



CCJBH
Council on Criminal Justice and Behavioral Health

20 YEARS
*of building bridges
to prevent incarceration*

Full Council Meeting

January 27, 2023

Brenda Grealish
Executive Officer, CCJBH
Office of the Secretary, Jeff Macomber
California Department of Corrections and Rehabilitation (CDCR)



Quick Notes:

**** This meeting is being recorded ****

- **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.*
- **When it is your turn to comment, the meeting host will unmute your line and announce your name.**
- *Members of the public should be prepared to complete their comments within 3 minutes or less if a different time allotment is needed and announced by the Executive Officer.*

Email: CCJBH@cdcr.ca.gov



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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.



Agenda:

Time:	Topic:
2:00 PM	Welcome & Introductions, Roll Call
2:05 PM	Approval of December Council Meeting Minutes
2:10 PM	Public Comment
2:15 PM	California Crisis Care Continuum
2:50 PM	Council Questions/Public Comment



Agenda (continued):

3:15 PM	Bagley-Keene Act Training
3:45 PM	Council Questions/Public Comment
3:55 PM	CCJBH Business Meeting
4:25 PM	Announcements
4:30 PM	Adjourn



December 2022 Council Meeting Minutes

Step 1: MOTION TO ADOPT OR AMEND

Step 2: SECOND MOTION

Step 3: PUBLIC COMMENT

Step 4: ROLL CALL FOR A VOTE



Behavioral Health Crisis Care Policy and Program Updates

CCJBH Quarterly Full Council Meeting

Stephanie Welch, CalHHS, Deputy Secretary of Behavioral Health

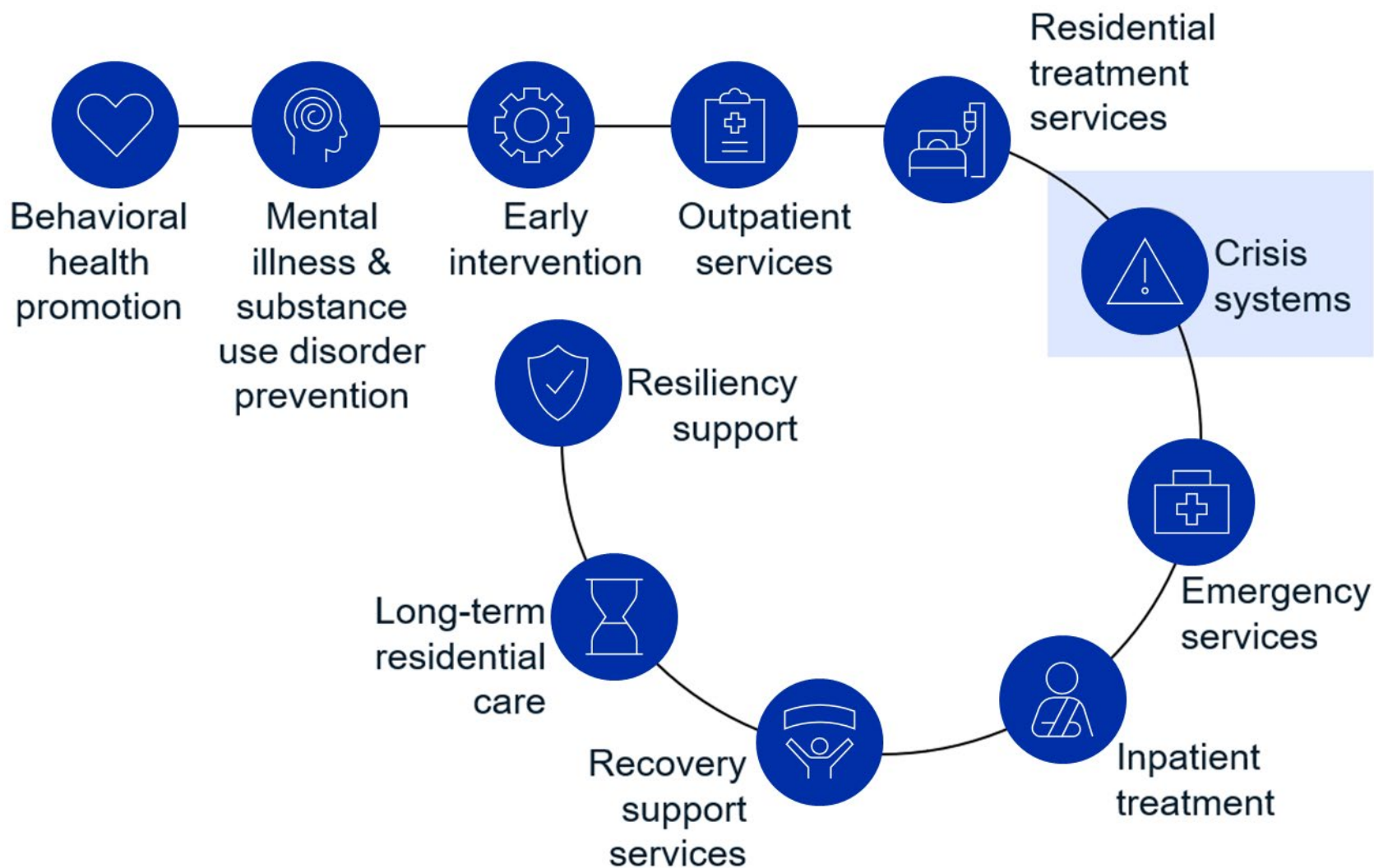
Erika Cristo, DHCS, Assistant Deputy Director, Behavioral Health

