CCJBH
Council on Criminal Justice and Behavioral Health

Building bridges to prevent incarceration

Full Council Meeting

January 28, 2022

Brenda Grealish
Executive Officer, CCJBH
Office of the Secretary, Kathleen Allison
California Department of Corrections and Rehabilitation (CDCR)

Quick Notes:

***** This meeting is being recorded *****

- **Use the "raise hand" feature to make a comment**
- *You will be placed in line to comment in the order in which requests are received by the host.*
- ***When it is your turn to comment, the meeting host will unmute your line and announce your name.***
- *Members of the public should be prepared to complete their comments within 3 minutes or less if a different time allotment is needed and announced by the Executive Officer.*

Email: CCJBH@cdcr.ca.gov

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DEPARTMENT OF CORRECTIONS AND REHABILITATION
STATE OF CALIFORNIA

Virtual Council Meetings

- **AB 361 Open meetings: state and local agencies: teleconferences**

  Executive Order No. N-29-20 suspended the requirements of the Bagley-Keene Open Meeting Act requirements for teleconferencing during the COVID-19 pandemic. AB 361 authorized, until January 31, 2022, a state body to "hold public meetings through teleconferencing, and to make public meetings accessible telephonically, or otherwise electronically, to all members of the public seeking to observe and to address the state body."

- On January 5, 2022, Executive Order N-1-22 was issued to temporarily extend through April 1, 2022, the flexibilities for state bodies to conduct teleconferences under AB 361.

- Accordingly, CCJBH will continue to meet virtually.

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STATE OF CALIFORNIA

Agenda:

Time:	Topic:
2:00 PM	Welcome & Introductions, Roll Call
2:05 PM	Approval of December Council Meeting Minutes
2:10 PM	Public Comment
2:15 PM	CCJBH Business Meeting
2:45 PM	Council Questions/Discussion Public Comment

Agenda (continued):

3:00 PM	Presentation: Assessing the Continuum of Care for Behavioral Health Services in California
4:00 PM	Council Questions/Discussion Public Comment
4:25 PM	Announcements
4:30 PM	Adjourn

2022 Priorities

Vote #1: December Council Meeting Minutes

Step 1: MOTION TO ADOPT OR AMEND

Step 2: SECOND MOTION

Step 3: PUBLIC COMMENT

Step 4: ROLL CALL FOR A VOTE

Suggested Calendar Year 2022 Priorities

- Continue working to strengthen:
  - Services: Support the development and implementation of primary care and behavioral health treatment, and criminogenic interventions, for individuals who have behavioral health (BH) needs and are justice involved (JI; hereafter referred to as the BH/JI population), including but not limited to, CalAIM, the Behavioral Health Continuum Infrastructure Program, and diversion programs, identify and promoting optimal strategies on how best to engage and deliver these services.
  - Housing: Advocate for the prioritization and development of available affordable housing resources for the BH/JI population, including promoting cross-system education and collaboration.

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Suggested Calendar Year 2022 Priorities (cont'd.)

- Continue working to strengthen:
  - Workforce: Establish/expand the workforce across multiple sectors to better engage and serve the BH/JI population, including use of the Forensic Peer Support Specialist classification.
  - Data: Continue exploring opportunities to share data across sectors to further build the PH/PS dashboard and expand Medi-Cal Utilization Project analyses to meet the CCJBH goals related to data driven policies.
  - Community Involvement: Juvenile Justice and Diversion/Reentry Workgroups with presentations focused on priority subjects; as determined by each workgroup's Councilmember advisors; continue Regional Lived Experience Projects.
  - Education: Host special events to educate cross sector stakeholders on topics related to the BH/JI population.

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Suggested Calendar Year 2022 Priorities (cont'd.)

- Future CCJBH Projects:
  - Celebrate the 20th anniversary of CCJBH by reflecting on the Council's accomplishments to date.
  - Develop processes to reinstate "Best Practices Awards" to highlight agencies/programs that are using evidence-based best practices to improve the systems that serve the BH/JI population.

