CCJBH
Council on Criminal Justice and Behavioral Health

Building bridges to prevent incarceration

CCJBH Full Council Meeting
Friday, December 10, 2021
2:00-4:30 PM
Zoom Meeting

I. Welcome & Introductions, Roll Call

Councilmembers Present: Undersecretary Diana Toche, Secretary Kathleen Allison, Christina Edens (on behalf of Stephanie Clendenin), Tony Hobson, Mack Jenkins, Jim Kooler (on behalf of Michelle Baass), Stephen Manley, Tracey Whitney, and Anita Fisher

Councilmembers Absent: Danitza Pantoja

Staff Members Present: Brenda Grealish, *Executive Officer*, *Council on Criminal Justice and Behavioral Health (CCJBH)*, Monica Campos, Elizabeth Vice, Jessica Camacho Duran, Emily Grichuhin, Cathy Hickinbotham, and Paige Hoffman

Undersecretary Diana Toche thanked participants for their continued attendance at CCJBH Full Council meetings. Brenda Grealish reviewed the agenda.

II. Council Vote to Adopt the October Full Council Meeting Minutes

Vote: Motion to adopt October Full Council Meeting minutes.

Motion to approve the vote: Judge Stephen Manley
Second: Dr. Tony Hobson

No public comment on vote

Ayes: 7[1]
Nays: 0
Abstains: 0

The October Full Council Meeting minutes were approved.

III. Council Vote to Adopt the Special Council Meeting Minutes

Vote: Motion to adopt the Special Council Meeting minutes to approve the 2021 CCJBH Annual Legislative Report Recommendations.

Motion to approve the vote: Judge Manley
Second: Dr. Hobson

No public comment on vote

Ayes: 8
Nays: 0

[1] Councilmember Anita Fisher was not present for the first vote.

Abstain: 0

The Special Council Meeting minutes were approved.

IV. CCJBH Regional Lived Experience Projects

Liz Kroboth, *California Program Manager, Transitions Clinic Network (TCN)*
Johnathan Chiu, *Reentry Hotline Coordinator, TCN*
Josef Gray, *Director of Sacramento, Anti-Recidivism Coalition (ARC)*
Tiffany Carter, *Statewide Advocacy Liaison, Cal Voices*
Julyanna Mendez, *Director of Programs and Operations, Los Angeles Regional Reentry Partners (LARRP)*
Anthony Garcia, *Program Coordinator, LARRP*

i. Transitions Clinic Network (TCN)

Ms. Kroboth stated TCN is a national nonprofit network of primary care clinics that have implemented an evidence-based model of care for people transitioning from incarceration. Each of the clinics in the network employs Community Health Workers (CHWs) with lived experience of incarceration to assist community members with their behavioral and physical health needs. The clinics in the network offer behavioral health care integrated into primary care through primary care providers who prescribe medications for opioid use disorder, treatment for mental health conditions, and provide other related services. The model was first developed in San Francisco in 2006 through the input of individuals in the community impacted by the criminal justice system, and has been supporting health systems nationally to implement the model since 2010. There are now 44 active sites in 10 states, and Puerto Rico, implementing this evidence-based model of care that reduces emergency department visits by half, reduces parole and probation violations (thereby reducing incarceration), and results in individuals in the program spending 25 fewer days incarcerated over a one-year period than those not in the program. TCN has supported 21 health systems in 14 counties in California that all employ CHWs with lived experience of incarceration, and offers a California Reentry Healthcare Hub (TCN Hub).

- There was a need for the sites to serve as a safety net for people coming home from prison during COVID-19, as well as before the pandemic, given the high risk of health issues following release from incarceration (studies have shown people are 12 times more likely to die in the first two weeks following release). Thousands of individuals were being released early during COVID-19, which, in addition to the extreme pressure faced by the health system, caused a gap between the prison system and the community health system. The TCN Hub set up a California Department of Corrections and Rehabilitation (CDCR) Nurse-Facing Care Coordination System to refer patients who are looking to receive medication for opioid use disorder and/or primary care in the community. There have been over 4,000 referrals, and one-third of these individuals needed medication for opioid use disorder.

- TCN CHWs started a Patient-Facing Reentry Healthcare Hotline to help individuals who are currently incarcerated, or those in the community, to get connected to healthcare. The hotline has received over 900 calls. Both systems in the TCN Hub help individuals make connections to healthcare in the community.
- With the funding from CCJBH, TCN has focused on ensuring that sites are fully equipped to serve patients with behavioral health needs returning from incarceration. This was done by establishing a California Site Advisory Group, comprised of CHWs with lived experience of incarceration and other TCN staff, to provide input on the project, such as CHW training prioritization.
- Interviews were also completed with TCN patients who have behavioral health needs to assess barriers and facilitation to care. Through input from the CA Site Advisory Group and patient interviews, TCN developed an interview guide to create patient testimonial videos that will be used to train providers regarding the needs of this population.
- TCN has completed a number of trainings and mentorship activities for their CHWs, including fireside chats, workshops, and one-on-one mentoring sessions, as well as Continuing Medical Education webinars for providers.
- TCN has been focused on organizing their statewide network to respond to patients, including those with behavioral health needs, by developing workflows for patients referred by CDCR nurses, or those who call the hotline, to be connected to TCN sites and receive the necessary services. TCN has held network coordination meetings to request input on the successes or necessary improvements of the referral process and to share statewide policy updates, such as California Advancing and Innovating Medi-Cal (CalAIM).
- TCN has hosted training and coordination calls with the CHWs who are hosting the hotline. Mr. Chiu stated that the Reentry Healthcare Hotline consists of a referral system where CDCR is able to contact TCN and submit referrals for patients while they are still incarcerated. The hotline site is for people who are currently incarcerated or formerly incarcerated, and allows them to speak to CHWs to get referred to either their county or another county for services. Example calls included:
    - A hotline call from an inmate who was to be released in 28 days and was going to be transient was looking for information and connection to services. TCN contacted nonprofit organizations in the community to inquire about housing options for the individual, and also contacted CDCR to find out if there was a housing referral and, if so, how TCN could help this individual transition back to the community.
    - A formerly incarcerated individual who had contracted COVID while incarcerated and was released into the community without Medi-Cal had to go to urgent care for all their medical needs. The individual contacted the

