to address

system gaps. In terms of engagement, there is a significant issue with the BH/JI population engaging with services. It will be critical to get cross-system knowledge and collaboration, as well as provider expertise, for large-scale initiatives to be successful, including CalAIM, the Department of State Hospitals (DSH) Diversion Program, and the vast infusion of funding for housing.

The last finding is in regards to metrics. CCJBH looked at the metrics for the California Department of Health Care Services (DHCS) Medi-Cal Network Adequacy Certifications for Medi-Cal Managed Care, Specialty Mental Health Services and Drug Medi-Cal, the risk and needs assessments performed by the California Department of Corrections and Rehabilitation (CDCR) for parolees, and Senate Bill (SB) 678 Survey results for probation. The metrics show sufficient capacity in terms of outpatient primary care and behavioral health services. Similarly, parole and probation criminogenic risk and needs assessments, and interventions are in place, with the caveat that Assembly Bill (AB) 1950 could have an impact on probation given the shorter periods of time available to provide treatment.

Based on the above findings, draft recommendations include CCJBH exploring opportunities to secure resources to implement trainings and technical assistance to state and county-level partners to expand expertise of the needs of the BH/JI population; promoting cross-system education, including sharing information about best and promising practices; and facilitating collaboration and cross-training across delivery systems. CCJBH should also support multi-system collaborations, including developing Memorandums of Understanding (MOUs) around this shared population, similar to what AB 2083 has done with the foster care population. Collaborative case planning and Enhanced Care Management with CalAIM can serve as tools for counties to work together to serve this population. CCJBH should look into the concept of the “hidden network” of community- based organizations and evaluate the feasibility of transitioning them into the mainstream systems. This would expand capacity to serve our population and could serve to address long standing engagement issues. These “hidden networks” are credible sources that could include FPS Specialists, and other models that have been shown to have positive outcomes. Federal reimbursements across all systems should be maximized to the greatest extent possible.

In addition, CCJBH has been working on a FPS Specialist Report to determine how this classification can help individuals transitioning into the community with behavioral health, primary care, housing, and criminal justice services, as well as identifying services for individuals who could become justice involved. In regards to AB 1950, CCJBH should work with the Chief Probations 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.

CCJBH should continue to actively work to address the housing needs and homelessness for the BH/JI population as they are often excluded from available

housing opportunities, and there is a fear that this population will be left behind with the significant infusion of federal and state funding, whether it be due to eligibility criteria or stigma. Housing is foundational for all other services to be impactful and not having housing disadvantages our population's chance to have successful outcomes. Over the last year, CCJBH worked with the CSG Justice Center to launch a housing report entitled Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails, which outlines ten recommendations in five key areas to build infrastructure and system capacity to address the housing needs of the BH/JI population. Finally, there are existing/emerging models for housing programs for our population, such as the Denver Supportive Housing Social Impact Bond Initiative that should be examined. The BH/JI population should be prioritized for housing and homelessness projects that are being developed and implemented using federal and state funding. CCJBH, and relevant system partners, should continue to work to disseminate and address the recommendations from the CSG Justice Center, and CCJBH should continue dedicating time and resources to learn about the housing system. Counties should consider piloting housing projects that target the BH/JI population.

For research and evaluation, there is not enough data on the key issues that are needed for the BH/JI population. Information about the prevalence of behavioral health conditions in jails continues to be extremely limited, in part because current data collection is inadequate. Available data on the prevalence of mental health conditions is a proxy measure that is not based on an actual definition of mental illness, and it does not delineate between Any Mental Illness and Serious Mental Illness. There is no available data on the prevalence of substance use disorders in jail. Therefore, it is difficult to advocate for resources to support larger state initiatives without adequate data. It is key to have data to inform planning and implementation efforts and to track outcomes.

