



CCJBH

Council on Criminal Justice and Behavioral Health

20 YEARS

*of building bridges
to prevent incarceration*

Diversions/Reentry Workgroup

August 23rd, 2024



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Webinar Policies

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 without warning. In the event of a security incident, this session will end immediately and will not resume. If this occurs, a separate email will be sent to all participants with further instructions.

COMMENTARY

Participant comments in the Q&A 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 using the Q&A, 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, and users creating disruption may be removed without warning.



Housekeeping

**** Workgroup is being recorded ****

- Remote Participants:
 - 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 by the host.
- In-person Participants:
 - Complete a note card with your name and organization and hand it to the registration table.
 - You will be called to the podium during the public comment period.
- Keep public comment to agenda items being discussed.
- Members of the public should be prepared to complete their comments within **2 minutes** or less if a different time allotment is needed and announced by the Executive Officer.

Email:

CCJBH@cdcr.ca.gov



Agenda

Time	Topic:
3:00 PM	Welcome and Introductions
3:10 PM	Reflection on June 2024 Diversion/Reentry Workgroup
3:25 PM	The Council on State Governments (CSG) Justice Center Presentation on Evidence-Based Corrections
3:45 PM	Boulder County Presentation on the Implementation of Collaborative Comprehensive (CC) Case Plans
4:05 PM	Orange County (OC) Probation Department Presentation on the Application of Evidence-Based Corrections



Agenda (cont'd)

Time	Topic:
4:25 PM	Q&A with Councilmember Advisors
4:45 PM	Public Comment
4:55 PM	Announcements
5:00 PM	Adjourn



Councilmember Advisor Reflections on the June 2024 Diversion/Reentry Workgroup



Questions for Councilmember Reflections

1. What are the key takeaway(s)/reflection(s) from these presentations?
2. Based on these takeaways/reflections, what recommendation(s) would you propose for consideration in the CCJBH Annual Legislative Report (if any)?
3. Should CCJBH continue working on this issue and, if so, how (continued discussion in workgroup meetings, informational research, etc.)?



The Council on State Governments (CSG) Justice Center

Hallie Fader-Towe, *Director of Justice and Health Initiatives, CSG*
Katie Herman, *Senior Policy Analyst, Behavioral Health, CSG*





Justice Center

THE COUNCIL OF STATE GOVERNMENTS

Collaborative Comprehensive Case Planning

Council on Criminal Justice and Behavioral Health Diversion and Reentry Workgroup Meeting

August 23, 2024 | Hallie Fader-Towe and Katie Herman

Presentation Outline

I. Introductions, and Organization Overview

II. Risk-Need-Responsivity

III. Collaborative Comprehensive Case Planning

IV. MediCal Reentry Coordination

V. Questions and Answers

Presenters

- Hallie Fader-Towe, *Director of Justice and Health Initiatives, the Council of State Governments Justice Center*
- Katie Herman, *Senior Policy Analyst, the Council of State Governments Justice Center*

The Council of State Governments Justice Center

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

How We Work

- We bring people together
- We drive the criminal justice field forward with original research
- We build momentum for policy change
- We provide expert assistance

Our Goals

- Break the cycle of incarceration
- Advance health, opportunity, and equity
- Use data to improve safety and justice

Equity and Inclusion Statement



The Council of State Governments Justice Center is committed to advancing racial equity internally and through our work with states, local communities, and Tribal Nations.



We support efforts to dismantle racial inequities within the criminal and juvenile justice systems by providing rigorous and high-quality research and analysis to decision-makers and helping stakeholders navigate the critical, and at times uncomfortable, issues the data reveal. Beyond empirical data, we rely on stakeholder engagement and other measures to advance equity, provide guidance and technical assistance, and improve outcomes across all touchpoints in the justice, behavioral health, crisis response, and reentry systems.