January 27, 2023

Agenda

- Overview of CalHHS Crisis Care Continuum Plan
- Medi-Cal Mobile Crisis Service Benefit
- AB 988 Implementation Update
- Q & A and Discussion

The Behavioral Health Continuum of Care



Source: Discussions with CalHHS team

Context of the Crisis Care Continuum Project (CCC-P)



More than **1 million individuals attempt suicide** each year nation-wide¹



More than **4,000 individuals died by suicide** in **California** in 2020²



There are **existing challenges to accessing crisis care**, including capacity, coordination, and coverage



To address existing access challenges, **federal and state stakeholders are prioritizing crisis care:**

- **SAMHSA described a 5-year vision for 988**, following July 2022 launch as new 3-digit number to access National Suicide Prevention Line
- **California AB-988 passed Sept. 30th, 2022**, which requires CalHHS to develop a detailed implementation plan by end of 2023³

1. [SAMHSA](#)

2. [CDPH Data on Suicide and Self Harm](#)

3. [AB-988](#)

Objectives of the Crisis Care Continuum Project (CCC-P)



Identify the **state-wide vision for full set of services** for individuals experiencing crisis



Define state-wide **essential crisis services**



Provide a **high-level view of resources required, or current investments** that could be used



Outline a **governance model** to support implementation



Identify a **roadmap** to reach major milestones

Proposed Components of Future State Crisis Care Continuum

BH crisis systems strive to serve anyone, anywhere and anytime and fall along a continuum:

Preventing Crisis

Community-based preventive interventions for individuals at risk for suicide or mental health / substance use crises (e.g., Zero Suicide, harm reduction programs, warmlines, peer support, digital-self help, recovery support services, addressing stigma¹)



Responding to Crisis

Acute crisis response services, including hotlines, 911 / 988 coordination, mobile crisis teams, social service response, and co-response models



Stabilizing Crisis

Community-based crisis stabilization services, including in-home crisis stabilization, crisis receiving facilities, peer respite, crisis residential services, sobering centers and transitioning individuals to care



1. There are many ongoing efforts across the state focused on stigma reduction that contributes to prevention
Source: CalHHS

The Behavioral Health Task Force has helped shaped the CCC-P

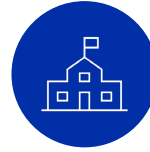
Behavioral Health Task Force (BHTF) overview

Since 2020, the BHTF, including people living with behavioral health conditions, family members, advocates, providers, health plans, counties, and state agency leaders, has **advised the Administration's efforts to advance statewide behavioral health services**

In particular, the BHTF **provided input to planning for 988 and strengthening the Crisis Care Continuum**, including crisis prevention, response and stabilization

BHTF recommendations can help the state ensure timely access to high-quality crisis services for all residents

Key themes from BHTF



Prevention

- Role of multi-tiered support systems in school to support youth mental health
- Investments in BH workforce to build capacity of behavioral health services



Response

- Explore approaches to better serve members of the BIPOC and LGBTQ+ community
- Ensure crisis response systems are culturally and linguistically competent



Stabilization

- Better coordination of care and hand-offs after crisis has been stabilized, with clear communication of care plan

California has made sizable investments in crisis prevention and response services, providing more than \$1.6B* over the last few years

\$1.4B

To add qualifying **community-based mobile crisis intervention services** as a Medi-Cal covered benefit, **this includes federal match**

\$205M

Granted to support and expand **behavioral health mobile crisis and non-crisis services**

\$43M

Granted **\$13M to CalHOPE**, including the statewide **peer warmline**, base allocation and added **one-time \$ 30M for 3 years** to support continued services.

