

## **CCJBH Full Council Meeting Minutes**

Friday, January 27<sup>th</sup>, 2022

2:00 PM - 4:30 PM

Zoom Meeting

### **I. Welcome & Introductions, Roll Call**

Councilmembers Present: Dr. Diana Toche (on behalf of Secretary Jeff Macomber), Jim Kooler<sup>1</sup> (on behalf of Michelle Baass), Christina Edens (on behalf of Stephanie Clendenin), Anita Fisher, Toby Hobson, Danitza Pantoja, Scott Svonkin, Mack Jenkins, and Tracey Whitney

Councilmembers Absent: Judge Stephen Manley

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

Dr. Toche welcomed Councilmembers and public participants and communicated that Secretary Macomber apologizes for not being present for his first council meeting and sends his regrets. CCJBH has many exciting topics for this meeting and all the meetings throughout the year.

### **II. Approval of December Meeting Minutes**

Vote: Motion to adopt the December Full Council Meeting Minutes

Motion to approve the vote: Scott Svonkin

Second: Christina Edens

\*No public comment on vote\*

Ayes: 8

Nays: 0

Abstains: 1

The December 2022 Full Council Meeting Minutes were approved.

### **III. California Crisis Care Continuum**

Stephanie Welch, California Health and Human Services Agency (CalHHS), *Deputy Secretary of Behavioral Health*

Erika Cristo, Department of Health Care Services (DHCS), *Assistant Deputy Director, Behavioral Health*

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<sup>1</sup> Note that for future meetings the DHCS delegate will transition to Sydney Armendariz, Branch Chief, Justice initiatives Branch, Office of Strategic Partnerships.

The California Health and Human Services Agency (CalHHS) Crisis Care Continuum Project was established during the COVID-19 Public Health Emergency when suicide rates were noticeably growing. This crisis shows challenges to accessing crisis care, including capacity, coordination and coverage. To address this crisis, California passed AB 988 in September of 2022. This new bill required CalHHS to develop a detailed Crisis Care Continuum implementation plan by 2023. CalHHS created a roadmap to implement the vision of AB 988. The objectives of the Crisis Care Continuum Project include identifying the statewide vision for services for individuals experiencing crisis, defining statewide essential crisis services, providing a high-level view of required resources or current investments that could be used, outline a governance model to support implementation, and identify a roadmap to reach major milestones. CalHHS proposed three components of future state crisis continuum:

1. Preventing crisis through community-based prevention interventions for individuals as first for suicide, mental health or substance use crisis. This includes services such as harm reduction programs, warm lines, peer support and digital self-help services.
2. Responding to crisis using acute crisis response services such as hotlines, 911 and 988 coordination, mobile crisis teams and social services responses.
3. Stabilizing crisis through community-based services, including in-home crisis stabilization, crisis receiving facilities, peer respite, crisis residential services and sobering centers.

CalHHS utilized the Behavioral Health Task Force (BHTF) to advise the Administration's efforts to advance statewide behavioral health services over the last six months. The BHTF underscored important criteria for the plan, such as Multi-Tiered Support System at school, and investments in behavioral health workforce to build capacity to provide behavioral health services. In terms of response, it is important to explore approaches to serve members of the BIPOC and LGBTQ+ communities and ensure crisis response systems are culturally and linguistically competent. For stabilization, it is important to coordinate hand-offs after crisis has been stabilized, with a clear communication of the care plan.

CalHHS identified goals to implement over the next decade. The goals are categorized based on near term, medium-term and long-term, as follows:

- Near term goals include peer-based warm lines and hot lines.
- Medium term goals include community-based behavioral health services, digital apothecary, mobile crisis services and crisis receiving and stabilization services.
- Long term goals include peer respite, in-home crisis stabilization, crisis residential treatment services and sobering centers. Potential metrics to measure progress of the plan of making the essential crisis services available are currently being created.

