Quarterly Full Council Meeting

March 22, 2024

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

Quick Notes

This meeting is being recorded

➢ Please use the "raise hand" feature to make a comment.

➢ You will be placed in line to comment in the order in which requests are received.

➢ When it is your turn to comment, the meeting host will unmute your line and announce your name.

➢ Comments must address the agenda item under discussion.

➢ If you are using the call-in feature, dial *6 to unmute.

➢ Members of the public should be prepared to complete their comments within 2 minutes unless a different amount of time is needed and announced by the Executive Officer.

Email: CCJBH@cdcr.ca.gov

Meeting Policies

WEBINAR PARTICIPATION

We welcome your participation throughout this meeting. Please note that disruptive behavior is not aligned with the purpose of this session and will not be tolerated. Any individuals disrupting the meeting may be removed from the webinar without warning. In the event of a security incident, the webinar portion of this session will end immediately and will not resume.

COMMENTARY

Participant comments do not reflect the views or policies of the presenters, the Council on Criminal Justice and Behavioral Health, the California Department of Corrections and Rehabilitation or its affiliates or contractors. By participating, you agree to keep comments relevant to the topic of today's event. While a variety of diverse perspectives and opinions is welcome, disruptive comments are not aligned with the purpose of this meeting.

Agenda

Time:	Topic:
2:00-2:05 PM	Welcome & Introductions, Roll Call
2:05-2:10 PM	Vote: Request for Bagley-Keene In-Person Participation Exemption
2:10-3:10 PM	Presentation: University of California, San Francisco (UCSF), Benioff Homelessness and Housing Initiative (BHHI), California Statewide Study of People Experiencing Homelessness (CASPEH)

Agenda (cont'd.)

Time:	Topic:
3:10-4:20 PM	CCJBH Business Meeting • Vote to Approve December 2023 Full Council Meeting Minutes • Vote to Adopt the 2023 CCJBH Legislative Report • Presentation: 2023 Medi-Cal Utilization Project (MCUP) Report • CCJBH Project Updates (time permitting)
4:20-4:25 PM	Upcoming Meetings
4:25-4:30 PM	Adjourn

Vote:
Request for Bagley-Keene
In-Person Participation Exemption

Bagley-Keene Open Meeting Act Requirements

- SB 544 Amendment Highlights:

  - **Effective January 1, 2024, and until January 1, 2026,** CCJBH may hold meetings by teleconference as described under Section 11123.2.

  - A **_majority_** of the members of the state body shall be physically present at the same teleconference location (for CCJBH, a minimum of 7 members must attend, in-person, at one location).

    - "**_Teleconference location_**" means a physical location that is accessible to the public and from which members of the public may participate in the meeting.

    - "**_Remote location_**" means a location from which a member of a state body participates in a meeting other than a teleconference location. A remote location **_is not required_** to be accessible to the public, and the notice and agenda shall not disclose information regarding a remote location.

    - "If a member attends a meeting by teleconference from a remote location, the member shall disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals." Section11123.2(j)(4).

Bagley-Keene In-Person Exemption Request

- "At the earliest opportunity possible, including at the start of a meeting, a member may notify the CCHBH of their need to participate remotely due to a physical or mental disability, including a general description not to exceed 20 words, of the circumstances relating to the member's need to participate remotely. The member is not required to disclose any medical diagnosis or disability." Section 11123.2(j)(3). CCJBH staff may be notified via email.

- CCJBH Council must act on exemption requests at the beginning of each Council Meeting.

- A member who attends and participates from a remote location may count toward the required majority if the member has a need to participate remotely related to a physical or mental disability that is not otherwise reasonably accommodated by the Americans with Disability Act, 42 U.S.C. Section 12101.

Motion/Vote: Bagley-Keene In-Person Participation Exemption

- Suggested Motion – To **APPROVE** remote participation by Councilmember Tracey Whitney in accordance with Government Code Section 11123.2(j)(3), allowing her to participate remotely at the March 22, 2024, Quarterly CCJBH Full Council Meeting, due to health concerns limiting her ability to travel.

- **Vote Options:**

  - Yes: Approves remote participation for Councilmember Whitney.

  - No: Denies remote participation for Councilmember Whitney.

Vote: Approve Councilmember Whitney Remote Participation

Step 1: MOTION TO ADOPT OR AMEND

Step 2: SECOND MOTION

Step 3: PUBLIC COMMENT

Step 4: ROLL CALL FOR A VOTE

Presentation:
California Statewide Study of People Experiencing Homelessness (CASPEH)

The University of California San Francisco (UCSF) Benioff Homelessness and Housing Initiative (BHHI)

Margot Kushel, MD, Director,
UCSF Benioff Homelessness & Housing Initiative

Lack of deeply affordable housing drives homelessness

No State Has an Adequate Supply of Affordable Rental Housing for the Lowest Income Renters

Map of the United States showing affordable rental housing supply by state:

- WA 28
- OR 23
- MT 45
- ND 50
- MN 38
- ME 49
- NH–38
- VT–35
- ID 38
- SD 58
- WI 35
- MI 36
- NY 32
- WY 41
- IA 40
- PA 38
- NV 17
- NE 38
- IL 34
- IN 39
- OH 40
- MA–44
- RI–53
- CT–37
- NJ–31
- DE–27
- MD–30
- DC–40
- UT 33
- CA 24
- CO 26
- KS 40
- MO 44
- KY 46
- WV 50
- VA 32
- AZ 24
- NM 36
- OK 39
- AR 47
- TN 41
- NC 39
- SC 42
- MS 51
- AL 49
- GA 34
- TX 25
- LA 39
- FL 23
- AK 35
- HI 34

Legend:
- 30 or Fewer
- Between 31 and 40
- Between 41 and 45
- More than 45

https://nlihc.org/gap

UCSF

Toward a New Understanding

The California Statewide Study of
People Experiencing Homelessness

June 2023

Benioff Homelessness
and Housing Initiative

UCSF

University of California
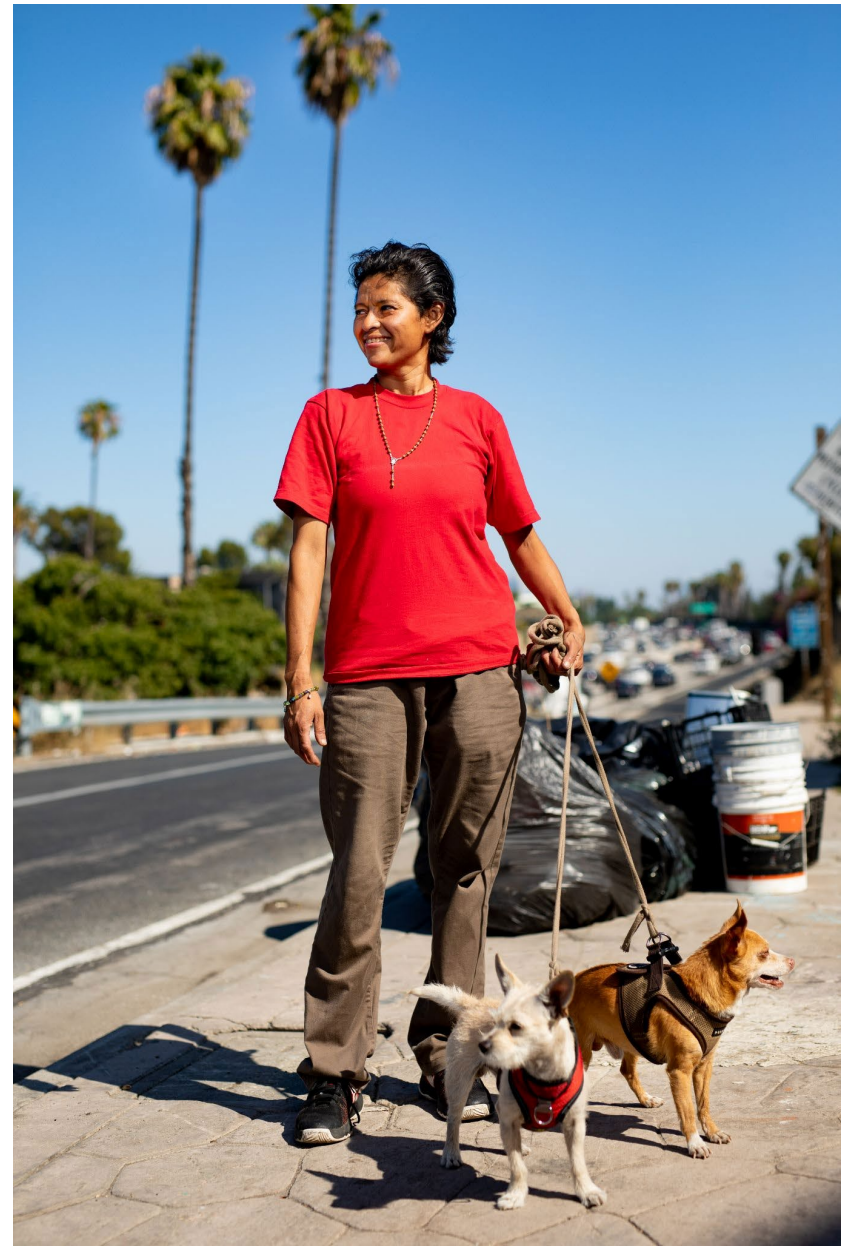San Francisco

- Largest representative study of homelessness in US since 1990s
  - Mixed methods
  - English/Spanish and interpreters
  - Representative of adults experiencing homelessness in CA

- Conducted at the request of CA Health and Human Services Agency

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Who Experiences Adult Homelessness in California

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People Experiencing Homelessness in CA are Californians

