

DRAFT**Diversion/Reentry Workgroup
2021 CCJBH Legislative Report
Concepts and Recommendations**

Below for workgroup discussion purposes are draft concepts and recommendations related to diversion and reentry for the 2021 CCJBH Legislative Report, which were developed based on input provided by Councilmember Workgroup Advisors, as well as presentations and discussion that occurred during the March and June 2021 workgroup meetings. These concepts and recommendations may be refined/edited or deleted, and additional recommendations may be added based on further workgroup discussion.

Strengthening System Capacity:*Findings*

- Many individuals with behavioral health (BH) needs who have justice system involvement (JI) are in need of a variety of services across multiple sectors (systems) including, but not limited to behavioral health, criminal justice, housing, and social services, in order to optimize their chances for positive outcomes. Access to these services is critical, yet system partners across these sectors often report that it is difficult to engage this population, and that they are unaware of strategies on how best to address this issue.
- There is often a lack of formal coordination between these systems (e.g., Memorandums of Understanding) to serve this shared population, and many of these system partners lack the necessary knowledge about one another that is needed to effectively and efficiently engage coordination efforts.
- The limited formal multi-sector (system) coordination may be resulting in system inefficiencies such as duplication of efforts, missed prevention opportunities, incomplete infrastructure to implement comprehensive programs, and poor user (BH/JI population) experiences that result in frustration/disengagement.
- A strong, robust system of providers who specialize in addressing the complex needs of the BH/JI population is needed within each of these systems to assist with reentry and to provide community-based services, as needed and appropriate. However, as has been discussed at CCJBH meetings and other related forums, there is an insufficient number of providers within these systems who have this knowledge and expertise, which could be one important reason why engagement of this population into needed services is insufficient (e.g., low utilization of behavioral health services, limited access to and maintenance of housing). There is an unknown number of community-based organizations (CBOs), or “hidden network,” that have the expertise to provide services to the BH/JI population outside of the larger community systems that are considered to be credible resources for the BH/JI population that could be

leveraged to fill current system gaps.¹ Forensic Peer Support Specialists have demonstrated success in addressing and supporting the various needs of the BH/JI population.

- Addressing these issues of engagement, cross-system knowledge/collaboration and provider capacity/expertise are critical to the success of current initiatives, such as the Department of Health Care Services' California Advancing and Innovating Medi-Cal (CalAIM) justice-involved proposals; BH/JI diversion, including the Department of State Hospitals' Diversion Program; and the statewide expansion of housing availability.
- Examination of the metrics established for CCJBH's 2025 Goal #2, System Capacity,² overall show sufficient capacity in terms of primary care and behavioral health services, as well as parole and probation criminogenic risks and needs assessment/interventions. With regard to probation, Assembly Bill 1950 could have an impact that may require more intense programming in shorter periods of time.

Recommendations

- CCJBH should explore opportunities to secure resources identified to:
 - ✓ Implement trainings and technical assistance to expand expertise of the needs of the BH/JI population and to promote cross-system education, including sharing information about best and promising practices (e.g., engagement and treatment expertise) and facilitating collaboration and cross-training across delivery systems.
 - ✓ Support multi-system collaboration, including exploring the feasibility of developing Memorandum of Understanding (MOU) guidance for counties to use to establish care coordination for their behavioral health population (prevention), including those who have become involved with the justice system (intervention), as well as implementing Collaborative Case Planning as an approach to support multi-system service coordination and treatment/intervention planning.³ *Note: this is a repeat finding from last year that has yet to be addressed, but is so important that it is being mentioned again.*
- Efforts should be made to identify the "hidden network" of CBOs and evaluate the feasibility of transitioning them into mainstream systems, which would expand capacity to serve the BH/JI population, stabilize their funding, and could also serve to address BH/JI population engagement/service utilization, including

¹ These community-based organizations are often funded by grants and other sources, which are not always sustainable.

² These include the Medi-Cal Network Certifications for Medi-Cal Managed Care, Specialty Mental Health Services and Drug Medi-Cal, as well as the risk and needs assessments performed by California Department of Corrections for parolees and Senate Bill 678 Survey results for probation.

³ The model that was established for foster youth through [AB 2083](#) could be used as a model.

addressing disparities. Federal reimbursements across all systems should be maximized to the greatest extent possible.

- All systems that serve the BH/JI population should consider employing Forensic Peer Support Specialists. CCJBH should continue efforts to develop and provide information and guidance related to establishing a Forensic Peer Support Specialist classification in California, including relevant certification(s).
- CCJBH should work with the Chief Probation Officers of California and the Judicial Council to explore the relationship between, and impact of, AB 1950 on the SB 678 requirements to ensure these new requirements do not adversely impact capacity to maintain the high level of implementation of evidence-based practices that have been established to date.

Housing/Homelessness:

Findings

- The BH/JI population is all-too-often excluded from available housing opportunities for a variety of reasons (e.g., eligibility criteria, stigma), but is extremely vulnerable and critically in need of housing in order to live healthy and productive lives within their community. A lack of housing, a basic human need, is inhumane, further disadvantages their chance for successful outcomes and, in fact, increases the likelihood for preventable negative outcomes that place pressure on health and behavioral health care systems (e.g., emergency service utilization, hospitalization) and criminal justice systems (jails, prisons, probation and parole).
- A significant infusion of federal and state funding has been made available to address homelessness in California, which includes an expansion of housing capacity.⁴
- The Council on State Governments Justice Center, supported with funding provided by the Melville Charitable Trust, produced a report for CCJBH, entitled [Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails Recommendations to California's Council on Criminal Justice and Behavioral Health](#), which outlines 10 recommendations in 5 key areas to build infrastructure and system capacity to address the housing needs of the BH/JI population.
- There are existing/emerging models for housing programs, such as the Denver Supportive Housing Social Impact Bond Initiative, that have demonstrated positive outcomes for individuals experiencing chronic homelessness who frequently use the criminal justice and emergency health systems.