Given that technology is very different across counties, the State wants to ensure that each county is building toward consistency. Part of successful prevention is coordinating with multiple systems and empowering those systems on what to do if there is a crisis. It is important to create an equitable system of care for all Californians.

The new DHCS Medi-Cal Mobile Crisis Service benefit reflects a recognition that there are many counties in the State that are providing mobile crisis at some level, but it is very different across the State. To help address this issue, the Medi-Cal Mobile Crisis Services will offer consistency with providing mobile crisis benefits in the State of California. It will begin in 2023 and is a new innovative service that must be available 24 hours a day, 7 days a week, and 365 days a year. DHCS can provide this service under the American Rescue Plan (ARP) Act. Through the ARP, the federal government authorized states to provide Medicaid Mobile Crisis Services at an enhanced federal reimbursement rate to help States launch the benefit. DHCS is taking advantage of the opportunity and implementing a broad array of crisis activities. DHCS submitted a State Plan Amendment that establishes a new Medi-Cal mobile crisis benefit, effective as soon as January 2023. The [Behavioral Health Information Notice 22-064](#) (BHIN) for the Medi-Cal Mobile Crisis benefit provides guidance on the program design and implementation plan, as well as provider qualifications and core service components.

The Mobile Crisis Response is a team-based approach and consists of at least two qualified providers. The team must include at least one provider who could administer psychiatric medication, if needed. The core components include:

- conducting a crisis assessment.
- providing on-site intervention and de-escalation with a beneficiary to develop a plan to avert future crisis.
- facilitate a warm handoff if the beneficiary requires urgent treatment in an alternative setting, including providing or arranging for transportation.
- Referring the beneficiary to ongoing services and supports and provide a follow up to check in.

DHCS will clarify specific timeliness standards, as well as training requirements, in forthcoming BHINs. In alignment with practices in other states, DHCS is considering different timeliness standards for mobile crisis teams operating in urban and rural areas. DHCS will provide guidance on reporting requirements to ensure timelines standards are tracked and met. Per federal requirements, all teams will complete training in trauma-informed care, de-escalation strategies, and harm reduction.

In September 2022, Governor Gavin Newsom signed the Miles Hall Lifeline Act (AB 988) into law as one of many recent steps towards ensuring and expanding services for Californians experiencing behavioral health crisis. The bill provides a framework and funding mechanism for the 988 Suicide Prevention Lifeline in California. It also includes a preliminary description of state-level agency roles and responsibilities

across CalHHS, DHCS, the California Governor's Office of Emergency Services (CalOES), and newly formed advisory bodies. Based on CalHHS discussions and analysis of other state crisis system infrastructure, the State may look to other jurisdictions to inform open questions on decision rights, meeting cadence, and addition roles and responsibilities. CalHHS must create a set of recommendations to support a five-year implementation plan for a comprehensive 988 system and convene a diverse and robust group of stakeholders who meet quarterly as the State 988 Advisory Group. The group will advise CalHHS on the set of recommendations, which will specify what can be accomplished pursuant to existing administrative authority and what will require additional regulations or legislation for implementation.

The next steps for CalHHS are to address funding sustainability regarding sources of recurring funding, publish the Plan in early 2023, disseminate contents of the Plan, map methods of leveraging the Plan to address duties assigned to CalHHS as part of AB 988, complete a budget proposal, and clean-up and begin to develop a detailed five-year Implementation Plan. CalHHS is in the final stages of doing internal review and approval of the Crisis Care Continuum Plan and should be published in early February 2023.