hotline and was able to be connected with a CHW in Los Angeles who helped establish their primary care.
- A client who wanted to initiate Medication Assisted Treatment (MAT) upon release from incarceration called the hotline and was connected with a CHW who was able to provide assistance.

Ms. Kroboth stated in the coming year TCN will be doing more training, mentorships, and network activities; plans to finish the testimonial videos and discussion guide and disseminate them to providers; and host training summit for CHWs and program staff.

ii. Anti-Recidivism Coalition (ARC)

Mr. Gray stated that ARC was founded in 2013 by Scott Budnick after he visited a juvenile facility in Southern California and spoke to a 14-year-old Latino male about his sentence. The young man's sentence was 200 years for being in the wrong place at the wrong time. This motivated Mr. Budnick to change the way California's justice system operated and to start ARC as a peer support network with an annual retreat for members. ARC has now expanded to policy advocacy and has changed over 33 criminal justice laws statewide that have impacted over 50,000 people in California. ARC also has a workforce education department to connect individuals to higher education and employment. Additional services offered by ARC include housing, in-reach, mentoring, and reentry services (e.g., counseling, life coaching, case management, financial literacy). ARC projects include:

- The Fair Chance Hiring Campaign, which aims to inform organizations, businesses, and other entities about the Fair Chance Hiring Act (passed in 2018) through a series of meetings, seminars, and events, sharing the benefits of providing formerly incarcerated individuals with employment opportunities.
- Senate Bill (SB) 823 implementation, which closed the Division of Juvenile Justice (DJJ) and diverts youth back to their counties. ARC is one of the lead organizations on the SB 823 Subcommittee and utilizes the lived experience of Sacramento Director, Josef Gray, as well as other members who wish to share their experiences, to help impact the implementation of SB 823. All members who share their experiences are compensated for their time and contributions.
- Hosting weekly policy and advocacy trainings for members to learn how to advocate at the Capitol, and provides opportunities for members to join legislative visits to the Capitol to speak with legislators, sharing their experiences to change the stigma around formerly incarcerated individuals.
- An ARC Workforce Coordinator who helps create jobs for formerly incarcerated and system-impacted individuals, connect them to jobs, and provides training and coaching to equip members with the necessary skills to secure employment.

In the coming year, ARC plans to host their annual retreat with hundreds of members, as well as launch the Fair Access Education Campaign, which addresses the sectors that don't

allow formerly incarcerated individuals to enter, such as the medical field. ARC is also planning a Lived Experience Career Fair, with over 30 different employers that have agreed to hire individuals with lived experience on the spot.

iii. Cal Voices

Cal Voices is the oldest peer-run organization in California, with 75 years of experience dedicated to improving the lives of residents throughout California's diverse communities through advocacy, education, research, and culturally relevant services. Cal Voices works with individuals and families with mental health challenges to promote wellness and recovery, prevention, and improved access to services and support. The team strives to provide peer services that foster recovery, reduce stigma and discrimination, and improve cultural humility through self-help, education, and culturally relevant research. ACCESS stands for "Advancing Client and Community Empowerment through Sustainable Solutions." Empowerment through sustainable solutions is truly who Cal Voices is.

ACCESS's mission is ultimately to strengthen and expand local and statewide client stakeholder advocacy in California's public mental health systems through individual and community empowerment through research, data collection, evaluation, education, legislative and policy analysis, training, and outreach engagement activities. ACCESS aims to implement strategies to elevate the voices, identify the needs, and increase genuine public participation of clients/stakeholders to drive transformative change in California's public mental health systems. The goal of ACCESS is to prepare individuals to have the tools and skills to be able to continue to build and expand upon the work being done.

The values of ACCESS are advocacy, recovery, and peer support. Advocacy is defined as meaningful stakeholder participation and active solicitation of community feedback to expand opportunities for involvement. Recovery includes all aspects of services and recovery-based trainings and supports for mental health professionals. Peer support is defined by the fidelity of evidence-based models and the incorporation and expansion of peer support in all mental health programs, including livable wages and ongoing professional development in the peer support field.

ACCESS' work with CCJBH focuses on executing activities that aid in the reduction of youth and adults with behavioral health needs involved in the criminal/juvenile justice systems. This is a unique and groundbreaking opportunity to focus Mental Health Service Act (MHSA) stakeholder funds on the justice-involved population. ACCESS Ambassadors are the heartbeat of the program, and are chosen through an extensive application process of individuals who want to be regional representatives and who identify as mental health client consumers with lived experience of criminal justice.