⁴ See the Homeless Coordinating and Financing Council's [Putting the Funding Pieces Together: Guide to Strategic Uses of New and Recent State and Federal Funds to Prevent and End Homelessness](#) and the Department of Health Care Services [Home and Community Based Services Spending Plan](#).

Recommendations

- The BH/JI population should be prioritized for housing/homelessness projects that are being developed and implemented using new and continuing federal and State funding.
- CCJBH and relevant system partners should continue to work to disseminate and address the recommendations in the report produced by the CSG Justice Center.
- CCJBH should continue learning about the housing system in order to identify key areas of impact and advocate for the BH/JI population.
- Counties should consider piloting housing projects that target the BH/JI population, leveraging and building upon other successful projects such as the Denver Supportive Housing Social Impact Bond Initiative.

Research/Evaluation/Data:

Findings

- Data on key issues are not available. For example, as reported in CCJBH's 19th Annual Legislative Report, information about the prevalence of behavioral health conditions in jails continues to be extremely limited, in part because current data collection is inadequate. Available data on the prevalence of mental health conditions is a proxy measure that is not based on an actual definition of mental illness, and it does not delineate between Any Mental Illness and Serious Mental Illness. There is no available data on the prevalence of substance use disorder in jails.
- Because of current data limitations, it is unclear whether jails have adequate resources to meet the needs of their populations. Moreover, emergent investments as part of CalAIM, including facilitated referral and linkage to behavioral health services and certain components of pre-release Enhanced Care Management, are conditional on identified behavioral health need. Lack of information about behavioral health needs means that individuals who may be eligible for services may not receive those services.
- There is inadequate capacity for data linkage and analysis. While there has been progress made through the Inter-Agency Data Exchange Agreement (IDEA), IDEA only applies to State agencies, and data sharing between State and local agencies and between local entities is inconsistent. Different State and local systems collect data, but because the data are not consistently linked, service providers are not always able to identify justice-involved individuals who utilize services across multiple systems, which can result in less effective treatment, unmet needs and fragmented, frustrating beneficiary experiences. Absent regular, robust, comprehensive reporting on all services, the BH/JI population will continue to be overlooked in policymaking and decisions will continue to be made based on anecdotes, which may not lead to improved outcomes.

Recommendations

- State and local entities should expand data collection on the behavioral health needs of the justice-involved population on issues including, but not limited to, expanded and improved data on the prevalence of mental health and substance use disorder needs in jails. It is not clear if individuals booked into jails are universally screened and assessed for behavioral health issues, which negatively affects service delivery and inhibits data collection. As a preliminary step, a statewide survey could be conducted to understand current processes that are in place and current capacity for data collection and reporting on the BH/JI population at the local level. Reporting requirements should be streamlined, where appropriate, and additional data collection and reporting requirements should be considered where necessary, with a high priority placed on establishing a statewide repository of information about the prevalence of behavioral health conditions in jails.
- Local health care agencies should sign the Memoranda of Understanding that the California Correctional Health Care Services has developed for data sharing, and resources such as Providing Access and Transforming Health funds as part of CalAIM should be efficiently leveraged for capacity-building. Additional guidance should be developed, alongside additional resources provided, for data sharing across local entities.
- CCJBH should explore expanding data linkage efforts beyond Medi-Cal utilization (e.g., to address the issue of individuals found Incompetent to Stand Trial, better understand the importance of Full Service Partnerships for improved outcomes, and support enhanced understanding of post-release outcomes such as homelessness, education/employment, and overdose/morbidity/mortality). State and local entities should expand data collection and analysis to facilitate performance monitoring and data-informed policy development, as well as improve data quality and streamline reporting requirements. Shared metrics, tied to funding, should be established across systems to point to areas that require additional investment and inform policy development.

Other Findings/Recommendations:

Recommendations

- System partners who serve the BH/JI population should consider using a “Pay for Success” model for reimbursement, which incentivizes desirable outcomes (e.g., increasing the number of participants in a diversion program). Local Boards of Supervisors should be educated on the benefits of this approach.
- System partners in criminal justice are struggling on how to best address the immediate needs of individuals who suffer from mental health conditions and are symptomatic (e.g., hallucinating). In particular, many sheriffs and their jail staff are not fully educated on the effective use of Involuntary Medication Orders (IMOs), including best practices, which seem to be leading to misconceptions and, thus, avoiding their use. In some cases, even if an IMO has been established, it is not always implemented. As such, training and technical

assistance should be provided to support the proper use of IMO's in local jail settings. CDCR and the Department of State Hospitals could be consulted to learn best practices that have been shown to be effective in institutional settings in California, and Forensic Peer Support Specialists should be considered as an important resource to improve engagement.

- Additional engagement strategies should be explored to address the issue of engagement, including the use of [Assisted Outpatient Treatment](#) (Laura's Law) and [Psychiatric Advanced Directives](#).
- Individuals with lived experience in the behavioral health and criminal justice systems, and their families/caregivers, should be informed and engaged in all efforts related to the BH/JI population. CCJBH, and related system partners, should continue leveraging their expertise to ensure that programs and services are designed in a manner that will actually meet their needs, thus maximizing the chance to improve their engagement.
- There is a clear and persistent overrepresentation of the BH/JI population in jails and prisons, as demonstrated in CCJBH's 2025 Goal #1, Prevalence in Jails/Prisons. To address this issue, system partners should focus efforts internally and across systems to implement diversion programs. Community-based agencies should provide services using a whole-person approach to prevent recidivism and facilitate reintegration into the community.

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