- 90% of participants were last housed in California

- 75% of participants were last housed in their current county

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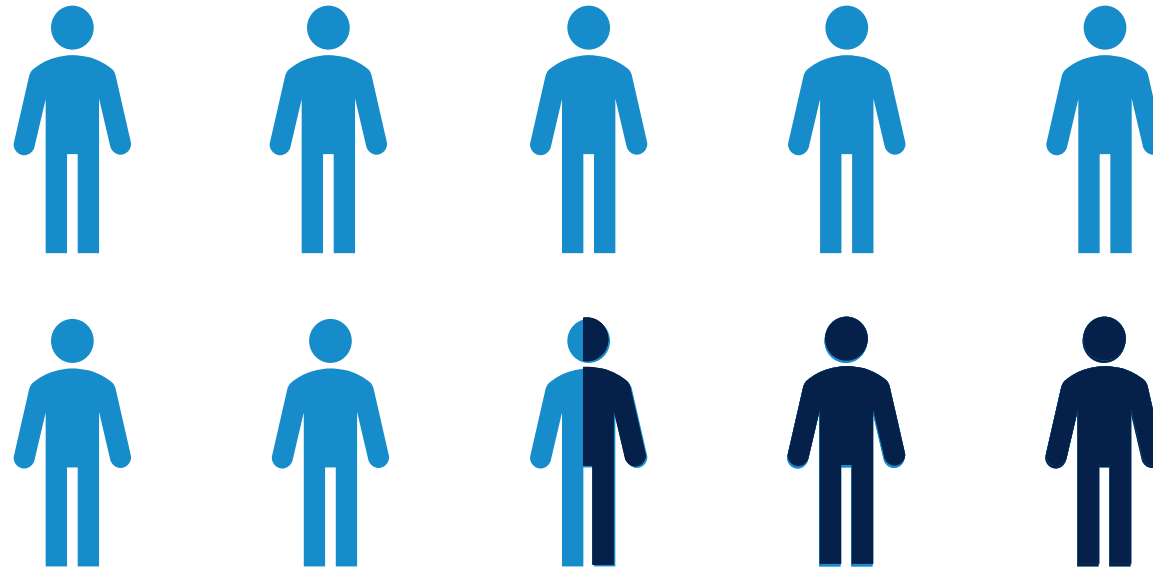
© Sam Comen

- **26%** reported a Black racial identity (vs. 7% statewide)

- **12%** reported Native American, Alaskan Native or Indigenous identity (vs. 3% statewide)

- **35%** reported a Latina/o/x identity

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- Gender:
  - **69%** cisgender men
  - **30%** cisgender women
  - **1%** transgender/non-binary/other gender identified

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Median Age: 47

(range 18-89)

48% of single adults were 50+

41% of this group first became homeless at 50 or older

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In their lifetime:

- **25%** reported a PTSD diagnosis

- **31%** attempted suicide

- **27%** experienced a psychiatric hospitalization
    - **44%** of these participants experienced it after their first instance of homelessness

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Lifetime Carceral Experience

- **79%** have been incarcerated in jail or prison
  - **37%** prison
  - **77%** jail

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Pathways to Homelessness

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- Entrances into homelessness:
  - Housed: Non-leaseholders: **49%**
  - Housed: Leaseholders: **32%**
  - Institutional settings: **19%**
    - **14%** carceral setting**:** **6%** prison and **8%** jail (long-term)

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- In the 6 months before homelessness

  - **10%** were released from prison

  - **20%** spent time in jail

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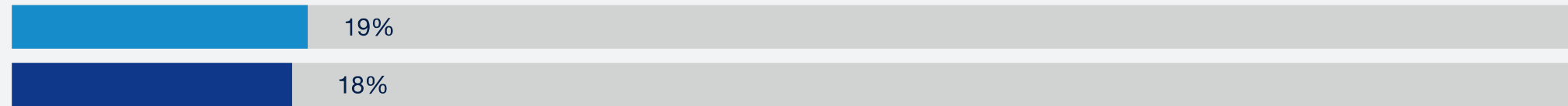- **3%** left their last housing to go to jail

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"Nothing. Thank you, cut your bracelet off, **and off you go… There's nothing.** They don't know if you're going to go out and going to be homeless, if you're going back to being homeless, they don't–**they don't ask any of that.**"
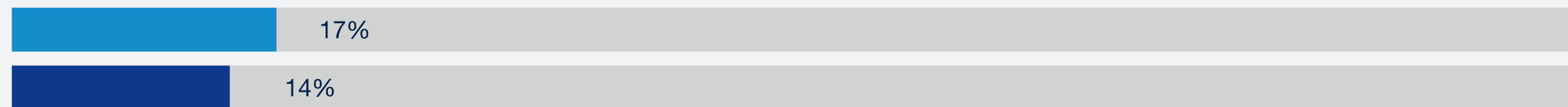
- CASPEH Participant

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Jail   Prison

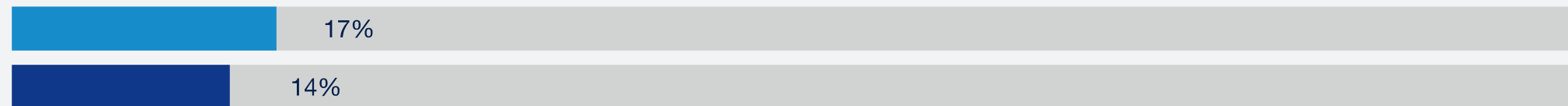Jail re-entry support is only reported for individuals who reported jail stays of 30 days or more.

Benefits
19%
18%

Healthcare
17%
14%

Housing
17%
14%

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"

"I went to jail and I lost my job. Got out of jail, was two months behind on my rent, and by the time I got a job at Foster Farms my thirty-day [eviction] notice had already been served."

