

## **CCJBH Diversion and Reentry Meeting Minutes**

Friday, November 17, 2023

3:00 – 5:00 PM

MS Teams Meeting

**Workgroup Purpose:** The webinar highlighted initiatives and programs that are supporting workforce development opportunities for individuals who are justice involved.

### **Councilmember Advisors:**

Mack Jenkins, *Chief Probation Officer, Retired, San Diego County*

Dr. Toby Hobson, *Behavioral Health Director, Colusa County*

### **CCJBH Staff:**

Staff Members Present: Brenda Grealish, *Executive Officer, Council on Criminal Justice and Behavioral Health (CCJBH)*, Elizabeth Vice, Kamilah Holloway, Jessica Camacho Duran, Emily Grichuhin, Daria Quintero and Cameron Byrd

### **I. Welcome & Introductions**

Ms. Grealish welcomed participants and gave an overview of the purpose of the workgroup and agenda. Councilmembers introduced themselves to participants.

### **II. Georgia Mental Health Consumer Network (GMHCN)**

Lindsey Sizemore, *Forensic Peer Mentor Training Development Project Director, GMHCN*

George Braucht, *Curriculum Developer, GMHCN*

Ms. Sizemore introduced herself as the Forensic Peer Mentor Training Project Director at GMHCN. She shared her personal journey through a recovery and wellness program. Her role at GMHCN involves connecting certified peer specialists with individuals who have experience in the justice system throughout Georgia. The initiative focuses on providing resources, support, and hope to individuals reentering society after incarceration, aiding in their reentry into the community.

Mr. Braucht followed with an introduction of his extensive career in criminal justice and peer services, including roles with the State Board of Pardons and Paroles, the Governor's Office, and the Department of Community Supervision. His current work merges probation and parole supervision. He emphasized the importance of focusing on the reintegration of "returned citizens" – a term he prefers for its positive connotation for the transition back to society post-release.

Ms. Sizemore also highlighted GMHCN's achievements since its establishment in 1993. These include making the certified peer specialist credential billable under Medicaid and

supporting the forensic peer mentor/specialist certification across state lines. GMHCN offers various programs and trainings to integrate individuals with mental health experiences into the workforce. This empowers them to lead self-directed lives and includes certifications for mental health peer specialists and their families dealing with abuse and addiction issues.

In 2018, the GMHCN observed an increase in the number of adults involved in the justice system with concurrent mental health issues. Responding to this, they developed a Georgia-specific forensic peer mentor program, supported by a statewide consumer grant from the Substance Abuse and Mental Health Services Administration in 2018. The grant's aim was to establish an infrastructure in Georgia for specialized training using local resources. This funding facilitated continued support within the justice system and enhanced existing programs in Georgia.

Ms. Sizemore emphasized the critical role of allies within the state for GMHCN. Key supporters include the State Department of Behavioral Health and Developmental Disabilities, the Department of Community Supervision, which oversees the transition of returning citizens from incarceration to communities, and the Georgia Department of Corrections. Forensic peer support significantly relies on the assistance of these three entities.

Ms. Sizemore defined a forensic peer mentor as a certified peer specialist with lived experience in mental health or substance use and personal involvement in the justice system, such as jail, prison, supervision, or diversion programs. The role is predicated on the belief that everyone can lead a successful, meaningful life. They provide peer support and therapy based on their own experiences, helping individuals to see possibilities for thriving post-incarceration and encouraging them to anticipate positive outcomes. This approach fosters relationships and opens doors for those seeking guidance and support. Forensic peer mentors, serving as exemplary figures who have overcome obstacles within the justice system and mental health, inspire hope in others by showcasing successful reintegration experiences. These mentors, link individuals to resources, share recovery skills, and emphasize community reintegration. They teach that everyone deserves a fulfilling life beyond stigma and criminal charges, underscoring the collaborative effort required to achieve this goal.

