CCJBH

Council on Criminal Justice and Behavioral Health

20 YEARS *of building bridges to prevent incarceration*

21st Annual Legislative Report

October 2023

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Overview of the Council on Criminal Justice and Behavioral Health

Established by California Penal Code Section 6044(a), the Council on Criminal Justice and Behavioral Health (CCJBH) is a 12-member council chaired by the Secretary of the California Department of Corrections and Rehabilitation (CDCR) and is comprised of the Directors of the Department of State Hospitals (DSH), the Department of Health Care Services (DHCS), and the remaining members are chosen by the Governor's Office, the State Senate and Assembly, the Attorney General and the California Chief Justice. One member must be a superior court judge, and the remaining members are required have backgrounds in law enforcement and behavioral health. It is encouraged that council members have experience with the justice and health systems either personally or through familial relationships. CCJBH is responsible for identifying and promoting cost-effective strategies statewide to reduce the incarceration of youth and adults with mental illness and substance use disorders (SUDs) focused on prevention, diversion, and reentry strategies. The activities of the council are reported annually to the Governor and the Legislature, which must include recommendations for improving the cost-effectiveness of statewide programs for serving the behavioral health justice-involved population.

The Council on Criminal Justice and Behavioral Health Council Members

Chairperson: Jeff Macomber, *Secretary,* California Department of Corrections and Rehabilitation. The Secretary of CDCR is at times represented by Diana Toche, DDS, *Undersecretary*, California Correctional Health Care Services (CCHCS).

Co-Chair: Michelle Baass, *Director,* Department of Health Care Services. The Director of DHCS is represented by Sydney Armendariz, *Chief*, Justice Initiative Branch, Office of Strategic Partnership, DHCS.

Co-Chair: Stephanie Clendenin, *Director*, Department of State Hospitals. The Director of the Department of State Hospitals is represented by Christina Edens, *Chief Deputy Director of Program Services,* DSH.

Diana Becton, J.D., *Contra Costa District Attorney*. Ms. Becton was appointed to CCJBH by the Senate Rules Committee in 2023.

Enrico Castillo, M.D., *Psychiatrist and Associate Vice Chair for Justice, Equity, Diversion and Inclusion*, University of California, Los Angeles**.** Mr. Castillo was appointed to CCJBH by the Senate Rules Committee in 2023.

Anita Fisher, *Consumer/Family Member Representative*. Mrs. Fisher was appointed to CCJBH by Governor Gavin Newsom in 2021.

Tony Hobson, Ph.D., *Behavioral Health Director,* Colusa County. Dr. Hobson was appointed to CCJBH by Governor Jerry Brown in 2018.

Mack Jenkins, *Retired Chief Probation Officer*, San Diego County Probation Department. Mr. Jenkins was appointed to CCJBH by Governor Edmund G. Brown, Jr. in 2015.

Honorable Stephen V. Manley, *Santa Clara Superior Court Judge.* Judge Manley was appointed to CCJBH by Chief Justice Ronald M. George of the California Supreme Court in 2010.

Danitza Pantoja, **Psy.D.**, *Coordinator of Psychological Services for the Antelope Valley Union High School District*. Dr. Pantoja was appointed to CCJBH by Speaker Anthony Rendon in 2019.

Honorable Scott Svonkin (Ret.), *Director of Intergovernmental Relations*, Los Angeles County Probation. Mr. Svonkin was appointed to CCJBH by Speaker Anthony Rendon in 2022.

Tracey Whitney, *Los Angeles County Deputy District Attorney*, Mental Health Liaison. Ms. Whitney was appointed to CCJBH by Attorney General Xavier Becerra in 2017.

Council on Criminal Justice and Behavioral Health Staff

Brenda Grealish, *Executive Officer*

Kamilah Holloway, *Research Scientist III*

Monica Campos, *Staff Services Manager III*

Liz Castillon Vice, *Staff Services Manager II*

Jessica Camacho Duran, *Health Program Specialist II*

Catherine Hickinbotham, *Health Program Specialist I*

Emily Grichuhin, *Associate Governmental Programs Analyst*

Daria Quintero, *Staff Services Analyst*

Vacant, *Graduate Student Assistant*

Acronyms

AB	Assembly Bill
AHP	Advocates for Human Potential, Inc.
AOD	Alcohol and Other Drug
AOT	Assisted Outpatient Treatment
ARC	Anti-Recidivism Coalition
BH	Behavioral Health
BHCIP	Behavioral Health Continuum Infrastructure Program
BH-CONNECT	Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment
BH/JI	Behavioral Health/Justice-Involved Population
BSCC	Board of State and Community Corrections
CAB	Community Advisory Board
CalAIM	California Advancing and Innovating Medi-Cal
CalHHS	California Health and Human Services Agency
CalHOPE	California Hope, Opportunity, Perseverance, and Empowerment
Cal ICH	California Interagency Council on Homelessness
CalMHSA	California Mental Health Services Authority
CAP	Corrective Action Plan
CARE	Community Assistance, Recovery and Empowerment Act
CBOs	Community-Based Organizations
CBT	Cognitive Behavioral Therapy
CCE	Community Care Expansion
CCHCS	California Correctional Health Care Services
CCJBH	Council on Criminal Justice and Behavioral Health
CCCMS	Correctional Clinical Case Management
CDCR	California Department of Corrections and Rehabilitation
CDE	California Department of Education
CDP	Community-Defined Practices
CDPH	California Department of Public Health
CDSS	California Department of Social Services
CHW(s)	Community Health Worker(s)
CM	Contingency Management
CMS	Centers for Medicare and Medicaid Services
CoCs	Continuums of Care

COMPAS	Correctional Offender Management Profiling for Alternative Sanctions
CONREP	Forensic Conditional Release Program
COVID-19	Coronavirus Disease 2019
CPOC	Chief Probation Officers of California
CRBH	Crisis Receiving for Behavioral Health Program
C-ROB	California Rehabilitation Oversight Board
CSG	Council of State Governments
CSRA	Cost and Schedule Risk Assessment
CSUS	California State University, Sacramento
CY	Calendar Year
CYBHI	Children and Youth Behavioral Health Initiative
DEI	Diversity, Equity, and Inclusion
DHCS	California Department of Health Care Services
DJJ	CDCR Division of Juvenile Justice
DMC-ODS	Drug Medi-Cal Organized Delivery System
DOJ	California Department of Justice
DRP	CDCR Division of Rehabilitative Programs
DSH	California Department of State Hospitals
EBP	Evidence-Based Practices
ECM	Enhanced Care Management
EOP	Enhanced Outpatient Program
EYC	Elevate Youth California
FIST	Felony Incompetent to Stand Trial
FTE	Full Time Equivalent
FY(s)	Fiscal Year(s)
GARE	Government Alliance on Race and Equity
HCBS	Home and Community Based Services
HCAI	California Department of Health Care Access and Information
HCD	California Department of Housing and Community Development
HCFC	Homeless Coordinating and Financing Council
HDIS	Homeless Data Integration System
HHAP	Homeless Housing Assistance Prevention
IMO(s)	Involuntary Medication Orders
IST	Incompetent to Stand Trial
ISUDT	Integrated Substance Use Disorder Treatment

JI	Justice Involved
JIPSS	Justice-Involved Peer Support Specialist
LARRP	Los Angeles Regional Reentry Partnership
LEADERS	Leading -Engaging- Advocating-Demonstrating-Enhancing-Expanding-Reentry- Systems Program
LE	Lived Experience
LEP	Lived Experience Program
MCPs	Managed Care Plans
MCUP	Medi-Cal Utilization Project
Medi-Cal	California's Medicaid Program
MHP	Mental Health Plans
MHSOAC	Mental Health Services Oversight and Accountability Commission
MHSSA	Mental Health Student Services Act
MOU(s)	Memorandum(s) of Understanding
MST	Multisystemic Therapy
MTSS	Multi-Tiered System of Support
OYCR	Office of Youth and Community Restoration
PHMPS	Public Health Meets Public Safety
PHE	Public Health Emergency
RFA	Request for Applications
RHNA	Regional Housing Needs Allocation
SAMHSA	Substance Abuse and Mental Health Services Administration
SB	Senate Bill
SBHIP	DHCS' Student Behavioral Health Incentive Program
SMHS	Specialty Mental Health Services
SMI	Serious Mental Illness
SSI	Supplemental Security Income
SUD(s)	Substance Use Disorder(s)
TCN	Transitions Clinic Network
U.S.	United States
USICH	U.S. Interagency Council on Homelessness

Executive Summary

As the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE) continued throughout Calendar Year (CY) 2022, the Council on Criminal Justice and Behavioral Health (CCJBH or the Council) continued to pursue its mission to support proven cost-effective strategies that promote early intervention, access to effective treatments, planned reentry, and the preservation of public safety for individuals with behavioral health (BH) needs who are justice-involved (JI); hereafter referred to as the (BH/JI population), monitoring the statewide effects of the pandemic on the public systems that serve these vulnerable individuals. Throughout the year, Councilmembers met to discuss the state's behavioral health continuum of care (CoC); new community crisis services aimed at providing opportunities for law enforcement to "deflect" away from incarceration to behavioral health services alternatives when individuals present with SUDs and/or co-occurring mental health conditions; behavioral health workforce programs promising to expand diversity, capacity and competencies to improve health equity, provide affordable accessibility and transform the health care delivery system to address social needs; and ongoing efforts to assist the transition of BH/JI population with obtaining housing. In the fall of 2022, CCJBH welcomed Councilmember Scott Svonkin, appointed by the State Assembly to represent the criminal justice system. For a third year, through the Full Council meetings and Juvenile Justice and Diversion and Reentry workgroups, CCJBH identified several issues and developed recommendations to highlight best practices and identify areas for system improvements.

CCJBH Juvenile Justice Workgroup Recommendations

Based on the Council's 2021 recommendations, throughout CY 2022, the Juvenile Justice workgroup held meetings to learn about and discuss topics related to student behavioral health, particularly regarding to the impact of SUDs for at-promise and justice-involved youth. As mental health and substance use conditions have worsened for the general youth population due to the COVID-19 PHE,[1] this impact is exacerbated for those who are at-risk of or involved with the juvenile justice system.[2] While detailed Workgroup recommendations may be found in the body of this report, highlights are summarized as follows:

1. State and local entities should coordinate to ensure that the unique and complex needs of at-promise *and* justice-involved youth, including those who are not part of the child welfare system, are considered and addressed when planning and implementing efforts using the recent behavioral health investments that have been made to meet the needs of the broader youth population in California.
2. To ensure the needs of at-promise and justice-involved youth are addressed, State entities that are responsible for programs that serve these populations as a subset of the larger population they serve should coordinate with the California Health and Human Services Agency's (CalHHS) Office of Youth and Community Restoration (OYCR), Board of State and Community Corrections (BSCC), local probation (Chief Probation

[1] New CDC data illuminate youth mental health threats during the COVID-19 pandemic (2022).
[2] An Exploratory Study of COVID-19's Impact on Psychological Distress and Antisocial Behavior Among Justice-Involved Youth (2022).

Officers of California (CPOC) and individual County Probation Offices) and juvenile courts to leverage their expertise and stakeholder networks.

3. The Search Institutes' Developmental Assets Framework could be leveraged by state partners as a resource in the development of new youth-focused initiatives, particularly to promote upstream prevention.
4. To effectively change educational culture, individuals working with justice-involved youth should participate in training(s) that identify adolescent behavior as normal and respond appropriately to the expected behavior rather than default to zero tolerance policies.
5. Within the California Multi-Tiered System of Support framework, school staff across varying districts in California could consider using coordinated screening tools/processes to identify signs of early academic/social emotional challenges and promote early assessment and referral to the appropriate level of care to prevent justice involvement.
6. For youth who are incarcerated in juvenile facilities, best practices that build on existing laws should be employed to facilitate re-enrollment back into their school district, productively and meaningfully engaging students and their families/caregivers in their education.
7. Statutory changes could be considered to promote an aligned response in behaviors that reduces discrepancies in subjective judgement and facilitates a system that supports young people and responds appropriately to adolescent behaviors.[3]
8. The California Department of Education (CDE) could provide guidance and/or technical assistance to inform system partners that justice-involved youth are included under the Perkins V special population of "individuals with other barriers to educational achievement" and therefore could be served using California's grant funding from the U.S. Department of Education's Strengthening Career and Technical Education for the 21st Century Act (Perkins V) mandate.
9. County Probation Departments could consider establishing partnerships with legal service organizations experienced with educational advocacy to ensure a timely and smooth transition to the youth's home school district following release from an institutional setting.
10. State law could be amended to outline the explicit steps required for a comprehensive school reentry plan.
11. California agencies that serve at-promise and justice-involved youth should, where feasible, incorporate a restorative justice approach that includes mediation.

[3] For example, Education Code 4890019 (use of force or violence) and Penal Code 415 (fighting) are used subjectively, which can lead to appropriate, less punitive consequences for some students and possible incarceration for others, respectively.

12. Effective data sharing is necessary for cross-system collaboration and should be facilitated through Memorandums of Understanding (MOUs) or data sharing agreements.
13. Data on justice-involved youth who are ***not*** involved in the child welfare system could be reported to CDE's data repository, DataQuest, and the Population Reference Bureau's data repository, KidsData.

CCJBH Diversion/Reentry Workgroup Recommendations

Throughout CY 2022, the Diversion/Reentry workgroup held meetings to learn about and discuss topics related to jail diversion (both statewide and the Department of State Hospital's (DSH) Diversion Program), implementation of Senate Bill (SB) 317 (which repealed provisions regarding the restoration of competency for a person charged with a new or a probation violation of a misdemeanor), and the new Community Assistance, Recovery, and Empowerment Act. The Diversion/Reentry recommendations result from these workgroups, as well as the Full Council meetings. While detailed Workgroup recommendations may be found in the body of this report, highlights are summarized as follows:

1. Counties should consider leveraging available funding opportunities to establish deflection programs to build out community infrastructure to triage individuals in crisis to the appropriate community-based service provider(s) to avoid the criminal justice system.
2. Given that many justice-involved individuals living in the community will meet criteria for the DHCS' California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management (ECM) Populations of Focus that all Medi-Cal Managed Care Plans (MCPs) are required to serve as of July 1, 2022,[4] or January 1, 2023,[5] all entities involved in the ECM referral process should strive to efficiently streamline access to ECM assessments.
3. Local jurisdictions awarded DHCS' Behavioral Health Infrastructure Project (BHCIP) funding should consider the unique needs of the BH/JI population as part of their program development and implementation.
4. Counties that participate in DHCS' Recovery Incentives Program, which launched in the first quarter of 2023, should work to ensure that the BH/JI individuals suffering from stimulant use disorders (e.g., methamphetamine addiction) have access to this new benefit.
5. Findings and recommendations from The Council on State Governments (CSG) Justice Center's Mental Health Diversion Final Report and Public Health Meets Public Safety (PHMPS) Final Report, once available in 2023, should be reviewed and carefully considered within the context of the broad multi-system efforts currently underway.

[4] ECM Populations of Focus that all Medi-Cal MCPs are required to serve as of July 1, 2022, include individuals and families experiencing homelessness, adult high utilizers, and adults with SMI/SUD.

[5] ECM Populations of Focus that all Medi-Cal MCPs are required to serve as of January 1, 2023, include adults living in the community and at-risk for Long Term Care institutionalization and adult nursing facility residents transitioning to the community.

6. The California Department of Health Care Access and Information's (HCAI) current behavioral health initiatives reflect a partnership with CCJBH and other entities to ensure workforce opportunities are afforded to the transition age youth and adult BH/JI populations, as well as maximize investments such that the full life span of the BH/JI population can benefit from expanded behavioral health workforce capacity.
7. The Mental Health Services Oversight and Accountability Commissions' (MHSOAC) Behavioral Health Outcomes Fellowship could be leveraged to develop a partnership between the Commission and an academic institution to improve BH/JI population outcomes in California's behavioral health system.
8. CCJBH's and California State University, Sacramento's (CSUS) reports, *Successful Approaches to Employing Individuals with Lived Experience in the Criminal Justice and Behavioral Health Fields* and *Solutions To Hiring Barriers for Individuals With Lived Experience To Work In The Criminal Justice and Behavioral Health Fields*, should be shared widely to inform policy discussions to address the hiring barriers faced by individuals with lived experience.
9. Additional training for the behavioral health clinical workforce should address anosognosia, a neurological condition in which the patient is unaware of their neurological deficit or psychiatric condition, as well as the efficacy and long-term benefits of long-acting injectable antipsychotics.
10. Recent federal, State, and local housing investments present a pivotal opportunity to formally develop and implement coordinated inter-agency housing referrals, intake, and navigation for the BH/JI population to manage access to the numerous existing and planned housing opportunities and resources, each of which has (or will have) different eligibility criteria.
11. Efforts could be made to further support CDCR parole agents in linking the currently homeless parolees to existing housing programs, as appropriate.
12. DHCS could stratify its Behavioral Health Reporting data visualization by the justice-involved population, as well as incorporate justice-involved data into the new Population Health Management Services in order to monitor their health care access and utilization and quality of care.
13. CCJBH should continue to collaborate with key stakeholders (e.g., California Department of Justice (DOJ), Judicial Council, MHSOAC, and DSH) to identify strategies, to improve the ability to analyze and study Incompetent to Stand Trial (IST) data.
14. Counties should consider the MHSOAC Innovation Incubator's Data-Driven Recovery Project as a model of multisystem data linkage to work together to reduce recidivism for individuals with mental illness by gathering data to better understand the mental health needs of people in the criminal justice system.
15. The Community Assistance, Recovery and Empowerment Act (CARE) Act should be leveraged as a diversion strategy for the BH/JI population who meet or are likely to meet the target population criteria, providing the appropriate services and supports

that the individual lacked that ultimately resulted in their justice system involvement. Special considerations for the BH/JI population are needed when developing an appropriate system to optimize outcomes (see full report for additional information).

16. To ensure the state's Crisis CoC, which is under development, is responsive to the needs of the BH/JI population, there should be specialized considerations related to training behavioral health crisis first responders, establishing robust police-mental health collaborations, and expanding capacity for facilities to allow for alternatives to incarceration and emergency room utilization, when appropriate.

2025 System Policy Goals

In an effort to influence system-level changes, in the 18th Annual CCJBH Legislative Report, CCJBH identified four visionary, measurable goals that CCJBH could track in order to assess the overarching impact of the investments made in California to meet the unique needs of justice-involved individuals. While CCJBH is not directly responsible for these goals, the Council holds an important role in using data to identify and highlighting successes, as well as target areas for improvement. Updates on the measures established to track these goals are as follows:

Goal #1: The prevalence rate of mental illness and SUDs in jails and prisons should be similar, if not equal to, the prevalence rate of mental illness and SUDs in the community.

Goal #1 Update:

- Review of various data sources indicate that there continues to be an overrepresentation of individuals with behavioral health needs in California jails and prisons.

Goal #2: Community-based services, particularly residential, are robust enough to meet demand starting with ensuring that those with multiple needs are not left behind due to their numerous and complex challenges.

Goal #2 Updates:

- As evidenced by the DHCS 2021 Federal Network Certification Reports, Medi-Cal MCPs, Specialty Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) counties have sufficient network capacity to provide the Medi-Cal behavioral health entitlement services.
- CCJBH's analyses of the 2021 EBP Annual Assessment Survey (also known as the Judicial Council's SB 678 data) revealed that most entities engaged in community supervision, both in parole and across counties for probation, and are performing risk and needs assessments for returning community members who are either on parole or Post-Release Community Supervision.

- The majority of Medi-Cal applications were approved for parolees prior to release; however, for Supplemental Security Income (SSI) applications that are submitted for parolees prior to release, the majority were designated as "pending" due the need to verify applicant medical or mental health disabilities.[6] These numbers are likely to improve as CalAIM initiatives are implemented.
- Point-in-time data from CDCR indicate that, of the 31,752 individuals who were on parole on June 30, 2022, 83 percent (n=26,430) were not homeless or residing in a shelter (i.e., transient). That said, 17 percent (n=5,322) were transient. Furthermore, 73 percent (n=3,879) of this transient parolee population had an identified behavioral health need at the time of their release. These data indicate, among other things, there is a benefit to having supportive housing options available for individuals who are on parole.[7]

Goal #3: Through consistent dedication to workforce development, quality education and training, and on-going technical assistance to an array of service providers and partners, Californians benefit from professionals having core competencies that provide effective integrated correctional and behavioral health services to achieve recovery and reduced recidivism.

Goal #3 Update:

There is limited data available at this time to address Goal #3; however, CCJBH was able to find the following:

- DHCS' 2021 Network Adequacy certification indicated that, although approximately 40 percent of MHPs[8] were initially found deficient with regard to standards to ensure a sufficient number of providers, the MHPs made a concerted effort to address these deficiencies, specifically with regard to outpatient specialty mental health service providers for children.
- The 2021 EBPs: Annual Assessment Survey revealed that all County Probation Departments trained their Correctional Workforce on at least one specific EBP (e.g., criminogenic needs assessment, motivational interviewing, cognitive therapy, positive reinforcement).

Goal #4: Through state leadership to support data-driven practices and policymaking among criminal justice and behavioral health systems, continuity of care and desired public safety and health outcomes improve significantly.

[6] These data are not available at a statewide aggregate level for individuals on probation.
[7] These data are not available at a statewide aggregate level for individuals on probation.
[8] The findings on provider network capacity growth were only available for SMHS at this time.

Goal #4 Update:

CCJBH contracted with the CSG Justice Center to create a conceptual framework and data visualization, a project referred to as PHMPS, which reflects a variety of community-based factors as they relate to justice system outcomes. Furthermore, CCJBH continued its CDCR/DHCS Medi-Cal Utilization Project (MCUP), analyzing trends in service utilization compared to prior year findings, and partnered with CSUS, to conduct listening sessions for with representatives of the BH/JI population to better inform the quantitative findings from the MCUP analyses. Finally, CCJBH initiated efforts to facilitate interagency meetings to address the availability and quality of Felony Incompetent to Stand Trial (FIST) referral data.

CCJBH Project Updates

Detailed updates on CCJBH's projects are provided in this report. Throughout 2022, CCJBH continued to make progress on the following:

- PHMPS
- MCUP
- Diversity, Equity and Inclusion
- Lived Experience Project (LEP) Contracts
- Justice-Involved Peer Support Specialists (JIPSS)
- CalAIM
- IST Data Project
- Pre-Trial Diversion Training and Technical Assistance
- Juvenile Justice Compendium and Toolkit
- Housing/Homelessness
- Mental Health, Suicide and Recovery Awareness Activities
- Ad Hoc Projects, as needed

Looking Ahead

In 2023, CCJBH will continue to convene local and state level stakeholders, and individuals with lived experience, to continue developing recommendations around maximizing state investments, strengthening treatment and supportive services, addressing housing needs, improving the workforce, data integrity, and increasing community involvement, as reflected in the CCJBH Strategic Framework for Calendar 2023.