Council Questions/Discussion

Proposed Full Council Meeting Dates

FULL COUNCIL MEETINGS 2:00 - 4:30 PM (Fridays)	Potential Topics
January 28	DHCS' Behavioral Health Assessment Report
April 29	Presentation: Sacramento County's Substance Use Respite and Engagement (SURE) Program
July 29	Workforce
October 28	Housing
December 9 (Time TBD) Call to adopt legislative report	Juvenile Justice

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STATE OF CALIFORNIA

Proposed Workgroup Meeting Dates

JUVENILE JUSTICE 1:00 – 3:00 PM	
Dates (Fridays)	**Potential Topics**
February 11	Juvenile Justice Compendium and Toolkit and an update on OYCR
May 13	SUD/Mental Health Services on School Campuses for Justice-Involved Youth
August 12	Discussion: 2022 Legislative Report Recommendations
November 11	Juvenile Hall to School Transition

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STATE OF CALIFORNIA

Council Questions/Discussion

VOTE #2: 2022 CCJBH Priorities

Step 1: MOTION TO ADOPT PRIORITIES OUTLINED IN THE CALENDAR YEAR 2022 WORK PLAN

Step 2: SECOND MOTION

Step 3: PUBLIC COMMENT

Step 4: ROLL CALL FOR A VOTE

Assessing the Continuum of Care for Behavioral Health Services in California

Data, Stakeholder Perspectives, and Implications

January 28, 2022

Kelly Pfeifer, M.D.
Deputy Director, Behavioral Health
California Department of Health Care Services

Tyler Sadwith
Assistant Deputy Director, Behavioral Health
California Department of Health Care Services

Agenda

- Welcome & Purpose of the Webinar
- About the Behavioral Health Continuum Assessment
- Envisioning a Core Continuum of Care
- Major California Behavioral Health Initiatives
- The State of Behavioral Health in California
- Service Challenges Across the Behavioral Health Continuum of Care
- Populations of Focus
- Key Issues and Opportunities
- Q&A

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About the Assessment

The assessment defines the elements of a strong and effective behavioral health system that is person-centered, offers a full array of services, focuses on equity, and is culturally competent and evidence-based. The purpose of the assessment is to:

- **Provide a framework** to describe the core continuum of behavioral health care services.
- **Review available data and gather insights from stakeholders and experts** on the need for and supply of key behavioral health services in California.
- **Support the design and implementation of behavioral health initiatives**, including the applications for a SMI/SED 1115 demonstration and the Behavioral Health Continuum Infrastructure Program.
- **Explore issues and opportunities for specific populations** – children, adolescents and youth; American Indian/Alaska Native (AI/AN) individuals; and individuals who are justice-involved.
- **Discuss the implications for DHCS' work** and for California's broader efforts to strengthen the behavioral health system.

**The report is not a set of policy recommendations, nor is it a description of DHCS' plans for specific behavioral health initiatives.*

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Envisioning a Core Continuum of Care

The assessment defines a core continuum of behavioral health services, identifying the elements of a strong and effective behavioral health system.

Prevention and Wellness Services	Outpatient Services	Peer and Recovery Services	Community Services and Supports
Prevention and wellness services, including services, activities and assessments that educate and support individuals to maintain healthy lifestyles and prevent acute or chronic conditions, like wellness checks and health promotion activities	Outpatient services, including a variety of traditional clinical outpatient services like individual and group therapy, ambulatory detoxification services	Peer and recovery services delivered in the community that can be provided by individuals with lived experience, including young adults and family members	Community supports include flexible services that are designed to enable individuals to remain in their homes and participate in their communities, like supported housing, case management, supported employment and supported education