CDCR/CCJBH has an Inter-Agency Data Exchange Agreement (IDEA) with DHCS, which allows for data sharing between the Departments to examine Medi-Cal service utilization. While IDEA is a great mechanism to share data between State agencies, it does not apply to local systems, and a simplified data exchange system is needed. Although it will be time-consuming and complicated, additional information is needed on the BH/JI population in order to support decisions about the types of investments and interventions that should be undertaken. As such, CCJBH recommends that State and local entities should expand data collection on the behavioral health needs of the justice-involved population, including the expanded and improved collection of data on the prevalence of mental health and substance use disorder services in jail. 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. Local health care agencies should sign an MOU that the California Correctional Health Care Services has developed for sharing data, and resources such as Providing Access and Transforming Health funds under CalAIM (if authorized) could be leveraged

for capacity-building. Additional guidance should be developed for data sharing across entities for the BH/JI population.

A recommendation that came from our workgroup meetings is that system partners who serve the BH/JI population should use a “Pay for Success” model that will incentivize desirable outcomes. Local Boards of Supervisors should be educated on the benefits of this approach. Also, in terms of Involuntary Medication Orders (IMOs), training and technical assistance should be provided to support the proper use of IMOs in local jail settings. CDCR and DSH could be consulted to learn best practices that have been shown to be effective in institutional settings in California, and FPS Specialists should be considered as an important resource to improve engagement. In 2022, additional strategies should be explored to address the issue of engagement, including the use of Assisted Outpatient Treatment and Psychiatric Advanced Directives. Additionally, individuals with lived experience in the behavioral health and criminal justice systems, and their families/caregivers, should be informed and engaged in all our efforts related to the BH/JI population. CCJBH and all system partners should continue to focus on a whole person care approach to diversion programs to prevent the BH/JI population from becoming involved with the justice system.

Q&A with Councilmember Advisors

Q: Chief Jenkins showed approval of the report framework and believes the recommendations are appropriate. The Council continues to support the development of system capacity and it is an area that needs to be defined in terms of the collaboration between criminal justice and behavioral health in order to have collaborative case planning and management. Relative to the recommendation regarding implementing training and technical assistance to expand expertise, it is very appropriate and necessary to support the BH/JI population. Dr. Twitchell is the Forensic Behavioral Health Division Manager in Sacramento County who developed a curriculum that advances this particular recommendation. The curriculum is designed to educate and train clinicians and behavioral health providers to work with the criminal justice population. It is in the beginning stages, but it can play an important role in system change. Chief Jenkins suggested inviting Dr. Twitchell to a Council presentation in the future.

Chief Jenkins stated he supports the recommendations on homelessness and noted the importance of collaborative case management and case planning in the context of the Risk-Needs-Responsivity (RNR) model. The description of homelessness is a responsivity factor for the justice-involved population, particularly for those with behavioral health needs. It may not be something that has created criminal conduct, but it is something that needs to be addressed to support the road to recovery and reduce recidivism.

The last comment is in regards to providing a context definition for engagement. Chief Jenkins stated he defines engagement as the relationship that supervision officers (parole or probation) have with the person under supervision to achieve

supervision goals. A relationship needs to be established that should form a therapeutic alliance, which is a modern day application of the Community Supervision Model. The focus needs to be around engaging the individual, not just surveillance. There is a lot of research that supports engagement models of supervision, namely the work done by Dr. Jennifer Skeem who has done decades of research around the justice involved population. There are a lot of tools and skills that parole and probations officers can receive training on that teach engagement skills.

A: Ms. Grealish stated she will add a clear definition of what engagement means in the Legislative Report and recognized that there are struggles in engaging our population in health care services.

A: Dr. Hobson stated that therapeutic alliance is the appropriate term for an established relationship. He encourages participants to review the work of Scott D. Miller, PhD, regarding Feedback-Informed Treatment as it works across various levels and disciplines of the therapeutic alliance. The behavioral health workforce is not prepared to work with the BH/JI population while in postsecondary institutional programming, so there is a learning curve when they begin interning at county behavioral health departments. Dr. Hobson suggested including a substantial section on treatment of the criminal justice population on the State Licensing Exams, then the curriculum would eventually make its way to universities and create a more developed workforce. In regards to housing, significant investments are needed. Dr. Hobson stated he originally got into this work to be a psychologist, but recently has been doing more housing related work than therapy.