The initial phase of the GMHCN involved extensive groundwork across Georgia's 159 counties and six behavioral health service regions. They conducted listening sessions with justice-involved individuals and organizations, gathering feedback on community strengths, areas for improvement, and identifying recovery champions. The demand for change grew over these sessions, enabling the GMHCN to expand. The data collected formed the foundation for their curriculum, which focused on bridging communication gaps across systems, ensuring better access to crucial resources such as housing, employment, and medication. They collaborated with diverse stakeholders, including justice programs, supervision offices, returning citizens, judges, and family members

affected by incarceration. This approach created a comprehensive and inclusive method for collecting essential data for their initiative. The listening sessions employed an "appreciative inquiry" approach, identifying successful practices within communities rather than inventing new solutions. Feedback on effective practices and needed improvements was gathered from various areas, shaping the involvement of recovery champions in their initiative. Additionally, they collaborated with the Georgia Justice Project, a legal firm dedicated to assisting individuals in navigating the justice system, covering aspects like timely release, supervision completion, pardons, and record restrictions in Georgia. Their focus remains on guiding individuals towards the status of a returned citizen by connecting them with necessary resources.

The foundation of their approach is the concept of crime desistance. Mr. Braucht highlighted three key desistance factors rooted in research, alongside four forms of simultaneous rehabilitation. He noted that behavior is influenced by the interaction between individuals and their environments. This perspective contrasts with traditional medical models that focus solely on resolving internal issues. Consequently, their program addresses both social determinants of health and interpersonal factors that shape self-identity. Desistance factors suggest that people tend to naturally move away from criminal behavior, influenced by connections with others, social institutions, and a sense of belonging. These factors impact self-perception and encourage a transition to pro-social behavior. The rehabilitation model emphasizes the feeling of having completed their sentence, receiving forgiveness from judicial systems, and moving towards a pro-social lifestyle. An important aspect of the program is allowing individuals to share their transformation stories, fostering a new identity aligned with the initiative's core values.

The training spans five days and includes justice system representatives at all levels. Participants exchange insights about their roles, interactions with forensic peer mentors, and explore the diverse cultures within the justice system. The curriculum is centered on ethics, underlining the higher standards expected of forensic peer mentors with criminal records. Ms. Sizemore stressed the importance of understanding the rules for entering correctional facilities and the need to establish relationships with justice system staff. The training is designed to prepare individuals to offer peer support to returning citizens and to collaborate effectively with justice system professionals. It addresses the challenges encountered when entering prisons, building relationships, and advocating for positive changes. The program also places emphasis on self-care for forensic peer mentors and the importance of having support networks. Ms. Sizemore noted that the GMHCN has assisted nearly 5,000 returning citizens across Georgia.

During the final day of training, forensic peer mentors craft an elevator speech as part of their commencement. This practice has led to the certification of 250 forensic peer mentors in the state, each with their unique elevator speech. These speeches enable them to communicate effectively in various contexts, such as meetings, legislative discussions, or family conversations. They succinctly articulate their roles and goals,

enhancing the program's visibility and impact. Ms. Sizemore shared an example of such a speech, drawing from her personal experiences:

“My name is Lindsey Sizemore and I'm a woman in long term recovery. What this means to me is that it's been almost 10 years since I've needed to change the way that I feel using any mind-altering substance. It is through my experience with mental health and substance use challenges, homelessness, my mother dying by suicide as well as being a returning citizen within the criminal justice system for years that I now offer valuable contribution to my community by simply sharing my perspective and being evidence that recovery is real. The connection to recovery and the empowerment that I found through the forensic peer mentor program began to interrupt the story that I was telling myself. It was when I realized that I wasn't alone, that I began to create a new vision for my life, and this vision was much bigger than my circumstances. Having consistent support, being talked to like a human being, and being taught how to focus on what was right began to feed the person I was becoming, not the person who I used to be. I went from never being able to communicate my feelings to sharing my whole heart with random strangers, from feeling like I had no voice to standing on the State Capitol steps delivering speeches to hundreds of people. I went from walking into prison and getting that door locked behind me for years to now walking in and out of prisons all over the state of Georgia on purpose. I went from wearing orange every day to now wearing whatever I want. I went from running from the same police officers and the same system to now sitting at the same exact tables and the same exact meetings, and we worked together for positive change. I went from being considered a threat to my community to now having state and federal departments as well as some of the largest recovery support networks on my team helping me expand peer support throughout the criminal justice system. Today, recovery is the expectation. It is possible. I look at it in the face every single day.”

