CCJBH
Council on Criminal Justice and Behavioral Health

20 YEARS of building bridges to prevent incarceration

Diversion/Reentry Workgroup

February 10, 2023

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Office of the Secretary, Jeff Macomber
California Department of Corrections and Rehabilitation (CDCR)

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STATE OF CALIFORNIA

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- **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.*
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- *Keep public comment to agenda items being discussed.*
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COMMENTARY

Participant comments in the Q&A do not reflect the views or policies of the presenters, the Council on Criminal Justice and Behavioral Health, the California Department of Corrections and Rehabilitation or its affiliates or contractors. By using the Q&A, you agree to keep comments relevant to the topic of today's event. While a variety of diverse perspectives and opinions is welcome, disruptive comments are not aligned with the purpose of this meeting, and users creating disruption may be removed without warning.

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Agenda

Time	Topic:
3:00 PM	Welcome and Introductions
3:15 PM	2022 Annual Legislative Report Recommendations
3:40 PM	Q&A With Councilmember Advisors Public Comment
4:00 PM	CSG Justice Center Mental Health Diversion DRAFT Final Report Recommendations
4:30 PM	Q&A With Councilmember Advisors Public Comment
4:55 PM	Announcements
5:00 PM	Adjourn

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2022
DRAFT
Annual Legislative Report Recommendations

2022 Draft Annual Legislative Report Recommendations

- Recommendations were formulated using information gathered from CCJBH staff research, workgroup presentations and discussions.
- CCJBH staff also examined current budget investments to make recommendations for Diversion and Reentry populations.
- The following is a summary of the Diversion/Reentry Recommendations in CCJBH's 2022 Annual Legislative Report.
- The comprehensive findings and recommendations document, which will ultimately be transferred into the full annual legislative report, can be found on the CCJBH website.

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2022 Annual Legislative Report Recommendations

- Diversion and Reentry Policy Recommendations have been categorized into the following general themes:
  - State Investments
  - Workforce
  - Housing/Homelessness
  - Research/Evaluation/Data
  - Additional Recommendations

Targeted Efforts for State Investments

1. Counties should consider funding deflection programs to build out community infrastructure to triage individuals in crisis to the appropriate community-based service provider(s). Possible funding sources could include:
   - Behavioral Health Continuum Infrastructure Program
   - Medi-Cal Managed Care Plans (CalAIM ECM and Community Supports)
   - MHSOAC Mental Wellness Act (i.e., Triage Grant Program/SB 82)
   - Department of State Hospitals IST Solutions to Expand Diversion and Community-Based Restoration Capacity funding.

Targeted Efforts for State Investments (cont.)

2. All entities involved in CalAIM Enhanced Care Management (ECM) should strive to efficiently streamline access to ECM assessments conducted through Managed Care Plans (MCP). Specifically:
   - A process that allows system partners to determine eligibility and enrollment status
   - All front-line staff are trained about the new benefits and ECM referral and assessment processes
   - Medi-Cal MCP Network providers should be staffed with Community Health Workers and/or peers in providing system navigation and engagement services
   - Brief informational materials could be created for stakeholders (flyers, web page(s), and video tutorials)

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Targeted Efforts for State Investments (cont.)

3. Local jurisdictions awarded Behavioral Health Continuum Infrastructure Program funding should consider the unique needs of the BH/JI population as part of their program development and implementation.
4. Counties that participate in DHCS' CalAIM Contingency Management Pilot Program with an anticipated launch in January 2023), should ensure that the BH/JI individuals suffering from stimulant use disorders have access to this new benefit through outreach and collaboration with local criminal justice stakeholders and diversion programs to maximize participation.
5. Findings and recommendations from the *Mental Health Diversion Final Report* and the *Public Health Meets Public Safety Final Report* should be reviewed and carefully considered within the context of the broad multi-system efforts currently underway.

