

## **CCJBH Juvenile Justice Meeting Minutes**

Friday, November 17, 2023

3:00 – 5:00 PM

MS Teams Meeting

**Workgroup Purpose:** The webinar will feature a walk through by the RAND Corporation on the recently released [Juvenile Justice Evidence-Based and Emerging Practices and Programs Compendium](#). Additionally, the Mental Health Oversight and Accountability Commission will provide a presentation on the initiatives underway for student behavioral health.

### **Councilmember Advisors:**

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

Dr. Danitza Pantoja, *Coordinator of Psychological Services, Antelope Valley Union High School District*

### **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, and Cameron Byrd

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

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

### **II. Juvenile Justice Compendium Walkthrough:** An overview of the Juvenile Justice Compendium, completed by the RAND Corporation on Tableau

Melissa Labriola, *Senior Social Behavioral Scientist, RAND Corporation*

Laura Whitaker, *Senior Policy Analyst, Behavioral and Policy Sciences, RAND Corporation*

*RAND Corporation's* Nastassia Reed and Laura Whitaker opened the presentation by providing background for the Juvenile Justice Compendium and Toolkit project, which was initiated in response to California Senate Bill (SB) 823. SB 823 led to the closure of the California Department of Juvenile Justice, highlighting a pressing need for effective tools and programs in juvenile justice systems. *RAND* stressed the project's goal to aid counties, organizations, and stakeholders in selecting and implementing suitable programs for youths previously involved with the juvenile justice system.

The project consists of three primary deliverables: the Evidence-Based and Emerging Programs and Practices Compendium (referenced hereafter as the Compendium), the

System Capacity Development Implementation Toolkit, and the Training and Technical Assistance Plan. Ms. Whitaker emphasized the importance of stakeholder input, particularly from Community Advisory Boards (CABs) comprised of individuals with lived experience in the juvenile justice system and system partner representatives.

Melissa Labriola then detailed the Compendium's development, focusing on the extensive literature review process. She explained that the Compendium, hosted online via Tableau, allows users to navigate and filter through 234 listed programs based on various criteria, such as outcomes addressed, demographic information, and specific program characteristics. Ms. Labriola demonstrated the platform's functionality, guiding the audience through the steps of searching for programs, comparing search results, and exploring details of individual programs. She highlighted the interactive nature of the Compendium, encouraging attendees to use it and provide feedback.

The Compendium categorizes programs into three evidence levels: exploratory, emerging, and evidence-based, each indicating the rigor of research and effectiveness behind the programs. This classification helps users make informed decisions tailored to their specific needs and contexts.

Ms. Labriola transitioned to discussing the second phase of the project, the Implementation Toolkit. The Toolkit aims to expand on the Compendium by providing more in-depth information about each program, including budget considerations, curriculum details, and other operational aspects not covered in the initial literature review. The integration of the Toolkit with the Compendium is intended to create a comprehensive, one-stop resource for juvenile justice program selection and implementation.

Additionally, Ms. Labriola touched upon the Training and Technical Assistance Plan, currently in the drafting phase. This plan is designed to ensure that the Compendium and Toolkit are not only informative resources, but are also practical and usable for various stakeholders. This plan will incorporate feedback from CABs to refine and enhance the final products, expected to be finalized by Spring 2024.

**III. Mental Health Services Oversight and Accountability (MHSOAC):** A presentation on the MHSOAC's student behavioral health initiatives, including the Mental Health Student Services Act and the K-12 Advocacy Initiative.

Tom Orrock, *Deputy Director, Commission Operations and Grants, MHSOAC*

Tom Orrock provided an informative presentation, shedding light on the Commission's endeavors and goals. He began by providing an overview of the Commission, which was established under Proposition 63, funded by a 1% income tax on high earners. He explained that the Commission's primary objective is to be a catalyst for change in California's mental health and substance use disorder sectors. Comprising 16 members from various backgrounds, including business, consumer groups, family members, and representatives from state and local government and education, the Commission is

dedicated to addressing the diverse mental health needs of Californians. Mr. Orrock highlighted a concerning statistic: one in five Californians faces unmet mental health needs, emphasizing the Commission's focus on enhancing access to mental health services statewide.

