2020 CCJBH Legislative Report

Policy Recommendations

Juvenile Justice Policy Recommendations

1. Given the transition of DJJ youth to probation, and the existing needs of youth currently serviced by probation, local probation agencies and the youth/families they serve would benefit from:
   a. Engaging system partners in strategic planning to improve the existing local juvenile justice system and expand to address the unique needs of the transitioning DJJ population. This includes:
      - Local agency partners, such as physical and behavioral health, child welfare, community providers, courts and education.
      - The State DJJ. *Note: processes should be established to transfer the records of transitioning DJJ youth to local agencies, including probation, health care (Medi-Cal Managed Care Plans), behavioral health, child welfare and appropriate education agencies.*

   b. ensuring that all youth who are involved in the probation system are screened and assessed for behavioral, physical health, behavioral health, trauma (e.g., screening for Adverse Childhood Experiences), as well as criminogenic risk and needs.
   c. Ensuring that individualized treatment plans are developed to address *behavioral, physical health, behavioral health and criminogenic needs*, and that all relevant agencies collaborate with the youth and their families, as appropriate, on the identification of treatment goals, and coordinate on the provision of treatment, as mandated by the Child and Family Team model of care. Criminogenic needs should be addressed using the Risk-Needs-Responsivity (RNR) model.
   d. Implementing evidence-based practices and programs, as available, and ensure that all care provided is trauma-informed.
   e. Leveraging model practices established by DJJ, particularly for the DJJ youth who will transition to county probation and those youth who would have been remanded to DJJ.
   f. Seeking to identify and develop strategies to address disparities, with a focus on racial justice and race-based trauma.
   g. Partnering with existing DJJ treatment providers that have established success with treating the juvenile justice population, particularly for youth who have committed serious and/or violent offenses.
   h. Selecting a manageable number of initial, core system-level process and outcomes metrics to establish a baseline and track progress in key domains over time. Additional metrics may be added once the core metrics are well-established.

To assist with these efforts, CCJBH shall:

2. Seek opportunities and resources to support county justice and behavioral health partners in the identification and implementation of strategies for best serving youth with greater behavioral health needs being realigned from DJJ.
3. Establish a partnership with the Office of Youth Community Restoration (OYCR), and serve as a resource and liaison between County Behavioral Health Directors local probation departments and youth & family networks.

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Diversion and Reentry Policy Recommendations

Recommendation	Strategy
Case Management and Monitoring	1. Case management services should be provided in diversion and reentry programs for at least 365 days to ensure effective use of the services to ensure stability.
	2. Monitoring individuals in the criminal justice system who have behavioral health needs is as important as case management. Peer navigators and Community Health Workers are an important resource that should be leveraged to provide this type of support to ensure engagement in and adherence to treatment.
Behavioral Health Treatment	3. A formal transition process should be established to transition health and behavioral health treatment from jail/prison to the community for all individuals who are in need of medical or behavioral health services upon reentry. This process should allow in-reach services to facilitate planning prior to release so that local health and behavioral health departments may have sufficient time to prepare to receive individuals who are reentering their communities. 4. To facilitate behavioral health treatment utilization, those who are most "at-risk" of substance use relapse or mental health issues upon leaving institutions could be provided with mobile phones in order to access services via telephone or telehealth (if the phone also has internet service). If they are provided with phones at release, and they consent to a provider contacting them directly, then they could immediately initiate treatment. Key emergency numbers could also be loaded into this phone, such as access numbers for behavioral health (main line and crisis) or suicide prevention hotlines. 5. For individuals reentering with a behavioral health need, a 30-day supply of medications and mobile phone for medication reminders and access to behavioral health services should be provided upon release from jail/prison. If the jail does not have a pharmacy, at a minimum, a prescription should be provided that may be filled by a local pharmacy at no cost to the reentering individual.
Criminogenic Risk and Needs Assessment and Treatment	6. A criminogenic risk and needs assessment should be completed for each individual being diverted or upon reentry from jail/prison, and treatment plans should be developed using the RNR model to address identified criminogenic needs.