Ms. Sizemore highlighted the remarkable growth of the GMHCN, which has expanded its reach to 12 state prisons and is poised to extend further to 31 seven-day reporting centers and 11 accountability courts. This significant expansion from their initial involvement with only a couple of prisons underscores their commitment to reducing recidivism, aligning with both correctional and behavioral health system goals. This expansion not only enhances community safety but also aims to decrease psychiatric hospital readmissions. Through forensic peer mentors, the GMHCN has effectively supported nearly 5,000 returning citizens, aiding in their housing and employment needs. A current challenge they face is managing the increased number of trainees, growing from three to seven annually, and filling numerous paid positions created by the state. Ms. Sizemore views this as a positive indication of the program's growth and impact.

Mr. Braucht then delved into the contrast between the medical and social models of recovery, underscoring the critical role of pro-social networks and support in behavioral

health challenges. He referenced Thomasina Borkman's principle, "you alone can do it, but you can't do it alone," highlighting the vital role of social support networks in fostering wellness. The forensic peer mentor training emphasizes culturally congruent methods, recognizing diverse recovery definitions and the need for support tailored to individual needs, thereby fostering supportive relationships.

Ms. Sizemore stressed the importance of involving individuals with firsthand experience in decision-making processes related to incarceration. Georgia's program, by connecting those who have been incarcerated to provide hope and support to others in similar situations, serves as a model of empowerment and recovery. She expressed Georgia's willingness to assist other states interested in implementing similar initiatives, sharing their experiences and insights to facilitate broader adoption.

### **III. California Mental Health Services Administration (CalMHSA)**

Mayra Corral, *Program Manager for Peer Certification and Workforce Development, CalMHSA*

Nivedita Meethan, *Epidemiologist and Project Manager for Peer Certification and Workforce Development, CalMHSA*

Ms. Corral presented the role of CalMHSA as a certified entity for Medi-Cal Peer Support Specialists, detailing their engagement with stakeholders through an Advisory Council for continuous improvement. The program involves subject matter experts for exam development and gathers community feedback via email and phone to refine services and maintain a dynamic website. Additionally, CalMHSA manages a professional registry, provides real-time updates on certified individuals, reviews training providers for compliance with DHCS standards, and administers exams through Pearson View. The certification process, based on core competencies set by DHCS, includes specialized training and ongoing education for professional standards. CalMHSA conducts evaluations, state reporting, and outcome assessments for continuous quality improvement.

CalMHSA, the sole certifying body for Medi-Cal Peer Support Specialist Certification, offers four optional specializations: 1) Parent/Caregiver/Family Member Peer, 2) Working with Unhoused Persons, 3) Working with Justice Involved Persons, and 4) Working with Persons in Crisis. Specialists in these areas are acknowledged through CalMHSA's registry and website.

Ms. Corral provided updates on CalMHSA's progress, highlighting that despite being one year old, the organization has approved 25 training providers, including peer organizations, counties, community colleges, and agencies. There are six providers executing contracts and 13 new applications for core competency training. CalMHSA addresses providers' needs in the upcoming 2024 cycle and plans to offer services in 17 languages, with exams currently available in English and Spanish.

CalMHSA's certification process offers specialized training in areas such as support for parent/caregiver/family member peers, persons in crisis, unhoused persons, and justice-involved persons. While scholarships for specializations are no longer offered due to a lack of applicants, DHCS is considering reallocating these funds to other areas.

CalMHSA also focuses on certifying justice-involved individuals within the CDCR. Training providers deliver content within CDCR, and CalMHSA is planning to bring certification exams to CDCR sites. This initiative supports California's workforce and benefits individuals involved in the justice system.

Ms. Corral reviewed the CalMHSA website, emphasizing the registry for certifications and training. The website offers live data updated weekly, including demographics, employment status, and language proficiency of certified individuals. From May 2 to October 31, 2023, CalMHSA received over 5,400 applications, resulting in 2,163 certifications. The organization continues to administer scholarships and plans to reallocate funds intended for specialization scholarships. CalMHSA's future steps include finalizing training provider applications and determining how to bring the certification exam to CDCR sites while processing applicants for certification efficiently.