A significant part of the presentation was dedicated to discussing the MHSOAC's School-Based Mental Health Project. This initiative aims to transform schools into centers of wellness by placing licensed therapists, psychologists, and peers in educational settings. The project, originating from the 2019 Budget Bill SB 75, was designed to offer various services on campuses, including suicide prevention and stigma reduction programs. The evolution of crisis intervention funding, including changes brought by SB 184, allowed for a more inclusive approach to funding beyond county behavioral health departments.

He also discussed the Commission's Collaboration Grants, highlighting the funding provided to four counties that demonstrated advanced collaboration between behavioral health departments and school districts. This initiative was part of a broader strategy to improve cooperation in serving children and youth across California. The Commission has made significant strides in this area, issuing grants across 57 of the State's 58 counties in three phases, with substantial funding from sources such as the American Rescue Plan.

Looking to the future, Mr. Orrock outlined the Commission's plans, which include a focus on foster youth, juvenile justice-involved youth, and sustainability of school-based mental health programs. He stressed the importance of community input in these endeavors, particularly in support of youth from these backgrounds. The Commission also plans to build a technical assistance coaching team for statewide coordination, emphasizing a peer-to-peer model for technical assistance in critical areas such as program implementation, data collection, and sustainability.

Another key aspect of the presentation was the MHSOAC Student Advocacy Program. The Commission administers advocacy contracts for various groups, including LGBTQ populations, diverse racial and ethnic communities, immigrants, refugees, and K-12 students. These contracts are designed to ensure statewide and local advocacy, raising awareness about the specific needs of these groups.

The impact of COVID-19, particularly on young people, was also a topic of concern. Mr. Orrock noted the significant effects of the pandemic, such as increased loneliness, depression, and anxiety among youth. He mentioned that the Commission is eager to involve youth from all walks of life in advocacy, emphasizing their desire to be leaders in this field.

Mr. Orrock also highlighted the Commission's report, "[Together We Can: Reducing Criminal Justice Involvement for People with Mental Illness](#)," which outlines priorities and strategies in this area. He concluded by discussing the Commission's engagement

plans, including a visit to Napa State Hospital and a focus on preventive measures to keep people out of the criminal justice system due to mental health issues.

### **Councilmember Discussion**

**Q:** Ms. Grealish asked if initiatives and efforts can be more effectively directed towards at-promise and justice-involved youth, especially in traditional and court school systems? What are the strategies for deeper engagement and collaboration with related departments like the California Department of Education (CDE) and Probation?

**A:** Dr. Pantoja emphasized the need for enhanced collaboration with CDE, focusing on integrating efforts within school systems to identify early and support at-promise youth. It was suggested that additional efforts are required to effectively reach these youth. The response highlighted the importance of recognizing early warning signs in schools and taking proactive measures. She suggested partnering with education allies at deeper levels, especially for at-promise youth, acknowledging the significant role teachers and educators play in identifying early signs of risk.

**A:** Chief Jenkins expanded on the need for cross-collaboration with various departments, including the California Department of Social Services and Probation. He emphasized the importance of creating an integrated support network that functions both within schools and in the broader community. Chief Jenkins highlighted the role of social workers and probation officers in this network and the necessity of providing consistent support to students, especially those in foster care or on probation. The need for comprehensive workforce development for justice-involved and foster youth was also mentioned, suggesting that the initiatives should extend beyond mental health professions to include broader career development opportunities.

**A:** Ms. Grealish discussed the vital role of working closely with the Chief Probation Officers of California, highlighting the association's importance in addressing the needs of at-promise and justice-involved youth. This collaboration is crucial for creating effective intervention strategies that can redirect youth from a path leading to deeper involvement in the justice system.

She emphasized the significance of partnering with CDE, particularly pointing out the "Transforming Together" project. This initiative is a joint effort between the California Health and Human Services Agency and CDE, focusing on integrating broad initiatives to support youth effectively. It aims to address the comprehensive needs of youth, especially those in alternative education settings (e.g., community schools, court school). Ms. Grealish noted that these educational divisions play a crucial role in providing essential support to at-promise and justice-involved youth. By ensuring that these students receive their education in an environment that understands and caters to their specific needs, it's possible to make a significant positive impact on

their lives. The response underlines the importance of bringing experts from these departments to the table to leverage their insights and expertise.

