

CCJBH April Council Meeting

Thursday, April 30, 2020

10:30 PM – 1:30 PM

Webex Meeting

Purpose: Today's meeting will facilitate dialogue with critical state and local partners in policy and program implementation to identify critical issues and potential solutions in the immediate response to COVID-19 to address the unique needs of individuals in the intersection of behavioral health and justice systems.

[Link to CCJBH COVID-19 Resource Guide](#)

Meeting Minutes

I. 10:30 AM Welcome & Introductions, Roll Call

Council Members Present: Secretary Ralph Diaz, Brenda Grealish, Hon. Stephen Manley, Tracey Whitney, Stephanie Clendenin, Jessica Cruz, Mack Jenkins, Tony Hobson, Matthew Garcia, Danitza Pantoja

Staff Present: Stephanie Welch, Executive Officer, Monica Campos, Catherine Hickinbotham, Sheron Wright, Claudia Desmangles, and Marie Villalba

II. 10:35 AM Approval of February Meeting Minutes

Minutes for approval from 2/6/2020

Stephanie Welch, Executive Officer, Council on Criminal Justice and Behavioral Health

Motion to approve the minutes made by Secretary Ralph Diaz and seconded by Jessica Cruz.

Ayes-6

Nays-0

Abstentions—1

Minutes were approved

*****PUBLIC COMMENT*****

No public Comment

III. 10:40 AM Overview and Landscape of the Impact of COVID-19 Crisis on the Criminal Justice and Behavioral Health Community and Resources

Stephanie Welch, Executive Officer, Council on Criminal Justice and Behavioral Health

IV. 10:50 AM State-Level Strategies to Address COVID-19 Challenges

Feedback from State Departments and Council Members

Secretary Diaz, California Department of Corrections and Rehabilitation (CDCR):

Secretary Diaz shared the current number of positive COVID-19 cases as well as individuals in quarantine due to possible exposure. Most positive cases are coming out of two southern

COUNCIL MEMBERS

Ralph M. Diaz, Chair
Secretary, California
Department of Corrections
and Rehabilitation

**Bradley P. Gilbert, MD,
MPP**
Director, California
Department of Health Care
Services

Stephanie Clendenin
Director, California
Department of State
Hospitals

Jessica Cruz, MPA
Chief Executive Officer,
National Alliance on Mental
Illness (NAMI) California

Matthew Garcia
Field Training Officer,
Sacramento
Police Department

Tony Hobson, PhD
Behavioral Health Director,
Plumas County

Mack Jenkins
Chief Probation Officer, Ret.
San Diego County

Stephen V. Manley
Santa Clara County
Superior Court Judge

Danitza Pantoja, PsyD
Coordinator of Psychological
Services, Antelope Valley
Union High School District

Tracey Whitney
Deputy District Attorney,
Mental Health Liaison,
Los Angeles County District
Attorney



California prisons. There are strong concerted efforts to keep staff and inmates safe. CDCR is also as transparent as possible. CDCR has established a COVID-19 website at <https://www.cdcr.ca.gov/covid19/>, where daily updates provide the latest information on cases, conditions, and efforts to ensure public safety and the health of people and communities. Secretary Diaz noted that besides the well-being of staff and inmates, his current concerns focused on the critical supply chain needed to make sure we are reducing COVID-19 cases, noting that testing is crucial to make sure we are mitigating risk. Other significant challenges include providing effective warm handoffs, housing, and the necessary flow of individuals, such as to attend regular court proceedings. The Secretary noted that parole is using video conferencing in place of home visits, unless there is a search that needs to be conducted or public safety is compromised and that violations have plummeted.