I. Introduction

As the COVID-19 PHE continued throughout CY 2022, CCJBH continued to monitor the impact to the public systems that serve individuals with behavioral health (BH) needs who are justice-involved (JI; hereafter referred to as the (BH/JI population).[9] As anticipated, the pandemic has had significant negative impacts on many individuals, included increases in new and exacerbation of existing mental health conditions and SUDs, particularly among those with disabilities,[10] and especially for those who are justice-involved.[11] In response, investments in health/behavioral health care and housing, in particular, have dramatically increased at both the federal and State levels (see Appendices A, B, and C for a summary of the latest legislative, budgetary, and programmatic changes in California occurring within the behavioral health, criminal justice, and housing systems, respectively). Given this unprecedented focus on strengthening these systems, CCJBH has remained committed to working closely with system partners and stakeholder to maximize opportunities for the BH/JI population to benefit from these investments.

II. CCJBH Full Council Meetings and 2022 Policy Focus

A. Council Membership

On September 6, 2022, the Speaker of the Assembly, Anthony Rendon, appointed Scott Svonkin to CCJBH to represent the criminal justice perspective. Mr. Svonkin currently serves as Director of Intergovernmental Relations for the Los Angeles County Probation Department and is co-chair of the Political Action Committee for the Beverly Hills-Hollywood branch of the National Association for the Advancement of Colored People. Prior to that, Scott has served in various positions, including community liaison on the staff of Los Angeles Mayor Tom Bradley, Senior Advisor to the Los Angeles County Sheriff, Chief of Staff for State Assemblyman Paul Koretz, West Hollywood Deputy Councilman, and Chief of Public Affairs and Government Relations for Los Angeles County Assessor Jeffrey Prang. As of September 2022, CCJBH has two remaining vacancies on the Council: one representing law enforcement and one representing behavioral health, both of which require appointment under the Senate Rules Committee.

[9] The pandemic has taken a tremendous toll, with the loss of 1,123,836 American lives as of April 21, 2022. See Johns Hopkins University and Medicine Coronavirus Resource Center New COVID-19 Cases Worldwide.

[10] See Impact of Social Isolation during the COVID-19 Pandemic on Mental Health, Substance Use, and Homelessness: Qualitative Interviews with Behavioral Health Providers (October 19, 2022).

[11] See COVID-19, Mental Illness, and Incarceration in the U.S.: A Systematic Review, 2019–2021 (November 15, 2022).

B. CCJBH Full Council Meetings

In 2022, CCJBH continued meeting with system partners and stakeholders through virtual Full Council and Workgroups Meetings under Assembly Bill (AB) 361, signed into law by the Governor, which authorized virtual convenings through January 31, 2022. On January 5, 2022, the Governor signed executive order N-1-22, extending the ability to meet virtually through March 31, 2022. From April to June, CCJBH held three in-person meetings; One Full Council Meeting and two Workgroups. Effective June 30, 2022, SB 189 was enacted, allowing boards and commissions to hold meetings by teleconference. Given this authorization, CCJBH reverted to meet virtually through the bill's sunset on July 1, 2023.

C. CCJBH Calendar Year 2022 Policy Focus

CCJBH kicked off the 2022 year by hosting an Annual Legislative Report Overview, which was led by Councilmember Anita Fisher. Throughout the year, CCJBH held five Full Council Meetings:

- January 2022: Councilmembers reviewed the 2022 CCJBH Work Plan and hosting DHCS for a Presentation on the report, Assessing the CoC for Behavioral Health Services in California Data, Stakeholder Perspectives, and Implications.

- April 2022: The Council focused on deflection by learning about WellSpace's Crisis Receiving for Behavioral Health Program (CRBH).

- July 2022: The Council learned about and weighed in on the current efforts and opportunities to build a well-trained behavioral health workforce.

- October 2022: The Council highlighted successful housing models that have been implemented by the Los Angeles Regional Reentry Partnership (LARRP) that include employment and geared towards justice-involved individuals.

- December 2022: The Alameda County Justice Restoration Project was presented to CCJBH Councilmembers to demonstrate that community-based justice initiatives led by a Coach with lived experiences, when integrated with existing County programs, can meaningfully improve recidivism and self-sufficiency outcomes.

In addition to the Full Council Meetings, CCJBH hosted a series of "Lunch and Learn" webinars in honor of May's Mental Health Awareness and in September for Suicide Prevention and Recovery Awareness Month.

CCJBH registration and attendance tracking for the Full Council and Workgroup meetings, as well as special events and MH and Suicide Prevention and Recovery Awareness activities, may be found in Appendix E. Overall, attendance rates for the Full Council and Workgroup meetings ranged from 57 to 85 percent. In terms of the number of participants, Full Council Meeting participation ranged from 36 to 78 attendees, Juvenile Justice workgroup participation ranged from 36 to 49 attendees and Diversion/Reentry Workgroup participation ranged from 17 to 64 attendees. The top three topics that drew the highest attendance pertained to the Behavioral Health CoC, Riverside University Health Services' presentation on their Whole

Person Care to ECM / Community Supports transition, and current reentry housing efforts in Los Angeles.

a. Juvenile Justice Workgroup

CCJBH recognizes the monumental shift occurring in the juvenile justice system with the realignment of high risk/high need youth from the Division of Juvenile Justice (DJJ) to the county level of care under SB 823. This shift necessitates a robust system of care that offers safety and protection for California citizens while providing care, treatment, and guidance to minors whose behaviors have led them to justice system involvement. State agencies and counties must come together more so now than ever to build local Continuums of Care

(CoCs) that serve all levels of justice-involved youth and implement innovative programs to provide the availability of treatment within / close to their communities.

Based on the 2021 Annual Legislative Report recommendations, CCJBH dedicated the 2022 Juvenile Justice Workgroup meetings to addressing the unique challenges faced by justice-involved youth with behavioral health needs and best practices to optimize their growth and development, primarily focusing on access and linkage to SUD treatment and school-based opportunities to prevent or intervene in juvenile justice system involvement. Led by CCJBH Councilmembers with subject matter expertise in probation and education, Mack Jenkins, and Danitza Pantoja, respectively, CCJBH held Juvenile Justice Workgroup meetings in February, May, and July of 2022.

Using the findings from the Juvenile Justice Workgroup (see Appendix G), and considering the current juvenile justice landscape in California, including recent significant investments in California's children/youth behavioral health, and considering past CCJBH Annual Legislative Reports, CCJBH recommends the following:

Targeted Efforts Should be Made to Ensure that At-Promise and Justice-Involved Youth Benefit from Recent State Investments in Children and Youth Behavioral Health

1. **State and local entities should coordinate to ensure that the unique and complex needs of at-promise *and* justice-involved youth, including those who are not part of the child welfare system, are considered and addressed when planning and implementing efforts using the recent behavioral health investments that have been made to meet the needs of the broader youth population in**

> "At one point the child was the victim and [the system] failed the child, so we need to hold [systems] accountable and give the child equitable access to programs."
>
> *- Public participant at the CCJBH Juvenile Justice Workgroup on February 15, 2022.*

California.[12] This involves taking a trauma-informed approach,[13] engaging youth with lived experience and their families/caregivers in design and implementation discussions that impact policy and program decisions; engaging criminal justice partners to establish referrals/linkages to care, as appropriate; and incorporating Comprehensive Collaborative Case Planning to ensure criminogenic risks and needs are comprehensively addressed. Special focus should be given to expanding the availability of and access to SUD treatment, and addressing longstanding barriers to accessing high-quality education, for justice-involved youth. Recent investments that could be leveraged include:

a. The Children and Youth Behavioral Health Initiative (CYBHI). In particular,
    i. The Department of Health Care Access and Information Earn & Learn Program, which will provide education and paid apprenticeship experience to SUD counselors. The HCAI could include appropriate curriculum, including topics on evidence-based corrections and the unique needs of the BH/JI population (e.g., Justice-Involved Services Training Academy). The Earn & Learn Program could be modeled after California Social Work Education Center's Title IV-E Program, which provides financial support to students for careers in public child welfare.
    ii. Children and Youth Behavioral Health Initiative efforts being led by HCAI to establish the Wellness Coach certification:

[12] As specified in the 2021 Annual Legislative Report, the California Health and Human Services Agency (CalHHS) AB 2083 Systems of Care Memorandum of Understanding guidance, designed to address coordination for local entities that serve children and youth in foster care child, could be used as a model for the justice-involved youth population-serving agencies, including courts (and Judicial Council), to clearly establish how coordination will occur within each county. In addition, a standing meeting or other convening platform at the local level can help to further facilitate communication and collaboration. One example of successful outcomes produced as a result of an established local interagency MOU specifically targeting justice-involved youth is The Harbor program in Clark County, Nevada

[13] Although juvenile justice system involvement alone is sufficient criteria to allow for access to Specialty Mental Health Services (SMHS), CCJBH strongly urges that the Pediatric ACEs and Related Life-Events Screener (for children and adolescents through age 19) and the ACE Questionnaire (for adults beginning at age 18) is administered to youth exiting juvenile facilities as this information is critical to inform treatment planning decisions given their high risk for a mental health disorder due to experience of trauma. See DHCS Behavioral Health Information Notice (BHIN) No: 21-073 for more information on the SMHS access criteria.

1. The Department of HealthCare Access and Information could collaborate with CDCR's Division of Rehabilitative Programs (DRP) to develop a prison to career pipeline that prepares individuals to apply for the Wellness Coach certification and position upon release. Considerations should be made to connect the HCAI's efforts on the Justice and System-Involved Youth project to the Wellness Coach project by offering supportive services to individuals in the BH/JI population who are interested in applying for certification (e.g., financial support throughout the duration of the program, assistance with the application). *Note: It is important that Wellness Coaches supplement, but not supplant licensed practitioners, and that among licensed practitioners, there is a need for school social workers, school psychologists, etc., to provide direct services and supervise coaches.*
2. Although the Wellness Coach certification does not have any limiting prerequisites for the justice-involved population, Department of Health Care Access and Information could consider addressing common hiring barriers faced by the BH/JI population to mitigate potential hiring barriers to ensure that this population is able to secure Wellness Coach positions, once certified.
3. Wellness Coaches could be considered for multisector application beyond health and behavioral health care (e.g., criminal justice, housing, social services), as well as expansion to the over 25-year-old population.
4. Once the Wellness Coach program framework has been published, CCJBH should promote the certification program and role of all system partners that serve the BH/JI population.

> "The investment for broad behavioral health workforce in the CYBHI will improve access to and quality of behavioral health services by increasing the number of behavioral health professionals and evolving their training to better meet youth needs."
>
> - *James Regan, Former Assistant Deputy Director of Healthcare Workforce Development, HCAI. Presentation to the CCJBH Full Council Meeting, July 29, 2022.*

iii. Children and Youth Behavioral Health Initiative efforts being led by DHCS, including:

1. *School-Linked Behavioral Health Services* (i.e., school-linked partnership infrastructure and capacity grants, Wellness Coaches) – ensuring that county probation departments and juvenile courts are aware of the infrastructure/capacity projects within the county and incorporated into any

referral pathway processes, as appropriate, to maximize resources to support youth transitions from juvenile facilities to local education agencies.[14]

2. *EBPs and Community-Defined Practices (CDP)* – encouraging the use of established juvenile justice EBPs[15] and targeting outreach to maximize community-based organization (CBOs) provider participation that traditionally serve the at-promise and justice system involved youth, but that may not traditionally be connected with the Medi-Cal or commercial behavioral health systems. Evidence-based approaches to treating adolescent SUDs[16] (e.g., cognitive behavioral therapy (CBT), Multisystemic therapy, peer support services) should be considered for implementation in county drug courts, county probation departments, county behavioral health departments, and county offices of education.[17] *Note: Five of the 31 EBP/CDP Think Tank Members possess juvenile justice expertise.*
3. *Behavioral Health Virtual Services and E-Consult Platform* – gather input directly from the at-promise and justice involved youth population, in addition to the general youth population that has already been engaged on design and implementation of the platform, and strategically market the final product to the BH/JI population to ensure they are aware of its availability and benefits. *Note: 1 of the 28 Behavioral Health Virtual Services Platform Think Tank Members possess juvenile justice expertise.*

b. DHCS' Student Behavioral Health Incentive Program (SBHIP), which provides early identification and treatment through school-affiliated behavioral health services – ensuring that county probation departments and juvenile courts are aware of the SBHIP locations within the county in order to maximize referral pathways to resources that may support youth transitions from juvenile facilities to local education agencies.

[14] See Recommendation #8 for details on specific approaches to building out infrastructure that were discussed in CCJBH's Juvenile Justice Workgroup.

[15] See the Office of Juvenile Justice and Delinquency Prevention Evidence-Based Programs website. Examples of small, medium and large counties implementing juvenile justice EBPs based on cross-county collaborations may be found on CCJBH's website. Also, as specified in the 2021 Annual Legislative Report, CCJBH strongly urges establishment / expansion of programs based on the Positive Youth Justice Model, Juvenile Wraparound Model, and the Crossover Youth Practice Model.

[16] Evidence-Based Approaches to Treating Adolescent Substance Use Disorders | National Institute on Drug Abuse (NIDA) (nih.gov).

[17] See CCJBH's May Juvenile Justice Workgroup Minutes for a summary of effective treatment programs in three California counties that could be modeled as best practices when implementing evidence-based approaches for treating SUD.

c. MHSOAC's Mental Health Student Services Act (MHSSA) grants for partnership between county mental health agencies and local education agencies to deliver school-based mental health services to young people and their families could be leveraged to ensure that all counties consider the unique needs of the at-promise and justice-involved youth populations.[18] Additionally, the MHSSA Data Workgroup could consider adding an identifier for justice-involved youth to the aggregate data required to be reported by each participating county.[19]

d. Given their unique and complex needs, DHCS could consider dedicating sufficient CalAIM Advisory Group meeting time to developing policies and processes specific to youth transitioning from incarceration who are included in CalAIM Children/Youth Population of Focus to include county probation and juvenile courts, among other relevant stakeholders.

e. The AB 2083 MOU process applied to foster care youth (which include a subset of those who are justice involved) could also be applied to at-promise youth and justice-involved youth who are not part of the child welfare system because close interagency collaboration is equally important for both groups.

2. **State entities that are responsible for programs that serve the at-promise and juvenile justice populations as a subset of the larger population they serve should coordinate with the CalHHS' OYCR, BSCC, local probation (CPOC and individual County Probation Offices) and juvenile courts to leverage their expertise and stakeholder networks.**

3. **The Search Institutes' Developmental Assets Framework could be leveraged by state partners as a resource to consider in the development of new youth-focused initiatives, particularly to promote upstream prevention,** by examining the 40 positive supports and strengths that increase young people's academic success and decrease engagement in high-risk behaviors.

Optimizing Educational Success for At-Promise and Justice-Involved Youth

In addition to the recommendations regarding educational success that were documented in CCJBH's 2021 Annual Legislative Report, the following specific considerations for improvement should also be addressed as part of the recent State investments in school-based children and youth behavioral health and/or through other sources that fund (or may be used to fund) additional/existing programs that support at-promise or justice-involved youth in school-based community and juvenile justice settings:

4. **To effectively change educational culture, individuals working with justice-involved youth should participate in training(s)** designed to adjust the currently accepted mental model and transition to a model **that identifies adolescent behavior as normal and responds**

[18] The MHSOAC Mental Health Student Services Act Grant Summaries report produced in January 2022 identified six counties that explicitly mentioned the at-promise or justice-involve youth population in their programs.
[19] Currently, data are collected on foster youth, suspension, expulsion, disabilities, and receipt of special education services, as specified in the MHSSA Data Collection Guide May 2022.

appropriately to each the expected behavior rather than default to zero tolerance policies.

5. **Within the California Multi-Tiered System of Support (MTSS) framework, school staff across varying districts in California could consider using coordinated screening tools/processes** (e.g., Student Risk Screening Scale, Early Warning System) **to identify signs of early academic/social emotional challenges** (e.g., chronic truancy, disengagement discipline, suspension, expulsion) **and promote early assessment and referral to the appropriate level of care to prevent justice-involvement** using the Substance Abuse and Mental Health Services Administration (SAMHSA) toolkit, *Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools*, and other relevant resources as a guide.

6. **For youth who are incarcerated in juvenile facilities, best practices[20, 21] that build on existing laws should be employed to facilitate re-enrollment back into their school district, productively and meaningfully engaging students and their families/caregivers in their education**. Currently, only about one-third of youth return to school after release from secure custody.[22] Examples specifically discussed in the Juvenile Justice Workgroup include, but are not limited to, the following:

    - Justice-involved youth and their families could be provided with an interdisciplinary team (e.g., concierge service), including a liaison between the local education agency (school district) and county probation department, as well as informational materials on available community resources, to support service access and coordination upon the transition from the juvenile court school to their home school district. Juvenile justice liaisons can assist students in addressing a number of common barriers youth face when transitioning from court school to their home school district, including credit transferring/recovery, placement, coordination of services, and education of youth's rights. For example, Santa Clara County's Educational Rights Project trains social workers and

> *"It is important to allow young people to make mistakes and eliminate the idea that making a mistake is a privilege."*
> *- ShaKenya Edison, M.Ed., PPS, K-12 Administrator, Consultant, Edison Educational Consulting. Presentation to the CCJBH Juvenile Justice Workgroup, July 15, 2022.*

[20] Resources for best practices in juvenile court school to community court school transition include, but are not limited to, the CDE's Juvenile Court Transition Legislative Report (dated January 2016; last reviewed in November 2021), the Alliance for Children's Rights Best Practices Guide for Developing a District System to Improve Education Outcomes for Youth in Foster Care (September 2021; addresses youth served by County Probation), Research-Based Practices for Reintegrating Students With Emotional and Behavioral Disorders From the Juvenile Justice System (September 2017), the Youth Law Center's Education Rights and Responsibilities Toolkit for Juvenile Justice System Involved Youth (November 2019), U.S Department of Education Every Student Succeeds Act High School Graduation Rate Non-Regulatory Guidance (January 2017), and the Coalition for Juvenile Justice Reauthorization of the Juvenile Justice and Delinquency Prevention Act. Reauthorization of the Juvenile Justice and Delinquency Prevention Act.

[21] See the CDE website for more information about Juvenile Court Schools.

[22] Key Issues: Re-entry - Juvenile Justice Information Exchange.

probation officers to identify and advocate for children who need special education services through a partnership with the Office of the County Counsel, Probation Department and Department of Family and Children Services.

- Engagement strategies such as motivational interviewing, peer mentoring, and building relationships with the family, volunteer groups, or trusted CBOs, should be leveraged to encourage at-promise and justice-involved youth and their families to participate in available services. Furthermore, the career technical education context that integrates regular subject matter content (e.g., reading, writing, math, social studies) can be powerful for engaging youth who learn best in hands on learning situations, including project-based assignments that call for learning to work as a team member.
- To meaningfully engage students in their education, school districts could consider bringing enrichment and extracurricular activities to the schools during lunch to eliminate barriers and encourage prosocial activities. Considerations should be made to implement this strategy in the current children and youth investments outlined in Recommendation #1 above.
- State-level entities (e.g., OYCR, DHCS, and MHSOAC) could consider partnering with the CDE and the California Community Colleges Chancellor's Office to leverage current opportunities to strengthen school district connections to Community College programs by developing or expanding dual enrollment programs to afford youth an opportunity to graduate with a certificate in a trade and attain college credits. Such a program could support learning recovery to mitigate the effects of the pandemic, could help create a college going culture for students, and provide students with more opportunity to have attained postsecondary education units upon graduation. The 2022 Budget Act provided $200 million one-time Proposition 98 General Fund, available over a 5-year period, to strengthen and expand student access and participation in dual enrollment opportunities.

7. **Statutory changes could be considered to promote an aligned response in behaviors that reduces discrepancies in subjective judgement and facilitates a system that supports young people and responds appropriately to adolescent behaviors**. For example, use of Education Code 48900[23] (use of force or violence) and Penal Code 415 (fighting) are used subjectively, which can lead to appropriate, less punitive consequences for some students and possible incarceration for others, respectively. Such modifications could decrease the need for justice system involvement for students.
8. **CDE could provide guidance and/or technical assistance to inform system partners that justice-involved youth are included under the Perkins V special population of "individuals with other barriers to educational achievement" and therefore could be served using California's grant funding[24] from the U.S. Department of Education's Strengthening Career**

[23] See Education Code 48900 (v) for the authority of the school to determine appropriate consequences and Education Code 48900.5 for a list of alternative corrective actions.
[24] California's FY 2020-23 Federal Perkins State Plan may be found on the California Department of Education website.

and Technical Education for the 21st Century Act (Perkins V) mandate, which was established to improve career-technical education programs, integrate academic and career-technical instruction, serve special populations, and meet gender equity needs. The Workforce Readiness Excerpts from the 2020 Perkins State Plan specifically outline how at-promise and justice-involved students can benefit from the grant funding.

9. **County Probation Departments could consider establishing partnerships with legal service organizations experienced with educational advocacy to ensure a timely and smooth transition to the youth's home school district following release from an institutional setting**.
10. **State Law could be amended to outline the explicit steps required for a comprehensive school reentry plan**. The Virginia Administrative Code 8VAC20-660-30 is a model that has proven to be successful.

Additional Recommendations for Serving At-Promise and Justice-Involved Children and Youth

11. When implementing efforts to improve systems for youth and families, **California agencies that serve at-promise and justice-involved youth should, where feasible, incorporate a restorative justice approach that includes victim-offender mediation**.
12. **Effective data sharing is necessary for cross-system collaboration and should be facilitated through MOUs or data sharing agreements**.[25]
13. **Data on justice-involved youth who are *not* involved in the child welfare system could be reported to the CDE's data repository, DataQuest, and the Population Reference Bureau's data repository, KidsData**.

b. Diversion and Reentry Workgroup

> *"Because you cannot deny going to jail, the criminal justice system became the "catch all" for people who are the least behaviorally regulated."*
> *– Public comment at the May 13, 2022, Diversion/Reentry Workgroup Meeting*

California's monumental investments in health and behavioral health, housing, and equity provides ample opportunity to support the rehabilitation and reentry needs of the BH/JI population. The FY 2022-23 Budget Act allocated funding to CalAIM, the DSH IST Solutions programs, CDCR's Returning Home Well housing program, and a number of other initiatives that can benefit the BH/JI population by reducing barriers to reentry and increasing the prevalence of available community services. To ensure that the BH/JI population will *actually* benefit from these investments, it will be essential that State and local systems work together to ensure that homelessness services at all levels are accessible to all of the people, and that special considerations are taken to address the unique needs of vulnerable populations that are

[25] Multidisciplinary teams should leverage available resources, such as *California's Health and Human Services Data Exchange Framework* and the Council of State Governments (CSG) Justice Center's *Information Sharing in Criminal Justice-Mental Health Collaboration: Working with HIPPA and Other Privacy Laws*, to facilitate information sharing at the necessary level to support youth.

traditionally underserved. A key outcome that will prove the success of these investment for the BH/JI population is a significant decline in the high and stubbornly consistent (and potentially increasing) percentage of individuals in jails and prisons with behavioral health conditions, as reflected in Section III of this report.[26]

Based on the 2021 Annual Legislative Report recommendations, CCJBH dedicated the 2022 Diversion/Reentry Workgroup meetings to educating Councilmembers and stakeholders on current investments and policy changes in California and discussing the best courses of action to support the BH/JI population in implementation efforts. The workgroups featured presentations from relevant system partners, and afforded participants and Councilmember Advisors the opportunity to speak directly to the departments that are responsible for implementing the initiatives, including the Judicial Council of California, DSH, and CalHHS. CCJBH Councilmember Advisors Mack Jenkins, Judge Stephen Manley, and Dr. Tony Hobson, engaged in robust discussion regarding the unique needs of the BH/JI population in relation to rehabilitation and reentry. See Appendix H for a list of organizations that participated in CCJBH's Diversion/Reentry Workgroup Meetings.