- A:** Dr. Pantoja expressed concerns about the mental health challenges faced on school campuses, highlighting the limitations of staff training in addressing these issues. She pointed out that many educators, including teachers and school psychologists, are trained primarily from an educational perspective, focusing on their specific subjects or assessing for special education needs. However, they often lack the depth of training required to deal with the increasing prevalence of mental health issues, such as substance abuse, seen among students.

Dr. Pantoja emphasized that while she personally strives to be a lifelong learner, constantly educating herself on topics like addiction to better understand and support students, this level of self-driven learning is not universal among school staff. She noted that many school counselors and educators feel at a loss when it comes to adequately supporting students with complex needs. The lack of comprehensive training in mental health issues, as opposed to the traditional focus of their educational programs, leaves a gap in effectively addressing the mental health needs currently observed on school campuses. This ongoing challenge, according to Dr. Pantoja, is a recurring theme in discussions about student support – the desire to help is there, but the training and resources may not always be adequate.

- A:** Chief Jenkins emphasized the importance of recognizing the gap in training for teachers when it comes to dealing with mental health and trauma responses in students. He agreed with Dr. Pantoja's observation that while teachers are prepared to deliver their curriculum, they may find themselves at a loss when confronted with behaviors that could indicate deeper mental health needs or trauma responses in students.

Chief Jenkins highlighted the need for additional training for teachers and other school staff to equip them with the necessary skills to identify and appropriately respond to these signs of mental health issues or trauma. He underlined that this training is not just important, but fundamental to the mission of supporting students effectively. The recognition of this training gap underscores the importance of equipping educators with the tools to address the whole spectrum of student needs beyond academic instruction.

- Q:** Dr. Pantoja raised the question of what the next steps should be in addressing the training gap among educators for handling mental health issues and trauma responses in students. She noted that while teachers know to refer students to school psychologists, counselors, or social workers when they observe concerning behaviors, there is often a misconception that the solution lies solely in special education services.



This reflects a broader issue where mental health needs are either oversimplified or not adequately addressed due to a lack of specialized training. Dr. Pantoja highlighted the tendency to view all mental health-related issues under the same umbrella, suggesting a need for a more nuanced approach. The discussion points towards the necessity for a more comprehensive understanding and response to mental health and trauma in educational settings, going beyond the traditional scope of special education.

**Q:** Chief Jenkins inquired if the recommendation was to build a systemic response or infrastructure that would guide educators on where to direct students showing signs of mental health or trauma-related issues. He echoed the sentiment that educators know to whom to direct referrals, such as school psychologists, counselors, or social workers. However, he emphasized the need for a broader systemic response to ensure that students are effectively matched with appropriate programs or services.

He suggested conducting an inventory of available resources and programs in various jurisdictions or counties, specifically tailored to respond to the needs of this population. This inventory would include identifying programs prepared to address early signs of substance use disorder and mental illness in students. The idea is to have a structured, systemic approach where, once teachers recognize and refer these students, there's a clear pathway to the right services and programs to address their specific needs.

Chief Jenkins stressed the importance of this systemic response, highlighting the need to match each student with the most suitable program or service, ensuring that their specific needs are met comprehensively and effectively.

**A:** Ms. Grealish, discussing the topic from a behavioral health perspective, mentioned the significant groundwork laid out through the Student Behavioral Health Incentive Program (SBHIP). She highlighted that these developments are crucial for behavioral health services, emphasizing the establishment of a "no wrong door" approach for youth in need of these services. The idea of "no wrong door" implies that there would be multiple entry points for youth to access the necessary behavioral health services, ensuring that any path they take leads to appropriate and effective care. This approach is particularly beneficial in providing timely and efficient support to youth who might struggle with mental health and/or substance use issues.

Ms. Grealish also referred to the resources and services that would be part of the inventory or list being discussed by the council, presumably as part of a broader strategy to address mental health and behavioral issues among youth. This list would likely include various programs and services available across different jurisdictions, ensuring comprehensive coverage and access to necessary care.

She concluded by acknowledging the numerous ongoing initiatives in this space, indicating a robust and dynamic effort to improve behavioral health services for young people. This approach reflects a commitment to a more integrated and

accessible mental health care system, which is essential for addressing the complex needs of young people in today's society.

**A:** Mr. Orrock responded to the ongoing conversation, expressing his appreciation for the depth and richness of the ideas being shared. He wished that such conversations could be extended to all 58 counties, emphasizing the importance of a widespread and shared approach to addressing these issues.