\$20M

For a **one-time investment of State General Funds** to build 988 crisis center capacity for 988 implementation

\$15M

Granted by SAMHSA to the **DHCS for communities to enhance contact center readiness**

\$7.5M

Granted in **FY 2022-2023, with \$6M ongoing**, to support equipment for transferring calls between the 988 National Suicide Prevention Lifeline and the 911 system

\$4M

Provided per year by the **Mental Health Services Act** funding

*This includes federal reimbursement for Medi-Cal Mobile Crisis services

Essential Crisis Services Span the Continuum – Will Achieve Over Time

■ = Near term (by FY 23-24) ■ = Medium term (by FY 26-27) ■ = Long term (by FY 28-29)

Preventing Crisis

1. Peer-based warmlines

2. Community-based behavioral health services, such as:

- Community-based social services
- School-based and school-linked services
- Primary care clinics and FQHCs
- Outpatient BH care (e.g., CCBHCs, urgent care clinics, transition clinics, bridge clinics)
- Peer support
- Harm reduction
- Medication for Addiction Treatment (MAT)
- Housing services
- Employment services

3. Digital apothecary (e.g., CYBHI digital platform, CalHOPE digital tool)

Responding to Crisis

1. Hotlines

- Operate 24/7/365
- Answer all calls (or coordinate back-up)
- Offer text / chat capabilities
- Be staffed with clinicians overseeing clinical triage

2. Mobile crisis services

- Operate 24/7/365
- Staffed by multidisciplinary team meeting training, conduct, and capability standards
- Respond where a person is
- Include licensed and/or credentialed clinicians

Stabilizing Crisis

1. Crisis receiving and stabilization services

- Operate 24/7/365 with multidisciplinary team or other suitable configuration depending on the model
- Offer on-site services that last less than 24 hours
- Accept all appropriate referrals
- Design services for mental health and substance use crisis issues
- Offer walk-in and first responder drop-off options
- Employ capacity to assess & address physical health needs

2. Peer respite

3. In-home crisis stabilization

1. Crisis residential treatment services

- Operate 24/7/365

2. Post-crisis step-down services, such as (LT)

- Partial hospitalization
- Supportive housing

3. Sobering center

Sources: SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit. September 13th BHTF meeting, DHC S: Existing California Medicaid Policies, proposed Medi-Cal Mobile Crisis Benefit, CalHHS

Potential Metrics Corresponding to Essential Crisis Services

■ = Near term (by FY 23-24) ■ = Medium term (by FY 26-27) ■ = Long term (by FY 28-29)

Preventing Crisis

1. Peer-based warmlines
 - % of calls to peer-based warmline answered within 20 seconds
2. Community-based behavioral health services, such as:
 - HEDIS measure (% of people connected with outpatient following a discharge)
3. Digital apothecary (e.g., CYBHI digital platform, CalHOPE digital tool)
 - # of web visits and downloads of digital apothecary services

Responding to Crisis

1. Hotlines
 - In-state call answer rate
 - Time to answer
 - Dropped call rate
2. Mobile crisis services
 - Average in-person response time

Stabilizing Crisis

1. Crisis receiving and stabilization services
 - % of referrals accepted
 2. Peer respite
 - Time to access peer respite
 - Distance of peer respite from population base
 3. In-home crisis stabilization
 - Time to access in-home crisis stabilization staff
1. Crisis residential treatment services
 - Time to access crisis residential treatment services
 - Distance of crisis residential treatment services from population base
 2. Post-crisis step-down services, such as (LT)
 - % of patients with engagement provided w/in 30 days of discharge
 3. Sobering centers
 - Time to access crisis sobering centers
 - Distance of sobering centers from population base

Summary of Findings for CCC-P

- CalHHS has been working with State and external stakeholders to develop the **Behavioral Health Crisis Care Continuum Plan (CCC-P)** to articulate the statewide vision for the future state crisis care system
- Based on preliminary research and stakeholder discussions, CalHHS believes that **California's current crisis care system meets select measures of 988 readiness¹**, but includes geographic variation and opportunities to improve coordination across settings
- The Plan includes **three Strategic Pillars** for the future state crisis care system:
 - Build towards **consistent access statewide**
 - Enhance **coordination across and outside of the crisis care continuum of care**
 - Design and deliver a **high quality and equitable system for ALL Californians**
- Initial implementation considerations to achieve these Strategic Pillars will be **executed over time with near, medium, and long-term milestones** over the next 5 years. The pillars will be measured against metrics that are not yet finalized
- **California has made significant investments in crisis care** over the last few years
- CalHHS **prioritizes inclusion and equity** and will examine best practices and evidence-based strategies to ensure the crisis care continuum meets the needs of diverse populations
- CalHHS has examined the **governance structure outlined in AB-988** as well as approaches used in other states

1. Determined by the 988 Convening Playbook



Medi-Cal Mobile Crisis Services Benefit

Erika Cristo, DHCS, Assistant Deputy Director,
Behavioral Health

Overview: Medi-Cal Mobile Crisis Services Opportunity

Mobile crisis teams offer community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a behavioral health crisis.



