

# **CCJBH Diversion and Reentry Workgroup Meeting**

Friday, March 4, 2022

1:00 PM - 3:00 PM

Zoom Meeting

**Workgroup Purpose:** Provided an update on the Council of State Government's (CSG) Justice Center Mental Health Diversion: Consultation, Technical Assistance, and Policy Recommendation contract and learned about the coordination of care in the justice-involved population with Riverside County's Whole Person Care Program, which transitioned to CalAIM on January 1, 2022.

## **Councilmember Advisors:**

Mack Jenkins, *Chief Probation Officer, Retired, San Diego County*

Stephen Manley, *Santa Clara County Superior Court Judge*

Tony Hobson, *PhD, Behavioral Health Director, Plumas County*

## **CCJBH Staff:**

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

### **I. Welcome & Introductions:**

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

### **II. Council of State Government Justice Center's Diversion Technical Assistance Contract Update**

Ms. Grealish presented the Diversion and Reentry Workgroup contract updates. The contract that CCJBH has with the CSG Justice Center provides subject matter expert specialty consultation and technical assistance to sustain and expand local capacities for diversion through learning communities and listening sessions. Learning communities train individuals to share and provide technical assistance to counties who have implemented or who are looking to implement diversion programs, which include the Department of State Hospitals diversion programs. CSG Justice Center will be launching listening sessions to learn about how diversion works across the state. By the end of 2022, CSG Justice Center will develop a final report targeting recommendations on how to sustain and expand mental health diversion in California. In the fall, CSG Justice Center sent a survey across the state to system partners to find out which counties would be interested in participating in learning communities. The survey included a variety of topics regarding ways to learn about diversion. The county participants include Alameda, Butte, Contra Costa, Fresno, Humboldt, Kern, Orange, Plumas, San Bernardino, Santa Barbara, San Francisco, San Mateo, Santa Cruz, Shasta Siskiyou, Solano, and Sonoma County. The survey resulted in six learning community sessions, two which have already been completed. The March 22

learning community session will discuss the diversion evaluation process. In April 2022, two learning community sessions will take place. One will be a session for judges only and the second session will be about diversion treatment planning. The final session will take place in May 2022 and will discuss treatment monitoring.

### **III. Coordination of Care in the Justice-Involved Population**

*Judi Nightingale, DrPH, RN, Director, Population Health, Riverside University Health System*

Dr. Judi Nightingale presented on Whole Person Care (WPC) in Riverside County. She explained that it was one of four components of the Medi-Cal 1115 Demonstration Waiver. As the Director of Population Health, Dr. Nightingale met with the Chief of Probation in Riverside County and discussed the transition of care for the justice-involved population. She proposed to the Chief of Probation to recruit registered nurses (RNs) to work in probation. The State of California offered funding for a high utilizing population that has complex needs, which included the justice-involved population and aligned with the proposal. In a short period of time, Dr. Nightingale recruited partners to serve the justice-involved population coming out of incarceration from state prisons and county jails. Nurses were placed in probation sites and were connected to individuals being released. The overarching goals for WPC were to reduce re-incarceration and unnecessary emergency department usage. In 2015, Riverside County Probation Department analyzed data to plan their project. Research showed that a small population of individuals on probation were homeless. Half of the probationers returned to court within a year as a result of substance and alcohol abuse. More than 50 percent of individuals on probation were in need of medical insurance.

In the Riverside County WPC project, two leaders were hired to provide oversight for the teams and a program coordinator was hired who captured program data and ensured that Riverside County was in compliance with the Department of Health Care Services (DHCS) requirements. RNs were hired and placed in all of the probation and parole sites in Riverside County. Two nurses were placed in wraparound service clinics. Riverside County allocated funding to hire 12 outreach specialists who worked in behavioral health. Nurse case managers were hired to assist nursing screeners located at the probation sites. The RNs at the probation sites screened for mental health needs and substance abuse treatment needs using a 22-question screening tool, and the screening also asked individuals if they would like to get tested for the common communicable diseases that are prevalent with incarceration. Based on the outcomes, referrals were made to the health care clinics, which were close to the probation sites, making it easy to facilitate warm handoffs. The screening tool also assessed homelessness by asking individuals where they sleep at night, and screened for the need for additional support services, such as Cal Fresh and Cash Aid.