The Ambassadors participate in a variety of subject matter expert activities throughout the program and provide insight and guidance on mental health and criminal justice involvement policy matters. They attend sponsored trainings and state-level events, and perform local level outreach engagement and advocacy in their home communities.

Ultimately, the Ambassadors help ACCESS expand mental health advocacy throughout the State by recruiting and networking with stakeholders and community members, establishing and strengthening local advocacy networks, increasing stakeholder participation in the community planning process, and ensuring county mental health systems incorporate client/consumer voice and choice in local-level policy planning, programming decisions, and services delivery.

ACCESS Ambassadors attend a week-long boot camp that discusses the history of MHSA funding, with an emphasis on the Community Program Planning Process, local and state level advocacy, creating public comment/statements in the criminal justice and behavioral health fields, and community engagement. ACCESS hosts quarterly meetings with the Ambassadors called Community Activation Advisory Meetings to discuss policy briefings and updates, and provide the Ambassadors with resources of how to enhance local activation. The meetings have recently increased from quarterly to monthly on the Ambassador's request to have additional support. Ambassadors facilitated quarterly virtual meetings with stakeholders to discuss local policy issues, advocacy opportunities, and strategies to identify and meet the complex needs of youth and adults within the public mental health system.

ACCESS conducted six total virtual Leadership Roundtables in the Southern and Superior regions to inform local leaders/decision-makers on the reality of their counties. Seven counties participated, with 45 participants in the Southern Region and 40 participants in the Superior Region. ACCESS also conducted six virtual Stakeholder Focus Groups for interested individuals to provide insights on their experiences in the criminal justice system, identify barriers, and develop creative solutions. Six counties participated in the Southern Region and ten in the Superior Region. ACCESS facilitated two peer-to-peer run Provider Focus Groups, as well as a Stakeholder Survey Strategies Meeting, which were opportunities for the Ambassadors to advise on the data points that aren't currently collected, but would be valuable to improve the system and to provide recommendations to CCJBH for advocacy, policy systems change, and to transform the public mental health system.

In the coming year, ACCESS will hold a Community Activation Workshop and a Cross-Collaboration Workshop in March, a Peer Provider Workshop in April, Ambassador Training in June, a Videos of Opportunity Video Campaign in July, and a Priority Populations / Approaches Podcast in October.

iv. Los Angeles Regional Reentry Partners (LARRP)

LARRP's training academy is called Leading, Engaging, Advocating, Demonstrating, Enhancing and Expanding Reentry Systems (LEADERS). LARRP was founded as a product of the passing of AB 109, resulting in many people serving their sentence locally (instead of in state prison), thus needing a local reentry network. LARRP is a network of service providers, advocates, impacted individuals, and families who were committed to informing counties on the service gaps in the system. LARRP has played the role of assisting communities with implementing new laws. LARRP's mission and vision are to:

1) host a dedicated space for reentry professionals and impacted people to convene regularly and share information, resources, and referrals to better serve people in reentry;
2) prioritize and advance promising and evidence-based practices for reentry service delivery; and
3) identify and advocate for administrative, legislative, and funding policy reforms related to the social determinants of health through education, employment, integrated health, policy and legal, and faith based committees.

LARRP is celebrating 10 years of service as the only county-wide network focused on reentry professionals and individuals and families. LARRP is a small team with an Executive Committee and Steering Committee that drive the needs of the people in the community. The network is composed of reentry professionals and organizations, such as ARC and Amity Foundation, and a regional approach with Paving the Way Foundation and Center for Living and Learning in Antelope Valley. The Regional Committee includes Los Angeles, Antelope Valley, West Los Angeles, and Long Beach and drives the work done by the employment, education, and integrated health committees. The Leadership Training Academy empowers the LEADERS and enhances and levels their skills to become more effective leaders in their community. The Leadership Training Academy was broken down into three teams focused on employment, education and integrated health. The first cohort recently completed the academy and will act as mentors and assist with community engagement for the second cohort. The presenters shared a video of the LEADERS at the Training Academy graduation. The Leadership Training Academy consists of a number of components including training in public speaking, trauma informed care, social determinants of health, and policy.

LEADERS are encouraged to invite family to participate in various trainings such as social determinants of health and the COVID-19 Town Hall. The LEADERS have been actively engaged in utilizing social media as a tool to bring more awareness to and reduce the stigma of mental health. As part of the Community-Based Research component, LEADERS host focus groups to help identify challenges and barriers in the incarceration and reentry systems. The LEADERS participated in a number of capacity building activities including public speaking, Policy 101 Training, social determinants of health, trauma informed care, and county Measure J Committee Meetings.

The LEADERS collaborated with California State University, Los Angeles to create video testimonials that would make an impact in the community and bring awareness to the needs of the population. The training also included women empowerment where the women were able to share the impacts of COVID-19 on the woman's incarceration system and the transition back to society. Through outreach and engagement, the LEADERS were able to collaborate with one of LARRP's Integrated Health Chairs to run a community engagement virtual town hall to educate community members about COVID-19 and the risk of the virus.