Under the American Rescue Plan Act (ARPA), **states are eligible for an 85% enhanced FMAP for qualifying mobile crisis services** for 12 quarters between April 2022 and April 2027.*



DHCS will **submitted a State Plan Amendment (SPA) that establishes a new Medi-Cal mobile crisis benefit**, effective as soon as January 2023. DHCS submitted the SPA to CMS on October 24, 2022.



DHCS envisions that its mobile crisis service will **align with the state's other efforts** to support individuals experiencing a behavioral health crisis.



DHCS is designing a mobile crisis services benefit to ensure all Medi-Cal members have access to **coordinated crisis care 24 hours a day, 7 days a week, 365 days per year.**

Proposed Benefit Design: SPA Structure & Reimbursement Methodology

DHCS intends to add new pages to the Rehabilitative Services section of the California State Plan to cover mobile crisis services.

- » DHCS intends to define a **new Medi-Cal mobile crisis services benefit**, distinct from existing crisis intervention, crisis stabilization, and SUD crisis intervention services.
- » Mobile crisis services will be covered in **all three county BH delivery systems**: SMHS, DMC and DMC-ODS
- » DHCS is developing a **new reimbursement rate** that effectively covers the cost of delivering 24/7 mobile crisis services. The rate will be designed to account for the unique aspects of mobile crisis, such as:
 - » Down time of teams;
 - » 24/7 availability of teams;
 - » Variable volume of crisis episodes across time of day and geographies; and
 - » Follow-up services and connections to ongoing supports.

Proposed Benefit Design: Team Requirements, Provider Qualifications & Service Components

The design of the Medi-Cal mobile crisis services benefit will align with the requirements outlined in the ARPA to be eligible for enhanced FMAP.

Team Requirements & Provider Qualifications

- At least one provider who is qualified to provide a crisis assessment within their authorized scope of practice under state law
- At least one additional provider, who might include, but is not limited to:
 - LPHA
 - AOD Counselor
 - Peer Support Specialist
 - Community Health Worker
 - Emergency Medical Technician
 - Community Paramedic

Core Service Components

- Conduct a crisis assessment
- Provide on-site intervention and de-escalation with a beneficiary experiencing a crisis
- Work with a beneficiary to develop a plan to avert future crises
- Facilitate a warm handoff if the beneficiary requires urgent treatment in an alternative setting, including providing or arranging for transportation if needed
- Refer a beneficiary to ongoing services and supports
- Provide a follow-up check-in

Proposed Benefit Design: Timeliness & Training Standards

The design of the Medi-Cal mobile crisis service benefit will align with the requirements outlined in the ARPA to be eligible for enhanced FMAP.

