

CCJBH Full Council Meeting Minutes

Friday, December 8, 2023

2:00-4:30 PM

MS Teams Meeting

I. Welcome & Introductions, Roll Call:

Councilmembers Present: Dr. Diana Toche (on behalf of Secretary Jeff Macomber), Christina Edens (on behalf of Stephanie Clendenin), Dr. Enrico Castillo, Anita Fisher, Sydney Armendariz (on behalf of Michelle Baass), Judge Stephen Manley, Tracey Whitney, Scott Svonkin, and Dr. Danitza Pantoja.

Councilmembers Absent: Mack Jenkins, Dr. Tony Hobson, and Diana Becton

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

Dr. Toche welcomed Councilmembers and public participants on behalf of Secretary Macomber and emphasized the full agenda for the meeting ahead.

II. Approval of October Meeting Minutes

Vote: Motion to adopt the October Full Council Meeting Minutes

Motion to approve the vote: Councilmember Scott J. Svonkin

Second: Judge Stephen Manley

No public comment on vote

Ayes: 8

Nays: 0

Abstains: 0

Not Available: 4¹

The October 2023 Full Council Meeting Minutes were approved.

III. Proposed 2024 Priorities

Brenda Grealish, *Executive Officer, CCJBH*

Ms. Grealish outlined the strategic direction and key initiatives the Council plans to undertake in 2024, leveraging the existing policy framework that has guided the Council's work in recent years. This framework, familiar to returning Councilmembers, continues to be highly relevant to the Council's objectives, particularly in serving the behavioral health and justice-involved populations.

¹ Note that Dr. Pantoja arrived following the first vote.

Ms. Grealish emphasized the Council's commitment to strengthening service delivery systems across various sectors to enhance access and effectiveness of services for these populations. She highlighted several initiatives aimed at improving the integration and delivery of primary care, behavioral health treatment, and criminogenic interventions. These initiatives include supporting California Advancing and Innovating Medi-Cal (CalAIM), the Behavioral Health Continuum Infrastructure Program (BHCIP), the Children and Youth Behavioral Health Initiative (CYBHI), the Community Assistance, Recovery & Empowerment (CARE) Act, efforts to improve the crisis continuum of care, and various diversion programs.

Housing emerged as a key priority, and Ms. Grealish highlighted the Council's advocacy efforts for increasing housing options for the behavioral health and justice involved (BH/JI). She underscored the Council's endorsement of interdisciplinary education and cooperation, including the contributions of California Department of Corrections and Rehabilitation (CDCR) within the framework of the California Interagency Council for the Homelessness Action Plan (Cal ICH).

The expansion of the behavioral health workforce was another key focus, with efforts to promote various programs aimed at enhancing this workforce, including Health Care Access and Information's (HCAI) Behavioral Health Wellness Coach, California Mental Health Services Authority's (CalMHSA) Forensic Peer Support Specialist, CDCR's Offender Mentor Certification Program, and California Correctional Health Care Services' (CCHCS) Integrated Substance Use Disorder Treatment (ISUDT) Peers.

Data-driven decision-making continues to be a cornerstone of the Council's approach, with plans to update and expand analyses and reporting for projects like the Medi-Cal Utilization Project (MCUP). Ms. Grealish also mentioned implementing recommendations from the Council on State Governments (CSG) Justice Center's Public Health Meets Public Safety (PH/PS) Framework and Data Visualization Dashboard, highlighting the importance of sharing data across sectors.

Community involvement and education are integral to the Council's strategy. Ms. Grealish detailed the ongoing work of the Juvenile Justice and Diversion/Reentry Workgroups, which focus on priority subjects determined by Councilmember Advisors. The Council is also developing new Lived Experience Project (LEP) state and local-level contracts for FY 2023-26 to ensure that the perspectives of those directly affected by the criminal justice system inform the Council's work.

Ms. Grealish concluded her presentation by reiterating the Council's dedication to hosting special events to educate stakeholders on topics related to the BH/JI population. These efforts underscore the Council's multifaceted approach to addressing the complex needs of

these populations through service improvement, housing advocacy, workforce expansion, data-driven insights, community involvement, and cross-sector education.