Using the findings from the Diversion/Reentry Workgroup meetings (see Appendix I), and taking into account the current diversion/reentry landscape in California, including the recent significant investments in California's health services and housing sectors, and considering past CCJBH Annual Legislative Reports, CCJBH recommends the following:

Targeted Efforts Should be Made to Ensure that the BH/JI Population Benefits from Recent State Investments in Health, Behavioral Health, Housing and Social Services

1. Since deflecting individuals experiencing a behavioral health crisis who come into contact with law enforcement from being booked to jail (when safe and appropriate) is a key strategy to prevent justice system involvement, **counties should consider implementing deflection programs to build out community infrastructure to triage individuals in crisis to the appropriate community-based service provider(s)**.[27] Possible funding sources for these models and other deflection programs could include, but are not limited to, BHCIP (for "brick and mortar," expansion of infrastructure), Medi-Cal MCPs (CalAIM ECM and Community Supports), and the MHSOAC Mental Wellness Act (i.e., Triage Grant Program/SB 82). For individuals that have been booked to jail and deemed Incompetent to Stand Trial (IST), counties should consider establishing deflection programs that target this population through the funding available from the DSH *IST Solutions to Expand Diversion and Community-Based Restoration Capacity* funding.
2. **Given that many justice-involved individuals living in the community will meet criteria for the CalAIM ECM Populations of Focus that all Medi-Cal MCPs are required to serve as of**

[26] Since 2019, CCJBH has tracked the prevalence rates of individuals with behavioral health conditions in jails and prisons as Goal #1 in the Annual CCJBH Legislative Reports. Thus far, these rates have remained stagnant.

[27] In California, WellSpace Health's CRBH program, featured at CCJBH's April 2022 Full Council meeting, is a model from which counties may base program planning efforts. Also, the Emergency Psychiatric Assessment, Treatment and Healing (EmPATH) model, featured in the MHSOAC's October 2021 Commission Meeting, is a hospital-based outpatient program that can accept all medically-appropriate patients in a psychiatric crisis in order to reduce the need for psychiatric hospitalization, justice system involvement and/or homelessness.

July 1, 2022,[28], or January 1, 2023,[29] all entities involved in the ECM referral process should strive to efficiently streamline access to ECM assessments. Specifically:

- A process could be established that criminal justice system partners may use to expeditiously determine if individuals they think may be in need of ECM are enrolled into Medi-Cal, and if so, identify the Medi-Cal MCP to which they are enrolled so that criminal justice system partners know where to direct the ECM referral (e.g., designated phone line, electronic look-up system).
- Medi-Cal MCPs should work to ensure that all front-line staff (e.g., phone operators, outreach workers, health program specialists) are trained to be aware of and knowledgeable about the new ECM benefit and ECM referral and assessment processes so that ECM referrals made by criminal justice system partners are processed efficiently and in a timely manner, thus minimizing the impact of time and follow-up efforts on criminal justice system partners and the BH/JI population.
- Medi-Cal MCPs' Network Providers who will be responsible for serving the BH/JI population should work to ensure that they are appropriately staffed to provide services tailored to their unique and often complex needs.[30] Community Health Workers (CHWs) and/or peers with lived experience in the criminal justice and behavioral health systems would be optimal credible messengers to support ECM Lead Care Managers by assisting the BH/JI population with navigation to and engagement in services across the relevant Medi-Cal delivery systems, as appropriate.
- Brief informational materials could be created in various media platforms and threshold languages (flyers, web page(s), and video tutorials) to make criminal justice system partners and the BH/JI population aware of the new ECM benefit and Community Supports services, providing them with simple instructions on how to access and utilize the available services.
- Counties can utilize certified JIPSS to provide ECM and Community Supports services (e.g., service coordination and case management) for the BH/JI population.

3. **Local jurisdictions awarded BHCIP funding should consider the unique needs of the BH/JI population as part of their program development and implementation**. Specifically, awardees should make efforts to ensure access to mental health and SUD residential services, improve pathways and navigation to community-based services following incarceration (e.g., collaborative case planning, CDCR's Male Community Reentry

[28] ECM Populations of Focus that all Medi-Cal MCPs are required to serve as of July 1, 2022, include individuals and families experiencing homelessness, adult high utilizers, and adults with SMI/SUD.

[29] ECM Populations of Focus that all Medi-Cal MCPs are required to serve as of January 1, 2023, include adults living in the community and at-risk for Long Term Care institutionalization and adult nursing facility residents transitioning to the community.

[30] This could include ensuring training staff (e.g., nurses, CHWs, peers) on trauma-informed care, how to understand and navigate the multiple systems from which services may be required (health, behavioral health, social services, housing, and criminal justice), fundamentals of evidence-based corrections (e.g., principles of effective intervention, risk-needs-responsivity, criminogenic risk and needs assessments), etc.

Program[31]), and train providers and clinical staff to better understand to intricacies of serving the BH/JI population.

4. **Counties that participate in CalAIM's Recovery Incentives Program, which launched in the first quarter of 2023, should work to ensure that the BH/JI individuals suffering from stimulant use disorders (e.g., methamphetamine addiction) have access to this new benefit**. Steps could be taken to perform outreach to and collaborate with local probation and state parole, as well as the various diversion programs operating throughout the state (DSH Diversion Programs and other county diversion programs), in order to maximize BH/JI population participation.
5. To conclude their contracts with CCJBH, the Council of the CSG Justice Center produced two final reports that outline effective diversion practices and provide a compilation of data on the number of individuals with behavioral health needs in California's justice system, respectively. **Findings and recommendations from the Mental Health Diversion Final Report and the PHMPS Final Report should be reviewed and carefully considered within the context of the broad multi-system efforts currently underway**. These reports will be available in 2023.

Workforce

6. **The HCAI's current behavioral health initiatives reflects a partnership with CCJBH and other entities to ensure workforce opportunities are afforded to the transition age youth and adult BH/JI populations, as well as maximize investments such that the full life span of the BH/JI population can benefit from expanded behavioral health workforce capacity**. Specifically:
    - Behavioral health workforce development efforts should, where feasible, include training content for non-clinical staff that addresses:
        - The myths and misconceptions associated with mental health and SUDs, as well as the special considerations and expertise that are needed to effectively address trauma stemming from abuse/neglect, justice system involvement, and implicit bias experienced by the BH/JI population.
        - The *distinct* and *individual* needs of those suffering with: 1) mental illness(es), 2) SUDs, and 3) co-occurring mental illness(es) and SUDs, and acknowledgement that there is a spectrum of severity within each of these three sub-groups (e.g., there is a difference between individuals with mild-to-moderate mental illnesses,[32] such as mild depression or anxiety, versus those with serious mental illnesses (SMIs), such as schizophrenia or bipolar disorder).
        - Criminal justice staff should know when and how to perform a behavioral health

[31] Effects of the Male Community Reentry Program on Recidivism in the State of California show that the program can significantly reduce the chance of recidivism for participants who are actively engaged in the community-based, rehabilitative services offered for up to nine months.

[32] In Medi-Cal, the distinction between mild-to-moderate mental illness and SMI is also referred to as non-SMHS and SMHS, respectively.

screening, as well as how to refer positive screenings to behavioral health for further assessment. Similarly, behavioral health staff should be trained on the unique needs of the BH/JI population, including the concepts of criminogenic risk and needs, and how it impacts service engagement and the management of behavioral health conditions.[33]

- Effective practices for increasing consumer engagement, including motivational interviewing techniques, leveraging peers, application of appropriate incentives,[34] etc.
- An approach that is recovery-oriented, guided by SAMHSA's 10 Guiding Principles of Recovery.
- HCAI could collaborate with existing programs that certify incarcerated individuals as Alcohol and Other Drug (AOD) counselors in order to facilitate job placement upon release from incarceration.[35] Similarly, programs that certify incarcerated individuals AOD counselors could consider expanding the certification to include general peer support (e.g., SB 803 Peer Support Specialists), thus optimizing employment upon reentry while simultaneously addressing mental health and SUD workforce shortages.

- CBOs dedicated to serving the justice-involved population should consider applying for the Peer Personnel Training and Placement to encourage justice-involved individuals to become certified peers.
- Organizations that serve the BH/JI population and have a shortage of providers for an entire group of people or a specific group of people within a defined geographic area should utilize the technical assistance offered by HCAI's California Primary Care Office to become recognized as a federally designated Health Professional Shortage Area or Medically Underserved Area/Medically Underserved Population.[36]
- HCAI's California Health Workforce Research Data Center is the state's central hub of health workforce data, comprised of data on the supply, demand, and educational capacity of the health workforce. Given their plans to develop data visualizations on workforce growth and expansion, HCAI could consider exploring data sources related to the BH/JI population, including the current supply of health care workers with justice-involvement (e.g., data visualizations that reflect the justice-involved workforce growth in comparison to the general behavioral health workforce).

[33] Application of Evidence-Based Corrections (e.g., Risk-Needs-Responsivity, the Principles of Effective Intervention) is necessary to comprehensively and effectively address the unique needs of the BH/JI population in order to prevent or reduce recidivism.

[34] See Increasing the Impact of Interventions Incentivizing Psychiatric Treatment Engagement: Challenges and Opportunities.

[35] One such example of an existing program is CDCR's Offender Mentor Certification Program.

[36] Medium-to-maximum security federal and state correctional institutions, youth detention facilities with a shortage of providers, and state or county hospitals with a shortage of mental health providers are health professional shortage area facilities and could leverage the technical assistance offered by HCAI.

- The California Health Workforce Education and Training Council could increase the representation of justice-involved individuals with behavioral health needs by adding a justice-involved Councilmember, and actively solicit the voice of individuals with lived experience to participate in their Council meetings. Additionally, the Council should uplift best practices that support the local behavioral health CoC and promote the adoption of services that increase the employment of peers, apply the principles of recovery, and address the needs of the BH/JI population.

> *"It is important to utilize the voices of those with lived experience when creating plans moving forward because we are stronger together."*
>
> *– Public comment at the January 28, 2022, Full Council Meeting*

7. **The MHSOAC's Behavioral Health Outcomes Fellowship could be leveraged to develop a partnership between the Commission and an academic institution to improve BH/JI population outcomes in California's behavioral health system**, with an emphasis on addressing disparities through multisector training, professional development, and guidance to the state and local behavioral health workforce.
8. **CCJBH's and CSUS' reports, *Successful Approaches to Employing Individuals with Lived Experience in the Criminal Justice and Behavioral Health Fields and Solutions To Hiring Barriers for Individuals With Lived Experience To Work In The Criminal Justice and Behavioral Health Fields*, should be shared widely to inform policy discussions and to influence hiring practices to address the hiring barriers faced by individuals with lived experience**.
9. **Additional training for the behavioral health clinical workforce should address the following**:
    - The fact that some individuals also suffer from anosognosia, a neurological condition in which the patient is unaware of their neurological deficit or psychiatric condition; therefore, service staff must be empowered with knowledge to optimize compassionate and effective client engagement into treatment.
    - The efficacy and long-term benefits of long-acting injectable antipsychotics, as well as proper administration and follow-up procedures, in order to combat the stigma associated with psychotropic medication treatment and increase long-acting injectable utilization (see the American Psychiatric Associations SMI Advisor's Long Acting Injectable Center of Excellence).

Housing/Homelessness

10. **Recent federal, State and local housing investments present a pivotal opportunity to formally develop and implement coordinated inter-agency housing referrals, intake, and navigation in order to manage access to the numerous existing and planned housing opportunities and resources, each of which has (or will have) different eligibility criteria** (see Appendix C for a brief list of these housing resources). Having such processes are

critical to the success of the BH/JI population transitioning out of incarceration to community, those in diversion programs (including the DSH Diversion Program to support implementation of the housing component of their *IST Solutions to Expand Diversion and Community-Based Restoration Capacity* project), and those with behavioral health needs who are at-risk of becoming justice-involved for whom DHCS is seeking to serve via the CalAIM initiative.

11. **Efforts could be made to further support CDCR parole agents in linking the currently homeless parolees to existing housing programs, as appropriate (see Appendix J)**. Similar efforts could be undertaken to refer homeless BH/JI individuals who are on probation, as well as BH/JI individuals releasing from jails and prison who are at-risk of homelessness upon release.

Research/Evaluation/Data

12. **DHCS could stratify its Behavioral Health Reporting data visualization by the justice-involved population, as well as incorporate justice-involved data into the new Population Health Management Services in order to monitor their health care access and utilization and quality of care.** MCUP data linkage could be leveraged for prison releases, and/or opportunities could be sought to explore options for identifying individuals released from jail and/or placed on probation (e.g., by using the Medi-Cal jail suspension and pre-release application data). Efforts could be made to stratify data for both the juvenile and adult BH/JI populations.
13. **CCJBH should continue to collaborate with key stakeholders (e.g. DOJ, Judicial Council, MHSOAC, and DSH) to identify strategies, including potential legislation, to improve the ability to analyze and study IST data.**
14. **Counties should consider the MHSOAC Innovation Incubator's Data-Driven Recovery Project as a model of multisystem data linkage to work together to reduce recidivism for individuals with mental illness by gathering data to better understand the mental health needs of people in the criminal justice system.** Identifying high-utilizers whose involvement with the criminal justice system is a result of their behavioral health condition could assist counties in targeting outreach to these groups (see reference Lassen County's Data Driven Recovery Project webpage).

Additional Recommendations

15. **The CARE Act should be leveraged as a diversion strategy for the BH/JI population who meet or are likely to meet the target population criteria, providing the appropriate services and supports that the individual lacked that ultimately resulted in their justice system involvement. Given the complex needs of the BH/JI population, the following considerations should be taken into account**:
    - Judicial system staff could be provided with clear guidance on when and how to divert eligible BH/JI respondents to and through the CARE processes. Specific marketing outreach could be targeted to Medi-Cal MCP ECM providers; diversion programs; and jail, probation, State Prison and parole case/care coordinators.

- CARE Plans should be developed based on the 10 priorities and components of Collaborative Comprehensive Case Plans in order "to better integrate critical behavioral health and criminogenic risk and needs information into comprehensive case plans that actively engage the participant and reflect a balanced and collaborative partnership between criminal justice, behavioral health, and social service systems."
- Housing placements should take into account the unique and complex need of the BH/JI population, as specified in the CSG Justice Center's report, *Reducing Homelessness for People with Behavioral Health Needs Leaving Prison and Jails*.
- Training for all involved in the CARE Act process[37] who will be supporting justice-involved respondents should, as feasible, include the training that is specified in the Workforce recommendations, above, particularly with regard to the implementation of trauma-informed care, engagement strategies, use of Long-Acting Injectable medication(s), and collaboration with justice system partners to ensure that criminogenic risks and needs are addressed.
- The knowledge, expertise and capacity of community-based reentry providers who specialize in addressing the complex needs of the BH/JI population should be leveraged in order to optimize success in terms of system efficiency and respondent outcomes.
- For the CARE Act evaluation, data should be captured that would allow DHCS (or their contracted evaluator) to distinctly identify the BH/JI population in order to ensure equitable outcomes. In addition, justice system partners, including individuals with lived experience in the behavioral health and criminal justice systems, should be consulted when identifying descriptive and programmatic data elements to be captured.

16. When developing the state's Crisis CoC, the following should be considered:

- Training for behavioral health crisis first responders should include the training content that is specified in the Workforce recommendations, above (as applicable), particularly with regard to crisis de-escalation, the implementation of addressing stigma, trauma-informed care, engagement, etc.
- Police-Mental Health Collaborations could be formally established within counties to support law enforcement decision-making and optimize behavioral health crisis outcomes both in terms of increasing access to appropriate care outside of the criminal justice system and ensuring individual and community safety.[38]
- As with the deflection models discussed above, counties could leverage available funding to develop crisis facilities that may serve as alternatives to incarceration and emergency room utilization. Crisis facility models, such as those documented in Health

[37] This should include, at a minimum, CARE Act judges, all involved counsel, county behavioral health, tribal representatives, adult protective services, and voluntary supporters. Relevant training should also be made available to respondents, as well.

[38] See the Bureau of Justice Assistance's Police Mental Health Collaborative Toolkit and CSG Justice Center's Police-Mental Health Collaborations Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs.

Management Associates' Behavioral Health Crisis and Diversion from the Criminal Justice System: A Model for Effective Community Response, and accompanying guidebook, A Community Guide for Development of a Crisis Diversion Facility: A Model for Effective Community Response to Behavioral Health Crisis, could be established in counties across the state.

III. Update on 2025 Policy Goals

In an effort to influence system-level changes, in the 18th Annual CCJBH Legislative Report, CCJBH identified four visionary, measurable goals that CCJBH could track in order to assess the overarching impact of the investments made by the Administration and Legislature, and implemented by local system partners, including criminal justice, behavioral health, social services and housing to meet the unique needs of justice-involved individuals. While CCJBH is not directly responsible for these goals, the Council holds an important role in using data to identify and highlighting successes, as well as target areas for improvement.

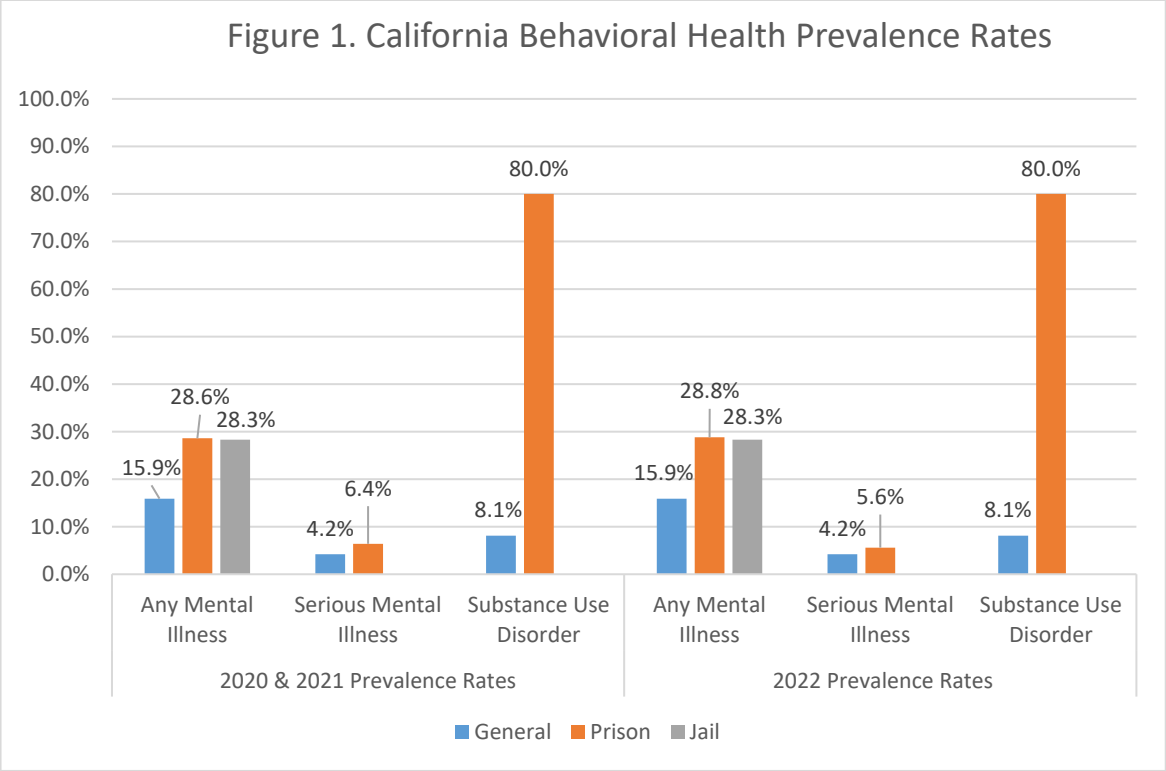
***Goal #1*:**

The prevalence rate of mental illness and SUDs in jails and prisons should be similar, if not equal to, the prevalence rate of mental illness and SUDs in the community.

***2022 Update*:**

Beginning with the 19th Annual Legislative Report, CCJBH has worked to compile and share prevalence of behavioral health conditions in custody settings, compared to prevalence rates in the community. While these data are limited (e.g., there is no statewide information about the prevalence of SUD or SMI in jails), available data nonetheless pointed to a continued striking and pervasive overrepresentation of individuals with behavioral health conditions in custody settings. Specifically, as shown in Figure 1, for SUD, which is the most common behavioral health condition for individuals involved in the justice system, approximately 80 percent of the BH/JI population has an identified SUD as compared to less than 10 percent of California's general population. Almost 30 percent of the BH/JI population has any type of mental illness as compared to about 16 percent of California's general population and, of these, while less than 5 percent of the BH/JI and California general population have a SMI, the prevalence for the former is about 1 to 2 percentage points higher than the latter. These results have remained stubbornly consistent for the past three years CCJBH has tracked these data.[39]

[39] Updated data are not consistently available, and where updates were available (e.g., nationwide prevalence of behavioral health needs in the community), estimates were very similar. Missing bars represent unavailable data.



***Goal #2*:**

Community-based services, particularly residential, are robust enough to meet demand starting with ensuring that those with multiple needs are not left behind due to their numerous and complex challenges.

***2022 Update*:**

CCJBH continues to monitor four key systems that it views as critical to meet the unique and complex needs of justice-involved individuals. These systems are behavioral health care, interventions for criminogenic risks and needs, income support services, and housing, each of which are described in detail in Appendices A-C.