Timeliness Standards

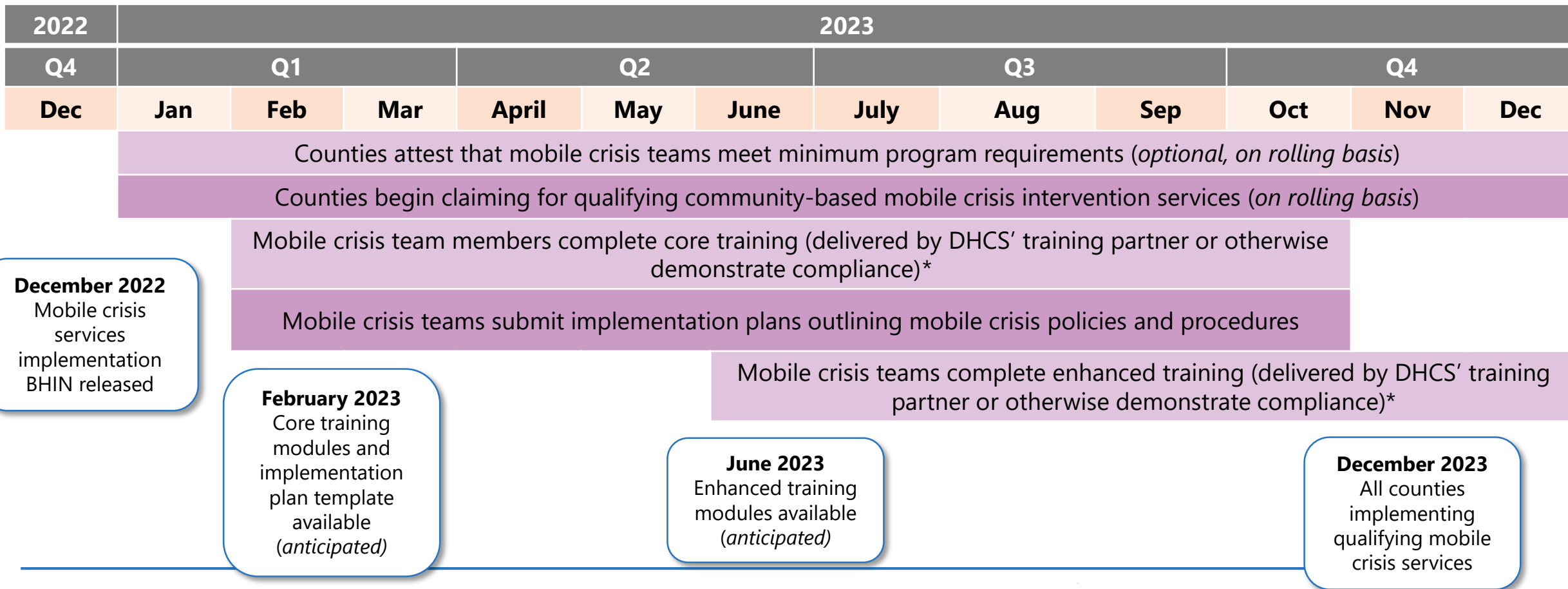
- DHCS will clarify specific timeliness standards in a forthcoming BHIN.
- In alignment with practices in other states, DHCS is considering different timeliness standards for mobile crisis teams operating in urban areas (e.g., 60 minutes) and rural areas (e.g., 120 minutes).
- DHCS will provide guidance on reporting requirements to ensure timeliness standards are tracked and met.

Training Standards

- DHCS will clarify training requirements in a forthcoming BHIN.
- Per federal requirements, all teams will complete training in trauma-informed care, de-escalation strategies, and harm reduction. DHCS may also require training in:
 - Working with children and youth
 - Culturally responsive care
 - Safety/crisis plan development
 - Motivational interviewing
 - Working with individuals with intellectual or developmental disabilities

Timeline: Mobile Crisis Services Implementation

County behavioral health delivery systems may begin offering the mobile crisis services benefit on a rolling basis, beginning January 1, 2023.



*Counties that currently operate robust mobile crisis programs may request to DHCS that mobile crisis teams be exempt from some training modules if they have been previously trained in that topic.

For More Information

<https://www.dhcs.ca.gov/Pages/CalAIM-Mobile-Crisis-Services-Initiative.aspx>

AB 988 Can Help Expand Crisis Care Services in California

- In September 2022, Governor Gavin Newsom signed the **Miles Hall Lifeline Act (AB 988)** into law as one of many recent steps to **ensuring and expanding services for Californians experiencing a behavioral health crisis**
- The Assembly Bill 988 (AB 988) **provides a framework and funding mechanism** for the 988 Suicide and Prevention Lifeline in California, including:
 - Starting in 2023, **establishing a 988 surcharge** at \$0.08 per access line per month. Starting in 2025, establishing a surcharge based on a specified formula that is not greater than \$0.30 per access line per month
 - **Requiring health plan and insurer coverage of 988 center services** when medically necessary and without prior authorization
- AB 988 includes a **preliminary description of state-level agency roles and responsibilities** across CalHHS, DHCS, CalOES¹, and newly formed advisory bodies
- Based on CalHHS discussions and analysis of other state crisis system infrastructure, the **State may look to examples from other jurisdictions** to inform open questions on:
 - Decision rights, meeting cadence, and additional to roles and responsibilities
 - Role of additional sectors and agencies, including at the county or local level in their crisis care system governance structures

1. California Governor's Office of Emergency Services

Source: [AB-988 Mental health: 988 Suicide and Crisis Lifeline law](#), [Behavioral Health System Redesign – Washington state](#) [New York State 988 Implementation Plan Report](#)

AB 988 and CalHHS Responsibilities

- CalHHS must create a set of recommendations to support a 5-year implementation plan for a comprehensive 988 system.
- CalHHS must convene a diverse and robust group of stakeholders who meet quarterly as the State 988 Advisory Group. This group will advise CalHHS on the set of recommendations. The recommendations will specify what can be accomplished pursuant to existing administrative authority and what will require additional regulations or legislation for implementation. 15 required topics, include but are not limited to:
 - Comprehensive assessment of the behavioral health crisis services system
 - How to meet federal requirements
 - Strategies to support technology
 - State governance structure
 - Strategies to support 988 infrastructure, including access to crisis receiving and stabilization services, triage and warm-offs
 - Communication strategies and quantifiable goals/ outcome measures
 - Support mechanisms for reimbursement from insurers