-	CASPEH Participant

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Experiences During Homelessness

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Places slept most in past 6 months:

78% Unsheltered
- 21% Vehicle
- 57% Non-vehicle

22% Sheltered

Photo: Barbara Ries

- **36%** had their belongings confiscated by authorities at least once in the past 6 months

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"

"They gave me a court date... six months after when they supposedly arrested me and cited me out. And like I missed the court date cause I forgot what day it was cause I lost my – the ticket for it. **I lost that in one of the times they made us move** *and they took all our ****. And then the next time I got pulled over I was riding my bike and I had lights on the back part of my tailgates and then lights on the front... but the guy pulled me over anyway and he says I don't have any reflectors on my wheels...* **so we're gonna have to take you to jail.***"*

- CASPEH Participant

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- **13%** currently under community supervision

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- **30%** went to jail during their current episode of homelessness

- Median length of stay **2 days**

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- **12%** reported hallucinations
- **5%** had an inpatient psychiatric hospitalization in the past 6 months

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- **35%** used illicit drugs 3x week or more during current episode
  - 31% methamphetamines
  - 11% opioids
  - 3% cocaine

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- **9%** current heavy episodic alcohol use (weekly)

- **40%** current either regular illicit drug or heavy alcohol use

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Of participants who reported current, regular illicit drug use or weekly heavy episodic alcohol use:

- **10%** currently receiving treatment or counseling

- **26%** wanted treatment during current episode of homelessness, but were unable to access it

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- **11%** reported an overdose during current episode of homelessness

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48% reported EITHER

- Current regular illicit drug use (**35%**)

- Current heavy episodic alcohol use (weekly) (**9%**)

- Current hallucinations (**12%**) or

- Recent psychiatric hospitalization (**5%**)

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Barriers and Facilitators of Returns to Housing

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Key Barriers to Housing

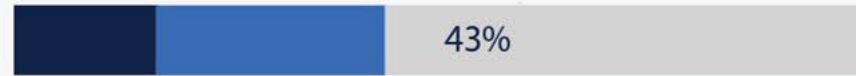Impacts ability to obtain housing ● A little ● A lot

I can't afford housing

89%

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Key Barriers to Housing

Impacts ability to obtain housing   ● A little   ● A lot

I have a record with the criminal justice system

36%
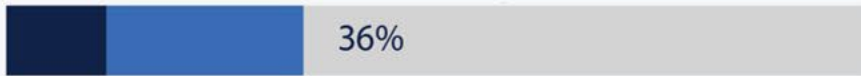
I experience discrimination when I try to rent a place

43%

I have problems with my credit history or past evictions

49%

I don't have the documents I need to apply for housing

53%

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"We came in as a couple and once... *our case manager found out he was in jail, he took him off the list.*"

-   CASPEH Participant

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"Yes, **my parole officer directed me to services here**... He got me connected with the Rescue Mission. And with programs that are also available to, for people with behavioral health problems. They've gotten me connected with the behavioral health center where I go in for group meetings about my behavior, work on, work on that with them."

- CASPEH Participant

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Policy Recommendations

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Policy Recommendations

→ Increase access to affordable housing options

→ Expand targeted prevention

→ Provide supports to match behavioral health needs

→ Increase household incomes

→ Increase outreach and service delivery during homelessness

→ Embed a racial equity approach in homeless system service delivery

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Project Welcome Home: Evidence for PSH

- Randomized controlled trial of Permanent Supportive Housing program (Santa Clara County)
- Target population: chronically homeless, highest users of services
- Intervention included:
  - Permanently subsidized housing
  - Intensive case management
  - Skilled staff
  - Voluntary services
  - Medical care

Raven, Niedzwiecki, & Kushel. (2020) A randomized trial of permanent supportive housing for chronically homeless persons with high use of publically funded services. *Health Services Research.* https://doi.org/10.1111/1475-6773.13553

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Successful at keeping people housed

- **86%** housed (at recent follow-up, 91%)

  - Compared to 20.1% in control group

- Housed for **93%** of 4-year follow-up

- Average 2.5 months for participants in the intervention to find housing

Raven, Niedzwiecki, & Kushel. (2020) A randomized trial of permanent supportive housing for chronically homeless persons with high use of publically funded services. *Health Services Research.* https://doi.org/10.1111/1475-6773.13553

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Conclusions

→ Homelessness related to lack of deeply affordable housing

→ Aging population in poor health, with high prevalence of mental health and substance use problems and poor access to care

→ Experience of homelessness harrowing and filled with violence and despair

→ Ending homelessness will require sustained efforts to address root causes

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Q&A
WITH COUNCILMEMBERS

Public Comment

CCJBH
Business Meeting

Vote:
December 2023
Full Council Meeting Minutes

Vote: Approval of December 2023 Full Council Meeting Minutes

Step 1: MOTION TO ADOPT OR AMEND

Step 2: SECOND MOTION

Step 3: PUBLIC COMMENT

Step 4: ROLL CALL FOR A VOTE

Vote: Approval of the CCJBH 2023 Annual Legislative Report

Step 1: MOTION TO ADOPT OR AMEND

Step 2: SECOND MOTION

Step 3: PUBLIC COMMENT

Step 4: ROLL CALL FOR A VOTE

Vote: Delegate Authority to the CCJBH Executive Officer to Make Updates to the Report During the Final Review Process