Second Chance Act Training and Technical Assistance: Medicaid and Corrections

- The CSG Justice Center has been asked by BJA as part of our Second Chance Act (SCA) Health and Housing training and technical assistance (TTA) work to support states and localities in their efforts to leverage Medicaid to support people in the justice system
- This work includes TTA to states and local governments, development of resources such as a webpage, briefs, and hosting a Medicaid and Corrections Policy Academy

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Risk Reduction: A Brief Review

What is risk reduction all about?

- Risk principle helps us understand WHOM to focus interventions on
- Accurate assumptions about which individuals are likely to commit a crime
- Effectively targeting interventions and supervision to lower the likelihood a person will commit a crime

Risk-Reduction Snapshot

- The **RISK** principle tells us **WHOM** to target.
- The **NEED** principle tells us **WHAT** to target.
- The **RESPONSIVITY** principle tells us **HOW** to target.

Risk Reduction Means Using Risk-Need-Responsivity (RNR)

Risk principle: Match the level of service to the person's likelihood to reoffend.

HIGHER RISK= MORE INTERVENTION
= MORE STRUCTURE
= MORE SUPERVISION
= MORE OF YOUR RESOURCES

Risk Reduction

To have enough resources for higher-risk individuals, we must allocate FEWER resources to people who are at a lower risk of reoffending.

LOWER RISK= LESS INTERVENTION
= LESS STRUCTURE
= LESS SUPERVISION
= FEWER OF YOUR RESOURCES

Criminogenic Needs and the Need Principle

Criminogenic:

- Dynamic or *changeable* factors that contribute to the likelihood that someone will commit a crime

Need Principle:

- Assess criminogenic needs and target those needs with treatment and interventions

Major Risk/Need Factor	Characteristics	Dynamic Need
Family/Marital	Two key elements are weak: nurturance/caring and poor monitoring/supervision	Reduce conflict, build positive relationships, enhance monitoring/supervision
Substance Use	Misuse of alcohol and other drugs	Reduce substance use; reduce personal and interpersonal supports for substance-oriented behavior; enhance alternatives to drug misuse
Antisocial Friends and Peers	Close association with criminal others and relative isolation from anticriminal others; immediate social support for crime	Reduce association with criminal others; enhance association with anticriminal others

Source: D. Andrews and C. Dowden, "The Risk-Need-Responsivity Model of Assessment in Human Service and Prevention and Corrections: Crime Prevention Jurisprudence," *Canadian Journal of Criminology and Criminal Justice*, 49, no. 4, (2007): 439-464.

**Major risk/need (criminogenic) factors and associated dynamic needs
(i.e.: promising intermediate targets for reduced recidivism)¹**

Major Risk/ Need Factor ²	Characteristics	Dynamic Need
Antisocial Attitudes	Attitudes, values, beliefs, and rationalizations supportive of crime, and cognitive emotional states of anger, resentment, and defiance. Criminal/reformed criminal/anti-criminal identity.	Reduce antisocial cognition; recognize risky thinking and feeling; build up alternative, less risky thinking and feeling; adopt reform/anti-criminal identity.
Antisocial Friends and Peers	Close association with criminal others; from anti-criminal others; immediate	enhance
Antisocial Personality Pattern	Adventurous pleasure seeking, weak aggressive, callous, and disagreeable	ent skills, anger
Family/Marital	Two key elements are weak nurturance/caring and poor monitoring/supervision.	Reduce conflict, build positive relationships, and enhance monitoring and supervision.
Substance Abuse	Abuse of alcohol and/or other drugs.	onal and ted behavior,
School/Work	Low levels of performance; satisfi work (low socio-economic achievement)	actions.
Leisure/ Recreation	Low levels of involvement and satisfi leisure pursuits.	actions.

**Communication Skills:
Judges, probation officers, service providers, mentors, jail staff, prison staff**

**Services:
Addiction Treatment
Co-occurring Disorder Treatment
Job Training/Employment
Readiness**

¹ Excerpted from Andrews, D., & Dowden, C., *The Risk-Need-Responsivity Model of Assessment in Human Service and Prevention and Corrections: Crime Prevention Jurisprudence*, Canadian Journal of Criminology and Criminal Justice, 49 (4), 439-464 (2007).