He referred to the MHSSA (Mental Health Student Services Act), which calls for a partnership between behavioral health, school districts, county offices of education, and charter schools. However, Mr. Orrock pointed out that these partnerships should not be seen as the limit, but as a starting point. He suggested expanding these partnerships to include other critical stakeholders like the Department of Social Services and probation, as they play a vital role in addressing the needs of vulnerable students.

Mr. Orrock highlighted that many vulnerable students might not be represented in the existing partnerships, emphasizing the need to include a broader range of voices and services. By doing so, counties can have more comprehensive and effective discussions on linking services together, ensuring that when teachers recognize signs of distress or concern in students, there is a clear and effective response mechanism in place.

The goal, as Mr. Orrock stated, is to create a robust partnership that can address the identified needs effectively. Such a partnership would provide guidance and support when teachers or other school staff identify potential issues, ensuring that they know what steps to take to get the right help for their students. This approach aims to build a more integrated and responsive system to support student mental health and well-being across all counties.

**A:** Ms. Grealish concluded the discussion by highlighting two key points. First, she emphasized the importance of raising awareness among counties about the potential and necessity of seeking funding to focus more deeply on "at-promise" and justice-involved youth populations. This aspect is crucial as it involves identifying and channeling resources towards these vulnerable groups.

Second, Ms. Grealish pointed out the need for clear guidance on how counties can effectively pursue these goals. This includes ensuring that counties are aware of the partners they should be collaborating with to facilitate cross-agency cooperation. By doing so, a more integrated and comprehensive approach can be developed, leveraging the strengths and resources of various agencies to support the targeted youth populations effectively.

Ms. Grealish suggests a call to action, emphasizing the importance of forging strategic partnerships and identifying resources to better address the complex needs of at-promise and justice-involved youth.

**IV. Youth Alive:** Oakland, CA based community-based organization that works to help violently wounded people heal themselves and their community.

Gabriel Garcia, Policy and Advocacy Director for Youth Alive  
Rhea Corson Higgs, mental health counselor for Youth Alive

Gabriel Garcia provided an extensive overview of the organization's multifaceted approach towards violence prevention, intervention, and healing, particularly focusing on the mental health needs of young individuals affected by gun violence and those entangled in the justice system. Youth Alive, rooted in Oakland, CA, operates as a community-based organization dedicated to these crucial areas of concern.

At the forefront of their prevention efforts is the “Teens on Target” program, a pivotal initiative that Mr. Garcia oversees. This program, which has been a cornerstone of the organization for nearly three decades, educates high school students from three Oakland high schools on violence prevention. These students, in turn, disseminate their acquired knowledge and personal experiences to younger peers, particularly targeting middle school students across the city. This initiative not only educates, but also empowers the youth to become active participants in violence prevention in their communities.

In terms of intervention, Youth Alive has established a robust Violence Interruption Team. This team, comprised of individuals who have either been affected by or have been directly involved in violence, utilizes their unique credibility and experience to mediate conflicts that are likely to escalate into violence. In the past year alone, they have successfully mediated over 250 such conflicts, demonstrating the impact and importance of this approach.

Additionally, Youth Alive is credited with creating the Hospital-Based Violence Intervention Program Model. This internationally recognized model is designed to address and mitigate violence by providing support at the hospital bedside of gunshot victims. The program focuses on jumpstarting the mental, emotional, and physical recovery of these individuals, thereby significantly reducing the likelihood of them being re-involved in violent incidents.

On the healing front, Youth Alive operates with an in-house mental health counseling team, specifically focusing on individuals impacted by violence. This aspect of their work is complemented by the Khadafy Washington Project (KWP), their homicide response program, which supports families in Oakland who have lost a loved one to gun violence or homicide. The project assists these families in numerous ways, including funeral planning, obtaining victim compensation, and facilitating access to mental health counseling.

A significant and recent development in Youth Alive's approach is the integration of mental health into their existing programs, particularly the Teens on Target Initiative. This integration has been made possible through a grant from the MHSOAC. The goal is to develop a curriculum that is not only informed by experts in the field, but also



shaped by the experiences and insights of the youth. The project, set to gain full momentum in 2024, is currently in its preparatory phase, where student leaders are being equipped and trained to contribute effectively to this curriculum development. The focus is to ensure that the program accurately addresses the core topics related to gun violence and its impact on mental health, differentiating between the plethora of information available on social media and more reliable, expert-driven knowledge.