LEADERS also participated in the California State University, Los Angeles Public Memory Project, which is a historical archive where individuals with lived experience can contribute testimony, or any piece of history such as art, poems, or stories, to be displayed in library. LEADERS are encouraged to determine program or policy changes they wish to see, one of the established priorities for the Integrated Health Team was expanding and distributing information among currently and formerly incarcerated individuals about COVID-19, which was done through a town hall. The priority for education was to connect LEADERS with a regional coordinator regarding Rising Scholars. The priority for employment was ensuring individuals were released with proper documentation, which LARRP assisted with by co-sponsoring a bill. The success of the LEADERS is shared in LARRP's newsletter.

In 2022, LARRP plans to expand capacity, outreach and engagement, education, and awareness through a variety of activities including life coaching, financial workshops, policy workshops, historical archive, women empowerment, etc.

v. The California State University, Sacramento (CSUS) Lived Experience Project

Alex Cole-Weiss, Lead Facilitator/Mediator, CSUS
Orit Kalman, Senior Facilitator/Mediator, CSUS
Julia Van Horn, Lead Facilitator/Mediator, CSUS

The Consensus and Collaboration Program (CCP) within CSUS was established in 1992, with a mission to build the capacity of government agencies, stakeholder groups, and the public, to use collaborative strategies to improve policy outcomes. CCP supports community and public agency long-range strategic planning and visioning; multi-party consensus-building, facilitation, negotiation, and dispute resolution; and inclusive and participatory public participation processes on emerging and controversial policy issues. CCP supports CCJBH by designing and supporting stakeholder engagement opportunities to identify issues and inform potential efforts that are needed to support individuals with lived experience and their networks at the intersection of the criminal justice and behavioral health systems. In the last two years, CCP has used a number of tools in their Engagement Toolkit, such as forming an advisory group, facilitating key informant interviews, hosting regional convening and listening sessions, developing literature reviews, disseminating surveys, hosting virtual workshops, and publicly sharing outcomes through reports. The project began with Phase I in 2019 with stakeholder advocacy contracts then continued to Phase II A with the regional lived experience contracts in 2020 and is now in Phase II B with the goal of advancing the conversation on lived experience. The goal of Phase I was to answer how stakeholder advocacy can be supported to reduce involvement in the criminal justice system for individuals experiencing behavioral health issues. CCP used tools from their Engagement Toolkit to conduct the project and report back to CCJBH on the lessons learned, specifically from the population-specific listening sessions which engaged over 250 individuals. The key takeaways of the project are reflected in the on-the-ground work being done by the regional contractors, such as providing training and education, building organizational capacity and partnerships, promoting common language and cultural competency, and

blending funding streams to support individuals with lived experience. Phase II A of the project was focused on effectively advancing the employment of individuals with lived experience in the criminal justice and behavioral health fields. CCP facilitated a workshop to discuss the barriers, specifically how the lived experience of peers is what allows them to provide support, but also disqualifies them from working in the criminal justice and behavioral health fields. Individuals in CCJBH's network were engaged through an online survey in which responses were received from over 150 respondents representing 10 organizations, and subsequent key informant interviews. The takeaways from this project were to leverage existing practices and address the key barriers, such as background checks, equal opportunity laws and disclosure, funding and billing, fair compensation, stigma and lack of recognition, peer support specialist certification advancement opportunities, and insufficient membership. Phase II B of the project was focused on determining next steps and discussing solutions to the established barriers. CCP facilitated a workshop with over 100 participants on the implementation of solutions that overcome barriers to hiring individuals with lived experience in the criminal justice and behavioral health fields. The outcomes of the workshop and a final report are forthcoming. The main takeaways from the workshop were to elevate promising practices and seek opportunities for policy change, which is reflected in the work being done by ARC with the Fair Chance Hiring and Fair Access Education campaigns. In 2022, CCP will support CCJBH in the development of recommendations for the Forensic Peer Support Specialist Certification, and examine barriers to Medi-Cal services among individuals transitioning from incarceration.

Ms. Grealish thanked the lived experience contractors for their presentations and reflected on the value of their work to strengthen service delivery and engage the behavioral health and justice involved (BH/JI) population. The work of the lived experience contractors has helped to shape CCJBH projects through feedback on the SB 369 Veto Message Report and building out Public Health Meets Public Safety data dashboard, as well as future projects such as employment workforce development and the Forensic Peer Support Specialist report.

Q&A with Councilmembers:

Q: Chief Jenkins asked if the lived experience contractors are regularly participating in the Diversion and Reentry and Juvenile Justice Workgroups.

A: Mr. Gray stated ARC participates in the workgroup and he believes most other contractors do, as well.

Q: Judge Manley asked the lived experience contractors if justice-involved individuals with mental illness are a priority in the work and if they are a substantial number of the individuals who are offered training and opportunities to become peer navigators? Additionally, are local county jails a priority in addition to CDCR? Judge Manley stated statute has recently changed for courts and they are now releasing a large number of

individuals into the community prior to being adjudicated who are mentally ill and need strong support upon release.

A: Ms. Mendez stated of the 12 individuals in the cohort, four individuals in LARRP's integrated health team self-identify as having mental illness. Additionally, the Leaders Training Academy is working within county jails to help close the men's central jail, and the LEADERS have been attending meetings and acting as representatives in the effort.