² The minor risk/need factors (and less promising intermediate targets for reduced recidivism) include the following: personal/emotional distress, major mental disorder, physical health issues, fear of official punishment, physical conditioning, low IQ, social class of origin, seriousness of current offence, and other factors unrelated or only mildly related to offending.

Responsivity Principle

Individual strengths, or “protective” factors, that may be built upon in treatment planning.

- Computer skills
- Strong family relationships
- High educational level
- History of stable employment
- Strong ties to recovering community

Presentation Outline

I. Introductions, and Organization Overview

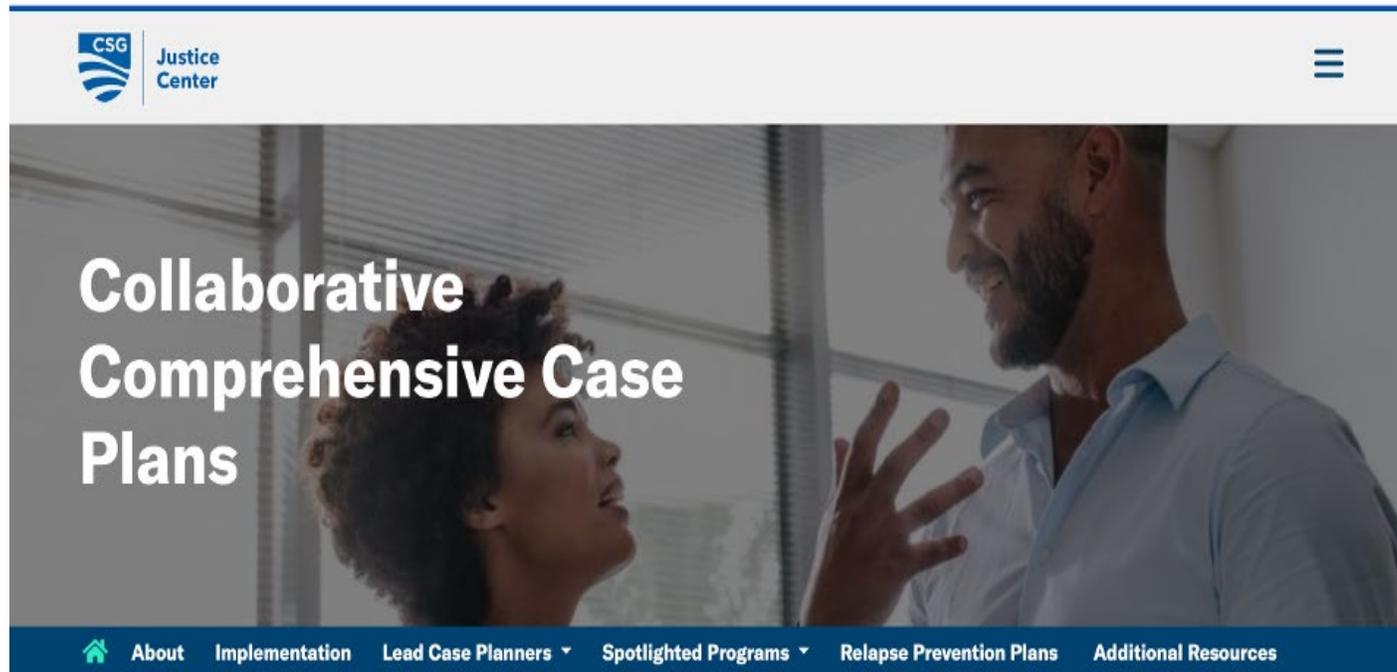
II. Risk-Need-Responsivity

III. Collaborative Comprehensive Case Planning

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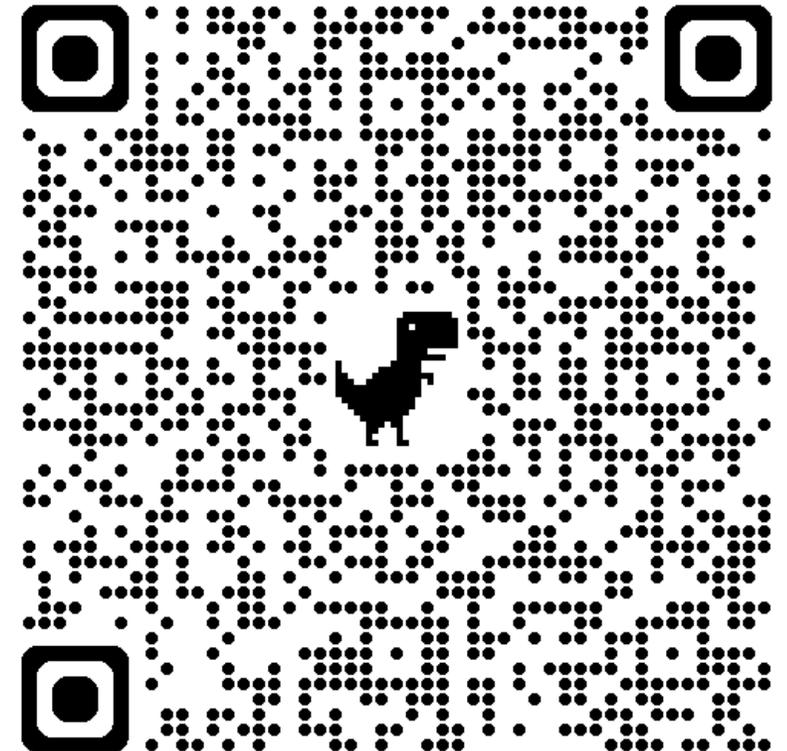
V. Questions and Answers

Collaborative Comprehensive Case Plans



The [Criminogenic Risk and Behavioral Health Needs framework](#), released in 2012, introduced state leaders and policymakers to the concept of prioritizing supervision and treatment resources for people based on their criminogenic risk and needs, as well as their behavioral health needs. Since then, the framework has been used as a foundational tool by federal grantees of the [Second Chance Act \(SCA\)](#) and the [Justice and Mental Health Collaboration Program \(JMHC\)](#), among others, to reduce people's risk of recidivism and advance their recovery goals.

Now, even though criminal justice and behavioral health professionals have the tools to identify high-risk and high-needs people in the criminal justice system.



Collaborative Comprehensive Case Plans

Online tool that helps behavioral health and criminal justice professionals integrate the risk/needs information gathered from assessments into case plans that engage the person reentering the community.

Each example is centered around a leading agency (a lead case planner) that oversees the case planning process and engages the appropriate people in the partnering agencies, the participant, and the people in the participant's support system.

Elements of Developing Collaborative Comprehensive Case Plans

- Identifies and builds on the person's strengths and involves the individual in development of their plan
- Goals/objectives are specific, measurable, achievable, relevant, and time bound (SMART)
- Outlines gender and cultural considerations (responsivity principle)
- Lists practical strategies for case conference procedures

Developing Collaborative Comprehensive Case Plans



Source: "Collaborative Comprehensive Case Plans," CSG Justice Center, accessed July 29, 2024, <https://projects.csjusticecenter.org/collaborative-comprehensive-case-plans/>.