### **Councilmember Discussion**

**Q:** Dr. Hobson asked the GMHCN to explain the engagement process in which forensic peer mentors reach out to incarcerated or recently discharged individuals.

**A:** Mr. Braucht explained that forensic peer mentorship referrals typically occur within 90 days of an individual's release and are voluntary. For those in prison, there must be a desire to meet with peer mentors. In the judicial system, participation is less voluntary, but still allows some choice. Pre-release, individuals identify their needs and resources for successful reintegration, influencing the duration of mentorship. The goal is to connect individuals with recovery communities or mental health advocates for ongoing support, enabling them to take charge of their recovery journey.

**Q:** Dr. Hobson noted California's struggle with allowing individuals with criminal records to enter correctional facilities and asked how Georgia managed this challenge.

**A:** Dr. Braucht responded that acceptance of forensic peer mentors in the Department of Corrections varies, with wardens' opinions significantly influencing the hiring and training of mentors based on their criminal history. The Department of Community Supervision's support of individuals with criminal records varies, making it challenging to establish trust with current mentors and staff. An individual must demonstrate a pro-social life post-incarceration to become a mentor, with acceptance depending on the wardens.

**Q:** Ms. Grealish inquired if the GMHCN's expansion from 12 to 31 prisons was due to warden approvals.

- A:** Mr. Braucht confirmed this, adding that individual criminal history also plays a role. Some individuals are still turned away due to their criminal records, as the Department of Corrections does not make decisions for the wardens.
- Q:** Dr. Hobson asked if forensic peer specialists charge insurance such as Medicaid and Medicare.
- A:** Mr. Braucht stated that Georgia does not currently have Medicaid, but its expansion is being considered. Some organizations are eligible for reimbursement to support peer specialists, provided they fulfill the criteria for reimbursement.
- Q:** Dr. Hobson sought clarification on the certification process for forensic peer mentors in Georgia, noting it is 35 hours.
- A:** Mr. Braucht confirmed this, and added that there is an additional certification before this one. Trainees already possess certified peer support in mental health or alcohol and drug, amounting to two trainings in total.
- Q:** Dr. Hobson inquired about the total duration of the training process.
- A:** Mr. Braucht said the process takes about three-and-a-half to four years, as certified peer support itself requires a minimum of two years. It also involves obtaining letters of support from community members, such as employers or teachers.
- Q:** Dr. Hobson asked Ms. Corral about the duration of the CalMHSa certification process from start to finish.
- A:** Ms. Corral described the initial pathway, including an 80-hour training, which could take a few months to over a year, with an average of 6 to 9 months. Training availability and other factors also influence the duration. Ms. Meethan added that they are surveying Medi-Cal Peer Support Specialists to gather more data on the average duration of each pathway.
- Q:** Ms. Grealish sought clarification on whether the funding in Georgia is for general peer mentors or specifically for the justice-involved population.
- A:** Mr. Braucht confirmed the funding is for general peer mentors. The Department of Behavioral Health and Developmental Disabilities uses state funds for various populations. GMHCN, focusing on northern Georgia, and iHope, focusing on southern Georgia, hire these forensic peer mentors.
- Q:** Ms. Grealish asked if both organizations provide the same behavioral health services, even if only one is covered by Medicaid.
- A:** Mr. Braucht confirmed this, noting variations due to different focus areas. Overall, peers enhance professional services rather than replace them.
- Q:** Ms. Grealish inquired about specific efforts or technical assistance to implement a peer workforce in justice-involved spaces, expressing concern about effectively hiring and employing peer mentors.