Intensive Outpatient Treatment Services	SUD Residential Treatment	Crisis Services	Intensive Treatment Services
Intensive outpatient treatment services including services such as ACT and substance use intensive outpatient services that are delivered using a multi-disciplinary approach to support individuals with higher acuity behavioral health needs	SUD residential treatment provided in short-term residential settings to divert individuals from or as a step-down from intensive services	Crisis services include a range of services and supports, such as crisis call centers, mobile crisis services and crisis residential services that assess, stabilize and treat individuals experiencing acute distress	Intensive treatment services are provided in structured, facility-based settings to individuals who require constant medical monitoring

Major California Behavioral Health Initiatives

Over the past several years, the State of California has made significant investments to strengthen its behavioral health (BH) system. New and planned initiatives include:

CalAIM, which modernizes, improves, and simplifies Medi-Cal's behavioral health system, including:

- Contingency management pilot program within Medi-Cal DMC-ODS outpatient treatment settings to support individuals living with stimulant use disorder
- Preparing to submit a Section 1115 demonstration to expand care for individuals living with serious mental illness or serious emotional disturbance (SMI/SED)
- Pre-release and reentry services to strengthen behavioral health supports for the justice-involved population

**This is not a comprehensive list of all new and planned initiatives*

Major California Behavioral Health Initiatives

Over the past several years, the State of California has made significant investments to strengthen its behavioral health (BH) system. New and planned initiatives include:

Other programs and investments, including:

- Children and Youth Behavioral Health Initiative
- Behavioral Health Continuum Infrastructure Program
- Behavioral Health Integration Incentives Program
- California Bridge Program
- CalHOPE
- California MAT Expansion Project and the Tribal MAT Project
- California's National Suicide Prevention Lifeline
- The Mental Health Services Oversight and Accountability Commission Student Mental Health Initiative
- Housing and Homelessness Incentive Program
- Expansion of the California Department of State Hospitals Diversion Program and initiatives to address the Incompetent to Stand Trial population

**This is not a comprehensive list of all new and planned initiatives*

2022-23 Governor's Budget Proposals

CalAIM Initiatives

- **CalAIM Justice Package** will support justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their re-entry
- **Foster Care Model of Care** will address the complex medical and behavioral health needs of foster youth

Other Initiatives

- **Behavioral Health Bridge Housing** will address the immediate housing and treatment needs of people experiencing unsheltered homelessness with serious behavioral health conditions by purchasing and installing tiny homes and providing operational supports
- **Mobile Crisis Services** will add qualifying 24 hours a day, 7 days a week community-based mobile crisis intervention services as soon as January 1, 2023 as a mandatory Medi-Cal benefit
- **Medication Assisted Treatment Expansion Program** requests new positions and expenditure authority to oversee the continuation of the program through data collection, reporting, stakeholder engagement, training, and technical assistance

**This is not a comprehensive list of behavioral health-related Governor's Budget proposals.*

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The State of Behavioral Health in California

- Close to **one in ten California adults (9.2%) has a substance use disorder,** and nearly one in 20 (4.5%) has a serious mental illness.[1]
- The **rate of serious mental illness in California has increased by more than 50%** from 2008 - 2019.[2]
- **One in 13 children in California has a serious emotional disturbance,** with rates higher for low-income children and those who are Black or Latino, relative to other racial and ethnic groups.[3]
- In recent years, the **suicide rate among youth in California has been rising**, and the pandemic appears to have worsened the situation.[4]
- Nationwide, **visits to emergency departments due to a mental health crisis** have climbed by 31% for children between the ages of 12 and 17.