Collaborative Comprehensive Case Plans

Lead Case Planner: Behavioral Health Treatment Provider

Lead Case Planner: Community Supervision Agency

Lead Case Planner: Correctional Agency

Relapse Prevention Plans

INTERAGENCY COLLABORATION AND INFORMATION SHARING 

STAFF TRAINING 

SCREENING AND ASSESSMENT 

CASE CONFERENCE PROCEDURES 

PARTICIPANT ENGAGEMENT 

PRIORITIZED NEEDS AND GOALS 

RESPONSIVITY 

LEGAL INFORMATION 

PARTICIPANT STRENGTHS 

GENDER CONSIDERATIONS 



Priorities and Components to Implementing CC Case Plans

1. Interagency Collaboration and Information Sharing >

2. Staff Training >

3. Screening and Assessment >

4. Case Conference Procedures >

5. Participant Engagement >

6. Prioritized Needs and Goals >

7. Responsivity >

8. Legal Information >

9. Participant Strengths >

10. Gender Considerations >

Agencies should use validated criminogenic risk, substance use disorder, and mental illness screenings and assessments to choose which participants are placed in reentry and diversion programs and to help them develop these participants' case plans. Once the appropriate people in the partnering agencies have participants' assessment results, they should incorporate this information into their case plans, and the results should inform the priorities of the case plan.

▶ Read More

Resources:

- ✓ [Mental Health Screens for Corrections](#)
- ✓ [On the Over-Valuation of Risk for People with Mental Illnesses](#)
- ✓ [Advancing Fairness and Transparency: National Guidelines for Post-Conviction Risk and Needs Assessment](#)
- ✓ [Risk Needs Assessment 101: Science Reveals New Tools to Manage Offenders](#)
- ✓ [Screening and Assessment of Co-occurring Disorders in the Justice System](#)
- ✓ [Three Things You Can Do to Prevent Bias in Risk Assessment](#)

Opportunities for Collaboration and Information Sharing

Participant	∨
Participant Support System (including family, friends, and other sources of support)	∨
Children's Service Agencies (including welfare agencies, schools, day care providers, pediatric health care providers)	∨
Medical Provider	∨
Substance Use Disorder Treatment Provider	∨
Mental Illness Treatment Provider	∨
Courts	∨
Community Supervision	∧

Lead case planner sends the following information:

- Housing location and contact information
- List of participant's current medications
- Screening and assessments, including substance use, mental illness, and criminogenic risk and needs
- List of current medications, treatment, and other support services the participant engaged in while in custody
- Participant's legal status and history, including disciplinary history while in custody
- Release date

Lead case planner receives the following information:

- Conditions of community supervision
- Participant's community supervision history and current pertinent details that might affect community supervision status and any diversion programming, if applicable
- Community-based treatment and support services resources for use in reentry planning

Vocational, Employment, and Education Support Services Provider	∨
Specialized Housing Provider	∨

Relapse Prevention Plans

CSG Justice Center THE COUNCIL OF STATE GOVERNMENTS

About Us Resources Projects Work With Us

Relapse Prevention Plans IMAGE GALLERY

Collaborative Comprehensive Case Plans

Lead Case Planner: Behavioral Health Treatment Provider

Lead Case Planner: Community Supervision Agency

Lead Case Planner: Correctional Agency

Relapse Prevention Plans

What are relapse prevention plans? ^

How to identify who needs a relapse prevention plan? ^

How are relapse prevention plans developed and implemented? ^

- Provides guidance on how to:
 - ❑ identify people who need relapse prevention plans
 - ❑ develop tailored plans in collaboration with other agencies and the individual's support network
 - ❑ implement these plans and respond if a person does relapse

Relapse Prevention Plans

- Reentry is a high-risk time for relapse and overdose
- Relapse prevention plans should be part of CC Case Plans
- Relapse prevention plans should include:
 - Individualized recovery goals
 - Potential triggers for relapse
 - Early warning signs of relapse
 - Coping skills
 - Action steps
- Lead case planners can help if someone relapses

Questions to Assist in Relapse Prevention Planning

What are relapse prevention plans?



How to identify who needs a relapse prevention plan?



How are relapse prevention plans developed?



How are relapse prevention plans implemented?



What should relapse prevention plans include?



What should lead case planners do if someone relapses after leaving jail or prison?