[CDC Guidance on Correctional Facilities during COVID 19.](#)

Kathleen Howard, Executive Director, Board of State and Community Corrections

(BSCC): The BSCC is a statutory board that reports directly to the Governor. It is a 13-member board that has responsibilities at the county level. The board regulates and inspects county jails and juvenile facilities, administer grants, trains correctional officers, and has research functions. Due to COVID-19, some policies and procedures are being suspended, such as in-person visitation. The BSCC sent out guidance about how to mitigate risk and provided information regarding video visits to keep inmates connected. The board provides guidance and information, updated approximately every two weeks, regarding the suspension of programs at the county level. This guidance can be found on the BSCC website <http://www.bscc.ca.gov/>. The BSCC facilitates the Adult Reentry Grants (ARG) program, which provides funding to approximately 70 Community-Based Organizations (CBO)'s to support rental assistance and warm handoffs. The BSCC recently conducted surveys of those grantees to see what their capacity is to provide services to those currently coming out of incarceration. Using software, the BSCC has been posting current information on the website regarding weekly population updates in adult and juvenile facilities, as well as the number of bookings and releases related to COVID-19– you can review this information at: <http://www.bscc.ca.gov/news/services-available-for-people-newly-released-from-prison/>. The BSCC is also working on grants to provide services that are delivering care remotely.

[Adult Reentry Grant Program](#)

Corrin Buchanan, Assistant Director of Housing and Homelessness, Department of Social Services (DSS):

Project Roomkey is an effort that is in direct response to the need for non-congregate shelter opportunities for those that are homeless during the COVID-19 crisis. This program consists primarily of hotels, motels, and trailers. The homeless population that qualifies are, 1) those that are COVID-19 positive 2) those exposed to COVID-19 or, 3) those that are at high risk for medical complications if they were to become infected (i.e., those over 65 years of age or individuals that have underlying health issues). The primary goal of Project Roomkey is to protect the lives of our most vulnerable population in response to COVID-19, reduce the risk of community transmission, and protect against hospital surge. This program is locally run but state-supported. DSS has a goal to provide 15,000 units to this vulnerable population. The latest numbers available indicate the contracting of 12,647 units at the county level. The initiative receives funding as part of 150 million dollars that the state has made available to address homelessness. The state is exploring options in the case that counties wish to purchase the hotels/motels that are currently being used. Those on probation and parole who meet all other eligibility should receive a referral to Project Roomkey. For more information, use the following link to find your local point of contact:

<https://cdss.ca.gov/Portals/13/FEMA/202004-County-Project-Roomkey-Public-Point-of-Contacts.pdf>. This program mainly targets individuals with behavioral health issues and those who are justice-involved because traditionally, they are at higher risk for COVID-19.

[BCSH guidance for providers on homelessness](#)
[Project Roomkey](#)
[FAQ from DHCS](#)

Stephanie Clendenin, Director, Department of State Hospitals (DSH): State Hospitals are congregate living spaces, so there are challenges with the dorm-style living during this COVID-19 crisis. DSH has been working on redesigning operations to mitigate risk and figure out how to provide services in this new environment. Populations at risk are staff, patients, and visitors. During the first 30 days of COVID-19, all staff underwent screening (i.e., temperatures taken for anyone coming in/out of the facility). Hospitals have recently started video conferencing for patients so they can maintain contact with family/support systems. For public health purposes, DSH suspended admissions and discharges (except for those with behavioral health issues coming from CDCR) early in the process, and DSH is now figuring out how to reopen safely. DSH will have to redesign spaces to be able to create some isolation spaces. They are also working to figure out how to admit and quarantine individuals so that they will not pose a risk to staff and other patients. Access to testing and prioritization for testing is going to allow for admissions safely. As part of this work, DSH is determining strategies to address flow in the system, including felony Incompetent to Stand Trial (IST) referrals that are determined by what is in the best interest of health, safety and wellness. DSH is working with conditional release partners to rethink and redesign community services as well. DSH is also working with providers to modify the clinic setting and their engagement with conditional release clients to reduce the risk for clients and staff but still keep those connections that are critical to care.