Proposed topics and meeting dates for Full Council Meeting:

- March 22, 2024: Innovations in Substance Use Disorder (SUD) Treatment and CCJBH MCUP Report
- June 28, 2024: Housing for the BH/JI Population and CCJBH's Meet the CCJBH LEP Contractors
- September 27, 2024: CDCR Probation and Sheriffs on the Implementation of CalAIM and CCJBH's PH/PS Project
- December 6, 2024: 988 Crisis Response and CCJBH Year in Review and 2025 Planning

Proposed topics and meeting dates for Juvenile Justice Workgroups:

- February 16, 2024: Restorative Justice for Juveniles with Behavioral Health Needs
- April 19, 2024: RAND Contract Close-Out and Gang Interventions
- June 14, 2024: Residential Treatment for Serious Mental Illness/SUD Treatment (including SB 823 youth)
- August 16, 2024: CYBHI, California Department of Public Health (CDPH) Public Education and Change Campaign, Universal Fee Schedule, and New CalHOPE Kooth Mobile App
- October 25, 2024: California Department of Education (CDE) Overview Behavioral Health and Criminal Justice School Collaborative

Proposed topics and meeting dates for Diversion/Reentry Workgroups:

- February 16, 2024: Addressing Hiring Barriers for the BH/JI Population
- April 19, 2024: CDCR's ISUDT Behavioral Health Peers and CDCR'S Offender Mentor Certification Program SUD Counselor Certification
- June 14, 2024: Multi-System Application of Risk-Needs-Responsivity in Service Delivery to the BH/JI Population
- August 16: HCAI Justice System Involved Youth Behavioral Health Pipeline and other HCAI Behavioral Health Workforce Efforts.
- October 25: CARE Act Update

Proposed topics and meeting dates for Special Events:

- May: Mental Health Awareness Month
- September: Suicide Prevention Month and Recovery Awareness Month

All of the above meeting topics are subject to change based on Council priorities.

Q&A with Councilmember Advisors

Q: Councilmember Svonkin proposed amendments to the proposal, suggesting the addition of other awareness months that could benefit the target populations. He also proposed a second amendment to facilitate the sharing of information and data with law enforcement, aiming to prevent individuals with mental health illnesses from entering the criminal justice system.

Q: Dr. Enrico Castillo sought clarification on the specifics of Councilmember Svonkin's amendments and the implications of these additions. He also requested that motions be typed into the chat feature to allow for clearer understanding and documentation of the proposals in a written format.

A: Councilmember Svonkin elaborated on his motion, recommending that the council leave calendar space for potential inclusion of additional awareness activities. He emphasized the importance of embracing all relevant awareness initiatives that could benefit the community. Furthermore, he proposed the development of training opportunities for law enforcement officers, designed to equip them with the skills necessary to support individuals with mental health illnesses effectively, aiming to keep them out of the criminal justice system.

A: Councilmember Svonkin called for a Council motion and subsequent vote to approve the priorities outlined in the 2024 calendar year work plan. This approval would empower Council staff to incorporate additional awareness activities as deemed necessary and to identify, as well as distribute, training resources beneficial for law enforcement officers engaged with the behavioral health justice population.

Vote: Motion to approve the calendar and propose the addition of discussions on incorporating more "Awareness" months, as well as a proposal to collaborate with law enforcement peers by engaging in conversations, sharing information with law enforcement agencies, and conducting scenario-based training and education.

Motion to approve the vote: Councilmember Svonkin

Second: Judge Stephen Manley

No public comment on vote

Ayes: 8

Nays: 0

Abstains: 1

Not Available: 3

The proposed priorities for 2024 were approved.