Next steps

- **Address funding sustainability** regarding sources of recurring funding
- **Publish the Plan** in early 2023
- **Disseminate contents** of the Plan
- **Map method of leveraging the Plan** to address duties assigned to CalHHS as part of AB-988
- **Budget Proposal** and **Clean-Up TBL**
- Begin to **develop detailed 5-Year Implementation Plan**

Questions and Discussion

For resources and more information regarding our behavioral health initiatives:

[CalHHS Crisis Care Continuum – Plan webpage](#)

[Behavioral Health Task Force webpage](#)

Public Comment



Bagley-Keene Open Meeting Act Training

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



Policy

“It is the public policy of this state that public agencies exist to aid in the conduct of the 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 finds and declares that it is the intent of the law that actions of state agencies be taken openly and that their deliberation be conducted openly.”

- Government Code section 11120

Meetings Of State Body

“All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in [the Bagley-Keene Open Meeting Act].”

- Government Code section 11123, subd. (a)

State Body Defined

- Multimember body of the state
 - created by statute, or (note: CCJBH is created by statute and codified under Penal Code section 6044)
 - required by law to conduct official meeting
- Commission created by executive order
- Delegated body
 - multimember body that exercises any authority of a state body delegated to it by that state body.
- Advisory body
 - created by formal action of the state body or of any member of the state body, and
 - consists of three or more persons.

Meeting Defined

- “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.” (Gov. Code, § 11122.5, subd. (a).)
- “Meeting” is not limited to a gathering where a final decision is made.

Meeting Defined (cont'd)

- “Upon any item within the subject matter jurisdiction” is broadly interpreted.
 - “A statute ... shall be broadly construed if it furthers the people’s right of access, and narrowly construed if it limits the right of access.” (Cal. Const., art. I, section 3, subd. (b)(2).)
 - Bagley-Keene Open Meeting Act is violated when a majority of Fair Political Practices Commission members met privately over lunch and discuss how the Act applies to the Commission. (Op.Atty.Gen. 18-901 (September 22, 2020).)
 - The Commission has the general duty to comply with the Act. By discussing how the Act applies to itself, the Commission is considering a matter that it has the authority to hear and decide, and that matter therefore falls within its “subject matter jurisdiction.”

Serial Meetings

- “A majority of the members of a state body shall not, outside of a meeting authorized by this chapter, use a series of communications of any kind, directly or through intermediaries, to discuss, deliberate, or take action on any item of business that is within the subject matter of the state body.” (Gov. Code § 11122.5(b)(1)).
- Common Types of Serial Meetings:
 - A chain of communication involving contact from member A to member B, who then communicates with member C would constitute a serial meeting in the case of a five-member state body.
 - When a person acts as the hub of a wheel (member A) and communicates individually with the various spokes (members B and C), a serial meeting has occurred in the case of a five-member state body.

Prohibitions Do Not Apply To The Following

- Individual contacts between a member of a state body and any other person that do not violate Gov. Code § 11122.5(b).
 - Be mindful of a series of communication.
- Attendance at an open and noticed meeting of a standing committee of that body, if state body members who are not members of the committee attend only as observers.

Prohibitions Do Not Apply To The Following (cont'd)

- Attendance at the following events if a majority of the members do not discuss among themselves business that is within the subject matter jurisdiction of the state body.
 - A conference or similar gathering open to the public that involves discussion of issues of interest to the public or public agencies
 - An open and publicized meeting organized to address a topic of state concern by a person or organization other than a state body
 - An open and noticed meeting of another state body or of a legislative body of a local agency
 - A social or ceremonial occasion

Authorized Closed Session

- The Bagley-Keene Open Meeting Act authorizes closed sessions during a meeting for specific topics, including the following examples:
 - 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
 - Threats to safety or security of personnel, property, or facilities
- “Except as expressly authorized by the [Act], no closed session may be held by any state body.” (Gov. Code, § 11132.)
- A closed session shall be held only during a regular or special meeting.
 - Disclose on the agenda the general nature of the item to be discussed in the closed session.

Special & Emergency Meetings

- Subject to 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. Examples include a special meeting to:
 - Consider pending litigation
 - Consider proposed legislation
 - Consider disciplinary action involving a state employee
- Without complying 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 disruption of public facilities that severely impairs public health and/or safety.