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	7. Optimally, all relevant agencies providing services to individuals in diversion programs or upon reentry for those returning home with behavioral health needs (e.g., health, behavioral health, criminogenic treatment, housing) are communicating and collaborating, and ideally creating comprehensive multi-system treatment plans to address the identified needs, and to establish treatment goals with the ex-offender, and coordinate on the provision of treatment.
Workforce Development: Peers and Community Health Workers	8. Ensure that all staff serving those who are involved in the criminal justice system and have behavioral health needs receive the appropriate and adequate training. Furthermore, ensure that all involved individuals, including the individual in treatment and all who are participating on the treatment team, feel safe (e.g., leveraging telehealth). 9. Local criminal justice and behavioral health agencies should leverage the Peer and Community Health Worker workforce to support individuals in diversion programs and those reentering from jail/prison in accessing, navigating and engaging with treatment for their behavioral health and criminogenic needs. Efforts should be made to identify best practices for expanding this workforce, recruitment, job duties, funding, etc. CCJBH encourages the practice of employing as peers those individuals who have a history of incarceration and behavioral health needs and who are in recovery so that they may apply their lived experience to help others. Another recruitment approach is to look to the workforce displaced by COVID-19 (e.g., those in the service industry). 10. Implementation of the recently passed SB 803 Peer Certification bill should also be leveraged to ensure proper training for peers that will work to support those with behavioral health needs who are involved in the criminal justice system.
Housing	11. Expand the HUD definition(s) of homelessness to ensure that individuals who are exiting institutional settings (prison, jail, hospitals) into homelessness have equal opportunities to federally funded housing services that are based on current vulnerability and not chronicity. 12. Build on the successes of supporting individuals returning from incarceration. Communities are equipped with the necessary infrastructure to maintain the shelter capabilities. Hotels and shelters that provide case

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	management and whole person care services have been integral in reducing barriers to successful reintegration. 13. Housing programs should not restrict individuals with serious mental illness (SMI) from participating. In fact, a certain percentage of capacity should be specifically reserved for individuals with SMI, particularly if they are also involved in the criminal justice system, and these dedicated housing programs should include the services and supports necessary to stabilize and retain this population. This would also fill a critical gap needed for diversion programs. 14. Explore new ways to use public/private partnerships to help build local capacity for recovery housing and adult residential facilities.
Additional Considerations for Diversion	15. A statewide plan for a standard of care for diversion should be developed based on best practices and evidence-based programs, and should include strategies to address disparities, with a focus on racial justice and race-based trauma. This plan could then be used by State and local criminal justice and behavioral health system policy-makers and administrators. The goal of this plan is to divert away from the criminal justice system as many offenders who suffer from mental health conditions as possible, at the earliest point in time possible, and instead provide the necessary treatments and supports to assist them in managing their behavioral health condition while addressing their criminogenic needs. . 16. Given that the majority of offenders with mental health conditions remain in pre-trial status for multiple months, strategies should be identified (or developed) to divert these individuals at this point in the process to ensure they receive the treatment necessary to stabilize and manage their symptoms.
Additional Considerations for Reentry	17. Similar to diversion, a statewide plan for a standard of care for reentry should be developed based on best practices and evidence-based programs, and should include strategies to address disparities, with a focus on racial justice and race-based trauma. This plan could be used by State and local criminal justice and behavioral health system policy-makers and administrators. The goal of this plan is to develop specific processes that may be employed to support individuals who suffer from mental health conditions that are returning to their community after being incarcerated in jail/prison, providing them with the full array of treatments and supports to assist them in

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	managing their behavioral health condition while addressing their criminogenic needs. 18. Local/regional Reentry Councils should be considered as key partners to support the development of reentry processes since they currently have an existing infrastructure that engages in advocacy and strategic planning to address the needs of individuals reentering their communities from jail/prison.
Funding	19. Counties should examine funding streams across delivery systems and blend funding to the greatest extent possible. Efforts will need to be made to identify all applicable funding sources, understand the parameters/restrictions for each source, ensure the most restricted funds are allocated appropriately, and that the most flexible funds are used to address system gaps.
Data Reporting	20. Critical responses in this time of crisis could reveal new ways of operating, including which activities had the greatest impact. As outcomes measures are identified, and data are collected across the relevant systems, information should be gleaned as to which strategies employed are most successful. Efforts to evaluate these strategies will provide decision-makers with supporting evidence to determine how to invest critical resources in the coming years (e.g., examination of trends in mental health cases in county jails will help local county agencies and Boards of Supervisors understand the magnitude of behavioral health and criminogenic needs of their incarcerated population so that resources may be allocated accordingly).

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