### **Councilmember Discussion**

- Q:** Mr. Svonkin stated coordinated responses with law enforcement and crisis response teams is a great option. Excluding law enforcement is a mistake because it puts the team at risk. Having trained law enforcement on the outreach teams is beneficial. Many do not believe law enforcement response is effective, but they have the ability to deescalate crisis situations. Regarding funding, is there a model of evaluation for the California Crisis Care Continuum that would allow a shift of funds within program or from program-to-program based on efficacy? How can CCJBH be a part of advocating, supporting and researching the program? Will there be the funds to staff the appropriate professionals?
- A:** Ms. Welch stated the five-year implementation plan outlines a set of metrics to monitor and measure their performance of the overarching crisis. One of the reasons why CalHHS was excited to do this work is because all departments have a role to play. There are 12 departments and five offices within CalHHS, and they will all focus on preventing crisis. It is important to utilize communities and train professionals in the community to prevent crisis. There are significant workforce investments being made as CalHHS hopes to maximize licensed clinical providers and use them in ways which they are needed, similar to DHCS's mobile crisis teams, and invest in community health workers, behavioral health coaches and peer supports.
- A:** Ms. Cristo stated the guidance for law enforcement is on page 19 and 20 of [Behavioral Health Information Notice 22-064](#). The California Crisis Care Continuum is a Medi-Cal benefit, and the program must align with the federal Medicaid

requirements. Medicaid specified that the program is not intended to be a law enforcement response; however, it does recognize that there are times when law enforcement is necessary.

**Q:** Chief Jenkins asked how the three stages of the continuum overlap with criminal justice case processing?

**A:** Ms. Welch stated there is no specific work that has been done to the continuum to focus on specific populations. It would be fruitful to take focus populations into consideration. In the area of preventing crisis, there are things that public safety partners could do to prevent crisis. CalHHS would appreciate the support of CCJBH in this area of focus.

**Q:** Chief Jenkins stated the criminal justice system has three parts: law enforcement, corrections, and the court system. All three are needed to enhance mental health support at every level. He stated he is concerned about the mobile crisis services excluding law enforcement.

**A:** Ms. Grealish clarified that within mobile crisis benefit, the federal government will not pay for law enforcement responding to crisis.

**A:** Ms. Cristo stated that the program does not exclude law enforcement from going out with the mobile crisis team, but law enforcement cannot be counted as part of what is required for the mobile crisis team.

**Q:** Dr. Hobson stated that small, rural counties are not set up to implement mobile crisis. It will cost nearly \$1 million dollars to implement mobile crisis in 2023. Implementing mobile crisis by 2026-2027 is more realistic.

**\*\*\*Public comment\*\*\***

**Q:** A participant asked how CalHOPE interacts and coordinates with the county funded warm lines?

**A:** Mr. Kooler stated that the Cal HOPE warmline contract with the Mental Health Association of San Francisco includes an element of linking together multiple warmlines across the State. Cal HOPE warmlines will be working on outreach and coordination this upcoming year.

**Q:** A participant asked if it is up to each jurisdiction who goes to the door when responding to crisis calls in mobile crisis?

**A:** Ms. Cristo stated it is part of the provider qualifications. There needs to be at least two people who respond. These can include community health workers, peers, and Emergency Medical Technicians, etc.

#### IV. Bagley-Keene Act Training

Danni H. Lam, *Attorney III, California Department of Corrections and Rehabilitation, Office of Legal Affairs*

The policy behind the Bagley-Keene Act is that public agencies exist to aid in the conduct of people's business and the proceedings of public agencies be conducted openly so that the public may remain informed. In enacting this article, the Legislature expressed the intent of the law that actions of State agencies be taken openly and that their deliberation be conducted openly. All meetings of state body shall be open and public, and all persons shall be permitted to attend any meeting of a state body except otherwise provided under the law.