Step 1: MOTION TO ADOPT OR AMEND

Step 2: SECOND MOTION

Step 3: PUBLIC COMMENT

Step 4: ROLL CALL FOR A VOTE

Update on CCJBH
Data Reporting Projects:

Medi-Cal Utilization Project (MCUP) & Public Health Meets Public Safety (PH/PS)

CCJBH/Department of Health Care Services (DHCS) Medi-Cal Utilization Project:

A Report on the Medi-Cal Enrollment and Behavioral Health Services Utilization for Individuals Released from CDCR in Fiscal Year (FY) 2019-20

CDCR-DHCS MCUP

- The CCJBH/DHCS MCUP monitors enrollment into Medi-Cal, including selection of Medi-Cal Managed Care Plans (MCP), as well as access to and utilization of Medi-Cal behavioral health services for people releasing from CDCR who suffer from mental illness(es) and/or substance use disorders (SUDs).

- The most recent report examines individuals released from CDCR in FY 2019-20.

CDCR-DHCS MCUP (cont'd.)

- The majority of the population was:
  - ➢ Male (92 percent)
  - ➢ 25-44 years old (65 percent)
  - ➢ Race/Ethnicity
    - Hispanic (36 percent)
    - White (23 percent)
    - Black (20 percent)
- 76.5 percent had an identified behavioral health need at the time of their release

CDCR-DHCS MCUP (cont'd.)

- Most individuals released from CDCR are enrolled into Medi-Cal within one year (76 percent for those released in FY 2019-20).

- Of the individuals enrolled into Medi-Cal, the time to select a MCP was as follows:
  - 22% selected a plan within one month
  - 55% within three months
  - 71% within six months
  - 81% within one year

- Comparison of FY 2018-19 to FY 2019-20:
  - Medi-Cal enrollment remained fairly consistent within two years after release (79 percent as compared to 77 percent, respectively).
  - Medi-Cal MCP selection also remained consistent within two years after release (from 89 percent to 85 percent, respectively).

CDCR-DHCS MCUP (cont'd.)

- In line with DHCS's behavioral health services reporting, service utilization is measured in terms of penetration rates, indicating utilization of one or more (1+) services, and engagement rates as a subset of penetrations rates, indicating utilization of five or more (5+) services.

- For individuals released from CDCR in FY 2019-20 who were enrolled into Medi-Cal, the behavioral health services utilization rates (within two years of release) are as follows:

FY 2019-20 Service Utilization

- 52.5% had an identified **Substance Use Disorder (SUD)** designation at release. Of these:

  - ➤ 19% had a SUD service penetration
    - ➤ 15% had SUD service engagement

  - ➤ 7% had a Specialty Mental Health Services (SMHS) penetration
    - ➤ 6% had SMHS service engagement

  - ➤ 9% had a Non-SMHS penetration
    - ➤ 3% had Non-SMHS service engagement

FY 2019-20 Service Utilization (cont'd.)

- 17% had a **co-occurring** SUD and mental health designation at release. Of these:

  - ➤ 29% had a SUD service penetration
    - ➤ 19% had SUD service engagement

  - ➤ 30% had a SMHS penetration
    - ➤ 24% had SMHS service engagement

  - ➤ 24 had a Non-SMHS penetration
    - ➤ 10% had Non-SMHS service engagement

FY 2019-20 Service Utilization

- 7% had an identified **mental health** designation at release. Of these:

  ➢ 35% had a SMHS penetration
  ➢ 29% had SMHS service engagement

  ➢ 23% had a SUD service penetration
  ➢ 15% had SUD service engagement

  ➢ 21 had a Non-SMHS service penetration
  ➢ 8% had Non-SMHS service engagement

Analysis of Release Type - COVID vs Scheduled

- While there were clear delays overall in selection of a Medi-Cal MCP reflected in the data, COVID releases selected an MCP within one month of release at a much higher rate overall than scheduled releases
  (26 and 2 percent, respectively).

- COVID releases were also more likely to select a MCP within the first six months of release.

- Within 6 months of release, the lag between COVID releases' selection of an MCP began closing such that by the end of Year 1, the rate of selection was similar to the previous year's analysis.

- In addition, within the first year of release, over 80 percent of releases overall had selected an MCP.

- COVID releases had slightly higher penetration rates for individuals who received any type of behavioral health service (in the range of 4 to 8 percent) when examined by CDCR identified Behavioral Health (BH) need.

Summary

- Overall, Medi-Cal enrollment and Medi-Cal MCP selection remained consistent for individuals released between FYs 2018-19 and 2019-20.

- CCJBH remains concerned with the low utilization rates of Medi-Cal behavioral health services for individuals released from prison with identified behavioral health needs who are enrolled into Medi-Cal.

- CCJBH partnered with the California State University, Sacramento (CSUS) to conduct listening sessions for individuals with lived experience in the justice system and having a BH condition.