A: Ms. Grealish stated CCJBH will add a recommendation regarding licensing as Dr. Hobson suggested and the RNR model as Chief Jenkins suggested. CCJBH will be celebrating its 20 year anniversary next year and plans to compile a summary of the work that has been done and the impact it has made.

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

Q: A participant from Riverside County with lived experience started a non-profit for peer support for recovery community organizations because of her negative past experience trying to reintegrate. She stated it is difficult to get data on behavioral health because the Correctional Clinical Case Management System (CCCMS) is a deterrent for an incarcerated individual because it immediately labels you and prohibits community programs participation, the opportunity for reduced sentencing from fire camp, and you are subject to doing flat time for any parole violations when you get out, not half time like everyone else. The participants joined behavioral health in incarceration in 2005, but the moment she knew of these stipulations and inability to go to fire camp while on medication she had to get off the medication, even though it was helping. Getting off medication also allowed her to get her sentence reduced to 35 percent as opposed to 65 percent. When starting the reentry process from inside you need to have a solidified address in the county of arrest and

recovery homes or transitional homes were not an option, which causes many people to return back to environments that they did not want to go to because they don't want to delay the parole process. Upon release, the participant gave her mother's address, which was far from the parole office due to particular conditions of her parole and not being allowed to return because of siblings under 18 years old. She was not able to be released to her house, not able to go to a treatment center because she did not have a substance abuse charge, nor a hotel that was reserved for a 290 sex offender charge. If she did not get an address, she was going to be returned to prison with flat time, so she found people to live with who were not the best influences and was back in prison two months later. When she was going through mental health struggles and needed to talk to a counselor, the appointment was canceled and she was in violation of the CCCMS program, so she fled the county. She was not enrolled in the program, but simply made an appointment because she needed help and still got a violation. Peer support would be helpful to have people who have been through similar situations come to transitional homes and assist in monitoring them. Having transitional homes monitored and established guidelines are important because she went to sober living homes where people were using, but they did not care because the hosts of the transitional home were making money. A transitional home ran by a FPS Specialist would be ideal to help people navigate returning as citizen. The older population who has been incarcerated for a long time get out and are unemployable and don't know how to use cell phones or other modern technology. There should be a system in place that helps navigate reentry and allows people to have peace of mind and not worry where they are going to live when they leave jail or prison. Those who have reintegrated should be trained to help those that are reentering and help to create a workforce of individuals with lived experience because probation officers are not trained to act as therapists or housing providers. It is difficult for individuals who are reentering to trust agencies that provide support because of the fear of getting a parole violation for seeking help. Additional barriers to reentry are not being offered housing services because you have to put a fake address to get released and not getting proper medication for behavioral health issues in fear of being stigmatized or having ramifications for not taking medication or missing a medical appointment. As a person who has experienced the revolving cycle of incarceration and release for many years, those are some barriers that were not fully addressed in the recommendations.

A: Ms. Grealish suggested the participant join the CCJBH listserv to track our projects, specifically our work on FPS Specialists. CCJBH recently completed the SB 369 Veto Message Report, which identified some of the barriers to reentry that were mentioned.

A: Chief Jenkins stated the participant's relationship with the parole agent does not seem to be a therapeutic alliance nor a proactive engagement model, due to her having to work so hard on her own to find assistance and help. The Council does not want to support or endorse that model of supervision going forward. The utility of peer support specialists working in collaboration with parolees being released is

what the recommendations are attempting to capture. It is possible to change the experience the participant described and that shouldn't be happening with the knowledge on how to effectively engage with people who are reentering from incarceration and how to address the areas where people often need assistance.