Period	2012 - 2014	2013 – 2015	2014 - 2016	2015 – 2017	2016 – 2018	2017 – 2019
Suicide rate per 100,000	7.3	7.6	7.7	8.3	8.6	8.9

Sources:
1. SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019. https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect8pe2019.htm.
2. SAMHSA. California Behavioral Health Barometer Volume 6. https://www.samhsa.gov/data/sites/default/files/reports/rpt32821/California-BH-Barometer_Volume6.pdf.
3. Holzer C and Nguyen H, "Estimation of Need for Mental Health Services." Accessed October 2021. Available at https://ahea.assembly.ca.gov/sites/ahea.assembly.ca.gov/files/Joint%20Health%2002_26_19%20Teare%20to%20Ctte.pdf.
4. California Dept. of Public Health, Death Statistical Master Files (Jun. 2021); CDC WONDER Online Database, Underlying Cause of Death (Jun. 2021); California Dept. of Finance, Population Estimates and Projections (Jul. 2021). Data downloaded from KidsData.org: https://www.kidsdata.org/topic/213/suicide-rate/table#fmt=2772&loc=2&tf=134,125,122,120,93,86&sortColumnId=0&sortType=asc.

The State of Behavioral Health in California

- **Individuals who are justice-involved experience substantially higher rates of mental health conditions and substance use disorders** and often end up incarcerated because of those conditions.
  - In California, close to **one in three adults in prison (30%) received mental health services** in 2017, more than doubling the rate since 2000.
- **Medi-Cal plays a major role in covering individuals** living with serious mental illness and substance use disorders.
  - Med-Cal is the **primary source of coverage for close to half of California residents with a substance use disorder**.[6]
- Among Californians seeking mental health services, **more than four in ten (43%) reported that it was somewhat or very difficult to secure an appointment** with a provider who accepts their insurance.[5]
- Given the vast differences across California in the economic and demographic characteristics of county residents, there are **sizable differences in the county-level rate of behavioral health conditions**.

Sources:
5. "The 2021 CHCF California Health Policy Survey," California Health Care Foundation, January 2021. Available at https://www.chcf.org/wp-content/uploads/2021/01/CHCF2021CAHealthPolicySurvey.pdf.
6. National Health Law Program. Substance use Disorders in Medi-Cal: An Overview. https://healthlaw.org/resource/substance-use-disorders-in-medi-cal-an-overview/#_ftn1.

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Outpatient Services

There is a shortage of psychiatrists and other individual practitioners, particularly in the Medi-Cal program. Smaller counties report greater shortages of outpatient services, especially mental health clinics.

Data Example: Psychiatrists

- There is a **shortage and maldistribution of psychiatrists** across the state.
- **Eight counties do not have any psychiatrists.**
- Psychiatrists per 100,000 residents ranges **from 1.7 in San Benito County to 68.1 in Marin County.**
- The state has **536 designated mental health professional shortage areas** (areas with a shortage of psychiatrists) as of September 2020.

Source:
Medical Board of California

Success Story

During the COVID-19 pandemic, telehealth services emerged as an important option for patients unable to access in-person outpatient services. One study of California community health centers found that total behavioral health visits remained stable during the pandemic because telehealth visits—specifically, audio or telephone visits—fully replaced in-person appointments. Contra Costa County has successfully piloted and rolled out telepsychiatry for all county mental health clinics. Ventura County also expanded telehealth services to support triage and assessment of new clients.

Peer and Recovery Services

Peer and recovery support services are an area of great interest and potential. While they are not yet available throughout California, with higher needs especially for youth and their families, these services can expand the behavioral health workforce, engage people in care and contribute to equity efforts.

- **No data are readily available** on the extent to which peer support and recovery services are available in California.
- **Peer services have been shown to be effective** and to-date have been mostly funded by counties through MHSA and SAMHSA.
- Following implementation of the **new Medi-Cal benefit for peer support specialists** for both mental health and substance use disorders, county-level data should be available on certified Medi-Cal peer providers and services.

Success Story

Riverside County Department of Health, Recovery Innovations of California and Oasis Rehabilitation offer peer-operated integrated services to current or former adult or transitional aged-youth consumers of the county's Department of Mental Health. Offered services include a resource center that provides information on housing options, employment and educational opportunities. Monthly activities are also offered at little or no cost.

Community Services and Supports

Community services and supports are a top priority of counties and other stakeholders; most urgently, affordable housing, housing support and supported employment are needed to support community living.