[Department of State Hospitals COVID 19](#)

Brenda Grealish, Chief, Medi-Cal Behavioral Health Division, Department of Health Care Services (DHCS): Since this emergency was declared, DHCS has worked to file for three 1135 federal waivers and one 1115 waiver. DHCS has submitted a COVID-19 disaster state plan amendment to request for flexibilities in interim policies. DHCS has been able to waive limitations on Drug Medi-Cal Organized Delivery Systems living facilities. Additionally, they have been providing guidance documents and FAQ's to counties. DHCS is also conducting weekly all county calls to troubleshoot issues, as many counties are only partially operational and some are completely non-operational. Additional information is available on the [DHCS website](#). Lastly, DHCS has provided stakeholder announcements that CALAIM Initiative is being impacted and pushed back.

[DHCS Guidance for Behavioral Health Providers during COVID 19](#)
[DHCS Guidance on Behavioral Health Facility Flexibility](#)

Council Member Tracey Whitney, Deputy District Attorney, Mental Health Liaison, Los Angeles County District Attorney: In Los Angeles County, the jail population is a serious concern, so they have made positive strides in reducing the number of inmates. The incarcerated population was 17,000 before COVID-19, and now it is down to 12,000. Five thousand inmates have been successfully released; however, many courtrooms are closed, so they have to triage cases. LA County is mitigating risk by:

- 1) Law enforcement is being conservative with arrests

- 2) All efforts are being made to try to keep citizens out of the courthouse
- 3) Courts and jails are using WebEx and video conferencing as much as possible, in lieu of in-person visits
- 4) LA County is prioritizing finding placements for releases, especially for those with behavioral health issues
- 5) Creativity is being implemented to avoid placing individuals in custody where possible

V. 11:45 AM Strategies to Address the Impact of COVID-19 from Partners & Stakeholders

Feedback from Partners & Stakeholders

Speaker Jay Jordan, Californians for Safety and Justice: Californians for Safety and Justice participants/members have a survivor base and base of those living with criminal histories. “Shared Safety” is a concept that safety is a collective group responsible for behavioral health and mental health issues. The goal of this group is to intervene before crime happens. Prop 47 reduced nonviolent felonies to misdemeanors. CA for Safety and Justice is in support of the passage of Prop 57 because it allows CDCR to promote earned releases. Recent work includes support of [Hertzberg SB 10](#) to end cash bail, work to help trauma recovery centers expand, and a focus on reentry services so that individuals have an infrastructure to come home to. CA for Safety and Justice feels strongly that there should be a touchpoint for the reentry population with some sort of stabilization when folks are released. In addition to service coordination, this is an extremely important component for those leaving incarceration. The discussion highlights the opportunity to look at public safety issues as public health issues, and if this is done it underscores the need for more collaboration between the state and the local community based organizations (CBO) who are serving individuals when they return home.

Speaker Michelle Cabrera, County Behavioral Health Directors Association (CBHDA): Clients with Serious Mental Illness (SMI) are likely to die 20-28 years earlier than the general population due to underlying medical conditions. Migration to telehealth has been pretty successful at county behavioral health, and services are conducted in person only when necessary. The first month was challenging because there was a huge drop in services, which meant a drop in revenue, and currently, there is no extra new money available at the county level. CBHDA is now working to develop alternative care sites for those that have to quarantine. The no cash bail proposal happened so fast and many of the impacted individuals were likely in need of substance use disorder services (SUDS) and there was a lack of coordination. A lesson for future, if we are talking about large releases, we need more coordination to plan effectively in advance of releases. These SUD populations are more likely to get COVID and more likely to die from COVID. There is a need for state to recognize and prioritize the high needs of individuals with SMI and SUD. Of concern is that patients with serious mental illness and substance use disorders are not flagged as priorities for [Project Roomkey](#). The Mental Health Services Act (MHSA) is looking at a 300 million to 800 million dollar hit in 2019 due to COVID-19. MHSA is the second-largest source of funding for mental health services in the community. As a result of COVID-19, the counties expect to see a surge in behavioral health needs, especially suicide. CBHDA will remain a strong advocate and keep working hard on these issues.