A: Ms. Grealish stated enhanced care management with CalAIM will be a key point in coordinating care because 80 percent of our population being released qualify for Medi-Cal. A FPS Specialist could help coordinate care through enhanced care management and support individuals as they transition out of incarceration.

A: Dr. Hobson stated the participant made many good points, including that the population who has been incarcerated for 20 years and is now getting out does not have much knowledge of modern day technology and that familiar communities often look completely different after 20 years, which must be terrifying after coming out of prison.

Q: A county-appointed family member on the Behavioral Health Advisory Board for Orange County stated his opinions shared today are not a reflection of his relationship with the County of Orange Behavioral Health Advisory Board. The participant stated the report is terrific, but it is also similar to something that could have been written in 2016 or 2012. The difficulty of navigating silos is one thing the report is missing. The participant raised the question of how this work will be done. Will the governor encourage collaboration? Will the department executives with more knowledge of the individual needs bring systems together? He gave the example of how Medicated Assisted Treatment is new in Orange County jails, but it was mentioned in the 2016 U.S. Sherriff's Report. California has the money and knowledgeable individuals to make change, but they are focused on budget control and silo control rather than problem solving. The participant stated he attends many State department and county meetings throughout California to determine like-minded individuals that are willing to voice an opinion and make a difference for the people we represent. The only people that can change the people are the ones within. To assist with linkage, each of the 58 counties should submit daily reports that detail the full service partnerships they are linked with. Orange County recently approved Sublocade for a 30-day injection upon release with the Board of Supervisors, which will help with full service partnerships and linkage. The California Open Data Portal may help with linkage and bring light to mental health statistics. When agencies are not fully transparent about barriers and additional work that needs to be done, private foundations don't help to fund the solution because they don't know about the problem. It is important to network with the people who attend these meetings, including the average citizens, because anyone could have a potential solution on how to help this vulnerable population of people who have been disconnected from society and need help reconnecting.

A: Ms. Grealish stated CCJBH is trying to address the silos by looking at the collective whole of how we can help strengthen the multi-sector system partner collaboration.

Many people know about what we are talking about and many do not so that is why we are trying to convey these recommendations in our Legislative Report.

Q: A participant stated that we have the money and intent to change the system at the highest level, but the small traditional unchanged details get in the way. Departments need to examine their practices and recognize what practices are creating barriers to reach the goals of reducing incarceration recidivism and actually making a change. Individuals with lived experience and community providers can identify barriers, but it's incumbent upon the departments themselves to analyze the barriers and promote change. Having run treatment programs in prison and in the community, you have to think of the levels of engagement and determine how the people being served have their voice collectively heard, whether that is through an advisory board or a council. Treatment programs have problem solving councils and 50% of the Federally Qualified Health Care System Board of Directors must be people who have served the system. New ideas are being developed for healthcare services (e.g., CalAIM) that advocate for multi-system, multi-sector collaboration. Behavioral health is being incorporated into healthcare through case management and whole person care. The funding goes through Managed Care Plans, which need to engage and learn about the BH/JI population in preparation for CalAIM implementation in 2023.

A: Dr. Hobson stated it has been a struggle to engage managed care plans to the table in Northern California. It will be important to build a good provider network and follow through with the plan, which will hopefully be accomplished with CalAIM. The current system is bifurcated and County Behavioral Health is responsible for the moderate to severe population, while Managed Care Plans are responsible for the mild-to-moderate population.