- Services to meet behavioral health needs are provided across multiple Medi-Cal delivery systems. To document the degree to which the community behavioral health system adequately meets beneficiary needs, DHCS publishes its Medi-Cal Network Certifications, which certify that each delivery system meets established network adequacy standards, such as time and distance, and timely access to care. The findings regarding the capacity of the Medi-Cal behavioral health systems as of December 2021, the most recent reporting period for which information for the resulting corrective action plans (CAP) is available, were as follows:
    - Out of 26 MCPs, 5 received a conditional pass for compliance with network adequacy standards subject to a resolution of a CAP, while 21 MCPs fully complied with network adequacy standards. All 5 MCPs that received a conditional pass resolved their CAP by September 2022.

- Out of 56 county MHPs, 38 (68 percent) received a conditional pass for compliance with network adequacy standards subject to resolution of a CAP, while 18 MHPs fully complied with network adequacy standards. Of the 38 MHPs that received a conditional pass, 14 (37 percent) resolved their CAP by July 2022.
- Out of 31 DMC-ODS; which includes 30 individual plans and 1 regional model consisting of 7 counties), all received a conditional pass for compliance with network adequacy standards, subject to resolution of a CAP. By July 2022, 28 (90 percent) of these DMC-ODS counties had resolved their CAP.[40]

When comparing the 2021 Network Adequacy Certifications to the previous year, a higher number of MHPs were in full compliance with Network Adequacy standards (32 percent versus 23 percent, respectively). However, for the 2020 certification period, more MHPs were able to resolve their CAP (95 percent versus 37 percent). The findings indicate that MHPs continue to struggle with meeting the standards, especially for children/youth psychiatry services. The reasons are not entirely known, or generalizable, but may be due in part to recruitment challenges, as well as effects of the pandemic. Notably, all DMC-ODS counties received a conditional pass, which was similar to the findings in the previous year; however, a higher number of these counties were able to come into compliance by July 2022 when compared to the previous year (90 percent versus 80 percent, respectively).

- Nearly 100 percent of individuals on parole with a moderate to high (Cost and Schedule Risk Assessment) CSRA score received a reentry COMPAS assessment. About 36 percent of individuals on parole participated in programming consistent with their identified risks/needs within one year of release (a decline of 4 percent from FY 2020-21).
- In accordance with SB 678, an EBP Annual Assessment Survey is administered for probation departments to meet their statutory obligations under Penal Code Sections 1231 and 1233, and to track progress over time. Based on the CY 2021 survey administration, responding counties (58 total) represent nearly all of California's total population and data are self-reported by each probation department. Responses are not independently verified after submission. In addition, survey responses likely undercount the implementation of EBPs as probation departments may contract some practices or EBP components out to third parties.

  Emergent policy changes, such as updates to statute that affect probation terms, may affect data reporting moving forward. This is especially likely for changes that are applied retroactively. Findings from data analysis should always be interpreted within contexts. Moving forward, it is essential 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 EBPs that have been established to date. Thus far, CCJBH has not identified such adverse impacts.

[40] Counties that have not opted into the DMC-ODS are not subject to the provider ratios or timeliness standards, but will be subject to the time and distance standards in future certifications.

The SB 678 Annual Assessment includes a question about the implementation of services based on identified risks and needs. Individuals on supervision may or may not have written supervision plans (i.e., written plans that identify the issues that individuals on supervision face and provide a guide to addressing those issues), services (e.g., treatment programs or interventions), supervision conditions (i.e., conditions set by the court that must be met by the probationer to reduce risk of reoffending and/or further sanction or revocation), and incentives/rewards (e.g., fewer program requirements or contacts) that are based on their identified risks and needs.

Analyses of data from the 2021 EBPs: Annual Assessment Survey indicate that the majority of supervised individuals received a validated risk assessment to identify criminogenic needs (84.2 percent of medium/moderate risk and 98.3 percent of high-risk) and that the majority of supervised individuals were referred to programming, treatment, and/or services based on one or more of their assessed top criminogenic needs (80.7 percent of medium/moderate risk and 93.0 percent of high-risk). Additionally, EBPs that were responsive to criminogenic needs assessment increased from the previous year of reporting[41] (e.g., supervision plan, services, supervision conditions, rewards). *Note: Variation in services and case planning is based on risk, which is important for counties to develop appropriate interventions/responses.* See Appendix J for further details.

- As reflected in the California Rehabilitation Oversight Board (C-ROB) September 2022 Report for Fiscal Year (FY) 2021-22, comparisons to the FY 2020-21 Benefits Application Outcomes data showed a notable reduction for SSI/SSA application denials (from 17 to 7 percent). However, this does not reflect a true reduction in denials as there was also an increase in pending applications, from 60 to 70 percent, with SSI/SSA application approvals remaining steady at
  23 percent. It appears that these results are potentially due to the impact of the COVID PHE as, absent a major policy change, the denials will likely increase to their normal level once the remaining pending applications are processed.
- Point-in-time data from CDCR[42] indicate that, of the 31,752 individuals who were on parole on June 30, 2022, 83 percent (n=26,430) were not homeless or residing in a shelter (i.e., transient). That said, 17 percent (n=5,322) were transient.[43] Furthermore, 73 percent (n=3,879) of this transient parolee population had an identified behavioral health need at the time of their release. Specifically, of those who were transient:
  - 36 percent (n=1,941), left prison with a SUD *only.*
  - 25 percent (n=1,319), had a co-occurring mental health and SUD and within that group:

[41] 20th Annual Legislative Report (Appendix J)
[42] Data were provided to CCJBH from the CDCR Office of Research.
[43] Please note, homeless parolee data should not be compared to the 2021 Legislative report due to a change in the CDCR-OR methodology for reporting data regarding the homeless parolee population.

        - 75 percent (n=995) had a Correctional Clinical Case Management (CCCMS) designation.
        - 25 percent (n=284) had an Enhanced Outpatient Program (EOP) designation.
    - 12 percent (n=619), had a mental health designation *only* and within that group:
        - 75 percent (n=484) were CCCMS.
        - 25 percent (n=118) were EOP.[44]
    - 27 percent (n=1,443) had no identified behavioral health need.

Goal #3:

Through consistent dedication to workforce development, quality education and training, and ongoing technical assistance to an array of service providers and partners, Californians benefit from professionals having core competencies that provide effective integrated correctional (i.e., criminogenic needs interventions) and behavioral health services to achieve recovery and reduced recidivism.

2022 Update:

There is extremely limited data currently available to ensure the proper workforce to support the systems that are assessed in Goal #2 (behavioral health, criminal justice, social services and housing). As such, CCJBH has thus far only been able to identify relevant data to shed some light on the BH/JI workforce capacity in the DHCS' 2021 Network Adequacy Certifications and SB 678 EBP Annual Assessment Survey.

DHCS - 2021 Network Adequacy Certifications

To measure BH workforce development and State investment in the provision of technical assistance for expanding capacity in order to meet estimated need for Specialty Mental Health Services (SMHS), CCJBH utilized DHCS's Network Adequacy Certification Findings Reports to evaluate overall SMHS and Psychiatry provider capacity (calculated by number full time equivalent providers). The findings indicate that counties struggled the most with children/youth psychiatry services. Overall, 22 counties were deficient in Provider Capacity standards. A detailed breakdown of deficiencies by provider type is shown in Table 1 (counties may have been deficient on multiple provider capacity standards). By July 2022, 18 out of these 22 deficient counties expanded systems of care, adding a total of 141 SMHS provider (Full Time Equivalent) FTEs and 36 Psychiatry provider FTEs.[45]

[44] SUD designations are based on results from the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment.

[45] The Plans were allowed to submit alternative access standard requests and timelines for expected resolution to DHCS (subject to approval) for SMHS and Psychiatry service provider shortages by age group (Adult and Children/Youth) and provider/service type detailing proposed expansion to systems of care to meet DHCS's calculation of estimated needs for services. CCJBH then utilized the DHCS Findings Reports (i.e., data regarding the resolution of CAPs) to calculate provider capacity growth within the identified, deficient networks.

Table 1 County Mental Health Plans Deficient by Provider Type and Age Group		
Provider Type	**# of Counties**	**Total FTE**
Adult Outpatient SMHS	2	19
Children/Youth Outpatient SMHS	7	125
Adult Psychiatry	8	22
Children/Youth Psychiatry	15	31

SB 678 EBP Annual Assessment Survey

There are measures within the SB 678 EBP Annual Assessment targeting Correctional Workforce Training on specific EBP (e.g., criminogenic needs assessment, motivational interviewing, cognitive therapy, positive reinforcement). Analyses of these data showed that:

- 98.3 percent of counties trained officers to focus on criminogenic needs when meeting with medium-risk offenders, and 100% of counties trained officers to focus on criminogenic needs when meeting with high-risk offenders.
- 98.3 percent of counties trained officers in intrinsic motivational skills such as Motivational Interviewing for medium-risk and high-risk offenders.
- 86.2 percent of counties trained officers in the use of CBT techniques for medium-risk and high-risk offenders.
- 100 percent of counties trained officers to frequently give verbal positive reinforcement for prosocial behaviors when meeting with medium-risk and high-risk offenders.

CCJBH will monitor HCAI's efforts to enhance the training of the behavioral health workforce to serve justice and system-involved youth (through CYBHI) and adults, as well as HCAI's plans to develop data visualizations on workforce growth and expansion.

***Goal #4*:**

Through state leadership to support data-driven practices and policy-making among criminal justice and behavioral health systems, continuity of care and desired public safety and health outcomes improve significantly.

***2022 Update*:**

- *PHMPS Data Visualization* – CCJBH partnered with the CSG Justice Center to create a data framework and visualization for examining the relationship between socio-economic determinants of health and criminal justice systems outcomes. CCJBH staff gathered feedback on the initial data visualizations from a variety of system partners in order to provide a comprehensive compilation of, and simplified access to, relevant

data for use by as many interested BH/JI stakeholders as possible. This project is expected to formally launch in 2023.

- *MCUP* – CCJBH continues to examine data regarding individuals released from CDCR facilities in relation to their Medi-Cal enrollment and utilization of Medi-Cal physical and behavioral health care services. This year, CCJBH is expanding analyses to examine trends in service utilization, examining the effects of the COVID-19 pandemic on enrollment and services. CCJBH partnered with CSUS to conduct listening sessions for individuals with lived experience in the justice system and having a behavioral health condition. The qualitative data obtained from those listening sessions is expected to be compiled and analyzed this fiscal year and will better inform the findings from the quantitative MCUP analyses. For further information, see the CSUS Lived Experience Project section, discussed below. The final reports from both of these efforts will be posted to the CCJBH website in 2023.
- MHSOAC's Data-Driven Recovery Project continues to support criminal justice and behavioral health data linkage at the local level.
- CCJBH began facilitating interagency meetings to address the availability and quality of FIST referrals.

IV. Reflection on Prior Year CCJBH Legislative Report Recommendations

For the last 20 years, CCJBH consistently made recommendations to help improve services for the BH/JI population so as to minimize justice system involvement. The inception of the Council showed foresight to bridge the public safety and mental health systems. Year after year, CCJBH has made recommendations to foster and empower effective collaborations between these systems at the State and local levels. Many of California's efforts over the past 20 years have aligned with recommendations made through CCJBH's previous Annual Legislative Reports.

Most recently, of the 20 Diversion/Reentry recommendations made by CCJBH in 2021 related to strengthening system capacity, housing and homelessness, research/evaluation and data, performance-based contracting, involuntary medication orders (IMOs), advanced psychiatric directions, and leveraging individuals with lived experience to help inform policymakers and program planners, 100 percent were addressed in some capacity in 2022, whether through the Diversion and Reentry Workgroups, deliverables included in the technical assistance contract with CSG Justice Center, recent state investments, or work performed by other State agencies.

Of the 27 Juvenile Justice recommendations made by CCJBH in 2021, 89 percent (24 out of 27 recommendations) were addressed in some capacity in 2022, whether through the Juvenile Justice Workgroups, the Juvenile Justice Compendium and Toolkit contract with RAND, State investments, or work done by other State agencies. Specifically:

- 11 recommendations have been fully addressed and are now considered "closed."
- 7 recommendations were addressed during the 2022 Juvenile Justice Workgroups through featured presentations, but additional work could be done to ensure the recommendation is adopted by the appropriate entity.

- 3 recommendations are ongoing and related to incorporating the voice of individuals with lived experience with developing policies and programs.
- 3 recommendations have been incorporated into the 2022 Juvenile Justice Recommendations.
- 3 recommendations are not yet actively being addressed, including:
    - the development of accountability measures to monitor the use and outcomes of available resources.
    - examination of early childhood data for justice-involved youth to identify system gaps.
    - an emphasis on teachers and school administrators gathering qualitative data from students and family interviews rather than reviewing past records and assessment score.

To address these recommendations, CCJBH can examine data currently collected by entities such as the CDE and provide recommendations for additional data collection.

V. CCJBH Project Updates

In addition to supporting the Council, CCJBH staff also work on a variety of projects related to the BH/JI population. Updates on each of these projects, including completed deliverables, are provided below.

A. Public Health Meets Public Safety

PHMPS is a two-year project being conducted in consultation with the CSG Justice Center.[46] The project aims to utilize data to track, monitor, and ultimately reduce the number of adults and youth with behavioral health needs in California's justice system by gathering data that can help inform policy. As part of the development for the data reporting framework, CSG facilitated a series of stakeholder engagement activities that gathered input from individuals with lived experience (LE). In an attempt to understand driving factors and how they can lead to high rates of incarceration, CSG has been working on developing data visualizations, which will categorize and highlight publicly available data to provide a fuller understanding of counties' resources, services, and key indicators that intersect with the BH/JI population. CSG, in collaboration will CCJBH, will be hosting a series of stakeholder engagement activities to further gather input on the data visualizations. Upon completion of stakeholder engagement activities, CCJBH and CSG will be planning for the kick-off event to launch the data visualizations. This report will be finalized in 2023.

[46] The PHMPS contract was extended to December 2022, in order to allow for the successful completion of project deliverables.

B. Medi-Cal Utilization Project

Due to time constraints, the 2021 Legislative report included a summary of findings and tables for the MCUP data analyses. For 2022 reporting, CCJBH analyzed trends in enrollment rates and mental health and SUD service utilization for individuals transitioning from incarceration (as the target population) in FY 2019-20, taking a deeper dive into the demographics and differences in enrollment rates and service utilization during the COVID-19 PHE. This report will be posted to the CCJBH website in 2023.

C. Diversity, Equity and Inclusion (DEI)

The population served by CCJBH has unique needs as they intersect two complex systems, behavioral health and criminal justice. The needs of these individuals are complicated by structural racism, perpetuating disadvantages to people of color that result from a lack of access to basic needs such as safe housing, nutritious food, health care, etc. (often referred to as "social determinants of health"). Recognition of this reality by California policymakers has recently led to a number of efforts to ensure that culturally competent services are provided to address the significant distrust of health care providers and programs among communities of color. Distrust, paired with additional challenges tied to bias and discrimination, leads to lower rates of screening, diagnosis, and service utilization, which collectively lead to poorer health outcomes for an already marginalized population. CCJBH continues to engage in and support efforts to address structural racism and disparities by participating as a member of CDCR's Government Alliance for Race and Equity Ambassador Program, as well as becoming educated on and applying culturally proficient and trauma-informed principles to CCJBH work products.

a. Government Alliance for Race and Equity (GARE)

CCJBH staff continues to maintain efforts towards ensuring diversity, equity and inclusion in the development of policies, council practices and day to day engagement with stakeholders. Through participation in the CDCR/CCHCS GARE Ambassador Program, CCJBH advocates for the development of policies and practices aimed at building strategic and meaningful DEI. The CCJBH GARE Ambassador attends training sessions directed at embracing and identifying the unique strengths, talents and contributions of the staff, council, stakeholders and individuals with experience from both the (BH/JI systems. In addition, the GARE Ambassador attends Committee meetings and panel discussions led by the CDCR/CCHCS GARE Steering Committee throughout the year with the goal of communicating lessons learned to CCJBH staff and Council in order to ensure that any missing voices are invited to engage in our work and to effectively seek out feedback from a diverse perspective providing a psychologically safe space, with a commitment to mitigate barriers to DEI.

Additionally, CDCR/CCHCS are committed to building an inclusive and culturally diverse workplace. CCJBH staff embody this commitment and strive to celebrate the differences and commonalities of our workforce, the BH/JI population and our stakeholders to encourage an environment where decisions are placed through a lens of DEI in an effort to connect to as many people as possible whose voices are vital to the CCJBH discussions.

b. Cultural Proficiency

Throughout 2022, CCJBH attended webinars and listening sessions themed around the need for ensuring responsive and culturally competent behavioral health workforce training and development. As a result of these experiences, acknowledging the importance of language in collaborative conversations, and that there are cultures that need to be addressed in order to promote the successful reentry into California communities, CCJBH began adopting and promoting the use of terms such as "justice-Involved" when referring to peer certification and/or "transitioning citizens" when referring to individuals exiting carceral settings.

c. Trauma-Informed Care

Cultural beliefs, past events and experiences and stage of life, etc., create a unique individual experience. The effects of an individual's traumatic experiences can be long-lasting (both positive and negative). An event that may be traumatic to one person might have a different effect on another and may be short-term, long-term, delayed or immediate. Taking this into account, CCJBH discussions, work group sessions and stakeholder meetings throughout the year shared a commonality for recognizing the importance of trauma among the BH/JI population as a part of the prevention, diversion and reentry processes for both juvenile and adult justice-involved individuals.

D. Lived Experience Projects

CCJBH uses ongoing Mental Health Services Act funds, initially allocated in 2020, to fund five Regional LEP Contracts with four CBOs to increase local and State advocacy capacity of those with lived experience and one contract with CSUS, to determine how best to engage statewide public outreach efforts surrounding individuals with lived experience in the behavioral health and criminal justice systems.

a. Regional LEP Contracts

In late FY 2019-20 and early 2020-21, CCJBH entered into contracts with Anti-Recidivism Coalition (ARC), Cal Voices, Los Angeles Regional Reentry Partnership (LARRP) and Transitions Clinic Network (TCN). The following are highlights of the work that has been accomplished by these LEP contractors during Year 2:

<u>ARC (Central Region)</u>

ARC continues to provide the following services to their clients and members:

- Connecting members to services who live in the Central Region (e.g., in-reach, transitional housing for both youth and adults, career development, and social support).
- Creating opportunities for members, such as mentorship, as a way to use their lived experiences with the behavioral health and criminal justice systems to help others who come from similar backgrounds.

- Providing weekly policy workshops, daily mental health therapy sessions, daily case management/life coaching sessions, daily reentry services, and weekly Career Readiness workshops.
- Participating in stakeholder meetings such as the Juvenile Justice Coordinating Subcommittee for Sacramento, the State Advocacy Coalition, BSCC, and the OYCR Steering Committee, to actively discuss the housing and employment of individuals who are justice-involved.
- Providing recommendations related to policies, programs, and approaches to increase alignment with ARC's priorities.
- Providing rehabilitative and reentry planning programming within correctional facilities in the Sacramento, Yolo, and Stockton areas 2-3 times per week.

In addition, ARC was featured in The US Sun Magazine, as well a PBS publication was written on one of its members.

Cal Voices (Superior and Southern Regions)

Cal Voices continues to work on the following project activities:

- Train ACCESS Ambassadors and outreached for new Ambassadors.
- Develop and update a web-based informational clearinghouse for fact sheets, policy summaries, and events.
- As part of their Peer Provider Research Report, Cal Voices has worked on developing a data collection tool to identify strategies, challenges, and best practices for providing peer support services to justice-involved populations and hiring peers who have a history of incarceration. Results from surveys and interviews with consumers were compiled, analyzed, and summarized in the ACCESS State of Peer Support 2020 Report (published in 2022).
- Stakeholder engagement via social media platforms and quarterly email blasts to share important links to information, events, resources, and program updates to their network.
- Host stakeholder convenings and roundtables for both Superior and Southern Regions and Peer Provider Workshops for individuals with lived experience who are interested in learning more about the Medi-Cal Peer Support Specialist certification.

In addition, Cal Voices disseminated a state-wide stakeholder survey to help inform policy and program activities. The survey focused on obtaining information from stakeholders to inform Cal Voices in determining (1) Community Needs Assessment; (2) Organizational Needs Assessment; (3) Elevation of Community Voices/Lived Experience Perspectives; (4) Priority Populations: justice-involved youth/adults experiencing co-occurring disorders; (5) Priority Approaches: Best practices for effective multi-disciplinary team collaboration, and fully integrated services/whole person care and recovery-oriented services. Survey data will inform Toolkits delivered under these contracts to educate and build the capacity, outreach, and

awareness of the communities served by Cal Voices in promoting and advocating for individuals with BH/JI lived experience.

LARRP (Los Angeles Region)

LARRP continues to work on the following project activities:

- Recruited a total of twelve cohort members to be part of their second "Leading-Engaging-Advocating-Demonstrating-Enhancing-Expanding-Reentry-Systems" (LEADERS) program. Four cohort members serve in three issue committees wherein they focus on integrated health, employment, and education.
- Provided life coaching workshops for LEADERS to attend, during which they obtained tools for structuring their goals and empowering them to move forward with their lives.
- Provided monthly trainings and meetings for their members such as team brainstorming, committee meetings, and policy workshops.

TCN (Bay Area Region)

TCN continues to work on the following project activities:

- The California Site Advisory Group continues to meet on a regular basis with CHWs and program leads. Meetings for this fiscal year have focused on the workforce impact that can potentially occur with the implementation at the local level of the CalAIM's new ECM benefit.
- TCN continues to provide workshops, mentorship, and support to CHWs within their network. TCN's Senior CHW led a total of three Fireside Chats on topics such as cultural humility, learning how to ask for support from others, and setting professional boundaries. In addition, TCN's Senior CHW facilitated five group meetings as part of their Online trainings (e.g., cultural humility, how to seek support from others, and how to set professional boundaries), provided thirteen one-on-one support sessions, and mentorship to fellow CHWs.
- TCN continues to work on enhancing and supporting referral partnerships throughout the Bay Area TCN sites as a way to improve linkage and continuity of care for justice-involved individuals reentering Bay Area communities (e.g., referrals from social service agencies and CDCR). TCN hosted coordination meetings that focused on topics such as challenges with patient enrollment in Medi-Cal, data sharing for TCN patients, and pre-release engagement with patients.
- As part of their education and community awareness activities, TCN developed patient testimonials that will be used to train TCN CHWs and providers on the challenges that patients who have behavioral health conditions and are justice involved face. Thus far, TCN has conducted two filming sessions with formerly incarcerated CHWs that are employed with TCN clinics in the Bay Area and has developed outlines for three additional testimonial videos.