Supported employment programs for individuals with behavioral health needs are available in many California counties. Focus group participants emphasized the importance of building in social supports, including supported employment, that link individuals to job and employment connections in the community, alongside housing supports.

The county survey identified some barriers that people face when trying to use **housing supports:**

93% of respondents	Additional permanent supportive housing options for adults that provide wraparound behavioral health services, such as recovery services
83% of respondents	Additional general housing with access to county-run supports, such as adult Full-Service Partnerships that provide intensive services and supports and coordinate access to housing, education, and employment
82% of respondents	Additional capacity in longer-term adult residential facilities, including board-and-care models.
71% of respondents	Additional sober living or recovery residences for individuals living with SUD

Medications for Addiction Treatment

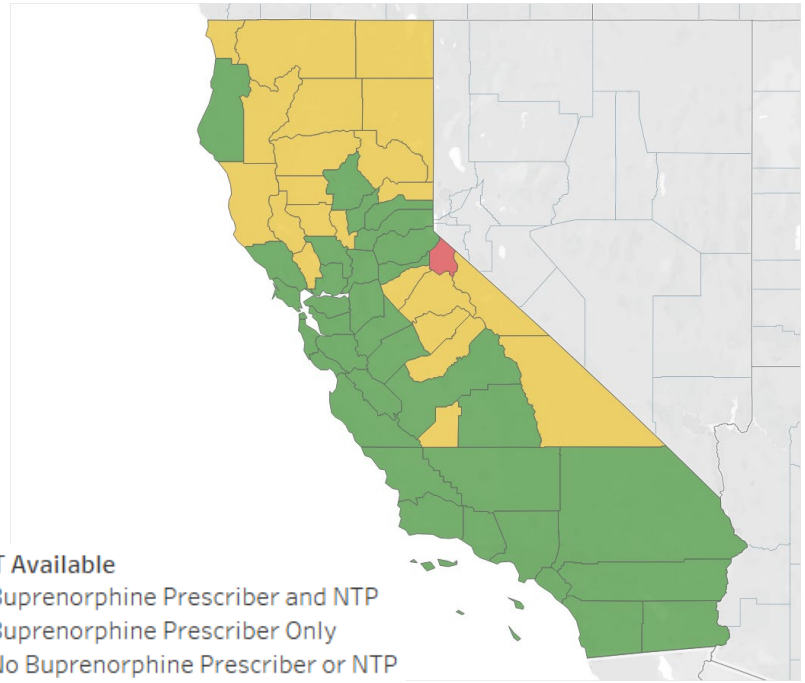
Despite Medi-Cal coverage of MAT and significant progress, more work can be done to expand provider capacity to prescribe and provide MAT and make it available statewide, especially in rural areas.

California has multiple efforts underway aimed at expanding access to all forms of MAT. For example, the state is:

- In the process of **explicitly adding coverage of MAT to all levels of care** (e.g., outpatient, intensive outpatient and residential treatment) covered under the Medi-Cal State Plan
- Using state opioid response grant dollars to fund a **California MAT Expansion Project**, including the **Tribal MAT Project** for Tribal and Urban Indian communities
- Investing in the **California Bridge Program**
- Operating the **Integrated Substance Use Disorder Treatment** program in California's prison system

While California has made strides in expanding access to MAT in recent years, DHCS recognizes that barriers to accessing MAT exist and that more work can be done to extend use of MAT.

Counties with Buprenorphine Prescribers and/or NTPs



Source:
9. DHCS Licensure Data and US DEA

Mental Health and SUD Residential Treatment

California has expanded access to SUD residential treatment in recent years, but more can be done, particularly in counties that have not yet opted into DMC-ODS and for youth. It remains hard to place individuals living with complex conditions or histories in mental health residential treatment, and some areas have general shortages.

There are still major barriers in access to SUD residential treatment services across most counties in the state, including many that participate in the DMC-ODS.