- A state body is a multimember body created by statute or required by law to conduct official meetings. A Commission is created by executive order, a delegated body is a multi-member body that exercises any authority of a state body delegated to it by that state body, and an advisory body is created by formal action of the state body or of any member of the state body and consists of three or more persons.
- A meeting is defined as any congregation of a majority of the members of a state body at the same time and place to hear, discuss, or deliberate upon any item that is within the subject matter jurisdiction of the state body to which it pertains. A statute should be broadly construed if it furthers the people's right of access, and narrowly construed if it limits the right of access.
- The Bagley-Keene Act prohibits serial meetings, meaning members of a state body shall not meet outside of the authorized chapter. Prohibitions do not apply to attendance of conferences, open and publicized meetings organized by another state body, or social occasions, if the majority of the members do not discuss among themselves business that is within the subject matter jurisdiction of the state body.
- The Bagley-Keene Open Meeting Act authorizes closed sessions during a meeting for specific topics. Examples include, pending or anticipated litigation when discussion in open session would prejudice the position of the state body; real property negotiations; appointments, evaluation, or discipline of public employees; and threats to the safety or security of personnel, property, or facilities. A closed session should only be held during a regular or special meeting and the general nature of the item to be discussed in the closed session should be stated on the agenda.
- Special and emergency meetings are subject to a 48-hour notice requirement. A special meeting may be called for limited purposes, when compliance with the 10-day notice requirement would impose a substantial hardship, such as pending legislation, proposed legislation, and disciplinary action involving a state employee. Without compliance with the 10-day and 48-hour notice requirements,

an emergency meeting may be held in an emergency situation where prompt action is necessary due to the disruption of public facilities that severely impairs public health or public safety.

- A public notice of meeting must be made available on the internet at least 10 days in advance, and should be provided to individuals who requesting the notice in writing. It should include date, time, and location of meeting, and name, address, and telephone number of the contact person for more information. An agenda must be provided that outlines items of business to be discussed or transacted in either open or closed discussions. Each item on the agenda must be sufficiently described to allow the public to determine whether to attend the meeting. A closed session item must reference specific statutory authority under which the closed session is being held. Notices, agendas, or any other writing distributed to members by any person are public records and must be made available to the public. All notice, agendas and writing must have alternative formats, as required by the Americans with Disabilities Act (ADA), with information regarding how to request accommodation in order to participate in the public meeting.
- The public has the right to attend. There must be an opportunity to address the state body on each agenda item that is not part of a closed session. Any person may record the proceedings with an audio or video recorder, in the absence of a reasonable finding that the recording constitutes a persistent disruption of the proceedings. No person shall be required to register his or her name or provide other information as a condition of attendance at a meeting. All meetings must be accessible and comply with the ADA.
- A meeting held by teleconference shall comply with all applicable requirements. Until July 1, 2023, the following requirements are suspended:
  - each teleconference location be identified in the notice and agenda.
  - each teleconference location be accessible to the public.
  - public members may address the state body at each teleconference location.
  - at least one member be physically present at location specified in the notice.
- All teleconference meetings must have procedures for receiving and resolving requests for reasonable accommodation, consistent with the ADA.
- Noncompliance with Bagley-Keene Open Meeting Act requirements are subject to penalties.

### **Councilmember Discussion**

- Q:** Chief Jenkins asked who is the charging body and have there been any charges or prosecutions of Bagley Keene Act?
- A:** Ms. Lam stated she is not aware if there have been any prosecutions. The charging body would be the District Attorney and Attorney General.
- Q:** Mr. Svonkin asked for more elaboration and clarification on what constitutes a social gathering. Can a group of Councilmembers meet and discuss matters outside of the jurisdiction of the Council?
- A:** Ms. Lam stated if it does not fall within any other of the categories previously mentioned, it would be a social gathering. Anything that has to do with a personal matter, State business or public business would be considered a social gathering. As long as the subject matter is within the jurisdiction of the state body, then it is something that cannot be discussed outside of the state body. If it is out of the jurisdiction of the state body, it can be discussed.
- Q:** Mr. Svonkin asked if there is a provision of the law that will allow a member to make a motion to continue a discussion on an item if time runs out at a scheduled meeting.
- A:** Ms. Lam stated there can be a motion to continue to discuss the topic at the next scheduled public meeting.
- Q:** Mr. Svonkin asked how a Councilmember can get a ruling to have a special meeting?
- A:** Ms. Lam stated a special meeting has to fall under one of the categories of Bagley-Keene. It can be on any topic, but has to fall under one of the six categories previously presented.
- Q:** Mr. Svonkin asked if there is a matter that falls under the rules for a closed session, is an agenda required? Who determines whether there will be an open or closed session on the matter?
- A:** Ms. Lam stated an agenda is required and the members decide if it is an open or closed meeting.
- Q:** Ms. Whitney asked if Councilmembers discuss mental health and behavioral health concerns at an outside meeting, but the discussion is less than a quorum, is that legal?
- A:** Ms. Lam stated it is legal as long as subjects that are part of regularly scheduled discussions are not being discussed. A quorum is six members.
- Q:** Mr. Svonkin asked if there are five members from the Council having a discussion and it does not continue past those five members than is it legal?
- A:** Ms. Lam stated it is legal.