Public Notice

- Notice of Meeting
 - Shall be made available on the Internet at least 10 days in advance
 - Shall be provided to individuals who request notice in writing
 - Shall include date, time, and location of meeting, and name, address, and telephone number of contact person for more information
- Agenda
 - Items of business to be discussed or transacted in either open or closed sessions
 - Each item must be sufficiently described to allow the public to determine whether to attend the meeting – a brief general description is sufficient
 - A closed session item must reference specific statutory authority under which the closed session is being held.
- Notice, agenda, and writing distributed to members by any person are public records and shall be made available to the public.
- Shall be made available, upon request, in alternative formats as required by the ADA with information regarding how to request accommodation in order to participate in the public meeting.

The Public's Right to Attend

- Opportunity to address the state body on each agenda item that is not part of a closed session.
 - State body may limit the amount of time allocated for public comment on particular issues and for each individual speaker.
 - State body shall not prohibit public criticisms of policies, programs, or services.
- Any person may record the proceedings with an audio or video recorder, in the absence of a reasonable finding that recording constitute a persistent disruption of the proceedings.
- No person shall be required to register his/her name or provide other information as a condition of attendance at a meeting.
- All meetings must be accessible and comply with the Americans with Disabilities Act (ADA).

Teleconference

- 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.
 - Post agendas at all teleconference locations.
 - At least one member be physically present at location specified in the notice.
- Must have procedures for receiving and resolving requests for reasonable accommodation, consistent with the ADA.

Takeaway

- General rule:
 - Conduct the people's business openly so the public may remain informed, after providing the public with notice and an opportunity to participate.
- Penalties:
 - Any person, the Attorney General, or district attorney may commence court action to stop or prevent violations of the Bagley-Keene Open Meeting Act.
 - Any person may commence court action to obtain a judicial finding that an action taken by a state body in violation of the notice and open meeting requirements is null and void.
 - “Each member of a state body who attends a meeting of that body in violation of [the Bagley-Keene Open Meeting Act], and where the member intends to deprive the public of information to which the member knows or has reason to know the public is entitled under this [Act], is guilty of a misdemeanor.”

- Government Code section 11130.7

Councilmember Questions

Public Comment



CCJBH Business Meeting



CCJBH Project Updates



CalAIM and Behavioral Health Transformation



CaAIM and Behavioral Health Transformation

- **CaAIM:** CCJBH staff are participating DHCS' CaAIM Justice-Involved Advisory Group and working sub-groups. CCJBH also participates and aids in identifying subject matter experts to advance justice-related proposals, including developing a [Brief Overview of the Department of Health Care Services \(DHCS\)' California Advancing and Innovating Medi-Cal \(CaAIM\) Proposals that Impact the Criminal Justice Population.](#)
- **Behavioral Health Transformation:** CCJBH staff continues to participate on the:
 - DHCS Behavioral Health Stakeholder Advisory Committee
 - DHCS Justice Workgroups
 - CHHSA Behavioral Health Task Force
 - CHHSA Office of Youth and Community Restoration Committee



Juvenile Justice Compendium and Toolkit



Juvenile Justice Compendium and Toolkit Contract

- A Lived Experience Advisory Board and System Representative Advisory Board will meet in February 2023 to provide input on the compendium draft.
- A literature review to support the Evidence-Based and Promising Practices Compendium was completed in January 2023.
 - Through a literature search of approximately 6,00 sources, RAND identified nearly 1,000 articles to include in a literature review.
 - 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.
 - The compendium will be posted on the CCJBH and 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.



Pre-Trial Diversion Training and Technical Assistance



Diversion Technical Assistance Contract

The contract with the Council of State Governments (CSG) Justice Center goes through 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.
- CSG facilitated 12 collaboration meetings to assess what is working (or not) within local diversion systems and examine impacts of COVID-19 on diversion efforts.



Diversion Technical Assistance Contract (Cont'd)

- CSG submitted a final report to CCJBH in December 2022 which includes a set of policy recommendations that identifies barriers and best practices in diversion efforts for the following topical areas:
 - State Leadership and Funding
 - Substance Use Evaluation and Treatment
 - Health Insurance
 - Training and Technical Assistance
 - Engagement and Clinical Models
 - Housing
 - Data Collection
- CSG Justice Center will present the report recommendations at the next 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.



Medi-Cal Utilization Project



CDCR-DHCS Medi-Cal Utilization Project

- For the Medi-Cal Utilization Project (MCUP) analyses conducted in 2022 and 2023, updated results (charts and tables) will be formatted into briefs and fact sheets which will:
 - ✓ Present updated Medi-Cal enrollment rates and mental health and substance use disorder services utilization trends for individuals released from CDCR in FY 2019-20.
 - ✓ Compare Medi-Cal enrollment rates and service utilization between different demographic groups.
 - ✓ Compare Medi-Cal enrollment rates and specialty mental health services service utilization of the justice-involved (JI) population with behavioral health (BH) needs to those of the general Medi-Cal population.