IV. Department of State Hospitals (DSH) Presentation: DHS Diversion Program and Felony Incompetent to Stand Trial Solutions

Christina Edens, Chief Deputy Director, Department of State Hospitals and

*Ashley Breth, Assistant Deputy Director, Community Forensic Partnerships Division,
Department of State Hospitals*

Ms. Christina Edens and Ms. Ashley Breth provided an overview of DSH organization's operations, initiatives, and strategic focus. Ms. Edens shared that the Department oversees 5 state hospitals, employing about 13,000 staff and offering a variety of programs, including conditional release, jail-based competency treatment, early access, and stabilization services. She emphasized the Department's unique focus on mental health populations involved in felony charges, distinguishing their efforts from the broader California behavioral health system.

Ms. Edens highlighted the increase in Felony Incompetence to Stand Trial (FIST) referrals, pointing out the significant challenges faced by the Department, particularly exacerbated by the COVID-19 pandemic. She noted that the FIST waitlist surged to nearly 2,000 individuals in early 2022, reflecting the acute impact of the pandemic on the Department's capacity to provide timely care. In response to these challenges, including legal pressures from the American Civil Liberties Union mandating expedited treatment timelines, Ms. Edens explained the Department's proactive approach in expanding its capacity and refining its services.

Ms. Breth further expanded on the felony IST Mental Health Diversion Program and Community Based Restoration programs, both pivotal in addressing the IST challenge. She explained that the introduction of these programs marked a transformative approach towards managing FIST referrals, with the diversion program specifically designed to reroute individuals away from the competency restoration track, potentially leading to the dropping of charges upon successful treatment completion. This shift from pilot to permanent programs signifies the Department's robust commitment to enhancing community-based care, supported by increased funding and resources.

Ms. Edens underscored the Department's concerted efforts to study the FIST population, revealing that a substantial proportion suffers from treatable severe mental illnesses such as schizophrenia, bipolar disorder, and schizoaffective disorder. This research informs targeted interventions aimed at reducing recidivism among this vulnerable group, many of whom are homeless and have not accessed vital mental health services prior to their arrest.

In an attempt to reduce FIST wait times and improve access to care, Ms. Edens shared successes, particularly with the early access to stabilization services program, which significantly cut down the average wait time for commencing treatment. She expressed optimism about the strategic expansion of community-based services and the establishment of a comprehensive continuum of care, illustrating a forward-thinking approach to mental health justice that emphasizes rehabilitation over incarceration.



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Q&A with Councilmember Advisors

- Q:** Councilmember Svonkin inquired for clarification on what the board's real capacity looks like, followed by a question regarding the funding covered by Los Angeles County in proportion to other smaller counties. He also asked about the 15 individuals who have had 15 contacts with law enforcement; specifically, if there is any program focusing on reducing those numbers and reaching those individuals earlier.
- A:** Ms. Edens responded that the Department acts as the last resort and is often the last to learn about those arrests. She noted that the Department lacks a program or funding dedicated to preventative actions. Ms. Edens also highlighted the felony IST Growth Cap, which limits counties to their IST referral rates of a fiscal year. Exceeding that baseline results in fines for the county, with the collected fines reinvested into creating more programs to mitigate and reduce felony IST.
- Q:** Councilmember Svonkin questioned the program's effectiveness in preventing individuals from reoffending.
- A:** Ms. Edens clarified that the IST status is a legal commitment rather than comprehensive mental health treatment. It aims at restoring individuals' capacity to stand trial post-treatment. The duration of an individual's stay is influenced by jail-based competency treatment programs, with an average hospital stay of 70 days. Funding covers up to 18 months or longer if needed, emphasizing the importance of a post-hospital plan for continued treatment. Ms. Edens emphasized that the program's goal is not immediate reintegration but preparing individuals for successful reentry into society.
- Q:** Councilmember Svonkin asked if Proposition 1 (Prop1) funds could be allocated to the program.
- A:** Ms. Edens expressed uncertainty regarding the proposition's applicability to the program.
- Q:** Councilmember Svonkin sought clarification on whether Prop1 was the health initiative on the ballot for the following year.
- Q:** Ms. Edens inquired if he referred to the Behavioral Health Services Act (BHSA).
- A:** Ms. Grealish clarified that the question pertained to the BHSA.
- A:** Ms. Edens stated that Prop 1 would not apply to the program as it operates outside the BHSA framework, adding that ideally individuals would transition from the DSH system of care to the BHSA or Medi-Cal.
- Q:** Councilmember Svonkin inquired about the funding's proportionality.
- A:** Ms. Breth explained that funding is based on the number of FIST cases in the county, ensuring a minimum of one risk assessment. The Community Program Director allocates a percentage of a single position for smaller counties, which must use structured risk assessment tools to participate.