**\*\*\*Public comment\*\*\***

**Q:** A participant asked if planning meetings, executive meetings, and retreats are subject to Bagley-Keene Act?

**A:** Ms. Lam stated she cannot give legal advice on other entities. It depends on what the discussions are going to be at those meetings.

**V. CCJBH Business Meeting**

CCJBH staff are participating in DHCS' California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved Advisory Group and working sub-groups. CCJBH also participates and aids in identifying subject matter experts to advance justice-related proposals, including updating the [Brief Overview of the DHCS' California Advancing and Innovating Medi-Cal \(CalAIM\) Justice-Involved Initiative](#).

CCJBH continues to work on Behavioral Health Transformation by participating on the DHCS' Behavioral Health Stakeholder Advisory Committee, DHCS' Justice-Involved Workgroups, CalHHS Behavioral Health Task Force, and CalHHS Office of Youth and Community Restoration Child Welfare Committee meetings.

CCJBH also continues to work on the Juvenile Justice Compendium and Toolkit contract with the RAND Corporation. The compendium will include evidence-based programs and practices. RAND will then develop the implementation plan and a training plan. RAND has completed the literature search to support the Evidenced-Based and Promising Practices Compendium. Through a literature search of approximately 6,000 sources, RAND identified nearly 1,000 articles. A summary of approximately 300 programs identified in the literature review will serve as the Evidence-Based and Promising Practices Compendium and will be completed in late February. Once approved, the compendium will be posted on CCJBH's website. It will be searchable by program criteria and is intended for use by justice-system partners to identify best practices that meet the needs of the unique populations they serve.

CCJBH continues to manage the Diversion Technical Assistance Contract with the Council of State Governments (CSG) Justice Center, which ends on June 30, 2023. CSG provided subject matter expert specialty consultation services and technical assistance to 20 counties to enhance, sustain, and or expand local capacity to successfully implement mental health diversion. The CSG Justice Center facilitated 12 collaboration meetings to assess what is working within local diversion systems and examined impacts of COVID-19 on diversion efforts. The CSG Justice Center submitted a draft final report to CCJBH in December 2022, which included a set of policy recommendations that identifies barriers and best practices in diversion efforts for the following areas:

- ✓ State leadership and funding
- ✓ substance use evaluation and treatment
- ✓ health insurance

- ✓ training and technical assistance
- ✓ engagement and clinical models
- ✓ housing and data collection

The CSG Justice Center will present the report recommendations at the next CCJBH Diversion and Reentry Workgroup meeting scheduled for February 10, 2023. Once approved, CCJBH will disseminate the final report to educate stakeholders across the State with recommendations to support efforts to expand diversion best practices statewide.

In addition, CCJBH worked with the CSG Justice Center on the Public Health Meets Public Safety (PHMPS), a two-year project to use data to inform policy making at the intersection of criminal justice and behavioral health to reduce the number of adults and young people with behavioral health needs in California's justice system. In developing the framework, CSG leveraged the CCJBH Lived Experience Project (LEP) Contractors to inform the PHMPS project through a facilitated focus group. The CSG Justice Center also developed an inventory of relevant publicly available data that can be used to better understand the intersection of justice and behavioral health. The PHMPS contract ended on December 30, 2022. The initial data visualizations will be presented to CCJBH Councilmembers at the April 21, 2023, Full Council meeting.