### **Councilmember Discussion**

- Q:** Dr. Pantoja inquired about whether the curriculum developed by Youth Alive is exclusively for schools in Oakland or if it's accessible to others, and how one might gain access to it.
- A:** Mr. Garcia clarified that the curriculum is currently implemented in three specific high schools in Oakland - Skyline, Castlemont, and Fremont - as well as in middle schools through workshops conducted by high school students. There has been interest in expanding access to the curriculum beyond these schools. However, a challenge has arisen because a publishing company that had the rights to publish the curriculum is no longer in business. This situation has left Youth Alive without the means to recreate and distribute the curriculum in a format that is relevant to today's youth, although there is a significant interest and frequent requests for broader access to the program.
- Q:** Chief Jenkins asked a question about the age groups served by Youth Alive, particularly whether they include both individuals under the juvenile court system (under the age of 17) and young adults in the criminal court system (18 and above).
- A:** Mr. Garcia noted that Youth Alive does indeed serve a range of age groups, not limited to a single demographic. While the organization began with the Teens on Target program for high school students (mostly aged 14 to 18), it has since expanded its services. One such program is Pathways, which is centered around justice-involved youth coming out of the Juvenile Justice Center in Alameda County. This program focuses on helping these young individuals set positive paths for themselves and supports their personal growth and improvement. A mental health counselor from Youth Alive, Rhea Corson Higgs, was invited to provide further insight into the work with Pathways and the support offered to justice-involved young people. This response clarified that Youth Alive's services encompass both groups: those under the juvenile system and young adults involved in the criminal court system.
- A:** Ms. Higgs addressed this query by explaining their approach to therapy and mental health counseling. Their work primarily involves referrals from two programs: Pathways and Caught in the Crossfire. Pathways focuses on youth navigating the juvenile justice system and supporting their reintegration into the community. An example was given of a young person who transitioned from the juvenile system to the adult system, underscoring the organization's commitment to maintaining

support regardless of the system the individual is navigating. The approach is community-based, often involving home visits, and aims to continue support even as young individuals transition from the juvenile to the adult legal system. Ms. Higgs highlighted that, while the focus of Pathways is on youth, their services extend to young adults as well, ensuring continued support regardless of the legal system with which they are involved. The broader age range of their programs, particularly Caught in the Crossfire, reflects their commitment to serving anyone impacted by violence in Oakland, not just limited to a specific age group.

**Q:** Chief Jenkins raised a follow-up question regarding the importance of distinguishing between youth under the jurisdiction of the juvenile court and those under the criminal court. He expressed interest in understanding the different factors influencing violence, especially gang-related and domestic violence, to make informed recommendations from the Council standpoint. Chief Jenkins then emphasized the need for different approaches and partnerships for youth in juvenile versus criminal systems. He acknowledged the value of metrics to evaluate the impact of violence prevention programs and showed interest in the curriculum of Youth Alive, despite understanding its limitations. He stressed the importance of recognizing the various factors influencing different types of violence, including gang-related and domestic violence. Chief Jenkins appreciated learning about Youth Alive and its efforts to address youth violence.

### **Public Comment**

**Q:** A participant, emphasized on the importance of collaboration with school districts and understanding where members should go for behavioral health services. The concept of "no wrong door" was highlighted from a managed care perspective, ensuring that wherever members are seen, they can receive an appropriate assessment and be directed to the correct level of care. This approach is crucial, whether addressing mild-to-moderate issues (handled by Medi-Cal Managed Care Plans (MCPs)) or severe mental illness (delegated to counties). Furthermore, the participant touched upon the need for process improvement in integrating various initiatives and supports from counties, schools, and Medi-Cal MCPs. The goal is to ensure that community organizations and school districts are well-informed about the suite of services available, particularly for children and youth. This includes understanding Enhanced Care Management and how to refer individuals to the right services. The process of integrating these services and improving their delivery is ongoing and expected to take a couple more years, but significant strides have been made. The Department of Health Care Services (DHCS) was commended for providing necessary services and supports, with an emphasis now on planning and bringing all these elements together for more effective implementation and delivery of services.