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Workforce

6. The California Department of Health Care Access and Information's (HCAI) current behavioral health initiatives reflects partnerships to ensure workforce opportunities. Specifically:
   - Behavioral health workforce development efforts should, where feasible, include training content for non-clinical staff that addresses:
     - Myths and misconceptions associated with mental health and SUDs
     - The complex needs and community-based continuum of care behavioral health screening and assessments, including the concepts of criminogenic risk and needs
     - Effective practices for increasing consumer engagement
     - Application of Evidence-Based Corrections to prevent or reduce recidivism
     - Recovery-oriented approaches, guided by SAMHSA's 10 Guiding Principles of Recovery

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Workforce (cont.)

- HCAI could collaborate with existing programs that certify incarcerated individuals as Alcohol and Other Drug (AOD) counselors in order to facilitate job placement upon release from incarceration. Similarly, programs that certify incarcerated individuals AOD counselors could consider expanding the certification to include general peer support (e.g., SB 803 Peer Support Specialists), thus optimizing employment upon reentry while simultaneously addressing mental health and SUD workforce shortages.
- Community-based organizations should consider applying for the HCAI's Peer Personnel Training and Placement.
- Organizations should utilize the technical assistance offered by HCAI's California Primary Care Office to become recognized as a federally designated Health Professional Shortage Area or Medically Underserved Area/Medically Underserved Population.

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Workforce (cont.)

- HCAI could consider exploring data sources including metrics including the current supply of health care workers with justice-involvement (e.g., data visualizations that reflect the justice-involved workforce growth in comparison to the general behavioral health workforce).
- The California Health Workforce Education and Training Council could add a justice-involved Councilmember and should uplift best practices that increase the employment of peers, apply the principles of recovery, and address the needs of the BH/JI population.

Workforce (cont.)

7. The Mental Health Services Oversight and Accountability Commissions' Behavioral Health Outcomes Fellowship could be leveraged to develop a partnership between the Commission and an academic institution to improve outcomes in California's behavioral health system.
8. CCJBH's and CSUS's reports, *Successful Approaches to Employing Individuals with Lived Experience in the Criminal Justice and Behavioral Health Fields* and *Solutions To Hiring Barriers for Individuals With Lived Experience To Work In The Criminal Justice and Behavioral Health Fields*, should be shared widely to inform policy discussions to address the hiring barriers faced by individuals with lived experience.

Workforce (cont.)

9. Additional training for the behavioral health clinical workforce should address the following:

   a) Service staff must be empowered with knowledge to optimize compassionate and effective client engagement when the patient is unaware of their neurological deficit or psychiatric condition.

   b) Efficacy and long-term benefits of long-acting injectable (LAI) antipsychotics including proper administration and follow-up procedures.

Housing/Homelessness

10. Recent housing investments present a pivotal opportunity to channel funds to a centralized entity to serve as a dedicated hub for housing referral, intake, and navigation
(e.g., Continuums of Care) in order to manage access to the numerous existing and planned housing and housing services resources across the state, each of which has (or will have) different eligibility criteria.

11. Efforts could be made to further support CDCR parole agents in linking the currently homeless parolees to existing housing programs. Similar efforts could be undertaken to refer those on probation and those who are at-risk of homelessness upon release from an institutional setting.

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Research/Evaluation/Data

12. DHCS could stratify its Behavioral Health Reporting data visualization by the justice-involved population, as well as incorporate justice-involved data into the new Population Health Management Services in order to monitor health care access, utilization and quality of care.
    a) The Medi-Cal Utilization Project (MCUP) data linkage could be leveraged
    b) Stratify data for both the juvenile and adult BH/JI populations
13. CCJBH should continue to collaborate with key stakeholders to identify strategies, including potential legislation, to improve the ability to analyze and study DOJ IST data.

Additional Recommendations

14. Counties should consider the MHSOAC Innovation Incubator's Data-Driven Recovery Project as a model of multisystem data linkage to work together to reduce recidivism for individuals with mental illness by gathering data to better understand the mental health needs of people in the criminal justice system.