Q: A participant from Midtown Family Services shared information on the Homeward Bound Program, which offers housing for returning citizens. The program has provided housing for 120 clients over the last two years, with individuals as old as 67. Many of the older individuals have served life sentences and are not able to find work when they are released due to their age or health issues. The program can only house these individuals for one year until they have to transition into a stable housing environment. It would be helpful for individuals over 65 to be able to get on a housing list for seniors prior to release and for a parole agent to assist in the process and ensure they are meeting the conditions of their parole. Since this system isn't in place as of now, the responsibility is on the transitional housing programs to act as case managers and offer financial support to help the individual successfully transition back to the community and not recidivate. The Homeward Bound Program originally anticipated having about 40 clients a year, but they already helped approximately 108 clients and are currently housing 56 clients with the assistance of just two case managers for the program. The participant requested any resources to assist older individuals with returning back to their county, especially assistance in acquiring housing. In a different agency, a 67 year-old client

was told their program was over after six months, that the case manager should drop them off at the Valley Hospital Emergency Department and that someone will pick them up. The case manager referred the individual to Homeward Bound and they were able to speed up the intake and house the individual for one year. The options are limited for seniors who have served 25 to 30 year sentences and don't have any work experience or an adequate place to stay, and struggle to maneuver through the systems.

A: Chief Jenkins stated although there are no immediate solutions, the recommendations from the Council aim to overcome barriers across the spectrum, including for older individuals. Homelessness continues to be presented as a barrier for the reentering population and it is important to prioritize that from a case management standpoint.

Q: A participant asked if the Council is considering trauma informed care.

A: Ms. Grealish stated we are aware and advocate for trauma informed care and it was included in our 2020 Legislative Report recommendations.

A: Chief Jenkins stated we should articulate the importance of training to a level of competence and skill building for the workforce in the recommendations. Many trauma trainings offered today are ineffective and we should encourage trainings geared towards probation officers and parole agents around the impact of trauma.

Q: A participant stated in addition to CalAIM, she hopes the Council is thinking about how Medi-Cal reimbursed released medications (as per CalAIM) will be reconciled with Medi-Cal Rx coming online soon, where prescription medications will be carved out of managed care services. While standardizing is good in theory, there is concern that it may make critical medications less accessible for people in need during reentry.

A: Ms. Grealish stated she is not an expert on Medi-Cal Rx and thanked the participant for putting it on the radar.

Q: A participant stated he has noticed that the Council has focused too much on what is not working and not enough on what does work and how that can be expanded. He attended the Lived Experience Hiring Solutions Workshop recently as a panelist with lived experience and noted himself and the other two panelists all work for the county now and there is something to be said for that. It is important to be open with your personal history and act as an ambassador for people in similar situations to inspire them to turn their life around. A process could be developed to help people with lived experience be successful.

A: Ms. Grealish stated that participant makes a great point that we should highlight success stories and build off them. When creating recommendations we are focused on making improvements.

Q: A participant with Transition Clinics Network (TCN) stated he has lived experience and got out of prison in 2020. He now works for a clinic in San Francisco that helps

people coming out of prison to get connected to healthcare services. People who get out of prison can be seen as immigrants in their own country because they come out with only the clothes off their back. They have to work to reestablish themselves in a new society with different culture, values, and technology than they are used to. Community Health Workers have lived experience and are able to help them with this transition. They help not only with healthcare, but with housing, employment, and an advice hotline as well.

Q: A participant shared information on the Substance Abuse and Mental Health Administration's Advance Directive, as well as the DHCS' Peer Certification that is being administered through the California Mental Health Services Authority. The participant notes to pay attention to whether counties predominantly use funds from the Mental Health Service Act because law enforcement, corrections, and collaborative courts may be left out and need additional funding.

V. Announcements/Next Steps

CCJBH is continuing September Recovery Awareness activities. The next webinar will be held on September 22, 2021, and will feature a presentation from the Integrated Substance Use Disorder Treatment team, as well as TCN. The next CCJBH Full Council meeting will take place October 29, 2021, from 2:00 – 4:30 PM with a presentation from DHCS on CalAIM. All materials will be posted on the CCJBH website. Interested participants can join the CCJBH listserv to receive updates, newsletters and information on upcoming meetings.

VI. Adjourn

Ms. Grealish thanked panelists and participants for their time and expertise. We look forward to having interested stakeholders at our future events, meetings and upcoming webinars.