- It is anticipated that implementation of California Advancing and Innovating Medi-Cal (CalAIM), as well as recent housing investments, will improve these rates.

Next Steps: CDCR-DHCS MCUP

- CCJBH received and is working to match/compile CDCR and DHCS Medi-Cal data for individuals released from CDCR in FY 2020-21 and FY 2021-22.

- As with prior reports, the Calendar Year 2024 report will:

  - Present updated Medi-Cal enrollment and MCP selection rates.

  - Examine mental health and substance use disorder services penetration and engagement rates stratified by identified behavioral health need at the time of release.

- CCJBH staff are working with DHCS to explore opportunities to examine member utilization of the new Enhanced Care Management (ECM) and Community Support (CS) services.

Update on the CCJBH
Public Health Meets
Public Safety (PH/PS)
Framework and Data Visualization

Recall: PH/PS Project Goal and Framework

Use data to inform policymaking at the intersection of criminal justice and behavioral health with the goal of reducing the number of people with behavioral health needs in California's justice system.

Treatment Landscape

Community Environment

Criminal Justice Outcomes

Crisis Response
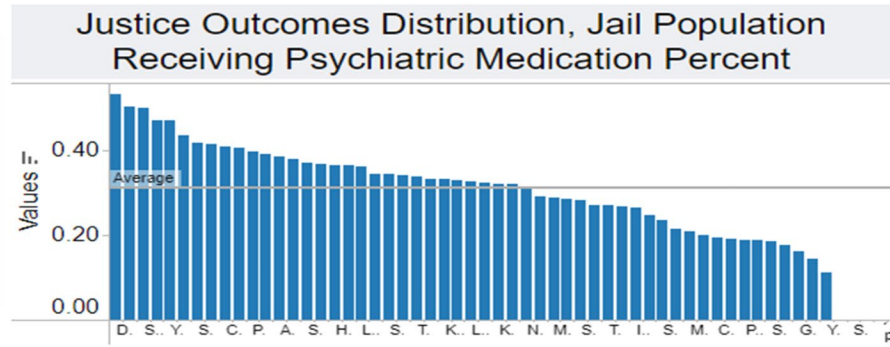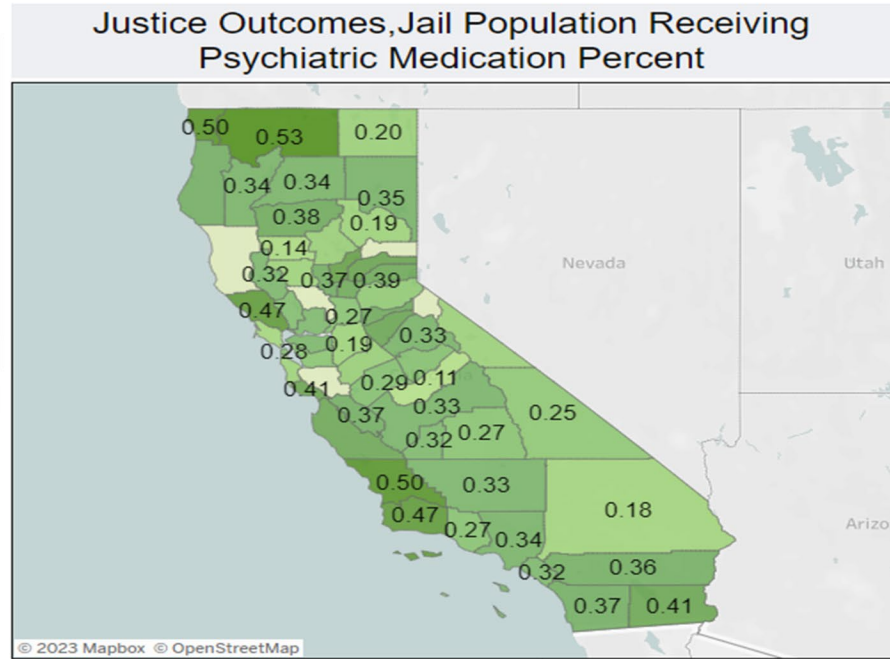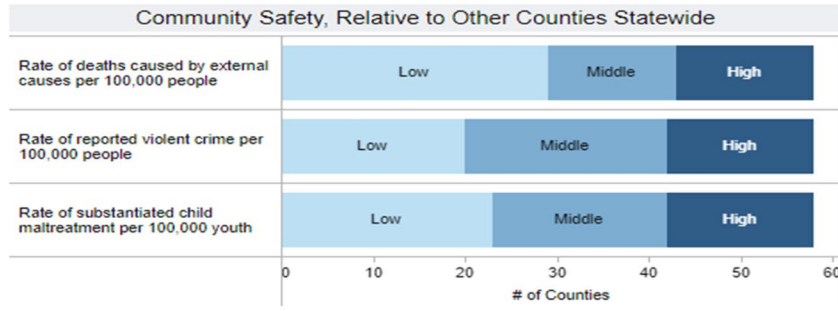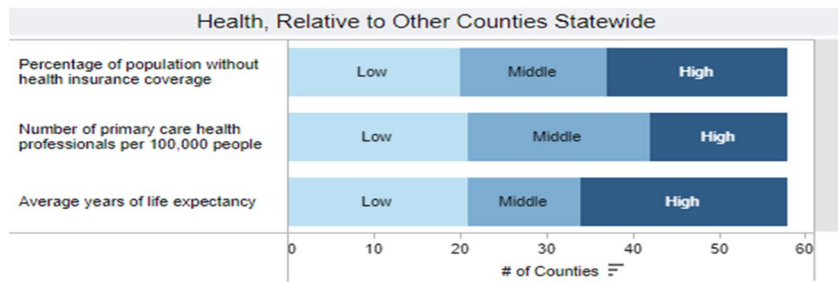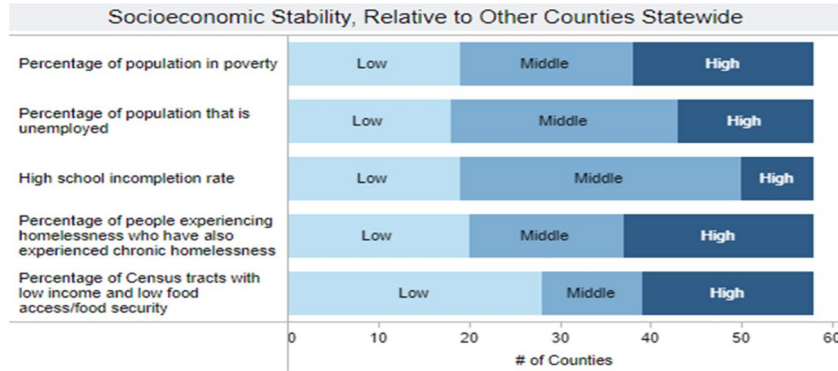
Recall: PH/PS Project Goal and Framework (cont'd.)