- 70% of counties report urgently needing residential treatment services across the board.
- 75% of counties cite a lack of available SUD residential beds specifically for youth patients.
- Twenty-two counties do not have any residential SUD facilities.
- Facilities offering clinically managed, population-specific, high-intensity residential services (ASAM Level 3.3) are relatively rare in California. There are only 36 Level 3.3 facilities in operation across nine counties (half of these are located in Los Angeles).

Mental Health and SUD Residential Treatment

California has expanded access to SUD residential treatment in recent years, but more can be done, particularly in counties that have not yet opted into DMC-ODS and for youth. It remains hard to place individuals living with complex conditions or histories in mental health residential treatment, and some areas have general shortages.

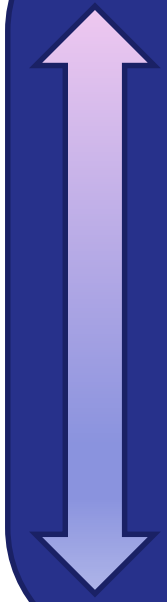
While the categories of mental health residential treatment are not as clearly defined as those for SUD residential treatment, stakeholders report shortages of mental health residential treatment options, particularly for those with complex needs.

- Focus group participants noted that individuals with significant mental health needs and with behaviors or histories deemed problematic may be declined by residential treatment providers.
- 71% of survey respondents identified subacute treatment (including MHRCs and SNFs with special treatment programs) as an urgently needed level of care in their county's adult mental health continuum of care.
- For both adults living with SMI and children living with SED, there are significant needs for more residential treatment options.

Crisis Services

Despite pockets of innovation, California can do more in crisis services to reduce avoidable ED visits, hospitalizations, and incarceration. Even where crisis services are available, there is strong interest in improving connections to ongoing care.

Crisis Services Continuum of Care



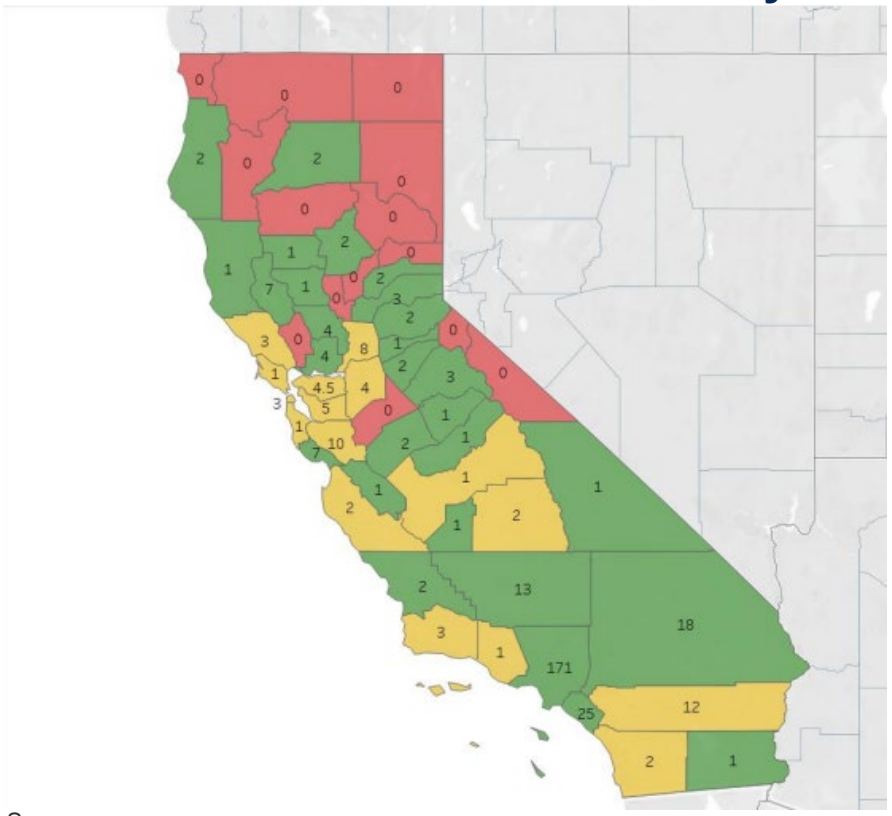
- **Crisis Call Centers**
- **Mobile crisis teams**
- **Crisis stabilization units (CSUs)**
- **Crisis respite services**
- **Sobering centers**
- **Crisis residential services**