CCJBH continues to host quarterly state LEP Advisory Team meetings, which are comprised of representatives from each of the Regional LEP Projects. Through this state LEP Advisory Team process, LEP contractors participated in CCJBH's *May is Mental Health Awareness Month* activities, as well as provided assistance with outreach and recruitment support for CCJBH activities (e.g., lunch-and-learns, participant recruitment for focus groups, and recruitment for panel presenters).

The CCJBH contractors will be working on implementing their final year activities of the Regional LEP projects, which is scheduled to end on June 30, 2023. CCJBH will be sharing lessons learned from this project with CCJBH Councilmembers and stakeholders, which will inform future CCJBH stakeholder efforts. Additional information about the LEP contractors and their areas of focus is located on the CCJBH website.

b. CSUS Lived Experience Project

CCJBH in collaboration with the CSUS facilitation team, co-hosted a virtual workshop on September 13, 2021, in order to identify potential solutions to the hiring barriers that were identified in the report, Successful Approaches to Hiring Individuals with Lived Experience in the Criminal Justice and Behavioral Health Fields. Specifically, the workshop goals were to:

- Identify strategies to overcome challenges to hiring individuals with lived experience within the criminal justice and behavioral health fields; and
- Identify strategies to further promote employment of individuals with lived experience across multiple sectors.

Through the outreach efforts, 120 participants registered for the workshop, representing CBOs, employers, academic programs and/or institutions, and peers/ individuals with lived experience. The workshop was structured to include a panel discussion, with three featured panelists with lived experience, an interactive activity, and participant breakout sessions. Stakeholder input was captured and documented by CSUS and analyzed by CCJBH to formulate recommendations, which were documented in the Solutions to Hiring Barriers for Individuals with Lived Experience to Work in the Criminal Justice and Behavioral Health Fields report.

In 2023, as part of these continued stakeholder engagement efforts, CCJBH and CSUS will host a series of listening sessions to seek lived experience and community-based provider expertise to learn more about the potential reasons for the low health and behavioral health service utilization rates that have been documented through CCJBH's MCUP, as well as gather ideas for improving utilization.[47] Results from the listening sessions will be summarized in a report and published on the CCJBH website.

[47] The CSUS Lived Experience contract was extended to June 2023, in order to allow for the successful completion of project deliverables.

E. Justice-Involved Peer Support Specialists

CCJBH continues to track DHCS and the California Mental Health Services Authority (CalMHSA)'s implementation of the SB 803 Medi-Cal Peer Support Specialist Certification[48] by participating in the bi-monthly CalMHSA Medi-Cal Peer Certification Advisory Committee meetings. CCJBH plans to participate in the workgroup that CalMHSA will lead to gather input that will help inform the development of the peer specialization for the justice-involved populations by providing BH/JI population subject matter expertise. Beyond the Medi-Cal behavioral health system, CCJBH continues to advocate for the use of peers and CHWs within and across the multiple public sectors that serve the BH/JI population (e.g., primary care, criminal justice, housing and social services).

F. CalAIM

CCJBH remains actively committed to supporting the DHCS' CalAIM initiative, a multi-year effort to improve the quality of life and health outcomes of the Medi-Cal population by implementing broad delivery system, program and payment reforms. In 2022, CCJBH supported DHCS' CalAIM efforts by participating in the following DHCS CalAIM workgroups:

- DHCS CalAIM Behavioral Health Workgroup
- DHCS CalAIM Children/Youth Workgroup
- DHCS CalAIM Justice-Involved Workgroup
- DHCS CalAIM Justice-Involved Pre-Release Application Implementation Sub-Workgroup
- Monthly CalAIM Data Sharing Advisory Group

In addition, CCJBH began drafting an informational flyer to instruct justice system partners on how to make a referral to request for BH/JI individuals who are under community supervision an ECM Assessment, a new benefit that became available through all Medi-Cal MCPs as of July 1, 2022, thus facilitating increased access to higher levels of care management for those in need. These referrals would provide access not only to the new ECM benefit, but also the Community Supports benefits, as needed and appropriate.

Finally, to help ensure benefit to the BH/JI population, CCJBH provided detailed feedback to DHCS on the California Behavioral Health Community-Based Continuum draft waiver demonstration (renamed to California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Continuum).

G. IST Data Project

In order to support and inform the discussions about the growing number of individuals who become IST in California, CCJBH has worked with the CDCR Office of Research, DOJ, and DSH to examine state-level data to explore the relationship between CDCR releases and the IST

[48] In California, the approval of SB 803 created an opportunity to formerly recognize and utilize Peer Support Specialists throughout the state. SB 803 requires that the DHCS in collaboration with the CalMHSA to develop a Peer Support Specialist certification program, which would allow for participating counties to utilize Medi-Cal funding to support and fund the utilization of peer support services.

population using different data sources. Analyses performed to date by CCJBH has identified inconsistent reporting of county data to DOJ across almost all counties over the past 20 years. CCJBH is currently meeting with DOJ staff to determine what, if anything, may be done to collect the missing data from counties and/or improve future data reporting so that reliable analyses may be performed to better understand and track California's misdemeanor and felony IST populations.

H. Pre-Trial Diversion Training and Technical Assistance

In June 2021, CCJBH contracted with the CSG Justice Center for the provision of on-going subject matter expert specialty consultation and technical assistance throughout to support county diversion planning and implementation.[49] The CSG Justice Center used results from a statewide survey to identify California counties that would participate in diversion learning communities. The following counties were selected,[50] with each county team being represented by a judge, defense attorney, prosecutor, and behavioral health service provider:

- Alameda
- Butte
- Contra Costa
- Fresno
- Humboldt
- Kern
- Orange
- Plumas
- San Bernardino
- San Francisco
- Santa Barbara
- Santa Cruz
- Shasta
- Siskiyou
- Solano
- Sonoma

The learning community sessions focused on each step of the legal process of diversion and discussion centered on how to address common challenges to implementing and sustaining diversion, as follows:

- Identifying candidates for diversion
- Diversion referral process
- Diversion evaluation process
- Judges-only training
- Diversion treatment planning
- Diversion monitoring

Three primary themes emerged from these learning communities regarding issues with accessing SUD treatment, availability of affordable housing and confusion regarding insurance coverage for health and behavioral health service needs, which were the focus of subsequent discussions with a diverse group of experts and on-the-ground practitioners to clearly define the challenges and identify strategies for improvement.

Collectively, the information gathered by the CSG Justice Center throughout the duration of the project will culminate into a final report that will be published in 2023, summarizing the effectiveness of existing mental health diversion policies and practices, and providing

[49] CCJBH staff processed a contract amendment to extend the end date of the Diversion Training and Technical Assistance Contract with the CSG Justice Center to December 31, 2022.

[50] Selection criteria included: population and geographic diversity, identified interest in TTA, identified TTA needs, and potential for becoming a "model" mental health diversion site by the end of the project:

recommendations on what changes must be made (and how) in order to advance mental health diversion programs to ensure their success throughout California.

I. Juvenile Justice Compendium and Toolkit

To support efforts in the area of juvenile justice realignment, CCJBH entered into a contract with the RAND Corporation on April 13, 2022, to develop a compendium, toolkit and training plan to support youth who have traditionally been remanded to DJJ, but who, as of July 1, 2021, remain at the county level under the jurisdiction of county probation as a result of SB 823. Contract deliverables will include the following:

- An *Evidence-Based and Emerging Practices and Programs Compendium*, due in April 2023, that compiles current, relevant information regarding the established practice and programs designed to serve the realigned population.
- A detailed *System Capacity Development Toolkit*, due in December 2023, that counties may use to detail the necessary infrastructure and capacity to provide treatment for behavioral (e.g., anger management, sexually abusive behavioral/have a sustained sex offense) and/or behavioral health condition (i.e., mental health, trauma and/or SUD), as well as interventions to address criminogenic risk and needs.
- A *Training and Technical Assistance Plan*, due in April 2024, that counties may use to secure the relevant training and technical assistance to assist them in the implementation of the evidence-based and emerging programs and practices detailed in the compendium and toolkit.

In May 2022, CCJBH, in collaboration with the OYCR, held a kick-off meeting with RAND to initiate this project. This effort complements and supports OYCR's efforts, and will serve as an important resource for county probation, child welfare, and behavioral health departments and help to strengthen and sustain cross-system partnerships, utilize a MTSS, identify funding streams, and leverage existing data to track progress, treatment, and program outcomes. In June 2022, the RAND Corporation submitted their finalized work plan to CCJBH and began developing Community Advisory Boards (CAB) to provide feedback on the work products throughout the duration of the contract. Two CABs were developed, one representing system-level partners and another for individuals with lived experience, with the guidance of CCJBH and collaboration from OYCR.

J. Housing/Homelessness

CCJBH identified advocating for the prioritization and development of available affordable housing resources for the BH/JI population, including promoting cross-system education and collaboration, as a 2022 priority. To build on the recommendations outlined in CSG Justice Center's March 2021 report, *Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails*, and to promote cross-system education and collaboration, CCJBH and the CSG Justice Center, with the support of the California Health Care Foundation, hosted a five-part housing webinar series from December 2021 through April 2022, called *Building Blocks for Coming Home: How California Communities Can Create Housing Opportunities for People*

with Complex Needs Leaving the Justice System. The webinar series focused on how key stakeholders from across the justice, behavioral health, housing, and other systems can help people successfully transition out of the justice system and into the community by connecting them with housing options that meet their needs. The topics covered in the webinar series included building partnerships between housing and criminal justice system in California; defining, screening, and assessing for homelessness risk; common practices for connecting to and using housing as a strategy for diversion and reentry; developing new housing; and leveraging rental assistance and supportive service funding for people with behavioral health needs leaving jails and prisons.

In addition, CCJBH engaged stakeholders and Councilmembers to develop a feedback response on the U.S. Interagency Council on Homelessness' (USICH) upcoming Federal Strategic Plan to Prevent and End Homelessness. In November 2021, CCJBH hosted a listening session with stakeholders to share the draft feedback response that CCJBH staff had developed with Councilmember input. The listening session yielded input from a broad range of perspectives regarding barriers and best practices to combat homelessness for the BH/JI population. On November 17, 2022, CCJBH met with the regional USICH Regional Coordinator to share the findings compiled in the finalized response and submitted the document via USICH website portal. A preliminary document, published by USICH outlining key themes and common solutions indicates that CCJBH's feedback was taken into consideration, namely the importance of ending the criminalization of homelessness. In December 2022, the USICH published the updated plan, All In: The Federal Strategic Plan to Prevent and End Homelessness.

Throughout 2022, CCJBH also continued to collaborate closely with multiple State entities that work to address housing and homelessness. In particular, CCJBH works with DAPO and DRP to report on the progress of CDCR's commitments that are specified in CalICH's[51] Action Plan for Preventing and Ending Homelessness in California. CCJBH also continues to track housing efforts being led by the California Department of Housing and Community Development (HCD), California Department of Social Services (CDSS) and DHCS in order to advocate for opportunities to ensure the BH/JI population will benefit from the State's current historic housing investments.

VI. Mental Health, Suicide and Recovery Awareness Activities

In 2022, CCJBH again recognized *May is Mental Health Awareness Month* and September's *Suicide Prevention Awareness and Recovery Awareness Month* by hosting weekly learn-and-lunch webinars and disseminated related resources via the CCJBH website. Registration for the May webinars ranged from 18 to 54 registrants, with attendance averaging about 44 percent. Registration for September activities ranged from 145 to 166 registrants, with attendance averaging about 37.5 percent (see Appendix E).

[51] On September 29, 2021, Governor Newsom signed AB 1220 into law, which renamed the Homeless Coordinating and Financing Council to now be called the California Interagency Council on Homelessness (Cal ICH), and restructured Cal ICH to include the CDCR Secretary (among other new appointees).

VII. Additional CCJBH Efforts

A. Weekly Newsletters

CCJBH continues to disseminate Weekly Newsletters focus on disseminating project updates, announcements, Full Council and Workgroup Meeting dates, and upcoming events related to the BH/JI population via a listserv that includes approximately 1,000 stakeholders representing diverse populations across California (e.g., behavioral health and criminal justice system partners, advocates, other individuals interested in CCJBH's efforts). In May, the newsletters highlighted the events hosted by CCJBH for Mental Health Awareness Month and featured additional resources on the website. The September newsletters focused on the webinars hosted by CCJBH for Suicide Prevention Awareness and Recovery Awareness Month and shared helpful resources. CCJBH will continue to provide current updates on the CCJBH News and Events website.

B. California Budget Summaries

To ensure Councilmembers and stakeholders have efficient access to the California budget information relevant to the BH/JI population CCJBH continued to produce budget summaries after the release of the Governor's Proposed Budget, the May Revision, and the Enacted Budget. Specifically, the relevant categories included in these budget summaries are for Health and Human Services, Housing and Homelessness, Judicial Branch, and Criminal Justice.

C. CCJBH 20th Anniversary Activities

As part of CCJBH's 20th Anniversary promotional activities, the past, present, and future of CCJBH was acknowledged through multiple activities, reflecting on the past twenty years with those who helped us get to where we are today, and who have seen us grow and have grown alongside us. Some of those activities included establishing a 20th Anniversary web page on the CCJBH website, updating the CCJBH logo, recording a podcast episode for the CDCR's Unlocked podcast series and developing a commemorative video.

VIII. Conclusion

CCJBH will continue to convene local and state level stakeholders, and individuals with lived experience, to bring forward the inclusionary perspectives on which our Council was founded in order to continue making recommendations around maximizing state investments, strengthening treatment and supportive services, addressing housing needs, improving the workforce, data integrity, and increasing community involvement, as reflected in the CCJBH Strategic Framework for Calendar 2023. Collectively, these efforts will help bring to fruition an effective system to deflect/divert individuals with behavioral health conditions *away* from the criminal justice system. Although many advancements have been made, more work is still needed, specifically in anchoring and formalizing diversity, equity and inclusion principles into the transformative multi-system initiatives currently underway.

Appendix A
Behavioral Health System Updates

Access to care can be complex for individuals involved in the justice system who have behavioral health needs. Across numerous departments, there are funds dedicated to making improvements to address behavioral health outcomes through prevention and early intervention efforts, improved data collection and sharing, and research to determine what interventions have the most promising results to help eradicate problems at the earliest possible moment. Children's behavioral health, workforce investments, and equity interventions are robust and far-reaching. Through a number of major behavioral health investments, the Budget for FY 2022-23 reflected a commitment to both children and adults who suffer from SMI(s) and SUD(s). Many of the programs described herein will positively impact the justice-involved populations through community-based interventions and the provision of prevention and intervention services related to improving behavioral health for all citizens.

Children's Behavioral Health — Last year, the Budget included $4.4 billion over multiple years to transform California's behavioral health system for all California children and youth through the Children and Youth Behavioral Health Initiative. The FY 2022-23 Budget included an additional $290 million over three years to address the most urgent needs and emergent issues in children's mental health. As the state continues to improve the behavioral health system for children and youth, the additional funds in the Budget Act of 2022 will support grants to deliver well-being and mindfulness programs, as well as parent support education programs. The funds will also fund grants to support children and youth at increased risk of suicide and a youth suicide crisis response pilot. The funding will also support researching, evaluating, and applying innovative new technologies to improve youth mental health, thereby allowing the State to maximize the positive impact of emerging technology on the social and emotional well-being of children and youth to improve assessment, supports, and treatment while simultaneously seeking to minimize the harmful impacts of technology. Of particular interest to CCJBH are the following CYBHI efforts:

> **Student Behavioral Health Incentive Plan** — The SBHIP includes incentive payments to Medi-Cal MCPs totaling $389 million designated over a three-year period (January 1, 2022, to December 31, 2024). Incentive payments required Medi-Cal MCPs to meet predefined goals and metrics associated with targeted interventions that increase access to preventive, early intervention and behavioral health services by school-affiliated behavioral health providers for in public schools. More information can be found on the DHCS website.
>
> **Children and Youth Suicide Prevention Grants and Outreach Campaign** — The FY 2022-23 Budget included $40 million General Fund to develop and implement a data-driven targeted community-based youth suicide prevention program for youth at increased risk of suicide such as Black, Native American, Hispanic, and foster youth.

Youth Suicide Reporting and Crisis Response Pilot Program — The FY 2022-23 Budget included $50 million to provide grants to pilot school and community-based crisis response and supports following a youth suicide or youth suicide attempt and pilot a new approach of designating youth suicide and youth suicide attempts as a reportable public health event, which would trigger screening and resource connections at the local level for the impacted community. For more information, please visit the California Department of Public Health (CDPH)'s Suicide Prevention Program website at.

Community Assistance, Recovery, and Empowerment (CARE) Act — On March 3, 2022, Governor Newsom unveiled a proposed framework for a new court process to assist people living with untreated schizophrenia or other psychotic disorders, which was signed into law on September 14, 2022, as the CARE Act (SB 1338). The CARE Act connects individuals in crisis with a court-ordered CARE agreement or plan that provide clinically appropriate, community-based services and supports, creating an alternative judicial process to connect those with severe mental illness to the behavioral health services and support they need. The FY 2022-23 Budget provides $88.3 million General Fund (of which $57 million is allocated for direct assistance to counties) to DHCS, CalHHS, and the Judicial Branch for the implementation of the CARE Act. Implementation will begin with limited counties on October 1, 2023, with all 58 counties expected to begin implementation no later than December 1, 2024.

FIST Waitlist Solutions —The DSH continues to experience a significant growth in trial court referrals of individuals found IST on felony charges. Additionally, the winter COVID-19 Omicron surge further impacted DSH's operations resulting in growth in the waitlist of individuals deemed felony IST pending placement in a treatment program. The Budget allocated $535.5 million General Fund in FY 2022-23, increasing to $638 million General Fund per year in 2025-26 and ongoing, for solutions focusing on Early Stabilization and Community Care & Coordination, Expanding Diversion and Community-Based Restoration Capacity, Improve IST Discharge Planning and Coordination, and Improve the Quality of Alienists Reports for the IST population. These proposals will establish 5,000 beds over four years to support felony ISTs. For more information please see the DSH IST Solutions Program Update or their FY 2022-23 May Revision Proposals and Estimates.

Implementing a 9-8-8 Behavioral/Mental Health Crisis Hotline —The FY 2022-23 Budget included $7.5 million General Fund ($6 million ongoing) and 10 positions at Office of Emergency Services to invest in the state's network of emergency call centers to support the new 988 hotline, which is intended to be an alternative to 911 for people seeking help during a mental health crisis. Calls to the 988 mental health crisis number will be received by the public and private call centers in California that currently take calls from the National Suicide Prevention Lifeline. These call center operators include volunteers who are not registered/certified professional behavioral health counselors, but are highly trained to assist people in emotional distress or suicidal crisis. The funding for these crisis call centers will work in concert with the new mobile crisis services intended to link citizens to effective community treatment.

Medi-Cal Community-Based Mobile Crisis Intervention Services — The FY 2022-23 Budget included $1.4 billion ($335 million General Fund) over five-years to add qualifying community-based mobile crisis intervention services no sooner than January 1, 2023, as a Medi-Cal covered benefit through the Medi-Cal behavioral health delivery system.

BHCIP – In July 2021, AB 133 was signed into law to establish BHCIP and provide DHCS with $2.2 billion in to construct, acquire, and rehabilitate real estate assets or to invest in mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources. BHCIP will provide competitive grants to qualified entities to address immediate behavioral health treatment and service needs. Thus far, DHCS has awarded five rounds of funding focused on mobile crisis, county and tribal planning grants, launch-ready projects, children and youth, and crisis and behavioral health continuum. There will be one remaining round anticipated to release the request for applications (RFAs) targeted to address the unmet needs.

Behavioral Health Bridge Housing Program – See Appendix C.

CalHOPE Program — The FY 2022-23 Budget provides $100 million in General Fund for the California Hope, Opportunity, Perseverance, and Empowerment (CalHOPE) for Children Trust Account Fund with ongoing funding ($15 million General Fund) budgeted to specifically aid children in foster care. Funds in this account will be used to create trust accounts for children who have lost a parent or primary caregiver to COVID-19 and for children in long-term foster care. The deposits in the trust accounts may be used for any purpose by the recipients. It also includes $16.4 million General Fund and $13.6 million Mental Health Services Fund for a one-time augmentation to support the California Peer-Run Warm Line.

Contingency Management (CM) Pilot Project — DHCS is overseeing a CM Pilot Project that is projected to be operational by the first quarter of 2023, with California being the first state in the country to receive federal approval of CM as a benefit in the Medicaid program. CM is an evidence-based treatment that provides motivational fiscal incentives (e.g., gift cards) to treat individuals living with stimulant use disorder to support their path to recovery. CM recognizes and reinforces individual positive behavioral change, as evidenced by drug tests that are negative for stimulants. CM is the only treatment that has demonstrated robust outcomes for individuals living with stimulant use disorder, including reduction or cessation of drug use and longer retention in treatment.

Behavioral Health Justice Intervention Services (BHJIS) — BHJIS provided funding to help local communities address critical intervention points through which individuals with mental and SUDs can be diverted from criminal justice involvement. Funding to support BHJIS was awarded to the DHCS by the SAMHSA through the Coronavirus Response and Relief Supplemental Appropriations Act. DHCS contracted with Advocates for Human Potential, Inc. (AHP), as the Administrative Entity to assist DHCS in overseeing and implementing the BHJIS Project.

Labor and Workforce — The FY 2022-23 Budget includes a one-time $4.5 billion investment over three years in care economy workforce development-across both the Labor and Workforce Development Agency (Labor Agency) and CalHHS that will create more innovative

and accessible opportunities to recruit, train, hire, and advance on ethnically and culturally inclusive health and human services workforce, with improved diversity, wages, and health equity outcomes. The Care Economy Workforce investments will be jointly coordinated by the Labor Agency and CalHHS through the CalHHS/HCAI Health Workforce Education and Training Council. These investments aim to create more innovative and accessible opportunities to recruit, train, hire, and advance an ethnically and culturally inclusive health and human services workforce, with improved diversity, wages, and health equity outcomes.

Veterans — Recognizing the importance of addressing veteran suicide, the FY 2022-2023 Budget includes $50 million one-time General Fund, to be spent over three years, for the California Department of Veterans Affairs to establish the California Veteran Health Initiative which includes funding for an Outreach and Education Campaign, Veteran Suicide Surveillance and Review Program, and Veterans Mental Health Support Network Grants. For more information, please visit the Department of Veterans Affairs website.

Equity and Practice Transformation Provider Payments — In the FY 2022-23 Budget, DHCS received $140 million ($70 million General Fund) and $700 million ($350 million General Fund) available through June 30, 2027, for payments to Medi-Cal MCPs or providers to advance equity, reduce COVID-19-driven care disparities, improve quality measures in children's preventive, maternity, and behavioral health care, and provide grants and technical assistance to allow small physician practices to upgrade their clinical infrastructure that allow the adoption of value-based and other payment models that improve health care quality while reducing costs.