The partners that helped plan this project were Riverside County Probation Department, Riverside County Sheriff's Department, Riverside University Health

System, Riverside County Department of Public Services, Riverside County Economic Development Office, City of Riverside, Mayor's office, Inland Empire Health Plan, Molina Healthcare, National Community renaissance, Health to Hope Clinics, Coachella Valley Rescue Mission, and Path of Life Ministries.

In regard to barriers, Riverside County found that medication was not being provided when individuals were being released from incarceration, which was a problem that they addressed right away. Instead of receiving a few days' worth of medication, Riverside County ensured that individuals were getting 14, 30, 45 or 60 days' worth of medications, depending on the medications prescribed.

The WPC program was approved in December of 2016 but was not able to start screening individuals on probation or parole until October of 2017. This was because WPC had difficulties with hiring applicants for the program due to extended background checks. This created a barrier because it took six to eight months to begin screening individuals who were referred to the WPC program. Although there was a hiring barrier, from 2017 to 2020 the WPC program had a 94 percent acceptance rate of individuals on probation and parole into program treatment.

The WPC program made a total of 20,000 referrals out of their sites with around 11,000 people that were screened. This averaged out to two referrals per individual that was screened. They made referrals to physical health, substance use, behavioral health, housing, social services, and transitional age youth programs. Riverside County WPC's partnership with the Probation Department positively impacted the acceptance rate outcome.

The outcomes of the WPC program included an increase in individuals being enrolled into Medi-Cal, which is crucial upon transition from incarceration. Furthermore, Medi-Cal as a proxy to obtaining substance use and behavioral health services is important. Those who had active Medi-Cal showed statistically significant reduction in recidivism. Of the individuals on parole and probation referred to mental health services who attended at least one appointment, 65 percent had a reduction in re-incarceration compared to those who did not attend an appointment. For those who were referred to a substance use disorder program and attended at least one appointment, 50 percent had a reduction in re-incarceration compared to those who did not attend an appointment. The purpose of WPC is to surround each individual with everything they need to be successful and prevent re-incarceration. This outlook improved integration among partners for patient-centered care. WPC saw a reduction in duplication of efforts across multiple departments. There was an increase in collaboration for other projects as a result of knowing who to contact to help high-need clients. Many clients expressed gratitude for having their lives turned around by WPC.

Dr. Nightingale shared a success story. A gentleman in his early 40s who was recently released from incarceration had multiple medical problems, such as congestive heart failure, hypertension, atrial fibrillation, and recent

hospitalizations for pneumonia. He was told his heart was only working at 10 percent of its capacity due to previous substance use of methamphetamine. He wore an external life vest defibrillator to shock his heart when it would stop. His doctor informed him he had six weeks to live. He was also diagnosed with mental health conditions, such as depression and anxiety. This gentleman was homeless with his girlfriend, which made changing his defibrillator difficult. The WPC outreach team began to meet with the client and obtained information that the client was a Veteran. The client was eventually placed in a brand new Veteran's housing program within a month of screening. This life changing event drastically improved his health and his heart function increased to 40 percent. He no longer needed the external defibrillator and was able to eventually marry his longtime girlfriend. He has been sober and was able to obtain employment. This is one of hundreds of success stories that the WPC program has.