> "Mobile crisis services are needed, but they are ineffective unless they have somewhere to take the individual. There is a huge shortage in acute inpatient beds and board-and-cares."
>
> *Drug/Alcohol Program Association*

Crisis Services

There are significant shortages in the availability of mobile crisis services across California, and almost all counties reported interest in expanding or improving mobile crisis services.

Number of Mobile Crisis Teams by County and Estimates of Need for Additional Capacity



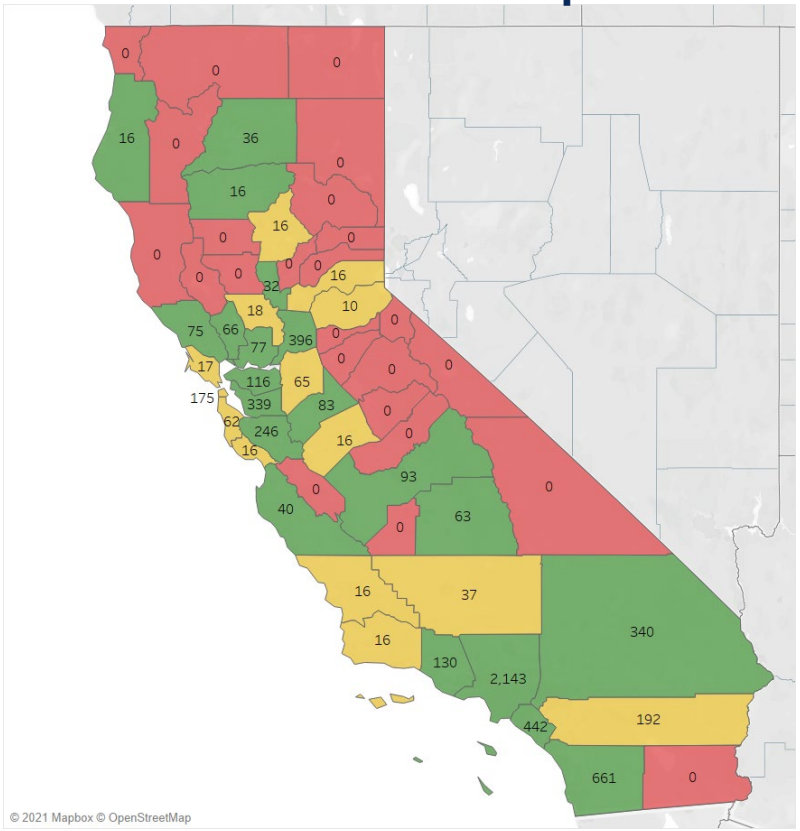
- *Counties shaded in **green** **may have sufficient mobile crisis teams** according to the Crisis Resource Need Calculator.*
- *Counties shaded in **yellow** **have mobile crisis teams available, but do not have enough mobile crisis teams** according to the calculator.*
- *Counties shaded **red** **do not have any mobile crisis teams available.***
- *Labels on counties reflect the number mobile crisis teams available.*
- *Number of mobile crisis teams identified from 2021 survey of county Behavioral Health Directors. Coloring on map based on analysis of Crisis Resource Calculator.*

Sources:
10. Crisis Resource Need Calculator. Available at www.crisisnow.com.

Inpatient Services

The availability of inpatient beds varies by county, with insufficient capacity for children and youth and people living with complex physical conditions. There is significant pressure on inpatient beds, reflecting the importance of stronger crisis services, housing options and other community-based supports.