- A:** Ms. Corral discussed the importance of professionalizing peers, especially in justice-involved spaces. Training peers already involved with the justice system is beneficial, but hiring can be challenging. CalMHSA maintains neutrality while supporting the navigation of hiring barriers, including stakeholders from correctional backgrounds in discussions to offer support.
- Q:** Ms. Grealish asked if CalMHSA is working with CDCR's Integrated Substance Use Disorder Treatment team.
- A:** Ms. Meethan responded that CalMHSA is collaborating with two CDCR teams, one medical and one educational, to bring the certification exam to CDCR sites.
- Q:** Chief Jenkins inquired about the relationship between community supervision officers and forensic peer mentors.
- A:** Mr. Braucht discussed the Enhanced Supervision Program (ESP) within the Department of Community Supervision, explaining that it includes roles for supervising officers in forensic peer mentor training. This helps peer mentors understand the challenges of working with supervisors involved in surveillance and drug testing. He highlighted the importance of mutual understanding between forensic peer mentors and supervising officers, which can be challenging due to their differing perspectives. ESP also focuses on enhancing relationships by reviewing body camera footage to observe officer interactions with citizens.
- Q:** Chief Jenkins asked where referrals for forensic peer mentors originate.
- A:** Mr. Braucht clarified that referrals typically come from counselors in the Department of Corrections, dealing primarily with the Deputy Warden of Care and Treatment rather than security.
- Q:** Chief Jenkins expressed support for encouraging wardens to be less restrictive in allowing peer mentors into correctional facilities.
- Q:** Ms. Grealish inquired if CalMHSA could provide separate data for individuals with mental health conditions, substance use disorders (SUDs), and those with co-occurring conditions.
- A:** Ms. Meethan acknowledged this suggestion and agreed to consider it.
- Q:** Ms. Grealish sought clarification on whether the lower interest in scholarships was due to inadequate outreach.
- A:** Ms. Meethan clarified that the issue was not a lack of outreach. Rather, there were fewer applications than expected for the grandparenting pathway. CalMHSA initially planned for 2,500 scholarships for each pathway but received about 1,500 applications for the grandparenting pathway. This number further reduced to 1,397 due to participant dropouts. Consequently, the funds were reallocated to the initial pathway, increasing the available scholarships to 2,711.
- Q:** Ms. Grealish asked if any scholarships remain available.

**A:** Ms. Corral confirmed that all scholarships for areas of specialization are filled. The demand was lower than expected, as most agencies do not require specialized certification. With a deadline of December 31, 2023, for fund utilization, the resources were redirected to the initial certification pathway for more efficient use. Ms. Meethan added that grants are available for applicants needing scholarships for specialization.

#### **Public Comment**

**Q:** A participant, who works with medication-assisted treatment and behavioral health services in the justice system, expressed hope for more opportunities and scholarships to support transformation in agencies unfamiliar with these practices. They suggested the need for engaging peer counselors at the county level and developing resources like a fact sheet or toolkit to assist local agencies and HR departments in understanding and effectively implementing peer counseling.

**A:** Ms. Grealish acknowledged the participant's suggestions and noted that the CCJBH staff is already working on similar resources, with a few available that align with the participant's request.

**Q:** Another participant, echoing earlier queries, inquired if CalMHSA collaborates with the education and healthcare systems.

**A:** Ms. Grealish, Ms. Meethan, and Ms. Corral confirmed that CalMHSA indeed works with both the education and healthcare systems.

**Q:** A participant from Riverside County shared the challenges faced by their 300 peer specialists, highlighting that only ten specialize in community-based support. They discussed difficulties in obtaining scholarships and certification due to billing issues and mentioned being denied access to justice-involved spaces, despite working for a nonprofit organization serving this demographic. They also pointed out the variations between counties in their approaches to engaging with prisons and implementing peer mentors.

#### **IV. Announcements**

The next [Full Council Meeting](#) will be on Friday, December 8, 2023, from 2:00- 4:30 PM, and it will focus on the Department of State Hospitals Diversion Program. The [Juvenile Justice Workgroup](#) will be on February 16, 2024, from 12:45-2:45 PM and focus on restorative justice for individuals with behavioral health needs. The [Diversion/Reentry Workgroup](#) will be on February 16, 2024, from 3:00-5:00 PM and will highlight initiatives and programs that are supporting workforce development opportunities for individuals who are justice involved.

#### **V. Adjourn**