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- Q:** Councilmember Anita Fisher asked if the Department has legislative representation to advocate for the individuals and the program itself.
- A:** Ms. Edens mentioned Director Kate Warburton has worked in coordination with the CARE Act in an advisory capacity.
- Q:** Judge Manley called for a re-examination of the next steps for individuals who have completed the diversion program, noting that once they are done, they do not receive the same level of service. He highlighted the lack of resources at the county level for those who have not committed felonies but need help, and for those who have committed felonies and are waiting in prison for treatment. He emphasized the need for the system to recognize when a person is mentally ill and to reconfigure a program that provides long-term, not just short-term, treatment.
- A:** Ms. Edens reiterated that the program's goal is to educate and support the county in transitioning individuals from prison to state hospitals and beyond the program.
- Q:** Judge Manley expressed his concern that if this isn't viewed as an ongoing need for individuals who will be out in the community striving to succeed, it won't see beyond short-term solutions and recognize the necessity for long-term solutions. He suggested that ensuring the necessary ongoing treatment is available at the level needed may be the real challenge.
- A:** Ms. Edens addressed Judge Manley's concern by mentioning the program's collaboration with other departments such as BHSA, CalAIM, and CARE Court to provide continued resources and programs for those who have completed the first step in the program.
- Q:** Councilmember Tracy Whitney raised concerns about focusing exclusively on reducing the FIST waitlist to the detriment of other concerns, noting that such a focus could result in many people sitting in jails while waiting for a program under Murphy Conservatorship, whereas previously they were in state hospitals. She questioned if transferring individuals from county programs to hospitals and back was beneficial and inquired about ideas for LA County to create more programs and extend the program so individuals receive full treatment, not just a "taste" of it.
- A:** Ms. Edens noted that workgroups are working directly with Los Angeles County and participate in court meetings every few months.
- Q:** Ms. Grealish asked if Monterey County was a DSH county.
- A:** Ms. Breth responded that Monterey County was not part of the pilot program. They are preparing to release the first letter of intent to contract and are still gathering information on counties interested in working with the program permanently. More information on county interest is expected in the next quarter or two, with a rolling basis for reaching out to counties and offering support and engagement.

Q: Councilmember Svonkin inquired about the potential oversight of individuals' needs in certain areas, questioning if some should be kept longer or shorter in treatment. He expressed concern that focusing solely on one area might reduce opportunities and asked where a discussion about expanding opportunities and focusing on other individuals could take place, noting that departments might not be fully addressing the needs of these individuals, leading them to get lost in a cycle.

A: Ms. Grealish addressed Councilmember Svonkin's concerns by stating that groups are addressing these issues more deeply, including the Division/Reentry Workgroup, and the CSG Justice Center, which has provided a report to help narrow areas needing strengthening and expansion. CCJBH's Annual Legislative Reports document recommendations and enhancing care management by providing more information is a goal. The new benefits aim to address issues upstream and integrate into other projects like BHCIP. Ms. Grealish emphasized that state hospitals are excelling at reducing the recidivism rate due to the quality of treatment, but mental illness is only one of many reasons individuals commit crimes, suggesting that other factors also need consideration.

***** PUBLIC COMMENT *****

Q: A participant commented on their pilot program's use of beds, expressing concern about insufficient bed availability and questioning where additional beds can be accessed and the associated timeline. The participant also raised concerns about the care for chronically ill individuals within the community. They inquired whether the community programs are accepting individuals with serious felonies and if there are people who could benefit from these programs but are currently being excluded.