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Medicaid's Exclusion

Medicaid inmate of a public institution payment exclusion or "inmate payment exclusion"

- Individuals who are held involuntarily in a public institution (e.g., state prison, local jails, detention facility, or other penal setting) may be eligible for and enrolled in Medicaid. However, federal **Medicaid funds may not be used to pay for services** while an individual is incarcerated (with an exception for inpatient services in medical institutions).

Sources: The Council of State Governments Justice Center, "From Corrections to Community: Navigating the New Medicaid Section 1115 Demonstration Opportunity (Part 1)," (webinar, CSG Justice Center, July 19, 2023); MACPAC, *Access in Brief: Health Care Needs and Use of Services by Adolescents Involved with the Juvenile Justice System* (Washington, DC: MACPAC, August 2021); and Congressional Research Service, *Medicaid: An Overview* (Washington, DC: CRS, 2023).

Overview: Medicaid Section 1115 Reentry Demonstration Opportunity

- The Centers for Medicare & Medicaid Services (CMS) sent a [letter](#) on April 17, 2023, encouraging Medicaid Directors to apply for the new Medicaid Reentry Section 1115 Demonstration Opportunity.
- This opportunity allows state Medicaid programs to cover serves pre-release from incarceration for various health conditions.

Press Releases

HHS Releases New Guidance to Encourage States to Apply for New Medicaid Reentry Section 1115 Demonstration Opportunity to Increase Health Care for People Leaving Carceral Facilities

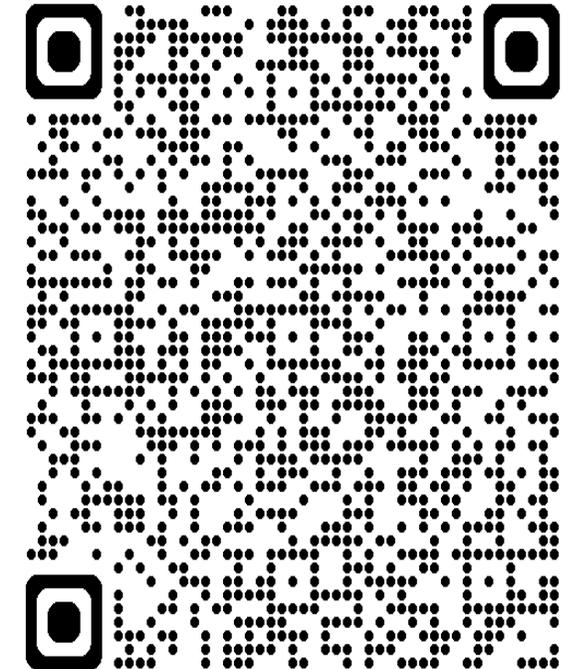
Apr 17, 2023 | Coverage, Medicaid & CHIP

Share    

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), is announcing a new opportunity for states to help increase care for individuals who are incarcerated in the period immediately prior to their release to help them succeed and thrive during reentry. The new Medicaid Reentry Section 1115 Demonstration Opportunity would allow state Medicaid programs to cover services that address various health concerns, including substance use disorders and other chronic health conditions.

"The Biden-Harris Administration has made expanding access to high-quality, affordable health care a top priority," said HHS Secretary Xavier Becerra. "We are committed to ensuring all Americans have the peace of mind they deserve knowing they have access to life-saving health care, whether it is medication-assisted treatment for substance use disorders or prescription medication to treat other chronic health conditions. Through this historic new effort, we are working to ensure that people who were formerly incarcerated can transition successfully back into the community with the health care supports and services they need. This is an essential step for advancing health equity in our nation and we encourage all states to take advantage of this new opportunity."

"Today, we reach a significant milestone in expanding access to health care in the Medicaid program," said CMS Administrator Chiquita Brooks-LaSure. "This guidance outlines a pathway to implement historic changes for individuals who are incarcerated and eligible for Medicaid."