Cannabis Tax Fund — The Department of Consumer Affairs oversees the continuously appropriated allocation of resources in the Cannabis Tax Fund (Proposition 64). Pursuant to Proposition 64, expenditures are prioritized for regulatory and administrative workload necessary to implement, administer, and enforce the Cannabis Act, followed by research and activities related to the legalization of cannabis and the past effects of its criminalization. Once these priorities have been met, the remaining funds are allocated to youth education, prevention, early intervention, and treatment; environmental protection; and public safety-related activities. The Budget allocates $670 million for these purposes in FY 2022-23 with 60 percent ($401.8 million) dedicated to education, prevention, and treatment of youth SUDs and school retention. DHCS awarded $58.5 million to 61 community-based and Tribal organizations as part of funding for the fourth round of the Elevate Youth California (EYC): Youth SUD Prevention Program. To date, 239 community-based and Tribal organizations have received funding aimed at preventing youth substance use through youth activism, mentoring and peer support to prevent youth substance disorder and elevating leaders in underserved communities of color and LGBTQ+ youth who seek change for their peers, their community and themselves. A list of organizations that have received awards is available on the EYC website.

Village San Francisco and Yurok Tribe of California Regional Wellness Center — The FY 2022-23 Budget includes $15 million one-time General Fund for the Friendship House of American Indians to support the construction costs of The Village San Francisco. A core pillar of The Village San Francisco is the interconnected partnership among Native-led organizations and other community supporters dedicated to transform Western social service practices to better

serve Black, Indigenous and People of Color by providing a model for building equitable communities. Similarly, the FY 2022-23 Budget includes $15 million one-time General Fund to support the Yurok Tribe of California in establishing a Regional Wellness for the Friendship House of American Indians to support the construction costs of The Village San Francisco and to support the Yurok Tribe of California in establishing a Regional Wellness Center that will offer culturally relevant and conventional drug, alcohol and mental health services including residential services with access to a wide variety of supportive services that revolve around the restoration of mental, physical and spiritual health. Services will include methamphetamine treatment, medically assisted treatment for opioid addiction, CBT, meditation and guided breathing and relaxation techniques.

Los Angeles County Justice-Involved Population Services and Supports — The FY 2022-23 Budget includes $100 million one-time General Fund for a grant program to support and expand access to treatment for individuals with behavioral health disorders that are involved in the justice system. Half of those funds are targeted to individuals charged with a misdemeanor and found IST.[52]

[52] Los Angeles County merged the Alternative to Incarceration Office, Jail Closure Implementation Team and the Reentry division of Office of Diversion and Rehabilitation into one department will be responsible for delivering programming across the justice continuum from prevention to reentry. The Justice Care and Opportunities Department (JCOD) department is charged with expanding the County's pretrial services and looking to develop innovative programming to support justice-impacted populations.

Appendix B
Criminal Justice System Updates

Criminal justice reform remains a top priority for the State of California. The impact of the COVID-19 PHE affected the daily prison and jail operations; however, CDCR and CCHCS, in conjunction with other state health officials, took bold and brisk actions to mitigate the spread of the virus. As CDCR operations resume, the Governor's Budget for FY 2022-23 allocates a total of $13.9 billion ($13.3 billion General Fund and $603.2 million in other funds) for CDCR programs and services. Of this amount, $3.7 billion General Fund will be utilized for health care programs to provide incarcerated individuals access to mental health, dental, and medical care services. Highlights related to the criminal justice system are discussed below.

Rehabilitative, Restorative Justice, and Reentry Programming — More than $37 million one-time General Fund to support in-prison rehabilitation programs, including the creation of a veteran's hub at the Correctional Training Facility in Soledad and restorative justice programming to further support the incarcerated population in transforming their lives, better preparing them to reenter society. In addition, the Budget includes a $6 million one-time General Fund to enhance CDCR's data collection and evaluation capabilities to better understand the outcomes of formerly incarcerated individuals.

Expansion of Reentry Beds — $40 million General Fund annually for three fiscal years (total of $120 million) to support an expansion of CDCR's community reentry programs that have demonstrated success in reducing recidivism by enabling incarcerated individuals to serve a portion of their sentence in a community-like setting, with the goal of facilitating their successful transition back into their communities following their release.

Returning Home Well — See Appendix C.

Bachelor's Degree Expansion — $5 million General Fund in FY 2022-23 and $4.7 million ongoing, to permanently fund bachelor's degree programs at seven institutions in collaboration with the California State University system. These programs will be available to incarcerated students upon successful completion of their community college programs, enabling them to further prepare to enter the workforce and find gainful employment upon their release from prison.

Delancey Street — The Budget establishes the Delancey Street Restaurant Management Program at the California State Prison, Solano, which will provide participants with the skills needed to operate a full-service restaurant. Similarly, the program will focus on restaurant operations, service, and hospitality as well as teaching participants marketable skills that will be useful in gaining employment upon their release.

Integrated Substance Use Disorder Treatment Program — $126.6 million General Fund in FY 2022-23, and $162.5 million ongoing, to expand the Integrated Substance Use Disorder Treatment Program (ISUDT) and enhance the Department's ability to treat individuals with SUDs. These resources will enable CDCR to serve an increasing number of participants with increasing patient screening and adding an aftercare component for individuals who complete the core ISUDT programming and Medication Assisted Treatment.

DJJ Transition — Consistent with Chapter 337, Statutes of 2020 (SB 823), DJJ ceased the intake of new youth on July 1, 2021, with limited exceptions, and will be closing on June 30, 2023. Currently, DJJ estimates there will be approximately 300 youth remaining in its care on June 30, 2023. The passing of SB 823 established the OYCR within CalHHS and established a committee within the Child Welfare Council to advise on policies, programs and approaches to improve youth outcomes, reduce youth detention, and reduce recidivism, and provide recommendations to the OYCR. The OYCR has grown quickly, identifying as their priorities higher education and vocational training; CBOs; and step-downs and alternatives to incarceration. The SB 823 Juvenile Justice Realignment Block Grant allocated funding to counties to provide custody, care, and supervision of youth who are realigned from DJJ. All of the county probation departments submitted their Juvenile Justice Realignment Block Grant plans to the OYCR. The OYCR team reviewed all of the plans, provided technical assistance, and has approved all county plans, which are posted to the OYCR website.

Prison Capacity and Closures — Given the declining prison population, CDCR continues to move forward with additional prison and facility closures. Information about current and past deactivations may be found on the CDCR website.

Appendix C
Housing System Updates

California's housing shortage is one of the most daunting challenges facing the state, but the significant state investments over the past three years will provide more available housing. Building off the historic $12 billion multi-year investment in the 2021 Budget Act, which allocated $4.7 billion in homeless resources to FY 2022-23, the Administration has furthered the commitment to increasing equitable, affordable housing and expanding access to housing for vulnerable populations, including individuals with complex behavioral health conditions and people living in unsheltered settings. The FY 2022-23 Enacted Budget includes $11.2 billion for housing resources and $10.2 billion for homelessness resources demonstrating the State's dedication to invest in the complex combination of services and infrastructure requires to address California's housing crisis. The funding allocation for housing resources assisted the state in deploying new programs for homeowner forbearance relief, housing counseling, expanded local and regional planning grants to prepare for the upcoming Regional Housing Needs Allocation (RHNA) cycle, and provided additional resources to build and preserve affordable housing. There were approximately 171,000 individuals facing homelessness on any given day in California in January 2022.[53] California's Homeless Data Integration System (HDIS) indicates that in 2021, 231,297 unique individuals accessed at least one of the 44 local homelessness response systems in California, which offer prevention, outreach, emergency sheltering, rapid rehousing, and other permanent housing, and other services.[54] Homelessness resources funded in the FY 2022-23 Budget include allocating funds to local governments to create new treatment slots and bed capacity for individuals exiting homelessness by building out the BHCIP Care Expansion and expanding on Project Roomkey and Homekey. The budget allocated $1.5 billion over two years dedicated to expanding access to housing for vulnerable populations with complex health conditions and people living in encampments and prioritizing these populations for the new housing units that will come online.

In addition to continued State investment, the House America Initiative led by the United States (U.S.) Department of Housing and Urban Development and the U.S. Interagency Council on Homelessness tasks state, tribal, and local leaders to use American Rescue Plan resources to address the crisis of homelessness. HUD Secretary, Maria L. Fudge, set a national goal to re-house 100,000 households and add 20,000 units of affordable housing development pipelines between September 20, 2021, and December 31, 2022.[55] Highlights related to the housing system are discussed below.

[53] 2022 Annual Homelessness Assessment Report to Congress
[54] HDIS System - California Interagency Council on Homelessness
[55] House America: Goals | HUD.gov / U.S. Department of Housing and Urban Development (HUD)

- **Returning Home Well** — The State continues to invest in providing emergency transitional housing services for justice-involved individuals who are transitioning from incarceration and would otherwise be at risk of being unhouse at the time of release through Returning Home Well. CDCR established the Returning Home Well program during the pandemic to provide emergency transitional housing services to individuals who were at risk of being unhoused at the time of their release. As of August 2021, the program has achieved remarkable milestones: 14,800 individuals have been released; 13,817 received SUD treatment and housing; 5,021 received re-entry housing; and 5,701 received financial assistance. The 2022-23 Budged added $10.6 million General Fund annually for three years to continue this program.
- **Behavioral Health Bridge Housing Program** — The FY 2022-23 Enacted Budget established the Behavioral Health Bridge Housing Program that provides $1.5 billion through June 30, 2027, to DHCS to address the immediate housing and treatment needs of people experiencing unsheltered homelessness with serious behavioral health conditions by providing time-limited operational supports in various bridge housing settings. The grants will be used to provide time-limited operational supports for tiny homes or other bridge housing settings, including existing assisted living settings.
- **Housing and Homelessness Incentive Program** — As a means of addressing social determinants of health and health disparities, Medi-Cal MCPs are able to earn incentive funds for making investments and progress in addressing homelessness and keeping people housed. The Home and Community Based Services (HCBS) Spending Plan authorized DHCS to implement the program from January 1, 2022, to December 31, 2023. The FY 2022-23 Enacted Budget allocated $1.3 billion for the program. Medi-Cal MCPs are to provide a homelessness plan that includes a housing and services gaps/needs assessment and how the funds would prioritize aging and disabled Californians and be integrated into the homeless system.
- **Project Roomkey and Homekey** — Project Roomkey was announced on April 3, 2020, to provide up to 15,000 non-congregate shelter options (e.g., hotel and motel rooms) for individuals experiencing homelessness in California during the COVID-19 PHE as a place to safely quarantine and mitigate the spread of the virus. Governor Newsom then announcement Project Homekey as the next phase following Project Roomkey. Project Homekey provided grants to counties, cities, and other government entities in California to purchase and rehabilitate housing and convert them into permanent, long-term housing for people experiencing or at risk of homelessness. The first round of Project Homekey funds were administered from September 14, 2020, to October 29, 2020, and totaled in more than $835 million for 93 projects that built 6,055 new units. The second round of Project Homekey funding applications were due May 2, 2022, and must be spent within eight months of the date of award. As of June 2022, nearly $1.2 billion has been awarded for 73 projects that resulted in 4,142 new units being built and 45,615 households being served over the project lifetime. The FY 2022-23 Enacted Budget allocated $150 million in 2021-22 to augment the $1.5 billion provided for Homekey 2.0 and $1.3 billion for 2022-23.

- **Community Care Expansion Program** — CDSS received $805 million for the Community Care Expansion (CCE) Program to provide funding for acquisition, construction, and rehabilitation of residential care settings to serve applicants or recipients of SSI/State Supplementary Payment or Cash Assistance Program for Immigrants, including those who are experiencing or at risk of homelessness. Additionally, CDSS has awarded CCE Preservation funds to 34 counties to preserve existing licensed residential care facilities.
- **Encampments and Unsheltered Settings** — There are currently more individuals experiencing unsheltered homelessness than sheltered homelessness in California;[56] therefore, it is a prioritization for the Administration to reduce the number of people who live in public spaces not intended for human habitation. The Budget provides funding to local jurisdictions to invest in short- and long-term rehousing strategies that will remove barriers to build more downtown-oriented and affordable housing through funding adaptive reuse- namely, converting existing infrastructure, underutilized retail space, and commercial buildings into residential uses through the Encampment Resolution Grants. The grants will fund local demonstration projects that utilize cross-system collaboration to support people living in encampments onto paths to safe and stable housing through direct services and housing options, capacity building and sustainable outcomes. The FY 2022-23 Enacted Budget allocated $300 million for 2022-23 and $400 million for FY 2023-24.
- **Homeless Housing, Assistance, and Prevention (HHAP) Program** — Cal ICH has administered three of the four rounds of HHAP funding thus far to provide local jurisdictions, including federally recognized tribal governments, with funding to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges and develop a unified response. In FY 2021-22, $1 billion of funding was allocated to cities, counties, local CoCs, and tribal entities. The fourth round of funding has been approved for FY 2022-23 and will provided an additional $1 billion in funding.
- **Transitional Housing Program** — HCD's Transitional Housing Program allocates approximately $8 million in grants to counties for child welfare services agencies to help young adults from ages 18 to 24 secure and maintain housing, with priority given to those formerly in the foster care or probation system per SB 80. Eligible grant activities include identifying and assisting with housing services for this population within each community, helping them secure and maintain housing, improving coordination of services and linkages to community resources within the child welfare system and the Homeless CoC, and outreach and targeting to serve those with the most-severe needs. The FY 2022-23 Enacted Budget allocated $25.3 million to support the program.

[56] CoC_PopSub_State_CA_2020.pdf (hudexchange.info)

- **Housing Navigators Program** — The HCD Housing Navigators Program allocates approximately $5 million in grant funding to county child welfare agencies for housing navigators to assist young people ages 18 to 21 secure and maintain housing, with priority given to young adults in the foster care system. Funding can be used to provide services directly or through a contract with other county housing assistance programs. The role of the housing navigator is to assist young people in locating available housing and overcoming barriers to locating housing. Eligible grant activities include assisting young people in securing and maintaining housing; providing housing case management, including essential services in emergency supports, to foster youth; preventing young adults from becoming homeless; and improving coordination of services and linkages to key resources across the community, including those from within the child welfare system and the local CoC. The FY 2022-23 Enacted Budget allocated $8.7 million to support the program.
- **Regional Housing Needs Allocation (RHNA)** — The RHNA is a projection of housing units needed over a certain time period to comply with California state law that requires local governments to adequately plan to meet housing needs for current residents and future population growth. In March 2022, HCD released *A Home for Every Californian*, a statewide housing plan to ensure safe, stable, and affordable housing is available through building the number of new units by 2030, as suggested by the RHNA. To assist local governments in complying with RHNA housing targets, the State has provided resources to expand local and regional planning grants; assist individuals with purchasing and remaining in homes; and plan, produce, and preserve the state's long-term affordable housing stock.

Appendix D
Current California State Housing Programs that Benefit the BH/JI Population

Department	Program

DHCS	• CalAIM Medi-Cal MCP Community Supports Home
	• Community Based Services Spending Plan:
	  ○ Providing Access and Transforming Health funds for Homeless and HCBS Direct Care Providers
	  ○ Homeless and Housing Incentive Program
	  ○ Behavioral Health Bridge Housing

CDSS' Homeless and Housing Programs	• Project Roomkey/Housing and Homelessness COVID Response • CalWORKs Housing Support Program (for CalWORKS recipients) • CalWORKs Homeless Assistance (for CalWORKS recipients) • Housing and Disability Advocacy Program • Bringing Families Home Program • Home Safe Program (for individuals involved in Adult Protective Services • Community Care Expansion[57]
HCD	• Project Homekey • HOME-ARP • Transitional Housing Program (for young adults aged 18 to 24)
CDCR	• Returning Home Well Program
BSCC	• Adult Reentry Grants • DJJ Youth Transitional Housing Grants
DSH	• In Development as part of the permanent expansion of community-based Incompetent to Stand Trial programs.

[57] A definition of homelessness should be provided by CDSS CCE to grantees explicitly include individuals who have previous justice-involvement as an approved population to be eligible to access the adult and senior care facilities made available by CCE, as the HUD definition of homelessness was not used as an eligibility requirement.

Appendix E
Summary of 2022 Full Council/Workgroup Meetings and Webinars

2022 FULL COUNCIL MEETINGS					
Date	**Format**	**Number Registered**	**Number Attended**	**Focus**	**Meeting Highlights**
1/28	Virtual	105	78 (74%)	Behavioral Health CoC	• Presentation by DHCS on the Behavioral Health Assessment Report. To inform future planning, DHCS, in collaboration with its stakeholders, produced an assessment report on California's behavioral health system: Assessing the CoC for Behavioral Health Services in California: Data, Stakeholder Perspectives, and Implications. • Approved 2022 Council Meeting Dates
4/29	Hybrid (Virtual & In-Person)	61	36 (59%)	Deflection	• The CRBH program, operated by WellSpace Health, presented on their program that provides short-term (4-12 hour) recovery, detoxification, and recuperation from the effects of acute alcohol or drug intoxication to anyone in need. • It is an innovative program that serves people intoxicated on all substances, many of whom also have co-occurring mental health conditions. • Clients are transported to and from CRBH directly by authorized referral partners and WellSpace Health mobile response. Collaboration with law enforcement is very important, and this program relieves law enforcement officers from having to make a determination about whether someone has primarily a substance use issue or a mental health issue, ensuring a quick and simple drop-off process that avoids a booking into jail. CRBH works to engage clients in support for any needs they have at that point.
7/29	Virtual	95	58 (61%)	Workforce	• HCAI gave an update on their efforts around workforce and behavioral health. • Dr. Geoff Twitchell and Councilmember Mack Jenkins highlighted the criminal justice and behavioral health collaboration to address the needs of justice-involved individuals. The presentation outlined the results of San Diego's Interprofessional Collaborative Practice Learning Academy and curriculum for mental health providers working with the Justice Involved.

2022 FULL COUNCIL MEETINGS (continued)					
Date	**Format**	**Number Registered**	**Number Attended**	**Focus**	**Meeting Highlights**
10/28	Virtual	82	56 (68%)	Housing	• Appointed Council Member Scott Svonkin was introduced. • LARRP provided a presentation on a successful housing model that also provides employment opportunities for formerly justice-involved individuals in the Los Angeles area.
12/9	Virtual	67	43 (64%)	Innovative Peer Workforce Model	• The Alameda County District Attorney, in tandem with various County partners, pioneered the Alameda County Justice Restoration Project to demonstrate that community-based justice initiatives led by a Coach with lived experiences, when integrated with existing County programs, can meaningfully improve recidivism and self-sufficiency outcomes.

2022 WORKGROUP MEETINGS						
Workgroup	**Meeting Dates**	**Number Registered**	**Number Attended**	**Format**	**Focus**	**Highlights**
Juvenile Justice	February 11, 2022 May 13, 2022 July 15, 2022	56 N/A N/A	32 (57%) 20 44	Virtual Hybrid Hybrid	Efforts to support counties in the realignment of DJJ youth to county supervision per SB 823.	• Updates provided by the OYCR on their progress, including background, organizational structure and the vision for the future. • Presentations from county programs where probation and behavioral health work collaboratively to provide convenient behavioral health services to justice-involved youth to optimize successful outcomes. • Panel discussion on how to best support students transitioning from court schools to comprehensive

2022 WORKGROUP MEETINGS						
Workgroup	**Meeting Dates**	**Number Registered**	**Number Attended**	**Format**	**Focus**	**Highlights**
						schools and reducing the school to prison pipeline.
Diversion and Reentry	March 4,2022 May 13, 2022 July 15, 2022	75 N/A N/A	64 (85%) 17 48	Virtual Hybrid Hybrid	Supporting the implementation of new and existing diversion efforts throughout California.	• Riverside County's transition from Whole Person Care to ECM and Community Supports under CalAIM • Implementation of SB 317 • DSH Diversion contract • Suggested Implementation Strategies for CARE Court

May is Mental Health Awareness Month				
Date	**Format**	**Number Registered**	**Number Attended**	**Focus**
5/4	Virtual	18	10 (55%)	CalHOPE provided an interactive presentation on mental health resources they offer.
5/11	Virtual	47	23 (48%)	The BSCC presented on their Adult Reentry Grant Program.
5/18	Virtual	37	13 (35%)	The LARRP provided presentation from the lived experience perspective.
5/27	Virtual	54	12 (22%)	The CDPH-Office of Health Equity provided a presentation about their Community Mental Health Project.

September: Suicide Prevention Week				
Date	**Format**	**Number Registered**	**Number Attended**	**Focus**
9/6	Virtual	145	65 (44%)	WellSpace Health presented on the 988 Suicide and Crisis Lifeline implementation.

September: Recovery Awareness Month				
Date	**Format**	**Number Registered**	**Number Attended**	**Focus**
9/14	Virtual	166	65 (39%)	Shatterproof presented on quality addiction treatment and ATLAS, their resource for finding addiction treatment.
9/21	Virtual	165	61 (36%)	HealthRIGHT 360 presented on the Co-Occurring Integrated Care Network Program, an integrated program for women with co-occurring diagnosis for recovery and mental health services.
9/28	Virtual	162	54 (33%)	Riverside University Health System presented on substance use, recovery services, and the criminal justice population.

Appendix F
Juvenile Justice Workgroup Participants

On February 11th, May 13th, and July 15th, 2022, CCJBH convened a Juvenile Justice Workgroup to discuss creative and effective strategies in Juvenile Justice Realignment. Workgroup participants are listed below.

Councilmember Workgroup Leads:

Mack Jenkins, Chief Probation Officer (Retired), San Diego County Probation, Council member, CCJBH

Danitza Pantoja, Psy.D, School Psychologist, Antelope Valley Union High School, Council member, CCJBH

CCJBH Staff Workgroup Leads:

Brenda Grealish, Executive Officer
Monica Campos, Staff Services Manager III
Emily Grichuhin, Associate Governmental Programs Analyst

Participating Organizations/Perspectives:

- AHP
- Alameda County Probation Department
- Amity Foundation
- California Association of Alcohol and Drug Program Executives, Inc.
- California Behavioral Health Planning Council, DHCS
- CDCR
- CDE
- California Department of Finance
- CalHHS' OYCR
- California Health Policy
- California State Association of Counties
- California Youth Courts, Youth Advisory Board
- Community Research Foundation
- Contra Costa Health Services
- Contra Costa County Office of Reentry and Justice

- County Behavioral Health Directors Association of California
- DSH
- Edison Consulting
- Fresno County
- Glenn County Behavioral Health Department
- HCAI
- Health Management Associates
- Inyo County
- Judicial Council of California
- Kerry Landry Health Care Consulting
- Los Angeles County Child and Family Guidance Center
- MHSOAC
- National Health Law Program
- National Alliance on Mental Illness (Urban Los Angeles)
- Riverside University Health System
- Sacramento County Juvenile Justice Diversion and Treatment Program
- San Bernardino County Department of Behavioral Health
- Santa Barbara County
- Santa Clara County
- State Council on Developmental Disabilities
- Successful Reentry
- Third Sector Capital Partners
- Ventura County Behavioral Health
- Voices for Children- Court Appointed Special Advocates for Children, Monterey County
- Youth Law Center

Appendix G
Summary of Juvenile Justice Workgroup Discussions, Presentations and Workgroup Findings

The findings and recommendations related to the justice population were based on CCJBH staff research and discussions that occurred within the February, May and July 2022 CCJBH Juvenile Justice Workgroup, all of which are summarized below.