#### **IV. Q&A with Councilmember Advisors**

- Q:** Judge Stephen Manley asked if the Riverside Probation Department was interviewing individuals before referring them to the WPC program.
- A:** Dr. Nightingale stated that individuals had interviews with probation at their first visit after release and the probation officers would connect clients to the RNs.
- Q:** Judge Manley stated he is concerned about the serious mentally ill population because they are resistant to treatment, medications, and do not go to probation for help. DHCS's California Advancing and Innovating Medi-Cal (CalAIM) allows service providers to go into the jail to connect individuals before they are released. Do you intend to change the program so that WPC staff can go into the jail to begin services?
- A:** Dr. Nightingale stated they funded an eligibility technician to go into the jails in Riverside County. What they noticed was that inmates were interested in obtaining dental benefits, not medical benefits. So, Riverside County WPC developed slides to be presented in the jails that explained WPC and how signing up for Medi-Cal upon release includes free dental care. They worked with the Director of Medi-Cal in the Social Services Department of Riverside County and requested two policy changes. The first request asked for a representative to go into correctional facilities and screen for Medi-Cal eligibility at the entrance to jail. If individuals are eligible, Medi-Cal enrollment can be suspended for the next three years, since the majority of inmates get out of jail within that three year period. The second request was to approve 60 days of presumptive Medi-Cal eligibility after release from incarceration. Furthermore, Medi-Cal should automatically re-enroll individuals every year.
- Q:** Judge Manley asked how many individuals are under care management with Riverside WPC.

**A:** Dr. Nightingale explained that they care manage between five and ten percent of the people who have been screened. Riverside County WPC screened over 14,000 individuals, and about 10 percent were enrolled.

**Q:** Judge Manley asked what the average caseload is per RN.

**A:** Dr. Nightingale stated the nurses see 75 clients a month. When a client is released, they meet with the nurses more often and begin to meet less often as they start to successfully reintegrate into the community.

**Q:** Judge Manley asked if nurses create trust and follow up with clients once they are in the community after initial engagements. What changes and improvements will be made to incorporate the CalAIM goals into your existing success?

**A:** Dr. Nightingale stated they were the only justice-involved WPC program in the county. A lot of the CalAIM justice-involved components were taken from their program. WPC has housing outreach specialists who worked in the county's Behavioral Health Department. They provided housing, along with transportation and other social services, such as obtaining and identifying documents. WPC had 300 peer support specialists in the department that were connected with each of the clients. Any time clients were screened and had a prescription, they were connected with the pharmacy at the hospital or a satellite pharmacy so medications were refilled as soon as possible. A sheriff in leadership in Riverside County worked with DMV to have cameras for ID photos installed in the jails, which helped to get individuals a license or an ID upon release. WPC had partners within the jails, such as RNs who provided health care management, and behavioral health partners who provided Medication Assisted Treatment services. WPC established a tight handoff from detention health care managers for chronic physical health problems, mental health problems and substance use problems. WPC has a detention electronic health record to track individuals being released so they can be connected to nurses and case management. They were connected to WPC quickly upon release to be transitioned back to the community and it was successful. The only thing that will be added is housing resources.

**Q:** Judge Manley stated it would be beneficial to intercept individuals before the booking process.

**Q:** Dr. Tony Hobson stated some individuals are in and out of jail within 72 hours. How will you successfully engage that segment of the jail population and get them connected to Medi-Cal and to see a provider?

**A:** Dr. Nightingale stated they had a sheriff in the department that mobilized a group of people, including law enforcement, behavioral health nurses, and other county partners to go into the community and connect the homeless population to services. Nurses were delegated to make the initial contact and

get the homeless population connected to physical health, behavioral health, and housing services. Their success rate was phenomenal. It was an insightful and forward thinking approach that helped people get connected.

**Q:** Ms. Anita Fisher asked for more information regarding housing services.

**A:** Dr. Nightingale stated they had funding for 12 housing outreach specialists that worked in the Behavioral Health Department. They provided rides to doctors' appointments, social security offices, and any other needed services.

**Q:** Ms. Fisher asked if the housing was supportive housing.

**A:** Dr. Nightingale stated supportive housing was ideal when it was available. Six-month transitional housing should be in place for individuals coming out of incarceration. Individuals being released are overwhelmed and are not connected to resources. Riverside County tried to obtain an abandoned hotel to put individuals in single motel rooms, and bring behavioral health peer support specialists and other resources and services to the motel room. It was not possible because of an annual music festival. If this was possible, it would be very helpful for this population.

**\*Public Comment\***

**Q:** A participant stated that she understands how influential peer supports are because she is formally incarcerated. There was a lot of talk about high turnover and low wages. Will there be opportunities within WPC for entry-level positions that eventually turn into advanced or supervisory roles so individuals can have an avenue to move up in? In addition, has CCJBH heard of Recovery Community Organizations or Recovery Community Centers? They are new in California. They are community-based organizations that are run by members of the community who have lived experience. When there are individuals who are released within 72 hours, is there a way to notify community centers in the area?