15. The CARE Act should be leveraged as a diversion strategy for the BH/JI population who meet or are likely to meet the target population criteria, providing the appropriate services and supports that the individual lacked that ultimately resulted in their justice system involvement. The following considerations should be taken into account:

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Additional Recommendations (cont.)

a) Judicial system staff could be provided with clear guidance on when and how to divert individuals to and through the CARE Act processes and marketing outreach could target:

   i. Medi-Cal Managed Care Plan ECM providers,

   ii. Diversion programs, and

   iii. Jail, probation, State Prison and parole case/care coordinators.

b) CARE Plans should be developed based on the 10 priorities and components of Collaborative Comprehensive Case Plans.

c) Housing placements must take into account the complex continuum of care needs, as specified in the CSG Justice Center's report, *Reducing Homelessness for People with Behavioral Health Needs Leaving Prison and Jails*.

Additional Recommendations (cont.)

d) Training for all involved in the CARE process should, as feasible, include training that includes:
   i. Trauma-informed care,
   ii. Engagement strategies,
   iii. Use of LAI medication(s), and
   iv. Collaboration with multi-system partners to ensure that individual needs are addressed.

e) The knowledge, expertise and capacity of community-based reentry providers should be leveraged.

f) For the CARE Act evaluation, data should be captured that would allow DHCS (or their contracted evaluator) to distinctly identify the BH/JI population in order to ensure equitable outcomes, and individuals with lived experience should be consulted to provide input on the evaluation design.

Additional Recommendations (cont.)

16. When developing the State's Crisis Continuum of Care, the following should be considered:
    a. Training for behavioral health crisis first responders should include training addressing crisis de-escalation, stigma, trauma-informed care, and engagement.
    b. Police-Mental Health Collaborations could be formally established within counties to support law enforcement decision-making and optimize behavioral health crisis outcomes.
    c. Counties could leverage available funding to develop crisis facilities that may serve as alternatives to incarceration and emergency room utilization.

Q&A With Councilmember Advisors

Public Comment

Justice Center
THE COUNCIL OF STATE GOVERNMENTS

CCJBH Diversion Workgroup Meeting

Katie Herman, Senior Policy Analyst

February 10, 2023

The Council of State Governments Justice Center

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

A Statewide Look at Mental Health Diversion

DRAFT Recommendations to California's Council on Criminal Justice and Behavioral Health

A Note on Terminology

"Mental health diversion"

- refers to adult jail diversion when a person who has a mental health need may still be involved with part of the criminal justice system, such as the courts, but spends little to no time in jail and is instead connected to community-based treatment and support services

"Treatment"

- generally refers to community behavioral health treatment, which includes services provided by licensed clinicians, psychiatrists, nurses, and peer specialists
- includes individual or group therapy; substance use treatment; peer support groups; crisis services; psychoeducation; and medication management

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CCJBH Diversion Key Project Activities

1. Run 6 **peer learning communities**
2. Draft and administer **survey** for local stakeholders with implementation roles in diversion including questions on current diversion practices, challenges, and impact of COVID-19
3. Develop **Training & Technical Assistance plans** based on survey results, Collaboration Meetings
4. Facilitate **4 quarterly meetings** to collaborate with state officials/state-wide association on policies and TTA relevant for diversion implementation
5. Facilitate **5 Virtual Regional Listening Sessions** (Central Valley, Southern California, Bay Area, Superior, Sacramento) to meet with stakeholders, including diversion participants and families, to identify implementation successes, challenges
6. Facilitate **3 Topical Work-Through Sessions** with stakeholders and SMEs on "tough" topics identified through survey, learning communities, and other collaboration meetings
7. **Document** implementation challenges, emergent policy issues, "lessons learned," and proposed strategies

Key Takeaways

Overall strengths of mental health diversion

- Diversion is intentionally different from the "typical" court process:
  - Less adversarial and impersonal for defendants
  - Participants feel a greater sense of control over their treatment participation and the outcome of their legal case
  - Participants receive services they otherwise would not be able to easily access
  - Staff working in diversion are very passionate and feel inspired and uplifted by their work

Overall challenges of mental health diversion

- Lack of statewide data and guidance about what diversion looks like across the state
- Without a clear understanding of the scale of diversion in CA, it is difficult to create policies and guidance that are beneficial to the entire state
- Limited housing for diversion participants
- No set-aside funding for diversion