**A:** Ms. Grealish emphasized the importance of integrating various initiatives and support systems, particularly in the context of school districts and county initiatives,

to enhance mental health care. She highlighted the implementation of CalAIM (California Advancing and Innovating Medi-Cal), a comprehensive initiative aimed at transforming and streamlining the Medi-Cal system to improve the quality of life and health outcomes of Medi-Cal members. Specifically, she mentioned the availability of resources on the CCJBH webpage under the CalAIM section. This includes an introductory video providing an overview of CalAIM, accompanied by a cheat sheet for easy reference. Furthermore, an informational flyer on Enhanced Care Management (ECM) referrals was recently developed, primarily aimed at justice system partners, but adaptable for various population groups. This flyer contains embedded links to a site on their page, detailing the ECM referral processes for each MCP organized by county. This resource is designed to provide guidance on where and how to refer individuals, ensuring they receive access to primary and behavioral health care, as well as Community Supports to address social drivers of health.

Ms. Grealish highlighted the effort to consolidate and simplify access to mental health services, ensuring that there's no wrong door for individuals seeking care. This endeavor involves educating community organizations and school districts on available mental health services and how to effectively refer individuals to these services. The goal is to ensure that every member of the community, regardless of their entry point into the system, receives the necessary care and support, with a particular focus on children and youth populations.

**Q:** A participant from CDE shared his experience in leading various educational and restorative practice initiatives. He highlighted his involvement in addressing mental health issues through his roles in several boards, particularly his work with the California Association of Youth Courts.

The participant emphasized the upcoming conferences organized by the California Association of Supervisors of Child Welfare and Attendance (CASCWA) and the California Continuation Education Association Plus (CEA Plus), scheduled for the end of April in Burbank and Monterey. These events are seeking contributions from professionals to present workshops or set up information booths showcasing effective practices in child welfare, attendance, and continuation education. He encouraged the meeting's attendees to consider participating in these conferences, offering his assistance in facilitating their involvement. The participant underscored the importance of sharing expertise across various sectors, emphasizing the need to bring diverse perspectives to the schooling environment and beyond. These conferences provide a platform for professionals to enrich the dialogue and contribute to the broader effort of addressing the needs of youth in various educational and judicial contexts.

The participant concluded by inviting interested parties to contact him for more information. He stressed the value of these conferences in bringing together experts

and practitioners to enhance learning and collaborative efforts in child welfare and education.

**A:** Ms. Grealish responded appreciatively to the participants input, recognizing the potential for further collaboration. She suggested connecting him with Mr. Orrock to leverage his extensive network and expertise in the educational sector.

She emphasized the importance of engaging various stakeholders in the education space, especially those working with justice-involved youth in court schools and alternative educational settings. Ms. Grealish highlighted the need to bring these parties to the table to align and integrate their efforts with the work of MHSOAC.

**Q:** A participant shared their insights and experiences during the discussion. They are a member of the California CalAIM Behavior Health Task Force and advises the Department of Health Care Services on the entire Medi-Cal plan, indicating deep involvement in this area. The participant emphasized that all youth involved in the justice or child welfare systems receive mental health services through county behavioral health plans, regardless of their entry point in the system.

The participant also highlighted several significant programs and resources. They mentioned the California Community Schools Partnership program, which offers grants up to \$200,000 to school districts focusing on youth with behavioral health challenges. Another resource mentioned was Proposition 64 funds, which are allocated to community-based agencies to aid in youth substance use prevention and treatment.

Additionally, the participant is on the board of the Burns Institute, an organization aiming to eliminate inequities in the juvenile justice system nationwide. They noted the Community Justice Youth Network, a program of the Burns Institute, which organizes youth and families to advocate for themselves. The Burns Institute also works with various jurisdictions, like Los Angeles and San Francisco Counties, to restructure their juvenile justice systems. They encouraged attendees to visit the Burns Institute's website to learn more about their work and initiatives.

## **V. Announcements**

The next [Full Council Meeting](#) will be on December 8, 2023, from 2:00- 4:30 PM, and it will focus on the Department of State Hospitals Diversion Program and CCJBH's 2024 Priorities. The Juvenile Justice Workgroup and Diversion/Reentry Workgroup topics are TBD and will be held in early 2024.

## **VI. Adjourn**