**A:** Dr. Nightingale stated Riverside County has over 300 peer support specialists. They all have their own specialties, such as substance use, behavioral health and justice-involved communities. Recruiting and retaining individuals with lived experience who work inside jails is difficult because it requires an extensive background check and does not pay well. The county also leverages community health workers that work with the population to get them connected to community centers.

**Q:** A participant asked how hiring barriers are being addressed. In regard to the 300 peer specialists, how many of those have lived experience in the reentry community? In terms of data, was the tracking allocated to one touch, and was there more tracking after the first touch? Does Riverside County have a Community Access Board that is made up of the community they serve?

**A:** Dr. Nightingale stated all the peer support specialists who work in the department of behavioral health all have lived experience in either incarceration, substance use, or in mental health. They are separated into different areas of the community. In the medical arena of Riverside University Health System, community health workers are used more frequently than peer support specialists because they work in physical health care. The data is collected after the first touch. Riverside County has a data set that started in October, when individuals began being screened, that includes all the appointments and referrals made. The data is examined to identify program outcomes.

**Q:** A participant asked if the State made any new contracts with individuals who have high needs that do not fall into any of those categories.

**A:** Judge Manley stated Governor Newsom has made an important commitment to provide funding and a new approach on how to work with individuals who suffer from mental illness. The commitment is to create a new system of care and treatment that would avoid the barriers within the legal system that prevent us from effectively providing treatment and help to individuals. The proposal would expand the treatment capacity throughout the State. Many individuals who release from incarceration have nowhere to go. Governor Newsom's proposal would dramatically expand infrastructure (e.g., opening hotels). Many counties do not have the resources to build necessary infrastructure to help the justice-involved population with behavioral health needs. If the proposal is approved, it will provide the enhancement and creation of more infrastructure and housing services. Housing should be provided for everyone, but we especially need housing for the vulnerable mental health population, many of which also have substance use disorders. The workforce also needs to be reformed. Peer support workers, for example, need to earn a livable wage. Furthermore, Governor Newsom's proposal places the treatment capacity and funding with the counties. We also have to move away from using State Hospitals and facilities that are too far from vulnerable populations. We need to stop trying to fix broken systems. Everyone needs to come together to create a new, fresh system that addresses all these problems.

**A:** Dr. Hobson stated that funds come in the form of competitive grants and not all counties get the funding. If everyone is going to invest in this idea, then this needs to be a permanent fixed allocation to the counties to be able to do this work.

**A:** Ms. Fisher stated that any money that is funded needs to be 100 percent used by each county.

**Q:** A participant stated that Governor Newsom's proposal is a great threat to civil liberties. Requiring unhoused individuals to comply with court-ordered treatment is reminiscent of their history of institutionalization. Those who will

be impacted by this proposal should be a part of this discussion. It is going to take a long time to undo the damage that has been done in that last 24 hours. Behavioral health advocates are very upset that the issues are being put on the behavioral health system when the issue is lack of affordable housing and lack of opportunities for communities to have safe shelters.

**A:** Judge Manley stated that Governor Newsom made it a point that this is specifically going to provide housing for individuals who are participating in the program being promoted. It is clear that he wants input from the community. There is plenty of time for dialogue and discussion to raise valid points that anyone is concerned about.

## **V. Announcements/Next Steps**

Ms. Grealish stated that the fourth [Housing Recommendations Implementation Webinar](#) will occur on March 24, 2022, from 12:00 to 1:30 pm. The next [Full Council Meeting](#) is on April 29, 2022, from 2:00 to 4:00 pm. The Substance Use Respite and Engagement (SURE) program will present, which is a program in Sacramento County where individuals who suffer from mental health and/or substance use disorder(s) and who come in contact with law enforcement are transported by law enforcement to the SURE program rather than to jail. Finally, the [20<sup>th</sup> Annual Legislative Report](#) was published and can be found on the CCJBH website.

## **VI. Adjourn**