- PH/PS Data Visualization Parameters:

  - Data sources are most recent available
  - Best available data are not perfect data
  - No causality: "What not why"
  - Not a program or policy evaluation tool

Recall: PH/PS Project Goal and Framework (cont'd.)

- Potential uses for the Data Visualization include:

  ✓ <u>Local Government</u>: Quick reference source for relevant local statistics for grant applications; spotlight on sectors for community investment.

  ✓ <u>Researchers</u>: View of data that may help to guide future research on causality.

  ✓ <u>Community Members</u>: Accessible quantitative data for advocacy (e.g., upstream investments) and county-to-county data to suggest places to partner with and learn from.

  ✓ <u>State Policy Staffers</u>: Visual comparisons in community and justice data across the state and spotlights on potential locations and sectors for investment.

  ✓ <u>Grant Writing</u>: Identify disparate sources to test assumptions and develop a target population or program based on community needs.

Data Visualization: Additional Metrics

- In spring 2023, CCJBH Councilmembers voted to use unspent Fiscal Year 2023-24 Mental Health Services Funds to establish a contract with the UC Berkely Policy Lab during the summer of 2023 to identify additional relevant metrics for the PH/PS Data Visualization, which ended on August 30, 2023.

- This resulted in the identification of additional data metrics for the PH/PS Data Visualization: behavioral health prevalence rates, overdose rates, suicide rates, and behavioral health workforce shortage area data.

Data Visualization: Additional Metrics (cont'd.)

- The sources for the metrics (stratified by county, region, and statewide) identified by the Policy Lab are as follows:

  - Health Resource Shortage Score – The Health Resources and Services Administration maintains a dataset that contains the geographic Health Professional Shortage Area federal designations for Primary Care, Mental Health, and Dental Health, including California-specific data.

  - Drug Overdoses and Suicide Rates (each metric is per 100,000 deaths) - The Centers for Disease Control maintains a database referred to as WONDER that includes 20 collections of public use data capturing vital statistics and health indicators such as rates of cancer, tuberculosis, mortality and vaccination at all levels.

  - Behavioral Health Prevalence Rates - Source data TBD.

CCJBH- RCA Position

- CCJBH applied for and was granted an embedded Resident Corrections Analyst (RCA) position, funded through the U.S. Department of Justice, Bureau of Justice Assistance (BJA) Justice Reinvestment Initiative (JRI), to:

  - ✓ Produce documentation of protocols for retrieving, cleaning, and standardizing PH/PS Data Visualization data (documenting the data sources, the frequency of and process for updating the data, etc.).

  - ✓ Develop fact sheets, informational briefs, and use case scenarios that may be used to advance the Council's mission and support local system planning efforts.

CCJBH-UC Berkeley (UCB) IA

- On March 13, 2024, CCJBH entered into an IA with the UC Berkeley Possibility Lab, to:

  - ✓ Maintain and update data inventory and dashboard.

    - Develop a Data Refresh Schedule

    - Transition work accomplished by the UC Berkely Policy Lab and BJA Resident Corrections Analyst

  - ✓ Continue building the PH/PS Framework and Data Visualization.

  - ✓ Engage with additional stakeholders on use cases, including how best to track the 2025 System Goals, inform system efforts (e.g., CalAIM, 988 implementation), etc.

CCJBH Project Updates

Juvenile Justice Compendium and Toolkit

Juvenile Justice Compendium and Toolkit Contract

- The Lived Experience Advisory Board and System Representative Community Advisory Boards (CABs) had their final meeting in February 2024 to provide input on the training and technical assistance plan.