A: Ms. Kroboth stated the majority of TCN CHWs have a history of mental health and/or substance use disorder and the majority of patients have one or both of the conditions. TCN trains all of the sites in their network and the CHWs to work with jails, either through in-reach or on-site outreach. The hotline is publicized in jails and accepts incoming calls from jail.

A: Ms. Carter stated in regards to Chief Jenkin's question, Cal Voices participates in CCJBH Workgroups and invites Ambassadors to participate when possible. In regards to Judge Manley's question, Cal Voices prioritizes individuals with lived experience of behavioral health and criminal justice and it is a requirement for Ambassadors to have lived experience. Many of the activities Cal Voices facilitates are focused on reaching priority populations and ensuring they are the focus of all activities, as well as to nurture collaboration with community members, other leaders, and family members, while emphasizing the lived experience of criminal justice and behavioral health. Cal Voices doesn't require individuals to divulge their experience, but many individuals in the field with lived experience are willing to voluntarily share the information because of the evidence-based model of peer support and how impactful forensic peer support can be, regardless of certification, because all individuals who share their experience are essentially peer support specialists.

Q: Ms. Fisher stated she represents the peer and family member perspective on the Council and asked if any of the programs include family member specialists?

A: Ms. Mendez stated LARRP encourages the LEADERS to invite family members to certain trainings, such as trauma-informed care, and that family members and/or peers are allowed to participate in any program they wish.

Q: Chief Jenkins asked if the contractors have relationships with local or State probation/parole, whether the relationship is good or bad, and whether the contractors would like more or less interaction.

A: Ms. Mendez stated that LA County has the Doors Reentry Center that has service providers and probation officers in the same building. LARRP has an outreach and engagement coordinator in the building and was able to facilitate a focus group using the LEADERS who had been trained as evaluation consultants to assess how the peers are receiving services. The probation officers were very receptive to the feedback, and LARRP is lucky to have a good relationship with them.

Q: Judge Manley asked if the contractors are working directly with the managed care plans that will be implementing CalAIM. In Santa Clara County, there is very little input from stakeholders on how managed care plans will serve the individuals on Medi-Cal coming out of jail. CalAIM will be responsible for in-reach, peer navigation, etc., and will be an essential partner, unless they decide to turn responsibility over to the county. It will be important for the contractor's organizations to be involved with managed care plans because they will be facing new challenges in implementing CalAIM.

A: Ms. Kroboth stated TCN has been closely following CalAIM and the Executive Director, Dr. Shira Shavit, is on the Justice-Involved Workgroup. TCN has been engaging with managed care plans and connecting the network sites to the managed care plans. It has been difficult because the reentry population won't be served for another year with the implementation of Enhanced Care Management, so many managed care plans aren't prioritizing the work for this population yet.

*****Public Comment*****

Q: A participant thanked Judge Manley for asking the question regarding mental health support and stated he was pleased with the contractor's responses.

Q: A participant who is the Vice Chair of a county appointed mental health board stated he appreciated the psychological safety of all participants and the open and honest dialogue at CCJBH meetings. He stated he is interested in a regional partnership between Los Angeles, Orange County, Riverside and San Bernardino because mental health systems haven't been able to work together. Many county boards across the state have been marginalized to do statutory duties. The Chair of the Los Angeles Mental Health Commission recently visited the Orange County facilities and the new Behavioral Health Director will be visiting soon. This will be an opportunity to determine how to navigate county politics to focus on families and loved ones. The journey is difficult; not all families make it through intact, not all loved ones make it through alive, and the best quality of life is not met as quickly as possible.

Q: A participant from San Diego stated she is grateful to know conversations are being had pertaining to the justice-involved population with mental health issues. She stated incarceration results in lack of expression and un-impactful mental health treatment. The participant's son has suffered trauma from being incarcerated with mental illness. She stated she has been his mental health advocate throughout school and incarceration. She asked what the best route is for treatment post-conviction that will treat his trauma from incarceration and his mental health diagnosis and help get him into restoration and stabilization through a state hospital.

A: Dr. Kooler stated CalAIM Enhanced Care Management will provide services while someone is still incarcerated and build a bridge upon release to ensure a continuity of support. Significant changes will be implemented, such as linking managed care plans, but it will take time to make sure the handoffs and coordination is done well. In regards to the participant's

request, the Council may not be able to directly address it now, but in the future there will be a better system to provide the necessary services.

A: Ms. Grealish stated CCJBH staff will follow up with the participant to provide them with some the options CCJBH has to help link resources and start conversations around the planning of how the system will be built out to assist individuals, such as her son, who are transitioning out of CDCR.

Q: A participant commented on the expanding need for health care workers as they live longer, what barriers exist that prevent formerly incarcerated people from being licensed to work in the field? Can we establish a health care worker license that can be obtained while incarcerated in less than one year that would lead to jobs upon discharge from prison?

A: Ms. Grealish stated this topic was discussed in the workgroups with CSUS as an identified barrier and the answer is still being investigated.