CCJBH is working on the Regional LEP Contract. LEP contractors submitted progress reports for the third quarter of Year 2, and they continue to participate in the LEP Advisory Team meetings on a quarterly basis. The next quarterly LEP Advisory Team meeting will take place in March 2023. The Anti-Recidivism Coalition (ARC) continues to provide workshops, trainings, and services to clients. In December, ARC hosted a three-day Career Readiness training for network members. Cal Voices continues to host stakeholder convenings, roundtables, and provided a Peer Provider Workshop. Cal Voices conducted a statewide stakeholder survey to gather input for California Mental Health Services Authority's (CalMHSAs) Justice-Involved Peer Support Specialty certification. Transitions Clinic Network (TCN) continues to provide mentorship and support to TCN community health workers (CHW) and is in the process of planning their CHW Training Summit and Program Lead Training Summit. The Los Angeles Regional Reentry Partnership (LARRP) continues to host their meetings and subcommittee meetings for health, education, and employment.

CCJBH continued to work on the California State University of Sacramento (CSUS) project. CSUS staff have identified community-based organizations that will co-host regional listening sessions to gather information on health and behavioral health care service delivery preferences for individuals with behavioral health needs who are justice system involved. This contract ends on June 30, 2023.

CCJBH believes that the use of Justice-Involved Peer Support (JIPS) Specialists can be of significant benefit to individuals who are justice-involved and have a mental health or substance use disorder. JIPS Specialists are individuals who have lived experience with behavioral health conditions and are, or have been, involved with the justice system.

CCJBH staff continue to participate in the CalMHSa Medi-Cal Peer Support Specialty Advisory Committee Meetings. In support of CalMHSa's efforts, in January 2023, CCJBH, with the input from LEP contractors, provided CalMHSa with recommendations and considerations to help strengthen their planning for the Justice-Involved Specialty Peer Certification.

CCJBH continues to track the efforts of the U.S. Interagency Council on Homelessness. There is a lot happening with housing and CCJBH does their best to keep up to date with all updates.

The 2023 legislative session convened on December 5, 2022, and the proposed budget was released on January 10, 2023. CCJBH is currently working on developing a summary of its impact on the behavioral health justice involved population. CCJBH is currently monitoring the progress of 15 bills related to homelessness, behavioral health crisis funding, mental health services for foster youth and justice-involved juveniles and adults, workforce development and eligibility.

### **Councilmember Discussion**

**Q:** Mr. Svonkin asked if the RAND Corporation will include programs from probation departments throughout the State or just nonprofits and CBO's?

**A:** Ms. Grealish clarified that they will include all programs, and committed to follow up with more information.

**Q:** Chief Jenkins asked if the public would get to see the work and presentation from the RAND Corporation when the project is completed?

**A:** Ms. Grealish stated the presentation is scheduled for May 2023.

### **\*\*\*Public comment\*\*\***

**Q:** A participant thanked CCJBH staff for their leadership on the input for the CalMHSa Criminal Justice Involved Peer Support Specialist work. The participant also stated that the Council and CCJBH staff do a great job of listening to concerns regarding stakeholder advocacy contracts. The LEP contracts should continue to uplift the voices of individuals with criminal justice involvement and mental health challenges. Funding should not be reduced for these projects.

**Q:** A participant asked if under Bagley-Keene there are any requirements to make documents available in Spanish so that Spanish-speaking participants can participate in CCJBH meetings?

**A:** Ms. Grealish stated she will follow up with Ms. Lam.

## **VI. Announcements**

The next [Juvenile Justice Workgroup](#) meeting will be held on February 10, 2023, from 12:45-2:45 PM via Zoom. The [Diversion and Reentry Workgroup](#) will be held on February 10, 2023, from 3:00-5:00 PM via Zoom. The next Full Council Meeting will be on April 21, from 2:00-4:00 PM via Zoom. For more information, please visit the [CCJBH website](#).

## **VII. Adjourn**