V. CCJBH Business Meeting

Brenda Grealish, *Executive Officer*, CCJBH

Bagley-Keene Update

Existing Law: Under Government Code Section 11123, a state body is permitted to hold a meeting by teleconference subject to certain requirements, including, among others:

- Agendas are posted at all teleconference locations.
- Each teleconference location is identified in the notice and agenda of the meeting.
- Each teleconference location is accessible to the public.
- Members of the public are provided an opportunity to address the state body directly at each teleconference location.
- "Teleconference" means a meeting of a state body, the members of which are at different locations, connected by electronic means, through either audio or both audio and video.



Government Code Section 11123.2: Effective January 1, 2024, and until January 1, 2026, in addition to the authorization to hold a meeting by teleconference under Section 11123, as an alternative, a state body may also 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.
- “**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.
- A member who attends and participates from a remote location may count toward the required majority if the member has a need related to a physical or mental disability that is not otherwise reasonably accommodated.

Additional Requirements Under Section 11123.2

- Members shall visibly appear on camera during the meeting unless the appearance would be technologically impracticable.
- The required notice and agenda shall include a teleconference telephone number, an internet website/online platform, and a physical address for each teleconference location in order for the public to remotely hear audio, remotely observe the meeting, remotely address the body, or attend the meeting.
- Upon discovering that a means of remote public access has failed during a meeting and cannot be restored, the state body shall adjourn the meeting, and shall provide notice of the meeting’s adjournment.
- All votes taken shall be by roll call, and the state body shall publicly report any action taken and the vote/abstention on an action of each member present.

For more on Bagley-Keene Requirements see the CCJBH [Bagley-Keene Fact Sheet](#).

Advisory Body Work Groups: Effective January 1, 2024, and until January 1, 2026, a state body that is an advisory body may also hold a meeting by teleconference as described in the amended Section 11123.5.

- A state body shall designate the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting, observe and hear the meeting, and participate.
- The state body shall provide notice to the public at least 24 hours before the meeting that identifies any member who will participate from a remote location.



- “At least one staff member of the state body shall be present at the primary physical meeting location during the meeting.”
- Members shall visibly appear on camera during the meeting unless the appearance would be technologically impracticable.

A Year-in-Review

On April 19, 2023, Senate President Pro Tempore, Toni Atkins, appointed Enrico Castillo, M.D., and Diana Becton, J.D., to the Council. Dr. Castillo is a community psychiatrist and researcher at UCLA, who brings expertise in mental health, with a specific focus on unhoused populations. He leads a study funded by the National Institute of Mental Health on the jail-to-homelessness pipeline and is recognized for developing national medical curricula on health equity and advocacy. District Attorney Diana Becton, selected for her criminal justice perspective, is currently serving as the 25th District Attorney for Contra Costa County and adds over two decades of legal experience to the Council. With these appointments, the Council is fully staffed for the first time in several years.

In 2023, CCJBH saw an overall increase in participation for both Full Council and Workgroup meetings. The greatest increase occurred for the Full Council meetings, with a 70% increase between the highest attended meeting in 2023 compared to 2022: 78 participants for the January 2022 Full Council Meeting on the Behavioral Health Continuum of Care. 132 participants for the January 2023 Full Council Meeting on the [California Crisis Continuum of Care](#).

CCJBH workgroups were equally active, with five meetings for the Juvenile Justice Workgroup focusing on a range of topics, including [restorative justice](#), [student behavioral health](#), [SB 823 implementation](#), and [the Mental Health Services Oversight and Accountability Commission \(MHSOAC\) student behavioral health initiatives CSG](#). CCJBH's Diversion/Reentry Workgroups focused on [the CSG Justice Center's final diversion report](#), growing the [behavioral health peer workforce](#), [programs and initiatives to support workforce development for BH/JI individuals](#), [access to Supplemental Security Income and Social Security Disability Insurance](#), and information on [peer support specialists](#).

Special webinars, including the LEP showcase and mental health awareness webinar, were conducted. Additionally, CCJBH published 44 newsletters throughout the year, reaching over 1,000 participants for each distribution.