V. CCJBH Business Meeting

i. CCJBH Year-in-Review

CCJBH hosted five Full Council Meetings and two Special Council Meetings to vote on the SB 369 Veto Message Report and the 2021 CCJBH Annual Legislative Report. Three Juvenile Justice Workgroup Meetings were hosted with Council advisors Dr. Pantoja and Chief Jenkins which focused on SB 823 implementation, the impacts of COVID-19 on the BH/JI youth population in the school system, and formulation of the Legislative Recommendations. Four Diversion/Reentry Workgroups were hosted with Council advisors Dr. Hobson, Chief Jenkins, and Judge Manley which focused on the California Health Facilities and Financing Authority's Community Services Infrastructure Grant, barriers and solutions for the SB 369 Veto Message Report, the Department of State Hospital's Diversion Program, deflection, and formulation of the Legislative Recommendations.

In addition to Full Council and Workgroup Meetings, CCJBH held a number of webinars for special events. CCJBH hosted a webinar series to recognize May is Mental Health Awareness Month, a webinar in August with the Council on State Governments (CSG) Justice Center to launch the report Reducing Homelessness for People Returning Home from Jails and Prisons, a webinar series to recognize September Suicide Prevention and Recovery Awareness Month, a listening session with stakeholders to gather feedback for U.S. Interagency Council on Homelessness' (USICH) updated Federal Strategic Plan, and a Housing Recommendations Implementation Webinar Series with the CSG Justice Center that will go through April 2022. CCJBH produced bi-monthly newsletters to share the most recent information, but has recently evolved to continuously updating the CCJBH website to keep the information current and share new information each Friday. CCJBH also redesigned and revamped the CCJBH website to make it more streamlined and easier to access information.

Throughout 2021, CCJBH produced several products, including:

- The *SB 369 Veto Message Report*, which was an eight-to-nine-month project that was submitted in September.
- The report *Reducing Homelessness for People with Behavioral Health Needs Leaving Prison and Jails*, which was produced with the CSG Justice Center and supported by the Melville Charitable Trust.
- *A Brief Overview of CalAIM Proposals that Impact the Criminal Justice Population*, which was developed with the input of the Department of Health Care Services (DHCS) to give criminal justice partners, or any other interested parties who are needed to implement the work, a reference to have available as DHCS begins the Justice-Involved Workgroups.
- *Successful Approaches to Employing Individuals with Lived Experience in the Criminal Justice and Behavioral Health Fields*, which was produced by CCJBH and CSUS, and is a product of an online survey and key informant interviews that resulted in the identification of several barriers to employment and has been rolled into a subsequent report on solutions to the identified barriers that should be available soon.
- A *Letter of Support for the CalAIM 1115 Demonstration Waiver* to encourage the Centers for Medicare and Medicaid Services to understand the importance of the changes for the justice-involved population.
- A Feedback Response for USICH's Federal Strategic Plan, which is a comprehensive one-stop-shop for the issues that the BH/JI population are encountering as a result of the policies and regulations currently in place.
- An Open Datasets Inventory, developed as a part of CCJBH's Public Health Meets Public Safety Contract, in which the CSG Justice Center compiled publicly-available data related to the BH/JI population.
- A Juvenile Justice Compendium and Toolkit Request for Proposal, which was completed and posted, but did not receive any bids, so it will be re-posted for another round of bidding.
- A Mental Health Diversion: Consultation, Technical Assistance and Policy Recommendations Contract with the CSG Justice Center, which is scheduled to end on June 30, 2022, but there may be a no-cost extension to allow for time to disseminate the report.
- Reestablishing the data sharing agreement with the Department of Health Care Services for the Medi-Cal Utilization Project (MCUP), which allowed for the analysis of Medi-Cal enrollment and utilization for use in the 2021 CCJBH Legislative Report, as well as the development of future reports anticipated in 2022.

- The 2021 Legislative Report, which will be submitted to the Legislature and posted to the CCJBH website, once approved.

ii. 2022 Priorities

CCJBH staff examined the work being done in the field, and the 2021 Governor's Budget investments, to propose a plan for 2022 Full Council and Workgroup Meetings, as well as upcoming projects. CCJBH staff proposed to continue work to:

- strengthen services by tracking the programs being implemented across systems (e.g., CalAIM, the Behavioral Health Continuum Infrastructure Program (BHCIP), Department of State Hospitals (DSH) Diversion, etc.) The Governor's Budget offered a historical investment and CCJBH wants to ensure the BH/JI population will benefit from the services.
- advocate for housing for the BH/JI population through the Housing Report Implementing Webinar Series with the CSG Justice Center and with the Homeless Coordinating and Financing Council's (soon to be California Interagency Council on Homelessness) Justice Workgroup in late 2022.
- ensure there is workforce capacity to address the needs of the BH/JI population and is looking to connect with the Healthcare Access and Information Department and learn more about their funding for building out workforce and possible opportunities to incorporate CCJBH's Forensic Peer Support Specialist Certification.
- expand data reporting and establish a framework for a Public Health Meets Public Safety dashboard that will be built based on a framework developed by the CSG Justice Center to share data across sectors, which CCJBH anticipates sharing at the January Full Council Meeting. The MCUP data sharing agreement with CDCR and DHCS will also increase the availability of data.
- continue Workgroup Meetings into 2022 as CCJBH staff value community involvement.
- promote information, information sharing, and anything that helps to propel the field forward.