- The draft Evidence-Based and Promising Practices Compendium Tableau has been posted to the CCJBH [website](#).

- The Implementation Toolkit is currently undergoing internal review by the RAND Corporation.

- The final compilation of the Compendium and Toolkit will be launched on April 19, 2024, at the CCJBH Juvenile Justice Workgroup, and will include presentations from CCJBH Councilmembers Mack Jenkins and Danitza Pantoja, the Office of Youth and Community Restoration (OYCR), CAB representatives and The RAND Corporation.

- The RAND Corporation is engaged in conversations with the OYCR on implementation of the training and technical assistance plan.

Words to Deeds
(W2D)

W2D

- In July 2023, the Council voted to allocate $166,668 from CCJBH's annual budget to further the efforts of W2D.

- Due to the Council's high level of interest, a proposal for additional on-going funding is forthcoming intended to sustain W2D ongoing efforts for future years.

- CCJBH is partnering with the Mental Health Services Oversight & Accountability Commission (MHSOAC) through an IA to collaborate on W2D to maximize resources for the Justice-Involved (JI) population.

- Efforts will include:

  - ✓ Two annual W2D convenings (one in July 2024 and one in Calendar Year 2025).

  - ✓ A workgroup and report to identify and document, respectively, the priority metrics for the BH/JI population, leveraging CCJBH's PH/PS Framework and Data Visualization, to inform system monitoring efforts.

Lived Experience Projects (LEPs)

State and Local-Level LEPs

- During the April 2023, Full Council Meeting, Councilmembers voted to establish one State and three Local-level LEP contracts.

- Through these new contracts, Contractors will:

  - ✓ Increase advocacy and training opportunities for individuals with Lived Experience (LE);

  - ✓ Raise organizational and community awareness on the needs of the behavioral health and justice-involved population;

  - ✓ Promote evidence-based practices that support the employment of individuals with LE; and

  - ✓ Enhance collaborative efforts at the regional and local level.

- The LEP Local-level Request for Proposals were released. RFP proposal submissions are due on April 8, 2024, by 3pm.

- The LEP State-level Request for Proposal was released. RFP proposal submissions are due on April 9, 2024, by 3pm.

Legislation Tracking

- The 2023-2024 Legislative Session began on December 4, 2023, and CCJBH is now tracking 107 bills this session.

- The bills being tracked by CCJBH cover juvenile justice and foster care, housing security, substance use disorders and issues addressing those deemed incompetent to stand trial.

- For more information and a list of bills CCJBH is tracking please visit our [website](#).

Additional Updates

Additional Updates

- **Justice-Involved Peer Support Specialty:** CCJBH staff continue to track the California Mental Health Services Authority's (CalMHSA) Medi-Cal Peer certification process and Health Care Access and Information (HCAI) Community Health Worker (CHW) certification process.

- **CalAIM:** CCJBH updated the ECM Referral Flyer for Justice System Partners to reflect the implementation of the justice-involved population of focus and new Medi-Cal Managed Care Plans within each county, both of which went live on January 1, 2024.

- **Housing/Homelessness:** CCJBH continues its collaboration with CDCR's Division of Adult Parole Operations (DAPO), Division of Adult Programs, and Office of Research. This joint effort supports the Secretary's role as an appointed member of the California Interagency Council on Homelessness (Cal ICH). We contribute by providing quarterly reports on the progress of CDCR's commitments, as outlined in Cal ICH's Action Plan for Preventing and Ending Homelessness in California.

Additional Updates Cont.

- **23rd Annual Legislative Report:** CCJBH has initiated work on the 2024 Annual Legislative Report, with plans to issue a call for report recommendations in early summer.

- **May is Mental Health Awareness Month:** CCJBH is planning informational Lunch and Learns to observe Mental Health Awareness Month. More information will be shared through CCJBH's website and weekly bulletin.

- **Juvenile Justice Facility Tour:** CCJBH Juvenile Justice Councilmember Advisors, CCJBH staff and the Chief Probation Officers of California will visit the Merced County Juvenile Justice Facility in late-March.

Additional Updates Cont.

- **Workgroup Updates:**

- **April Juvenile Justice Workgroup:** The workgroup will launch of the Juvenile Justice Toolkit with a collaborative presentation from CCJBH, the RAND Corporation and the Office of Youth and Community Restoration.

- **April Diversion/Reentry Workgroup:** The workgroup will highlight programs and services from Camden County Department of Corrections, Tarzana Treatment Centers College, and the Worker Education & Resource Center that utilize Peer Support Specialists to address the needs of the reentry population.

Upcoming Events

Juvenile Justice Workgroup
April 19, 2024, 12:45 PM- 2:45 PM

Diversion/Reentry Workgroup
April 19, 2024, 3:00 PM- 5:00 PM

CCJBH Full Council Meeting
June 28, 2024, 2:00 PM – 4:30 PM

Please visit our website at https://www.cdcr.ca.gov/ccjbh/
Email us at CCJBH@cdcr.ca.gov

If you would like to be added to CCJBH's listserv, click HERE.

THANK YOU!