Several milestones were achieved, including the approval of our [2022 Legislative Report](#), the launch of the [Public Health Meets Public Safety Data Framework](#), and the completion of a [Medical Utilization Report for Individuals Released from CDCR in Fiscal Year 2019-20](#). CCJBH also focused on supporting Cal AIM and completing the first round of [three-year LEP contracts](#). Furthermore, CCJBH successfully utilized unspent funds for a PH/PS collaboration with UC Berkeley. The Council remained active in legislative tracking, budget summaries, and provided input to Department of Health Care Services (DHCS) on their Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) waiver.

Annual CCJBH Legislative Report

CCJBH has completed the draft 2023 Annual Legislative Report. The delay in its submission last year was due to changes in the approval routing process. There are efforts

to refine this process to expedite it, aiming for a faster turnaround. The report incorporates information from the Council's workgroup meetings, Full Council Meeting, and input from Councilmembers.

Currently, the draft report is under review by partner agencies mentioned in the report to ensure accuracy, especially considering the numerous agencies are involved and mentioned. After this review, CCJBH will make it available for Councilmembers and the public on the CCJBH website for review.

Following this period, the Council may convene an additional meeting, possibly before our scheduled March Full Council Meeting, to vote on approving the report. CCJBH's goal is to submit it to the legislature promptly, and CCJBH will monitor the routing process closely to maintain efficiency.

CCJBH Project Updates

- **CalAIM:** CCJBH developed the following materials to support justice system partners in navigating CalAIM:
 - An [informational factsheet](#) with high-level information on the CalAIM initiatives relevant to the justice-involved population with behavioral health needs.
 - A [CalAIM 101 Overview](#), which CCJBH developed and recorded in partnership with DHCS, to outline the CalAIM initiatives. The [PowerPoint presentation](#) is also available.
 - A Cal AIM Enhanced Care Management (ECM) [informational flyer](#), which CCJBH developed in collaboration with DHCS and other system partners to guide justice system partners on the process of making an ECM assessment referral for the justice-involved population, many of whom have behavioral health needs.
 - A list of [ECM Referral processes](#) for each Medi-Cal Managed Care Plan, by county.
- **Juvenile Justice Compendium and Toolkit:** The Lived Experience Community Advisory Board (CAB) and System Representative CAB continue to meet to provide input on the compendium and implementation toolkit. The draft Evidence-Based and Promising Practices Compendium Tableau has been posted to the [CCJBH website](#) and is being tested for usability with three county probation departments. The RAND Corporation is currently working on the Implementation Toolkit, which will provide detailed information on how an organization could implement the programs and practices featured in the Compendium. The initial draft of the Toolkit is expected to be completed in December 2023.
- **Pre-Trial Diversion Training and Technical Assistance:** CCJBH contracted with the CSG Justice Center for subject matter expert specialty consultation services and technical assistance to counties to enhance, sustain, and/or expand local capacity to successfully implement mental health diversion. CSG also facilitated 12 collaboration



meetings to assess what is working (or not) within local diversion systems and examine the impacts of COVID-19 on diversion efforts. The information captured from these efforts has been summarized into a final report that provides recommendations to support efforts to expand diversion best practices statewide. Once final, CCJBH will disseminate the report via the CCJBH listserv and posting to the CCJBH website. Note: the draft findings and recommendations for this report may be found in the meeting materials from the February 2023 Diversion and Reentry Workgroup on the [CCJBH website](#).

- **CDCR-DHCS Medi-Cal Utilization Project:** The [Medi-Cal Utilization Project Report](#) examines Medi-Cal enrollment and behavioral health service utilization for individuals released from CDCR in FY 2019-20. As with prior reports, the report:
 - Presents updated Medi-Cal enrollment and Managed Care Plan selection rates.
 - Examines mental health and substance use disorder services penetration and engagement rates stratified by identified behavioral health needs at the time of release.

CCJBH staff are beginning to analyze data for individuals released in FYs 2020-21 and 2021-22. Once final, CCJBH will disseminate the report via the CCJBH listserv and posting to the CCJBH website.