<https://www.cms.gov/newsroom/press-releases/hhs-releases-new-guidance-encourage-states-apply-new-medicaid-reentry-section-1115-demonstration>

Overview: Medicaid Section 1115 Reentry Demonstration Opportunity

The Centers for Medicare & Medicaid Services (CMS) requires that a state's proposed pre-release benefit package includes at least:

- **Case management** to assess and address physical and behavioral health needs and health-related social needs;
- Medication-assisted treatment (MAT) services for all types of substance use disorder (SUD) as clinically appropriate, with accompanying counseling; and
- A 30-day supply of all prescribed prescription medications at the time of release.

California was the first state approved for the waiver.

California's Reentry Demonstration Plans

- Medi-Cal-eligible individuals who meet the pre-release access screening criteria may receive targeted Medi-Cal pre-release services in the **90-day period prior to release** from correctional facilities.
- Individuals must be part of a Medicaid or CHIP Eligibility Group, and meet one of the following health care need criteria:
 - Mental Illness – SUD – Chronic Condition/Significant Clinical Condition – Intellectual or Developmental Disability – Traumatic Brain Injury – HIV/AIDS – Pregnant or Postpartum
- All incarcerated youth are able to receive pre-release services and do not need to demonstrate a health care need.

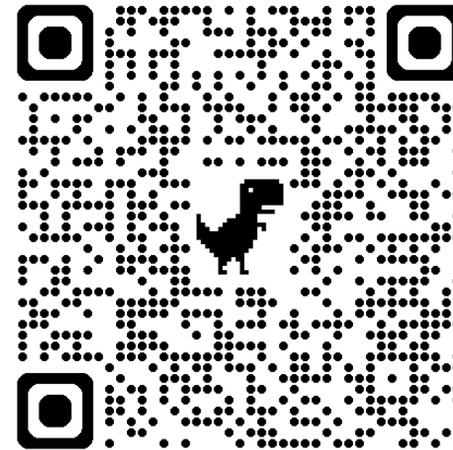
California Department of Health Care Services, CalAIM Justice-Involved Advisory Group: Stakeholder Feedback on Draft Policy and Operations Guide, retrieved from: <https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM-JI-Stakeholder-Feedback-June-Advisory-Group6292023.pdf>

Case Management Opportunity

- Support integration of multiple disciplinary planning teams using the Collaborative Comprehensive Case Plan Model
- Think through options for partnership and appropriate information sharing between health, behavioral health, Medicaid, corrections and community supervision
- Work toward one person, one plan approach during incarceration and reentry

New opportunities for young people involved in the justice systems (January 1, 2025)

- There are new requirements for young adults **up to 21 years old or up to age 26 for those formerly involved in the foster care system** starting in 2025.
 - Benefits of this change include improved access to mental health and substance use disorder screening, diagnostics, treatment; access to support the physical health care needs of returning young adults; and transitions from pre- to post-release.
- CMS sent letters to State Health Officials in September 2023 and July 2024



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Discussion Questions

- How are Collaborative Comprehensive (CC) case plans different from what your county or agency is currently doing? In what way?
- What do you see as benefits of the CC case plan model?
- What are some of the challenges to transitioning to using CC case plans?

Resources

- To learn more about the Medicaid Section 1115 Reentry Demonstration Opportunity
 - *[From Corrections to Community: Navigating the New Medicaid Section 1115 Demonstration Opportunity, Part 1](#)*
 - *[From Corrections to Community: Navigating the New Medicaid Section 1115 Demonstration Opportunity, Part 2](#)*

Thank You!

Join our distribution list to receive updates and announcements:

<https://csgjusticecenter.org/resources/newsletters/>

For more information, please contact Katie Herman at kherman@csg.org

This project was supported by Grant No. 15PBJA-23-GK-05504-MUMU awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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Boulder County's Implementation of CC Case Plans

Kristen Compston, Program Coordinator
Community Justice Services, Boulder County, CO



Behavioral Health Assistance Program BHAP

Kristen Compston, *Program Coordinator, Community Justice Services, Boulder County, CO*

Boulder County Community Justice Services

Provides community-based interventions, education, and alternatives to incarceration for criminal behavior.