Number of Acute Mental Health Inpatient Treatment Beds by County



- *Counties shaded in **green** **may have sufficient beds** according to the Crisis Resource Need Calculator.*
- *Counties shaded in **yellow** **have beds but do not have enough** according to the calculator.*
- *Counties shaded **red** **do not have any beds***
- *Labels on counties reflect the number of acute inpatient beds licensed by the state.*
- *Crisis Resource Need Calculator based on data on average length of stay provided by California Hospital Association and county population.*

Sources:
11. NASMHPD's Crisis Now website. Available at www.crisisnow.com.

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- **Populations of Focus**
- Key Issues and Opportunities
- Q&A

Populations of Focus

The report discusses the behavioral health needs and corresponding services specific three populations of focus: children and youth, individuals who are justice-involved, and American Indian/Alaska Native individuals. These populations rose to high importance through a review of data, analysis of surveys, input of focus groups, and an acknowledgement of disparities and poor health outcomes for these groups.

SUD Services for Adolescents

- Approximately 90% of adults with SUD started using a substance before age 18.
- In California, SUD services are not yet widely available for adolescents and young adults.

"The absence of SUD services in my world is so absolute and complete, I don't know where to begin to discuss gaps."

Populations of Focus

The report discusses the behavioral health needs and corresponding services specific three populations of focus: children and youth, individuals who are justice-involved, and American Indian/Alaska Native individuals. These populations rose to high importance through a review of data, analysis of surveys, input of focus groups, and an acknowledgement of disparities and poor health outcomes for these groups.

Treatment Beds for Justice Involved Individuals

"We struggle significantly to place incarcerated people into treatment beds—no one will take people out of jail. We need access to jail-based treatment or facilities willing to take jail inmates."

- County Behavioral Health Director

Opioid Use Disorder Among AI/AN Communities

- In California, opioid overdose deaths in the AI/AN population are almost double that of white communities.
- Community and individual stressors and historical and intergenerational trauma are significant drivers of both mental health issues and substance use among AI/AN populations.
- There is a lack of youth OUD prevention programs in AI/AN communities in California.

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Key Issues and Opportunities

The assessment describes existing challenges and key opportunities across the state to improve prevention services and treatment options. Many already are a focus of DHCS' behavioral health agenda.

It is critical to have a **comprehensive approach to crisis services** that emphasizes community-based treatment and prevention and connects people to ongoing services.

Community-based living options are essential for people living with serious mental illness and/or a substance use disorder.

More treatment options are vital for children and youth living with significant mental health and substance use disorders.

Prevention and early intervention are critical for children and youth, especially those who are at high risk..

Key Issues and Opportunities

The assessment describes existing challenges and key opportunities across the state to improve prevention services and treatment options. Many already are a focus of DHCS' behavioral health agenda.

Behavioral health services should be designed and delivered in a way that **advances equity and addresses disparities in access to care** based on race, ethnicity, and other factors.

More can be done to ensure that **evidence-based and community-defined practices** are used consistently and with fidelity throughout California's behavioral health system.

More effectively addressing the behavioral health issues – and related housing, economic and physical health issues – of **individuals who are justice-involved** is critical.

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Council Questions/Discussion

Public Comment

Upcoming Events

Full Council Meeting
Friday, April 29, 2022, 2:00-4:30PM

Juvenile Justice Workgroup
Friday, February 11, 2022, 1:00 – 3:00 PM

Diversion/Reentry Workgroup
Friday, February 18, 2022, 1:00 – 3:00 PM

Housing Recommendations Implementation Webinar 3: Common Practices for Connecting to and Using Housing as a Strategy for Diversion & Reentry

Thursday, February 24, 2022, 12:00 – 1:30 PM

Please visit our website at https://www.cdcr.ca.gov/ccjbh/
Email us at CCJBH@cdcr.ca.gov

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DEPARTMENT OF CORRECTIONS AND REHABILITATION
STATE OF CALIFORNIA