- **Public Health Meets Public Safety UC Berkeley Contract:** The Interagency Agreement (IA) with UC Berkeley ended on August 30, 2023. The contract goals included:
 - Determining key indicators for the treatment domain for the PH/PS Data Visualizations.
 - Identifying public data sources to populate treatment domain indicators.
 - Developing data visualizations for the treatment domain.

CCJBH is working to incorporate behavioral health prevalence rates, overdose rates, suicide rates, and behavioral health workforce shortage area data into the PH/PS Data Visualization. CCJBH is in the process of establishing a new IA with UC Berkeley's Possibility Lab to continue building out the PH/PS Framework and Data Visualization, as per the Councilmember vote at the July 2023 Full Council Meeting. The contract is expected to start in winter 2024. The Resident Corrections Analyst (RCA), which is funded through the U.S. Department of Justice, Justice Reinvestment Initiative (JRI), has been onboarded and will be using the PH/PS Data Visualization to 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. The RCA will also produce documentation of protocols for retrieving, cleaning, and standardizing PH/PS Data Visualization data.



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- **Words 2 Deeds (W2D):** In July 2023, the Council voted to allocate \$166,668 from CCJBH's annual budget to further the efforts of [W2D](#). CCJBH is partnering with the MHSOAC to collaborate on W2D to maximize resources for the justice-involved population. Efforts will include support for the annual W2D conference/workshop and support for a convening to identify priority metrics for the BH/JI population that may be used to inform system monitoring efforts.
- **CCJBH Lived Experience Projects:** The CCJBH State LEP contract with the California State University, Sacramento (CSUS), and Regional LEP ended on June 30, 2023, culminating in a final [presentation](#) to Councilmembers. The MCUP Listening Session Summary Report, which summarizes information gathered from individuals with lived experience on their health and behavioral health services experiences/preferences, is the final deliverable under the CSUS LEP contract. Once finalized, the report will be published on the CCJBH website and disseminated via the CCJBH listserv. Per the Councilmember votes at the April 2023 Full Council Meeting, CCJBH staff are developing requests for proposals to secure new State and Local-Level LEP contracts.
- **Justice Involved Peer Support (JIPS) Specialty:** CCJBH believes that the use of JIPS Specialists can be of significant benefit to the BH/JI population. JIPS Specialists are individuals who have lived experience with behavioral health conditions and are or have been, involved with the justice system. CCJBH staff continues to track CalMHSA's Medi-Cal Peer Certification process. Similarly, CCJBH staff continue to track HCAI's Community Health Worker certification process.
- **Housing & Homelessness:** CCJBH continues to work with CDCR's Division of Adult Parole Operations and Office of Research to support the Secretary's participation as an appointed member of Cal ICH by providing quarterly reports on the progress of CDCR's commitments specified in [Cal ICH's Action Plan for Preventing and Ending Homelessness in California](#). CCJBH continues to track the efforts of the U.S. Interagency Council on Homelessness, Cal ICH, Housing and Community Development, and other state agencies that operate related housing programs (e.g., Board of State and Community Corrections, CA Department of Social Services, DHCS).
- **Legislation:** The California Legislature will reconvene on January 3, 2024. In [FY 2022-23](#), CCJBH tracked a total of 143 bills, 38 of which were 2-year bills, 52 were chaptered and/or enrolled by the end of September 2023, 15 were vetoed, 37 have been signed into law, and 53 Bills died in committee. For a complete list of the bills tracked by CCJBH for the 2023 session of the Legislature, please visit our website at [CCJBH Legislation Update](#).

VI. Upcoming Meetings (via Teleconference and in person)

The next [Juvenile Justice Workgroup](#) will be Friday, February 16, 2024, from 12:45 – 2:45 PM and focus on restorative justice. The next [Diversion/Reentry Workgroup](#) will be Friday, February 16, 2024, from 3:00 – 5:00 PM and focus on employment for the



justice-involved population. The next [Full Council Meeting](#) will be Friday, March 22, 2024, from 2:00-4:30 PM and the topic is TBD.

VII. Adjourn