Speaker Le Ondra Clark Harvey, California Council of Community Behavioral Health Agencies (CBHA): Some key provider issues include the need for personal protective equipment, the ability to work with less staff, and adapting to serving fewer clients. While providers are using telehealth sessions, they are not able to bill for the same amount of time as an in-person visit, and

this is creating a decrease in available funds. Layoffs and furloughs are beginning to happen now, and there are plans for more furloughs. CBHA is advocating for [SB89](#), which provides for a budget of 100 billion dollars. The hope is that behavioral health can get some of that funding relief. Top issues from CBHA members, via survey:

- 1) How to deliver care in congregate care settings
- 2) Losing track of homeless clients, especially those that do not have the technology to stay in contact
- 3) Accessibility of long-acting injectables
- 4) Release of individuals back to communities that do not have proper funding
- 5) Need better coordination between systems that should occur before release
- 6) Certified drug and alcohol counselors may not be able to get certified within one year

Speaker Jeff Powell, peer advocate for [National Alliance on Mental Illness \(NAMI\)](#): Peer support is critical when being released from incarceration. NAMI is now doing zoom meetings to engage in peer support, and also to facilitate 12 step program meetings. Prop 63 was advocating for peer support certification, but often now, they require more education, which some with lived experience may not always have—thereby creating an issue over who can work as peer support.

Speaker Theresa Comstock, [California Association of Local Behavioral Health Boards and Commissions \(CALBHBC\)](#): CALBHBC supports 59 boards and commissions. Top 5 Behavioral Health Issues:

- 1) Workforce – California is facing a behavioral health services workforce shortage for older adults
- 2) Board and Care – There is a critical need for more Board and Care facilities statewide
- 3) Continuum of Care – There is a critical need for statewide crisis care continuum for all ages
- 4) Employment – There is a need for successful practices for adults with mental illness
- 5) Children and Youth – There is a need to expand mental health programs at public schools

Funding is diminishing due to COVID-19. CALBHBC is advocating for several waivers and bills to help support these top five issues ([see slides for details](#)).

*****PUBLIC COMMENT*****

No public Comment

VI. 12:55 PM Business Meeting
Stephanie Welch, Executive Officer, Council on Criminal Justice and Behavioral Health

1. **CCJBH Work plan**
 - Work plan is being revised due to budget cuts surrounding COVID-19.
2. **Summary from Member Interviews**
 - Based on member interviews, we will be moving forward with new meeting schedule that meets more frequently. More information is forthcoming.
3. **Legislative Update**
 - Legislation not related to COVID-19 will be difficult to get through legislative process this year. We will continue to keep our bill tracker up to date on our website.

4. 2020 Future Council Meetings

- We will more than likely start meeting every other month via Webex or Zoom platform. If COVID-19 restrictions are lifted, we may be able to have a traditional in-person meeting in the fall.
- There is discussion of bringing back workgroups and/or committee structure. More information is forthcoming.

VII. 1:20 PM Announcements

Stephanie Welch, Executive Officer, Council on Criminal Justice and Behavioral Health

- Warm welcome to our new CCJBH team member – Liz Vice, SSM II. Liz should be on boarded by our next meeting.

VIII. 1:30 PM Public Comment on Matters Not on the Agenda

IX. Adjourn

THE ORDER OF BUSINESS MAY BE CHANGED WITHOUT NOTICE

Notice is hereby given that all times indicated and the orders of business are approximate and subject to change.

PUBLIC COMMENT

Public comment is taken prior to a vote on any agenda item as well as at the end of the meeting. If you so choose, prior to making comments, please state your name for the record and identify any group or organization you represent. Depending on the number of individuals wishing to address the Council, the Chair and/or Vice Chair may establish specific time limits for these presentations.

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Questions and/or requests for additional information prior to the CCJBH meeting may be referred to Marie Villalba at (916) 990-6788 or marie.villalba@cdcr.ca.gov. To view these minutes online, visit our web site at: <https://sites.cdcr.ca.gov/ccjbh/>