In addition, CCJBH staff proposed adding the following two projects/activities in 2022:

- Celebrating CCJBH's 20th anniversary by reflecting on how far CCJBH has come and where we plan to go. CCJBH staff would plan events and informative activities to acknowledge the wonderful work that has been done by the Council over the past 20 years.
- Reinstating the Best Practices Awards to highlight exceptional programs in the community to uplift them and give other entities a potential model to adopt.

iii. Future Council Meetings

CCJBH staff developed draft Full Council Meeting dates and topics based on conversations over the past year, Legislative Report recommendations, and important topics in the field, proposing to continue the conversation around deflection in January; increasing and promoting engagement of services for the BH/JI population in the April; building out workforce and employment in the criminal justice, behavioral health, housing and social services sectors and continuing work on Forensic Peer Support Specialist in July; continuing work on the CSG Justice Center Housing Report Recommendations and connect with local entities interested in building out housing infrastructure in October; and focus on juvenile justice in December.

For the Juvenile Justice Workgroup Meetings CCJBH staff proposes to provide an update on the Office of Youth and Community Restoration and share information on the SB 823 county plans, as well as provide an update on the Children and Youth Behavioral Health Initiative in February; discuss school-based substance use disorder and mental health services and provide updates of CCJBH's Juvenile Justice Compendium and Toolkit in May; review and approve 2022 Legislative Report Recommendations in August; and discuss the juvenile hall to school transition in November.

For the Diversion/Reentry Workgroup Meetings, CCJBH staff proposes for DSH to provide an overview of the Incompetent to Stand Trail Workgroup solutions and how to implement them in February; discuss engagement and effective programs in May; review and approve 2022 Legislative Report Recommendations in August; and discuss CalAIM and BHCIP and Continuum of Care Expansion for housing and supportive services for the BH/JI population in November. CCJBH also plans to host potential special events including Mental Health Awareness Month in May; Public Health Meets Public Safety Data Dashboard presentation by the CSG Justice Center in June/July; future of Diversion Report presentation by the CSG Justice Center to conclude the Diversion Contract in July 2022; Suicide Prevention Awareness and Recovery Awareness Month in September; and a presentation of Forensic Peer Support Specialist and Alameda County's Justice Restoration Project in October. CCJBH also anticipates hosting presentations from the Surgeon General on ACES; a Mental Health Program 101 webinar hosted by CDCR to assist county behavioral health staff members and managed care plans in the transition from prison and the necessary services for the BH/JI population; and the social finance work being done in Santa Barbara to link data, with the dates to be determined.

CCJBH will continue to meet virtually per AB 361 under the Public Health Emergency and will inform participants when we can return to in-person meetings.

iv. Project Updates

The project updates slides are posted on CCJBH's website.

Q&A with Councilmembers:

Q: Judge Manley asked if a determination on the proposed priorities needs to be made now.

A: Ms. Grealish stated this is an opportunity for discussion and to secure our presenter for the January Full Council Meeting to discuss deflection and the Substance Use Respite and Engagement (SURE) program in Sacramento.

Q: Judge Manley stated the implementation of CalAIM should be a priority because it will be imperative in determining what can be done at the local level, particularly to address the challenges faced by county jails. Additionally, treatment capacity building should be a priority because changes to address the issue of lack of sufficient treatment for individuals in the criminal justice system aren't being seen on the ground level. There are currently not enough options and, with the new statute, judges are given very few choices for misdemeanants who are found Incompetent to Stand Trial. Without treatment capacity these individuals become involved in the criminal justice system, which is not where they should be. System partners are advised that these individuals should be put into the community, diversion programs, or other programs such as Assisted Outpatient Treatment, but the programs aren't available due to lack of infrastructure. The Legislature revisits the idea of conservatorships each year and broadens the definition, but it is not the role of the court or the judge to inform the Legislature on who should qualify for the program. People are not addressing the fact that there is not sufficient basic and fundamental treatment capacity outside of jails for high need individuals who are involved in the criminal justice system. They are being warehoused in jails and the number of individuals with mental illness increases, even as the general jail population decreases. CalAIM authorizes over $2 billion for capacity building and it should be a priority to support the effort and measure treatment capacity in a meaningful way. Many judges in California are frustrated with the fact that there are not options to move individuals out of the system and into public health systems for treatment.

A: Ms. Grealish stated CalAIM is included in continuing work to strengthen services. Many system partners are on the DHCS Workgroups and helping to build that out. Capacity would be covered in the Diversion/Reentry Workgroup's November presentation on BHCIP and the continuum of care expansion to get an update from DHCS and the Department of Social Services and examine how the efforts will benefit the BH/JI population. Is that not enough or not the right timing?

Q: Judge Manley stated it should be moved up and addressed as soon as possible. He is trying to encourage judges to weigh in as it is a critical issue with a once in a lifetime opportunity if the waiver is approved. The waiver would allow more to be done with peer navigators and he hopes to push for that.

Q: Ms. Grealish stated the reason for the November timing was to get an update on the status of the BHCIP grants. She asked Dr. Kooler if he recalls the timing of the BHCIP grants.

A: Dr. Kooler stated he can get the information on when each of the waivers will be moving forward.

Q: Ms. Grealish said the gap analysis performed by DHCS and University of California, San Francisco should be released soon and will identify the gaps across the continuum to make BHCIP grants available to fill those gaps. It will take time for the grants to be processed and awarded, which is why she had initially proposed November for an update. She asked if Judge Manley is hoping to influence how local organizations apply for the grants.