The February 2022 Juvenile Justice Workgroup featured a presentation from the OYCR to provide an update on its progress, including background, organizational structure, and the vision for the future. Katherine Lucero, Executive Director, shared information on the establishment of the OYCR, their mission and mandates, staffing, and current and future collaboration. OYCR was established through SB 823 to "improve the outcomes of youth and public safety, reduce the transfer of youth into the adult criminal justice system, ensure that dispositions are in the least restrictive appropriate environment, reduce and then eliminate racial and ethnic disparities, and reduce the use of confinement in the juvenile justice system by utilizing community-based responses and interventions" (SB 823, Section 1). The mission of OYCR is to support counties in providing individualized assistance to communities and families to divert youth from the juvenile justice system. OYCR is mandated to review county realignment plans to ensure they comply with the requirements in the statute, identify priority areas for technical assistance, and build relationships to facilitate the exchange of information. OYCR is in the process of building a 34-member team comprised of justice-involved youth subject matter experts including a Chief Policy Research Officer who will work with counties individually to gather the data necessary to produce the final report; a Chief Policy Officer who will specialize in juvenile detention alternatives, the unique needs girls and gender-non-conforming youth, and the school to prison pipeline; staff with restorative justice expertise; staff dedicated to connecting to victims and victim advocates; an ombudsman; regional staff; and county liaisons. OYCR has participated in cross-agency initiatives and engaged with state partners and local and community partners and stakeholders to begin developing a consensus of the current state of the county systems and their capacity to serve the realigned youth. Workgroup Councilmember Advisors and stakeholders discussed the importance of strengthening collaborations between the health and behavioral health systems and the juvenile justice system to best support the needs of youth at a local level. CCJBH will continue to work closely with OYCR and coordinate efforts to ensure that work is not duplicated, namely in the priority areas named by the OYCR Committee of the California Child Welfare Council of higher education and vocational training; CBOs; and step-down and alternatives to incarceration.

The May 2022 Juvenile Justice Workgroup focused on county programs were probation and behavioral health work collaboratively to provide convenient behavioral health services to justice-involved youth to optimize successful outcomes. The workgroup featured presentation from Glenn County, Sacramento County, and Los Angeles County, all of whom have implemented effective partnerships that other counties can look to as best practices when developing innovative programs that provide intensive wraparound services to high risk/high need youth. Glenn County highlighted their Children's System of Care and the successful partnership between local law enforcement, probation, school districts, and child welfare to provide intensive wraparound services to youth. The Children's System of Care encompasses many innovative programs, such as the System-Wide Mental Health Assessment and Referral Team which offers school-based treatment prevention and management through a mosaic model that assesses dangers to self and others on school campuses. Sacramento County highlighted their Juvenile Justice Diversion and Treatment Program which aims to reduce recidivism and divert youth with behavioral health needs from penetrating further into the juvenile justice system. Youth are referred by a probation officer to Full Service Partnership treatment provider who develops an individualized treatment plan for the youth. Los Angeles County highlighted Multisystemic Therapy (MST) offered through the Child and Family Guidance Center in Antelope Valley. MST is a community-based, family-driven treatment for antisocial/delinquent behavior in youth that focuses on empowering caregivers to solve current and future problems and address the entire ecology of the youth. MST focuses on changing the social ecology to empower positive change and diminish emotional and behavioral difficulties for the youth by first focusing on improving the family function, which will in turn influence the youth's ecology and reduce antisocial behavioral and improve functioning. As reflected in discussion with the Councilmember Advisors following the presentations, all of the presenters indicated that the key component to multi-agency collaboration is building strong relationships between system partners through frequent multidisciplinary meetings, co-location, and open information sharing when possible.

In July 2022 the Juvenile Justice Workgroup focused on optimizing educational outcomes for justice-involved youth. The workgroup featured presentations from an education administrator and a legal advocate who discussed components of effective partnerships, racial disparities within the education system, and the logistics of education in the juvenile justice system, and presented robust data to support their presentations. The presenters also outlined common barriers faced by youth who are transitioning back to school after incarceration, shared relevant Education Codes and laws that support justice-involved youth, and suggested strategies for successful collaboration among probation and education departments. The workgroup discussion was framed around guiding questions that examined the correlation between early academic/social emotional challenges and chronic delinquency, how they can be assessed and monitored through effective prevention programs, and how to remove and/or address common barriers for at-promise youth.

Councilmember Advisors have continuously emphasized the importance of providing definitions for key terms in order to establish baselines for cross-system partnerships. The following key terms are defined to give context to the report and serve as a starting point of conversation.

Definitions:

Juvenile Justice System

The "juvenile justice system" encompasses more than juvenile halls, juvenile institutions and/or incarceration, in general, which is a point that is frequently lost in discussions about justice-involved youth even though the data are clear that the percentage of youth in the juvenile justice system is five times greater than those incarcerated, and many youth who come into contact with the juvenile justice system do not experience incarceration at all. This report, including relevant recommendations, focuses on all justice-involved youth, not just those who experience a period of incarceration.

At-Promise Youth

There are youth who may be at-risk of juvenile justice system involvement as a result of many factors, such as home environment, abuse, academic failure, negative peer influence, early substance use problems, mental health issues, etc., but have not yet experienced a police contact, so they cannot accurately be described as "justice involved." However, it is important to address these youth in this report to understand and advocate for an appropriate response. Given the movement away from the term "at-risk" when referring to youth as per AB 413, these youth will be referred to as "at-promise" youth.

Justice-Involved Youth

For this report, the term "justice-involved" refers to youth who have had, at a minimum, at least one police contact. That contact may or may not have resulted in a formal entry into the juvenile justice system (e.g., having a petition filed), but it presents the possibility that the youth could ultimately fall under the jurisdiction of the juvenile court.

Criminogenic Risk

Major risk factors highly associated with criminal conduct (e.g., antisocial cognitions, antisocial associates, family and martial relations, work and school, leisure activities, and substance use[58]).

Crossover Youth

Youth who are at-risk or have concurrent involvement in the child welfare and juvenile justice system.

[58] Wooditch, A, Liansheng LT, Taxman, F. Which Criminogenic Need Changes Are Most Important in Promoting Desistance from Crime and Substance Use? *National Institute of Health*.

Juvenile Justice Workgroup Findings

1. According to the Centers for Disease Control and Prevention, the COVID-19 PHE affected child and adolescent social, emotional and mental well-being due to isolation, change in routine, and loss of security and safety. The effects of the pandemic may have lasting consequences associated with the trauma experienced by youth.1 The COVID-19 PHE highlighted a lack of easily accessible community-based mental health services for young people and their families.
2. AB 133 provides an opportunity to expand trauma screening through CalAIM by expanding SMHS eligibility to include children who have been exposed to trauma, which will help to identify and treat children with high levels of trauma and reduce the risk of potential SUDs, behavioral challenges, or justice-involvement as a result of the child's trauma. The ACE Questionnaire will be a helpful tool for Primary Care Providers in Medi-Cal MCPs to identify children who have experienced trauma, and refer them to SMHS and ECM, if appropriate.
3. DHCS' CalAIM Justice-Involved Initiative's pre-release application mandate to enroll justice-involved youth into Medi-Cal (if eligible), provide pre-release services to individuals meeting specified clinical criteria, and assign a care manager to engage with the youth and their family/caregiver if the ECM criteria are met.
4. Children and Youth Behavioral Health Initiative efforts to establish the School Behavioral Health Counselor and Wellness Coach workforce, led by HCAI, would allow not only for expanded behavioral health service capacity, but it also offers employment opportunities to the BH/JI population, particularly to serve and/or employ transition aged youth.
5. AB 2083 mandates interagency collaboration through the development of MOUs that outline the roles and responsibilities of agencies and other entities that serve children and youth in foster care who have experienced severe trauma. While many justice-involved youth "crossover" to the foster care system, not all do, leaving non-foster care justice-involved youth, including at-promise youth, without a strong foundation for multi-system service delivery.
6. The establishment of the OYCR serves as an indicator of the State's dedication to facilitating the integration, cooperation, and collaboration between the delinquency and dependency systems. The Crossover Youth Practice Model[2] has been successfully implemented in counties to address the extensive trauma faced by crossover youth and engage the family unit in treatment.
7. A high level of collaboration is necessary for counties to quickly produce the Juvenile Justice Realignment Block Grant County Plans that meets the statutory requirements, and the OYCR is an asset to provide assistance to the counties.

8. Cross-agency participation is imperative to ensure that current initiatives will benefit justice-involved youth with behavioral health needs, particularly in the development of new policies and programs. The OYCR is participating in a Judicial Council Secure Youth Treatment Facility Offense-Based Classification Working Group to create a Title 15 commitment matrix to determine the appropriate commitment for a youth prior to their hearing with a judge, and the director is also a member of the California Sex Offender Management Board, which has recently published *Guidelines for Treating and Supervising Youth Who Have Committed a Sexual Offense*. The OYCR is also interfacing with the Center for Data Insights and Innovation to leverage their information around adolescent behavioral health needs and other pertinent juvenile justice research.
9. Engaging with State partners who serve the shared population of justice-involved youth with behavioral health needs is essential to understand the work being done by various systems to assist in connecting youth to services that meet their individualized needs.
10. Robust local and community partner and stakeholder engagement is necessary to ensure that the unique needs of communities and individuals with lived experience, including multiple youth perspectives, are heard and understood and that the necessary infrastructure to support them is in place.
11. Juvenile courts (e.g., juvenile mental health courts) play a key role in recidivism reduction for justice-involved youth and involvement from the court is critical for a successful multidisciplinary program with youth facing behavioral health issues.
12. Integrated and comprehensive county health and human services systems promote the collaboration between local probation and behavioral health departments, and co-location of probation and behavioral health treatment providers promotes such collaboration. It is important for behavioral health providers and probation to have open information sharing.
13. Existing EBPs that have been found to be successful in addressing youth SUD are Multisystemic Therapy (MST) and the 7 Challenges framework.
14. MST focuses on changing a youth's social ecology to empower positive change and diminish emotional and behavioral difficulties by first focusing on improving the family function, which will in turn reduce antisocial behavioral and improve functioning.
15. Based on the Multi-systemic Therapy Institute's 2018 MST Data Report, it was found that of 12,143 youth referred to MST who had a full course of treatment, 91 percent remained at home, 86 percent were either in school or working, and 87 percent were not re-arrested. MST is successful because it targets known causes of delinquency (e.g., family relations, peer relations, school performance, community factors); is family-driven and occurs in the youth's natural environment; develops positive interagency relations; holds the youth/family and the MST clinicians accountable; and requires continuous quality improvement at all levels.

16. Youth have been successfully engaged in services through motivational interviewing, the use of youth advocates with lived experience of mental illness or justice-involvement, collaboration with probation to facilitate warm handoffs, providing intensive wraparound services, and leveraging the authority of the court.
17. Effective incentives in SUD treatment programs include getting off probation and assistance in securing a job and enrolling in college.
18. Peer mentorship and partnership with trusted CBOs are effective practices to engage youth in SUD treatment programs.
19. A restorative justice approach focused on victim-offender mediation is an essential component in improving systems for youth and families, as the experience of crime victims is often forgotten. It is also important to identify the youth's assets and fully understand the context of the youth's situation at the time the crime was committed.
20. The COVID-19 pandemic created unprecedented challenges for students and school communities.[3] Since the return to in-person instruction, schools have been provided with substantial resources to support the return to safe in-person instruction, learning recovery opportunities and expanded learning time. Schools can adapt to address these challenges through integrating new programs and implementing ways to better support the current academic, social, behavioral health, and other related needs of students. That said, at-promise and justice-involved youth may lack self-management and independent learning skills and resiliency when not succeeding in learning attempts, especially when their learning modality doesn't match many common independent study approaches. They may need highly available support and opportunities for project based, hands on, and non-written communication to demonstrate their growing academic proficiency. Additionally, they need a planned path to be able to succeed and collaborate in settings with others.
21. Early academic/social emotional challenges (e.g., chronic truancy, disengagement) are risk factors for youth to enter and stay deeply involved in the justice-system. Youth presenting with signs of early academic failure should be assessed and referred to services to prevent justice-involvement (schools are encouraged to conduct universal screening to identify warning signs for early intervention). California School Climate, Health, and Learning Surveys data also indicate where systemic issues are leading to greater youth involvement in juvenile justice. An examination of the source of probation referrals (e.g., law enforcement, school) and the indicators leading to the referrals could benefit prevention programs. Identifying and responding to these challenges can reduce the need for later services - at less cost to the state.
22. The CDE follows the Perkins V mandates to serve special populations,[4] including:
    - individuals with disabilities;
    - individuals from economically disadvantaged families, including low-income youth and adults;
    - individuals preparing for nontraditional fields;
    - single parents, including single pregnant woman;

- out-of-workforce individuals;
- homeless individuals;
- youth who are in, or have aged out of, the foster care system;
- youth with a parent who is a member of the armed forces and is on active duty; and
- individuals with other barriers to educational achievement (e.g., limited English proficiency)

While justice-involved youth often fall into some of these special population categories, such as foster care or individuals with disabilities, it could be helpful to have justice-involved youth explicitly named as a special population.

23. For youth involved in the justice system, the re-enrollment of probation youth from juvenile court schools to their previous school district is an important issue.[5] Education Code EC §§ 48432.3, 48432.5, and 1981(b)(1) indicate that students cannot be transferred to alternative schools solely on the basis of their involvement in the justice system. Further, school districts are required to develop and consistently implement clear policies and procedures concerning a student's transfer to an alternative school settings to limit any potential disruptive movement of vulnerable student populations.[6]
24. California Education Code section 48647 strongly encourages collaboration between the county office of education and county probation department to create a joint transition planning policy for youth transferred from juvenile court schools to public schools in their communities.
25. Existing policy frameworks and initiatives to serve justice-involved youth in their education include:
    a. AB 490 (Chapter 407 Statues of 2021), which outlines education records and enrollment rights.
    b. AB 2276/1354 (Chapter 140, Statutes of 2023), require the county office of education and probation department to work together to ensure that youth are enrolled in school upon release, and require an education plan for youth in detention for 20 school days or longer.
    c. SB 716 (Chapter 857, Statutes of 2019), which requires probation to provide access to online or in-person transfer-level community college courses.
26. Similar to the roles of foster care liaisons and homeless liaisons in school districts, juvenile justice liaisons assist with credit transferring, placements, and transitions. Education liaison programs facilitate local-level implementation and inform parents and youth of their rights. Examples of successful education liaison programs that could be used as a model for implementation of a juvenile justice liaison include: the National Center for Youth Law's JusticeEd program and the collaboration in Santa Clara County between the probation department and the school district to fund a social worker to act as an educational liaison.

27. Probation-supervised foster youth are eligible for the same benefits as foster youth who are supervised by child welfare, assuming that all other eligibility requirements are met. This includes Chafee Grants, independent study status, extended foster care, and Cooperating Agencies Foster Youth Educational Support/NextUp.
28. Different approaches may be necessary to engage at-promise youth. Because at-promise youth have not had contact with law enforcement, it can be more difficult to compel engagement in services due to the voluntary nature of the services (although school attendance review boards have authority to make referrals for services with some enforcement powers), whereas youth who have had contact with the justice system are mandated to participate in services due to the conditions of their parole or probation.
29. When creating metrics around education for young people, it is important that young people and their families are involved in the conversation due to the stigma around juvenile justice involvement.

Appendix H
Diversion and Reentry Workgroup Participants

On March 4th, May 13th, and July 15th, 2022, CCJBH convened Diversion and Reentry Workgroups to discuss innovative ways to prevent individuals released from jail, prison, and state hospitals from returning. Workgroup participants are listed below.

Councilmember Workgroup Leads:

- Mack Jenkins, Chief Probation Officer, Ret. San Diego County
- Stephen Manley, Santa Clara County Superior Court Judge
- Tony Hobson, PhD, Behavioral Health Director, Colusa County

CCJBH Staff Workgroup Members:

- Brenda Grealish, Executive Officer
- Monica Campos, Staff Services Manager III
- Elizabeth Vice, Staff Services Manager II
- Kamilah Holloway, Research Scientist III
- Jessica Camacho Duran, Health Program Specialist II
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Participating Organizations/Perspectives

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- Amity Foundation
- Bill Wilson Center
- Board of Parole Hearings, CDCR
- BSCC
- Cal Voices
- California Behavioral Health Planning Council
- CDCR
- California Health Policy Strategies
- California Law Revision Commission
- California State Association of Counties
- CommuniCare Health Centers
- Contra Costa County Health and Human Services

- CSG Justice Center
- DHCS
- Division of Adult Parole Operations, CDCR
- Drug Policy Alliance
- Fisher Mental Health Consulting
- HCAI
- Homeless Outreach Program Integrated Care System
- Hospital Association of San Diego and Imperial Counties
- Integrated Substance Use Disorder Treatment, CDCR
- Inyo County
- Judicial Council of California
- Los Angeles County Office of Diversion and Reentry
- National Alliance on Mental Illness, Urban Los Angeles
- New Beginnings Center
- Office of Legislation, CDCR
- Riverside County
- Riverside University Health System
- San Bernardino County Department of Behavioral Health
- Santa Barbara County
- Santa Barbara Public Defender's Office
- Santa Clara County Health and Human Services
- Santa Clara County Reentry Services
- Santa Clara Office of Reentry Services
- Stanley Salazar Consulting
- The Happier Life Project
- TCN

Appendix I
Summary of Diversion/Reentry Workgroup Discussions, Presentations and Workgroup Findings

The findings and recommendations related to the justice population were based on CCJBH staff research and discussions that occurred within the March, May and July 2022 CCJBH Diversion/Reentry Workgroup, all of which are summarized below.

The March 2022 Diversion/Reentry Workgroup featured a presentation from the Council of State Government Justice Center's Mental Health Diversion: Consultation, Technical Assistance and Policy Recommendations contract with CCJBH. The contract has effectively provided subject matter expert specialty consultation and technical assistance to sustain and expand local capacities for diversion through learning communities and listening sessions and will produce a final report by December 2022 targeting recommendations on how to sustain and expand mental health diversion in California. Additionally, a presentation was given to the Council Advisors on Riverside County's Whole Person Care program, which has transitioned to ECM under CalAIM. The overarching goal of the program was to reduce re-incarceration and unnecessary emergency department usage for justice-involved individuals. The program hired registered nurses who were placed in all of the probation and parole sites in Riverside County, as well as wraparound service clinics, to screen individuals for mental health and substance abuse treatment needs. Referrals were then made to health care clinics through warm handoffs to provide the individual with everything they need to be successful and prevent recidivism.

The May 2022 Diversion/Reentry Workgroup provided information on the implementation of SB 317 through presentations by the Judicial Council of California, a county public defender's office, a county department of behavioral health, and the CSG Justice Center. The presentation outlined the historic restoration treatment for individuals charged with a misdemeanor offense who were found IST and the necessity of establishing SB 317 due to the fact that using jails as treatment centers had been proven ineffective. SB 317 removes the mandatory competency restoration authority with regard to people who are in the criminal justice system based on misdemeanor charges with the goal of redirecting this population to the appropriate level of care as quickly as possible and engaging them in voluntary treatment. The CSG Justice Center held a Diversion Learning Community session on SB 317, under contract with CCJBH, where they discussed challenges (e.g., statutory time frames, inability to compel medical compliance, treatment buy-in, lack of locked inpatient transitional facilities, etc.) and recommendations to address them. Additionally, each of the county courts is attempting to implement SB 317 in the most responsive way to the needs of the individuals in their county. Courts are examining how mental health diversion will be filtered within the court process; how to impact people in Assisted Outpatient Treatment (AOT); and how to connect individuals to services and medication while individuals are held in jail and going through the IST process. Many counties have found success through the DSH Diversion demonstration project, which provides general mental health diversion for felony ISTs. The program provides an eligibility assessment and a service recommendation that is sent to the court, which is similar to the ideal process for SB 317.

The July 2022 Diversion/Reentry Workgroup featured a presentation from DSH on the funding available in the Governor's FY 2022-23 Budget for the IST Solutions Workgroup, as well as a discussion on the optimal implementation strategies of CARE Court. The IST Solutions Workgroup convened from August to November of 2021 to develop meaningful, actionable, and sustainable solutions, and submitted a final report on November 30, 2021. The report outlines 41 stakeholder recommendations, of which 16 are under implementation or proposed by DSH. CARE Court is a critical investment to build behavioral health capacity that proposes to transform the behavioral health system to create generational change so all Californians have access to culturally responsive and easily accessible behavioral health care. California has invested in many systemic changes to behavioral health care building off the capacity challenges across the continuum identified in Assessing the CoC for Behavioral Health Services in California Data, Stakeholder Perspective, and Implications. Additionally, the Governor's FY 2022-23 Budget continues to build on existing efforts. CARE Court is a new upstream diversion pathway to access comprehensive treatment and services and deliver behavioral health services to the most severely ill and vulnerable individuals, while preserving self-determination and community living.

Diversion and Reentry Workgroup Findings

Strengthening System Capacity

1. The behavioral health prevalence rates in California jails or prisons continue to remain high and stable.
2. Many individuals who suffer from mental illness(es) and/or SUDs could have their needs better met by coordinated community-based systems (health, behavioral health, housing, social services) rather than within the criminal justice system.
3. Deflection is an effective practice of collaborative intervention that can be implemented when individuals are intercepted before the booking process and instead transported to an appropriate community-based treatment provider.
4. The approaches and services outlined in the DHCS' report, *Assessing the CoC for Behavioral Health Services in California*, to support the BH/JI population (e.g., deflection crisis alternatives, collaborative courts, pre-release services and reentry planning, community-based reentry programs, and Law Enforcement Assisted Diversion programs) should be considered in the grant development of the BHCIP Round 5 and 6.[59]
5. Several DHCS initiatives focus on ensuring individuals are connected with Medi-Cal benefits upon release from prison and jail including:
    a. Standardized pre-release Medi-Cal application processes;
    b. Suspension rather than termination of Medi-Cal eligibility for individuals when they become confined in a public institution;

[59] BHCIP rounds are as follows: **Round 1**: Crisis Care Mobile Units, **Round 2**: County and Tribal Planning, **Round 3**: Launch Ready, **Round 4**: Children and Youth, **Round 5**: Crisis and Behavioral Health Continuum, and **Round 6** Part 1 and Part 2: Outstanding Needs Remaining After Rounds 3 Through 5.

c. Facilitation of referrals to County SMHS and SUD services for those individuals who received behavioral health services while incarcerated;

d. Intensive community-based care management for individuals transitioning to the community through CalAIM ECM;

e. Access to Community Support benefits offered by a Medi-Cal MCP; and

f. Delivery of certain pre-release services for individuals who are incarcerated, which was approved in January 2023.