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Identified challenges from diversion learning community session with judges

- Statutory time frames
- Inability to compel medication compliance
- Treatment buy-in from participants with limited insight
- Lack of locked inpatient transitional facilities
- Overburdened conservatorship system
- Insufficient jail discharge planning and warm handoffs
- Immediate 5150 hospital discharges

DRAFT Recommendations by Topical Areas

- Funding and State leadership
- Engagement and clinical models
- Substance use evaluation and treatment
- Housing
- Health insurance
- Data collection
- Training and technical assistance

Funding and State Leadership

1. Incentivize participation in the diversion workforce

2. Increase awareness of funding streams that can support mental health diversion work at the county level

3. Standardize court monitoring and reporting of diversion participants

Engagement and Clinical Models

1. Use flexible service dollars as an initial engagement tool
2. Fund training and materials for evidence-based interventions that reduce recidivism and criminal thinking patterns as part of diversion programming
3. Expand use of Assertive Community Treatment (ACT) Teams
4. Support the creation and facilitation of "diversion support groups"

Substance Use Evaluation and Treatment

1. Integrate the substance use and mental health service systems and develop a robust method for data sharing and co-location of clinical records while limiting the amount of data collection and analysis required of front-line clinical staff

2. Strengthen nontraditional treatment systems and supports and develop more community-based recovery services

Substance Use Evaluation and Treatment (con't)

3. Create more options for transitional treatment continuums from jail to the community

4. Provide training to mental health clinicians working in diversion to ensure that they understand how to make referrals to substance use treatment

Housing

1. Determine the size of the population in the state who experience homelessness, have a behavioral health condition, and are eligible for mental health diversion

2. Develop a full range of behavioral health treatment and case management services that can pair with a housing subsidy or a housing placement for people participating in diversion

Housing (con't)

3. Provide technical assistance to housing providers and providers that work with diversion programs on how to become Medi-Cal enrolled providers for Enhanced Care Management and Community Services and Supports, and properly bill Medi-Cal and upcoming CalAIM housing Community Supports benefits

4. Create a continuum of permanent housing options for people eligible for mental health diversion

Housing (con't)

5. Establish regional pilot programs based on the flexible housing subsidy pool model

Health Insurance

1. Develop a decision tree or systems map of the Medi-Cal Managed Care and commercial (private) managed care insurance processes and systems for people who are incarcerated in jail and potentially eligible for diversion

2. Track jail population and diversion participant health insurance data to be able to quantify how many of these individuals are insured through Medi-Cal

Health Insurance (con't)

3. Leverage CalAIM to provide case management and navigation services for those who are (or will be) enrolled in Medi-Cal following their release from jail, and ensure that there are jail staff able to support people enrolled in commercial insurance plans

4. Consider legislative changes to make diversion an "emergency service" that all insurance providers (including Medi-Cal and commercial managed care plans) would be required to cover

Data Collection

1. Develop a joint research project among the Judicial Council of California, DSH, the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Department of Justice, and CCJBH to better understand the landscape of diversion statewide

Training and Technical Assistance

1. Provide targeted training for diversion system partners on culturally affirming diversion best practices, such as co-occurring disorder treatment best practices, collaborative comprehensive case planning, violence risk assessment and management, risk-need-responsivity, trauma-informed care, and criminal case processing
2. Train judges on how to differentiate between criminogenic risk and behavioral health acuity, and how to accurately assess for "risk to public safety"

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Questions

Thank You!

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https://csgjusticecenter.org/resources/newsletters/

For more information, please contact Katie Herman at kherman@csg.org

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Q&A With Councilmember Advisors

Public Comment

Upcoming Events

Full Council Meeting

Friday, April 21, 2023, from 2:00-4:30 PM

Juvenile Justice Workgroup

Friday, May 12, 2023, from 12:45-2:45 PM

Diversion/Reentry Workgroup

May 12, 2023, from 3:00-5:00 PM

Please visit our website at https://www.cdcr.ca.gov/ccjbh/

Email us at CCJBH@cdcr.ca.gov

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