A: Judge Manley stated it is important that everyone is aware of what is available and needed now. The Council continues to meet, but an exact answer is never given. Someone needs to boldly state that the current policy/procedures aren't working and he suggested that the Council do this in the form of a report to the Legislature and the Governor. In order to do that the Council would need presentations of the timeline for the BHCIP grants and suggestions of what the counties should be doing to support the effort. In Santa Clara County, the managed care plans are talking about implementing CalAIM Community Supports in January 2022, which is a month away, so the Council should be speaking with the counties who are preparing to implement CalAIM and give them support.

Q: Ms. Edens expressed support for Judge Manley's suggestion and stated it is important the Council have a good understanding of BHCIP, especially how it will optimize service delivery and how to best leverage the opportunity. It is also important to consider how BHCIP and CalAIM can work together with the DSH opportunities that are available. Additionally, the Council should track SB 317, the impact it will have on counties, and how to incorporate lived experience into the program planning.

Q: Ms. Whitney expressed support for Judge Manley's suggestion and stated it has been her experience that there is a large gap in capacity and individuals are staying in jail because of behavioral health concerns, which is especially true in Los Angeles. She stated as Los Angeles' jail population decreases, the percentage of individuals with mental illness is increasing. Many stakeholders claim there are enough services, but there seems to be a disconnect between the level of services and the number of individuals in jail not getting the services. It may be an issue in accessing services or a more fundamental reporting problem. She stated she is a justice stakeholder, not a health care stakeholder, and asked if county reporting is separated by whether services are available to anyone or whether the justice-involved population is excluded. It's possible that justice-involved individuals can't access the services being offered. She stated it is a problem and if there is something the Council can do about it, having a historic opportunity now, we should explore it further.

A: Ms. Grealish stated the conversation has been helpful and asked if the other proposed topics are approved by Councilmembers. CalAIM and BHCIP will be moved to earlier in the year.

Q: Dr. Hobson stated he agreed with Judge Manley's suggestion and believes this should be a priority. In regards to Ms. Whitney's question, it doesn't matter if individuals are justice-involved or not, it is just whether the services are available.

A: Ms. Grealish expressed appreciation to Councilmembers for their input and invited Councilmembers to share any additional thoughts after further digesting the proposed topics. The proposed topics are subject to change based on the priority of the Council, CCJBH staff proposed the topics to plan for the 2022 to secure speakers and ensure they are tracking the appropriate information to share with Councilmembers and stakeholders.

*****Public Comment*****

Q: A participant stated he was inspired by Judge Manley and Ms. Whitney's comments and requested the Council consider providing direct assignments to local mental health boards across the State. They are State mandated and have many "shalls," which many other people aren't allowed to have. There needs to be better coordination between the Mental Health Oversight and Accountability Commission, the California Behavioral Health Planning Council, and the local boards. Local boards provide over 900 community members and 59 honorable supervisors, who also have a lot of "shalls" to gather information and spread the workload. There is mental health diversion in the State, but it is difficult to find which counties are doing it. There is interest in expanding collaborative courts in some counties, but it is difficult to determine what is needed for the program, disregarding barriers such as money, funding, egos, or territorial claims. It needs to be determined what is actually needed, then find a funding source. There is potential funding with the MHSA and CalAIM. As seen by the auditors, the MHSA funding is not being spent. Managed care plans have been discussing the inconsistencies in the pharmacy benefit released by CalAIM. CalAIM has been set up with an incredible expectation of funding, but everyone needs to be in the room to help implement. It can't just be the leaders of CalAIM. Community members must be included to identify the potential barriers of the policy. Capacity, infrastructure, and outcomes need to be properly documented in CalAIM implementation to determine successes and downfalls of the program. MHSA funds are consistently not fully spent. Usually, 80 percent of the funding gets spent and the remaining gets split between county administration and providers. Local community organizations are blocked from the funding because they can't get through the accounting procurement system. The problems within the system, as well as the solutions, are known, but what is not known is why 59 behavioral health directors are allowed to lead everyone down this road. There needs to be accountability for the MHSA money, which is separate from CalAIM, but could be complimentary, and hold the leaders accountable. The participant stated that he is on a Board, but all comments are his own and are not reflective of any appointments. He is driven by living the family journey and giving it freely to others.

Q: A participant from Words 2 Deeds (W2D) thanked the Council for the work they do to support W2D each year and for Brenda's active participation in the W2D Leadership Group.

She stated CCJBH had a great impact on the curriculum last year and it is invaluable. The W2D staff have begun planning for April 2022 and thank CCJBH for their continued support.

Q: A participant requested confirmation that someone will get back to her regarding suggestions on how her son can be stabilized and restored to competency after facing adversities in prison stemming from mental illness.

A: Ms. Grealish stated CCJBH staff will follow up with her.

VI. Announcements

CCJBH's next Full Council Meeting will be Friday January 28, 2022, from 2:00 – 4:30 PM. The Juvenile Justice Workgroup Meeting will be Friday, February 11, 2022, from 1:00 – 3:00 PM. The Diversion/Reentry Workgroup Meeting will be Friday, February 18, 2022, from 1:00 – 3:00 PM. The next webinar in the Housing Recommendations Implementation Webinar Series will be Thursday, January 27, 2022, from 12:00 – 1:30 PM.

VII. Adjourn