Public Health Meets Public Safety



Public Health Meets Public Safety

- Public Health Meets Public Safety (PHMPS) has been a two-year project being conducted in consultation with the Council of State Governments (CSG) Justice Center.
- The two primary project goals were to:
 1. Use data to inform policymaking at the intersection of criminal justice & behavioral health (improved process).
 2. Reducing the number of adults and young people with behavioral health needs in California's justice system (improved outcomes).
- In developing the framework, CSG leveraged the CCJBH Lived Experience Contractors to inform the PHMPS project through a facilitated focus group



Public Health Meets Public Safety

- CSG developed an inventory of relevant publicly available data that can be used to better understand the intersection of justice & behavioral health, which may be accessed on the [CCJBH website](#).
- Upcoming activities:
 - **December 2022:** PHMPS contract ended on December 30, 2022.
 - **Spring 2023:** Initial data visualizations will be presented to CCJBH Councilmembers at the April 2023 Full Council meeting, and then go live on the CCJBH website shortly thereafter.



Lived Experience Projects



Regional Lived Experience Project Updates

- LEP contractors submitted progress reports for the third quarter of Year 2.
- The LEP contractors continue to participate in the LEP Advisory Team meetings on a quarterly basis.
- The next quarterly LEP Advisory Team meeting will be taking place in March.



Regional Lived Experience Project Updates

- ARC (Central Region): Continues to provide workshops, trainings, and services to clients. In December, ARC hosted a three-day Career Readiness training for network members.
- Cal Voices (Superior and Southern Regions): 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 Justice Involved Peer Support Specialty. Results will be shared with CCJBH during the next quarter.
- TCN (Bay Area Region): Continues to provide mentorship and support to TCN community health workers (CHW). TCN is in the process of planning their CHW Training Summit and Program Lead Training Summit.



Regional Lived Experience Project Updates

- LARRP (LA Region): LARRP continues to host their general meetings and subcommittee meetings for health, education, and employment. L.E.A.D.E.R. Alumni continue to be actively engaged in the subcommittee meetings and projects.



CSUS Project Update

- 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.
- Upcoming Activities:
 - February 2023: CSUS will be facilitating in-person Listening Sessions for Sacramento and Central Valley.
 - April & May 2023: CSUS and CCJBH will use listening session feedback to develop a recommendations report.
 - June 2023: CSUS contract ends on June 30, 2023.



Justice Involved Peer Support Specialty



Justice Involved (JI) Peer Support Specialty

- CCJBH believes that the use Justice Involved Peer Support (JIPS) Specialists can be of significant benefit to individuals who are justice-involved and have a mental health and/or SUD. 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 CalMHSA Medi-Cal Peer Support Specialty Advisory Committee meetings.
- In support of CalMHSA's efforts, CCJBH, with input from our LEP contractors, provided CalMHSA with recommendations and considerations in January 2023 to help strengthen their planning for the Justice-Involved Specialty Peer Certification.



Housing and Homelessness



Housing

- CCJBH continues to track the efforts of:
 - The U.S. Interagency Council on Homelessness
 - [*All In: The Federal Strategic Plan to Prevent and End Homelessness*](#) was released in December 2022
 - California Interagency Council on Homelessness
 - Housing and Community Development
 - As well as other State Agencies that operate related housing programs (e.g., Board of State and Community Corrections, CA Department of Social Services, Department of Health Care Services).



Legislation and Budget Summary

Liz Castillon Vice
Staff Services Manager II



Budget/Legislation of Interest

- The new 2023 legislative session convened on December 5, 2022.
- The proposed budget was released on January 10, 2023. CCJBH is currently working on developing a summary of it's impact on the BH/JI population.
- Thus far, 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
 - Medi-Cal Eligibility
- 562 bills have been introduced by the State Legislature thus far.
- For a complete list of the 15 bills tracked by CCJBH for the 2023 Session of the Legislature, please visit our website at [CCJBH Legislation Update](#).



Upcoming Events

[Juvenile Justice Workgroup](#)

Friday, February 10, 2023, 12:45 PM-2:45 PM

[Diversion/Reentry Workgroup](#)

Friday, February 10, 2023, 3:00 PM-5:00 PM

[Full Council Meeting](#)

Friday, April 28, 2023, 2:00-4:30 PM

Please visit our website at www.cccjbh.ca.gov!

Email: CCJBH@cdcr.ca.gov

If you would like to be added to CCJBH's listserv, click [HERE](#).

THANK YOU!