6. All Medi-Cal MCPs now offer the required ECM benefit, which includes comprehensive care management for the most vulnerable, high-needs, eligible Medi-Cal Members. ECM is effective when ECM Lead Case Managers create an environment of trust and follow up with clients routinely after initial engagement.

   Many justice-involved individuals currently qualify for ECM through eligibility under one of the current Management Population of Focus definitions.

7. All Medi-Cal MCPs now offer at least one optional Community Supports benefit, which includes supports to address the social drivers of health. Community Supports are available to all Medi-Cal MCP Members determined to meet medical necessity. The 14 Community Supports Medi-Cal MCPs pre-approved by DHCS are:

   - Housing Transition Navigation Services
   - Housing Deposits
   - Housing Tenancy and Sustaining Services
   - Short-Term Post-Hospitalization Housing
   - Recuperative Care (Medical Respite)
   - Respite Services
   - Day Habilitation Programs
   - Nursing Facility Transition/Diversion to Assisted Living Facilities
   - Community Transition Services/Nursing Facility Transition to a Home
   - Personal Care and Homemaker Services
   - Environmental Accessibility Adaptations (Home Modifications)
   - Meals/Medically-Tailored Meals or Medically-Supportive Foods
   - Sobering Centers
   - Asthma Remediation

Community Supports are available to Medi-Cal MCP members who meet the eligibility criteria for a specific Community Support, which can be found in the DHCS' Community Supports Policy Guide. Many justice-involved individuals will meet the eligibility criteria for Community Supports. For example, Housing Transition/ Navigation Community Supports eligibility criteria include individuals who meet both the Housing and Urban Development definition of homeless and one of the following:

- Are receiving ECM
- One or more serious chronic condition and/or Serious Emotional Disturbance/SMI
- At risk for institutionalization due to SUD
- Child or youth who qualifies as "homeless" under alternate definitions
- Transition-Age Youth with significant barriers to housing stability

8. Through the CalAIM 1115 Demonstration, DHCS received federal approval of its Recovery Incentives Program, a pilot program launched in the first quarter of 2023 as a benefit in the Medicaid program for 24 participating DMC-ODS counties. The benefit makes available CM, an evidence-based treatment that provides motivational incentives to treat individuals living with stimulant use disorder and to support their path to recovery. Eligible Medi-Cal beneficiaries will participate in a structured 24-week outpatient program, followed by six or more months of additional recovery support services. Individuals will be able to earn motivational incentives in the form of low-denomination gift cards, with a retail value determined per treatment episode.

Workforce

9. Specialized training on the needs of the BH/JI population is necessary for all staff who work in systems from which they require services (e.g., health care, behavioral health, housing, social services and criminal justice), not just behavioral health and criminal justice. The latter define the BH/JI population, but do not reflect their comprehensive service needs.
10. In general, there is a significant behavioral health workforce shortage in California, which must be addressed through innovative approaches in order to ensure increased access to behavioral health treatment.[60]
11. HCAI is the lead agency in California responsible for efforts to ensure a sufficient and high-quality behavioral health workforce. DHCS is assisting with expanding California's behavioral health workforce to improve consumer access to and productive participation in behavioral health services throughout the state.
12. Individuals with lived experience often face hiring barriers when seeking employment to become peer support specialists. The passing of SB 803 has established the Medi-Cal Peer Support Specialist certification, which allows for certified peer support specialists to provide behavioral health services that are Medi-Cal reimbursable. In addition, CalMHSA developed a Forensic (Justice Involved) Area of Specialization to help fill staffing shortage gaps,

[60] See the Center for Applied Research Solutions' 2021 California Behavioral Health Workforce Assessment (April 2022).

establish an employment pathway for individuals with lived experience, and create opportunities to better address the needs of the BH/JI population.

13. MHSOAC received $5 million one-time funds in the FY 2022-23 Budget for the establishment of a Behavioral Health Outcomes Fellowship for Transformational Change, which will aim to reduce racial, ethnic and cultural disparities and improve mental health outcomes through a partnership between MHSOAC and an academic institution.

Housing/Homelessness

14. To ensure successful housing placements for the BH/JI population, all relevant system partners must work *together* to provide coordinated and complimentary supportive services (primary care, behavioral health, reentry, criminogenic interventions, etc.).
15. There are a number of existing and planned housing and housing services resources across the State, each of which has (or will have) different eligibility criteria, which may make it difficult for different agencies that serve the BH/JI population to know to which resource(s) these individuals should be referred. DHCS is implementing several targeted initiatives to address the housing needs of individuals with behavioral health needs, including the Behavioral Health Bridge Housing program, and a request to the federal Centers for Medicare & Medicaid Services to cover transitional rent services for up to six months under the CalAIM and BH-CONNECT demonstrations.
16. Anecdotally, many BH/JI individuals are denied access to housing given their criminal record. Furthermore, due to the U.S. Department of Housing and Urban Development definition of chronic homelessness, which excludes individuals who have been in an institution for longer than 90 days, most CoCs face challenges with prioritizing the BH/JI population for housing and housing services.
17. There were 5,322 parolees who were identified as being homeless as of June 30, 2022, approximately 73 percent of whom had a mental health and/or SUD designation upon release from prison. The housing status for individuals supervised by county probation, as well those who are directly discharged from CDCR, is unknown as this data is not reported to the State.

Research/Evaluation/Data

18. There is currently little to no statewide monitoring of the BH/JI population within the Medi-Cal delivery systems; however, efforts underway such as the Behavioral Health Reporting data visualization and Population Health Management Services, present opportunities to track and monitor this population to optimize health and behavioral health outcomes by ensuring equitable access to care and service utilization.
19. During FY 2021-22, CCJBH matched CDCR releases to DOJ IST data to examine 20-year misdemeanor and FIST trends. These efforts revealed inconsistent data reporting of IST data by courts to the DOJ likely due to the limited scope of current mandates.

20. Collaboration between the Sherriff departments, probation departments, criminal justice consensus committees, etc., create opportunities to initiate processes to identify individuals who are frequently arrested due to their mental illness, and then develop/establish interventions to provide the necessary services and supports to prevent future recidivism.

Additional Findings

21. The passage of SB 1338 (Umberg, Chapter 319, Statutes of 2022) created the CARE Act, thereby providing a new court-supported process to assist people living with untreated schizophrenia or other psychotic disorders by providing clinically appropriate community-based services and supports.
22. For the specified target population, the CARE Act presents opportunity to empower consumers as it brings together the different public systems from which they are in need of services, but that are difficult to navigate, requiring these systems to commit to a comprehensive care plan to which each relevant system will be held accountable. Essentially, this accountability structure for the public systems will ensure that the needs of the target population is prioritized (else monetary sanctions will be implemented to establish such prioritization). This feature is an important and empowering tool for the CARE Act respondents, streamlining their access to the treatment they want in a manner that will provide them with the high-quality care they deserve.
23. Given that behavioral health crisis encounters with law enforcement is a key access point to the criminal justice system for the BH/JI population, California's efforts to build a crisis care continuum presents a pivotal opportunity to establish deflection and diversion pathways to "off-ramp" to more appropriate community-based systems, which will lead to reductions in the behavioral health prevalence rates in California jails and prisons.

Appendix J
2025 Policy Goals Metrics and Findings

Table J.1.
Goal #1: Reporting of Prevalence of Behavioral Health Conditions
in the U.S. and California for the General Population
Jail and Prison

	2020 & 2021			2022			2020 & 2021			2022		
	United States			United States			California			California		
	General	Prison	Jail	General	Prison	Jail	General	Prison	Jail	General	Prison	Jail
Any Mental Illness	20.0%	37.0%	44.0%	21.0%	41.0%	44.0%	15.9%	28.6%	28.3%	15.9%	28.8%	28.3%
SMI	5.2%	14.0%	26.0%	5.6%	14.0%	26.0%	4.2%	6.4%	Not Available Statewide	4.2%	5.6%	Not Available Statewide
SUD	7.7%	58.0%	63.0%	15.4%	64.0%	63.0%	8.1%	~80%	Not Available Statewide	8.1%	~80%	Not Available Statewide

Table J.2.
Goal #2: Multi-Sector System Capacity to Serve the BH/JI Population

#	**Sector/System Type** Measure (Source)	**Description**	**Findings**
2.1	**Health Care** Network Adequacy (DHCS)	DHCS Network Adequacy measure is calculated annually for federal reporting purposes and indicates whether Medi-Cal delivery system meets timeliness, time-and-distance and provider-to-member ratio standards.[61] • For MCPs, outpatient psychiatry is the behavioral health service included in network adequacy requirements. • For MHPs, outpatient psychiatry and outpatient SMHS are included in network adequacy requirements.[62] • For DMC-ODS, both outpatient (including intensive outpatient) treatment and residential treatment, as well as narcotic treatment programs, are included in the network adequacy measure.	• As of May 2021: • Out of 26 Medi-Cal MCPs, 5 received a conditional pass for compliance with network adequacy standards subject to a resolution of a CAP, while 21 MCPs fully complied with network adequacy standards. Of the 5 MCPs that received a conditional pass, all resolved their CAP by September 2022. • Out of 56 county MHPs, 38 received a conditional pass for compliance with network adequacy standards subject to resolution of a CAP, while 18 MHPs fully complied with network adequacy standards. Of the 38 MHPs that received a conditional pass, 34 resolved their CAP by July 2022. *Note – For the 2020 Network Certification, all but 2 MHPs resolved their CAP by March 2021.*

[61] These data only reflect service capacity of the public behavioral health system. As such, these data likely accurately describe health care service capacity for justice-involved adults, but may be less accurate for justice-involved youth since youth may be served by commercial plans rather than Medi-Cal.

[62] Mental health inpatient and psychiatric residential services are not captured in the network adequacy measures. However, the new BHCIP will award competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets to expand the community continuum of behavioral health treatment resources.

#	Sector/System Type Measure (Source)	Description	Findings
			• Out of 30 DMC-ODS counties, all received a conditional pass for compliance with network adequacy standards, subject to resolution of a CAP. Three DMC-ODS counties remain on a conditional pass and have not resolved their CAP.[63] *Note – For the 2020 Network Certification, all but 6 DMC-ODS county resolved their CAPs by March 2021.*
2.2	**Income Support** SSI Applications (CDCR)	Individuals transitioning from incarceration may qualify for SSI benefits if they meet age and disability criteria and have limited income and other financial resources. Information on benefits applications is reported to C-ROB. *Note: Data on the receipt of SSI benefits is not available at this time. As a result, this metric consists of outcomes for those SSI applications that were submitted prior to release from CDCR.*	As Reflected in the C-ROB's September 2022 Report for FY 2021-22: • 2,584 applications were submitted prior to the individual's release from CDCR. • 23% (586) of applications were approved, while 70% (1,820) were pending at the time of reporting (a 9% increase from FY 2020-21). • Comparisons to the prior year (FY 2020-21) Benefits Application Outcomes data showed a notable reduction for application denials (from 17 to 7 percent). However, this does not reflect a true reduction in denials as there was also an increase in pending

[63] Counties that have not opted into the DMC-ODS are not subject to the provider ratios or timeliness standards, but will be subject to the time and distance standards in future certifications.

#	Sector/System Type Measure (Source)	Description	Findings
			applications (from 60 to 70 percent), with and SSI/SSA application approvals remaining steady at 23 percent. So, once the remaining pending applications are processed, the denials will likely increase to their normal level.
2.3	**Community Corrections** Parole and Probation Support and Implementation of EBPs (CDCR and Judicial Council)[64]	Information about EBPs administered to the parole population is reported to C-ROB. The SB 678 Annual Assessment is administered for probation departments to meet their statutory obligations under Penal Code Sections 1231 and 1233, and to track progress over time.	CDCR indicated that: • Nearly 100 percent of individuals on parole with a moderate to high CSRA score received a reentry COMPAS assessment. • About 36 percent of individuals on parole participated in programming consistent with their identified risks/needs within one year of release (a decline of 4 percent from FY 2020-21).[65] Responding California probation departments indicated that: • 84 percent of medium-risk individuals (7 percent increase from the previous year's report) and 98 percent of high-risk individuals (4 percent increase) were

[64] The Judicial Council already does ongoing reporting on the implementation of EBPs based on the SB 678 Annual Assessment, which provides information about probation departments' implementation of EBPs, and this reporting indicates substantial progress over time in the last two decades. Data are self-reported by each probation department, and responses are not independently verified after submission. Survey responses likely undercount the implementation of EBPs as probation departments may contract some practices or EBP components out to third parties.

[65] Data cited from the Office of the Inspector General's 2022 California Rehabilitation and Oversight Board Report.

#	Sector/System Type Measure (Source)	Description	Findings
			assessed with a validated tool to identify their criminogenic needs. • All or nearly all of probation departments supported and monitored the implementation of EBPs to address criminogenic risks/needs, but this was not uniform across different types of practices or individuals on supervision. Further details are presented in Tables J.3, J.4 and Chart J.1 below.
2.4	**Housing**	Point-in-time data request on transient parolees from the CDCR Office of Research.	• Point-in-time data from CDCR indicate that, of the 31,752 individuals who were on parole on June 30, 2022, most were not homeless or residing in a shelter (i.e., transient; 83 percent). That said, 17 percent (n=5,322) were transient.[66] Furthermore, slightly more than 73 percent (n=3,879) of this transient parolee population had an identified behavioral health need at the time of their release. Specifically, of those who were transient: ○ 36 percent (n=1,941), left prison with a SUD *only*

[66] Please note, homeless parolee data should not be compared to the 2021 Legislative report due to a change in the CDCR-OR methodology for reporting data regarding the homeless parolee population.

#	Sector/System Type Measure (Source)	Description	Findings
			○ 25 percent (n=1,319), had a co-occurring mental health and SUD and within that group: ▪ three-quarters (n=995) were in CCCMS and ▪ one-quarter (n=284) were in an EOP ○ 12 percent (n=619), had a mental health designation *only* and within that group: ▪ three-quarters (n=484) were in CCCMS and ▪ one-quarter (n=118) were EOP[67] and ○ 27 percent (n=1,443) had no identified behavioral health need.

[67] SUD designations are based on results from the COMPAS assessment.

Table J.3 – J.4

Goal #2 (Cont'd): County Probation Department Capacity to Implement EBPs

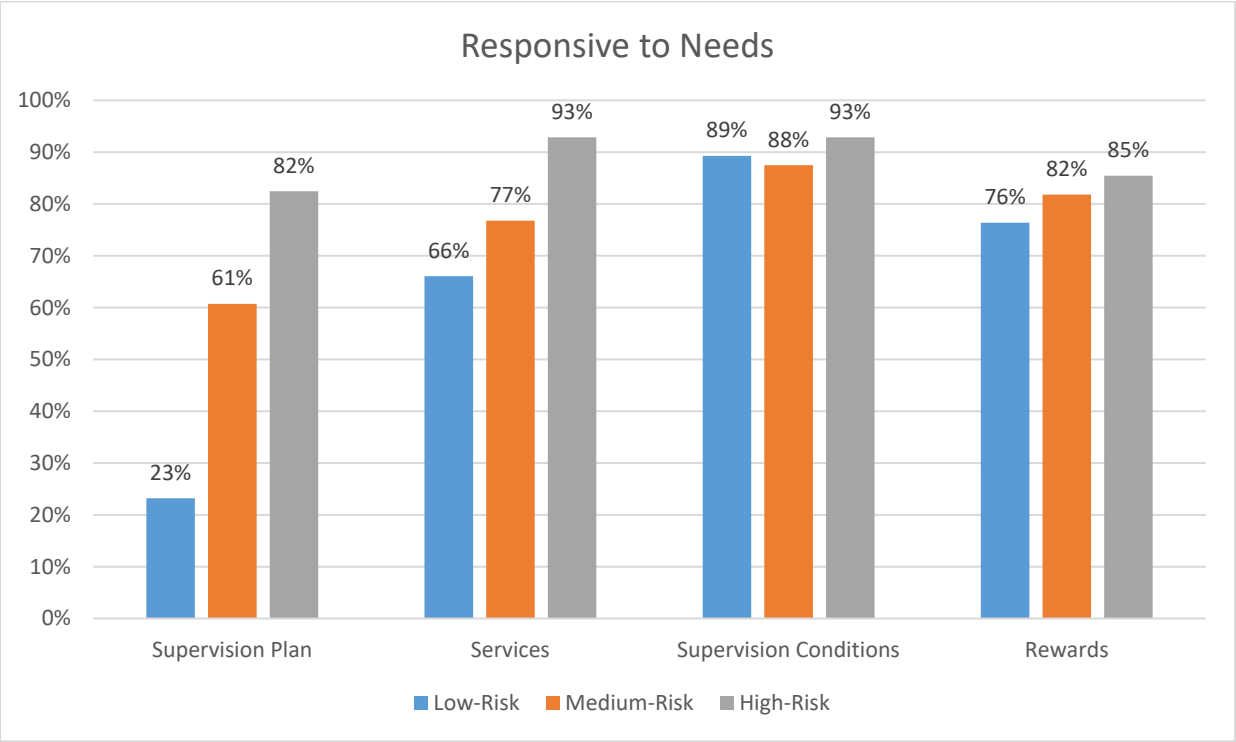
Implementation of Services Based on Identified Risks and Needs

Table J.3 and Chart J.1 display information about the implementation of services based on identified risks and needs for all actively supervised individuals identified as low, medium, and high-risk. The service component with the highest rates of implementation across all risk levels is found for Supervision Conditions, ranging between 89 (low-risk) to 93 (high-risk) percent of responding probation departments, whereas the service component with the lowest rates of implementation is for Rewards, ranging between 76 (low-risk) and 85 (high-risk) percent. The greatest variation in the implementation between risk levels is found for the Services and Supervision Plan service components. For Services, the implementation rate for probation departments is 66 percent for low-risk, 77 percent for medium-risk and 93 percent for high-risk. The variation is even greater for the Supervision Plan component, with 23 percent of county probation departments implementing the practice for low-risk, 61 percent for medium-risk, and 82 percent for high-risk.

Table J.3: Implementation of Services Based on Identified Risks and Needs

	Low-Risk Yes	Low-Risk Total	Low-Risk %	Med-Risk Yes	Med-Risk Total	Med-Risk %	High-Risk Yes	High-Risk Total	High-Risk %
Individuals are supervised in accordance with a written supervision plan.	13	56	23%	34	56	61%	47	57	82%
Individuals receive the appropriate level of supervision, monitoring, services, and treatment.	37	56	66%	43	56	77%	52	56	93%
Individuals receive appropriate sanctions and conditions based on the individual's current risk level.	50	56	89%	49	56	88%	52	56	93%
Individuals receive appropriate incentives and rewards based on the individual's current risk level.	42	55	76%	45	55	82%	47	55	85%

Chart J.1: Implementation of Services Based on Identified Risks and Needs



Departmental Support and Monitoring of EBPs

The SB 678 Annual Assessment asks county probation departments if they support and monitor the use of risk and needs assessment, motivational interviewing (i.e., a collaborative, goal-oriented style of communication with particular attention to the language of change) and CBT (i.e., techniques to identify unhelpful ways of thinking and associated behaviors) using the following methods:

- ✓ Follow up basic training with booster training;
- ✓ Observe case-carrying officers using EBPs; and/or
- ✓ Provide feedback to case-carrying officers on the successful use of EBPs.

Table J.2 indicates the percentage of county probation departments that monitored and evaluated the implementation of these EBPs for all adults on probation supervision who were convicted of felony offenses. Nearly all of responding probation departments utilized at least one of the methods mentioned above to support and monitor risk/needs assessments, motivational interviewing, and CBT.

Table J.4 Number of Methods Used to Support and Monitor the Use of EBPs

	0 n	0 %	1+ n	1+ %	2+ n	2+ %	All 3 n	All 3 %	Total N	Total %
The department supports and monitors the use of risk/needs assessment.	0	0%	8	14%	19	33%	31	53%	58	100%
The department supports and monitors the development of intrinsic motivation skills such as Motivational Interviewing.	2	3%	10	17%	20	34%	26	45%	58	100%
The department supports and monitors the use of CBT techniques, which could include addressing thinking errors, modeling and reinforcing prosocial behavior, and focusing on problem solving.	4	7%	12	21%	21	36%	21	36%	58	100%

Table J.5 – J.6

Goal #3: Workforce and Preliminary Metrics Established to Track Workforce Training

Table J.5 presents a detailed breakdown of deficiencies by provider type from the DHCS 2021 Network Adequacy Certifications (please note that some counties are deficient on multiple provider capacity standards). Table J.6 and Chart J.2 present the findings of measures within the SB 678 EBP Annual Assessment targeting Correctional Workforce Training on specific EBP (e.g., criminogenic needs assessment, motivational interviewing, cognitive therapy, positive reinforcement).

Table J.5: DHCS 2021 Network Adequacy Certifications - Deficiencies by provider type

County Mental Health Plans Deficient by Provider Type and Age Group			
Provider Type	**# of Counties**	**Total Deficient FTE**	**Added FTE by July 2022**
Adult Outpatient SMHS	2	19	16.72
Children/Youth Outpatient SMHS	7	125	124.14
Adult Psychiatry	8	22	17.85
Children/Youth Psychiatry	15	31	18.56

Table J.6: SB 678 EBP Annual Assessment Survey- Correctional Workforce Training on specific EBP

Goal 3 Reporting	Medium/Moderate-Risk Individuals			High-Risk Individuals		
	# of Counties that Implemented EBP	# of Counties Responding	%	# of Counties that Implemented EBP	# of Counties Responding	%
Have officers been trained to focus on top criminogenic needs when meeting with individuals?	57	58	98.3%	58	58	100%
Have officers been trained in intrinsic motivational skills such as Motivational Interviewing?	57	58	98.3%	57	58	98.3%
Have officers been trained in the use of CBT techniques?	50	58	86.2%	50	58	86.2%
Have officers been trained to frequently give verbal positive reinforcement for prosocial behaviors?	58	58	100%	58	58	100%

Chart J.2.: SB 678 EBP Annual Assessment Survey- Correctional Workforce Training on specific EBP