Focuses on humane and constructive approaches to support individuals in functioning lawfully within the community.

Committed to public safety while assisting individuals in rehabilitation and community reintegration.

Mission: Core Stability, Provide Hope, Support and Safety, Inspire Continual Growth, Empower Community Collaborate.

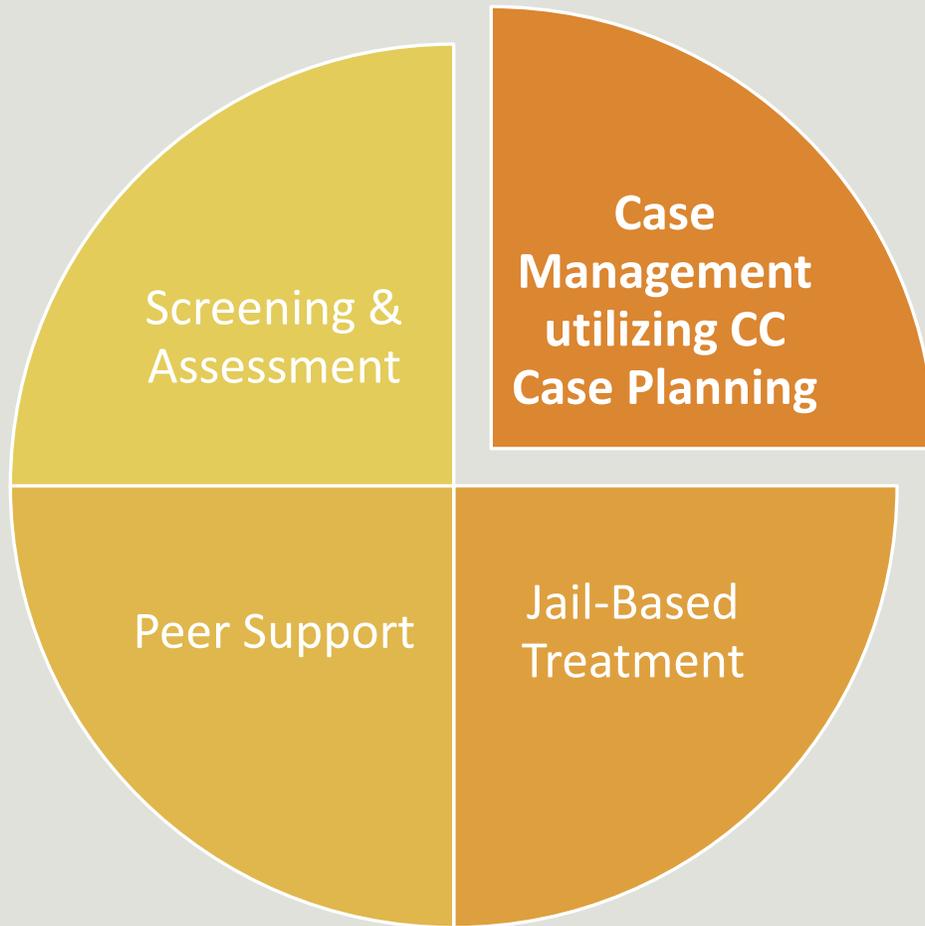
Jail Snapshot

- Over 80% are pretrial
- Over 50% confirmed mental health diagnosis
- Over half enter jail homeless
- Nearly half exit jail into homelessness

BHAP Clients

- Co-occurring mental health and substance use
- Homeless
- High system utilizers
- Multiple & complex needs
- Brain Injury

Jail Population & Behavioral Health



BHAP provides wrap around services beginning in the jail and continuing in the community after release for up to one year

Screening & Assessment

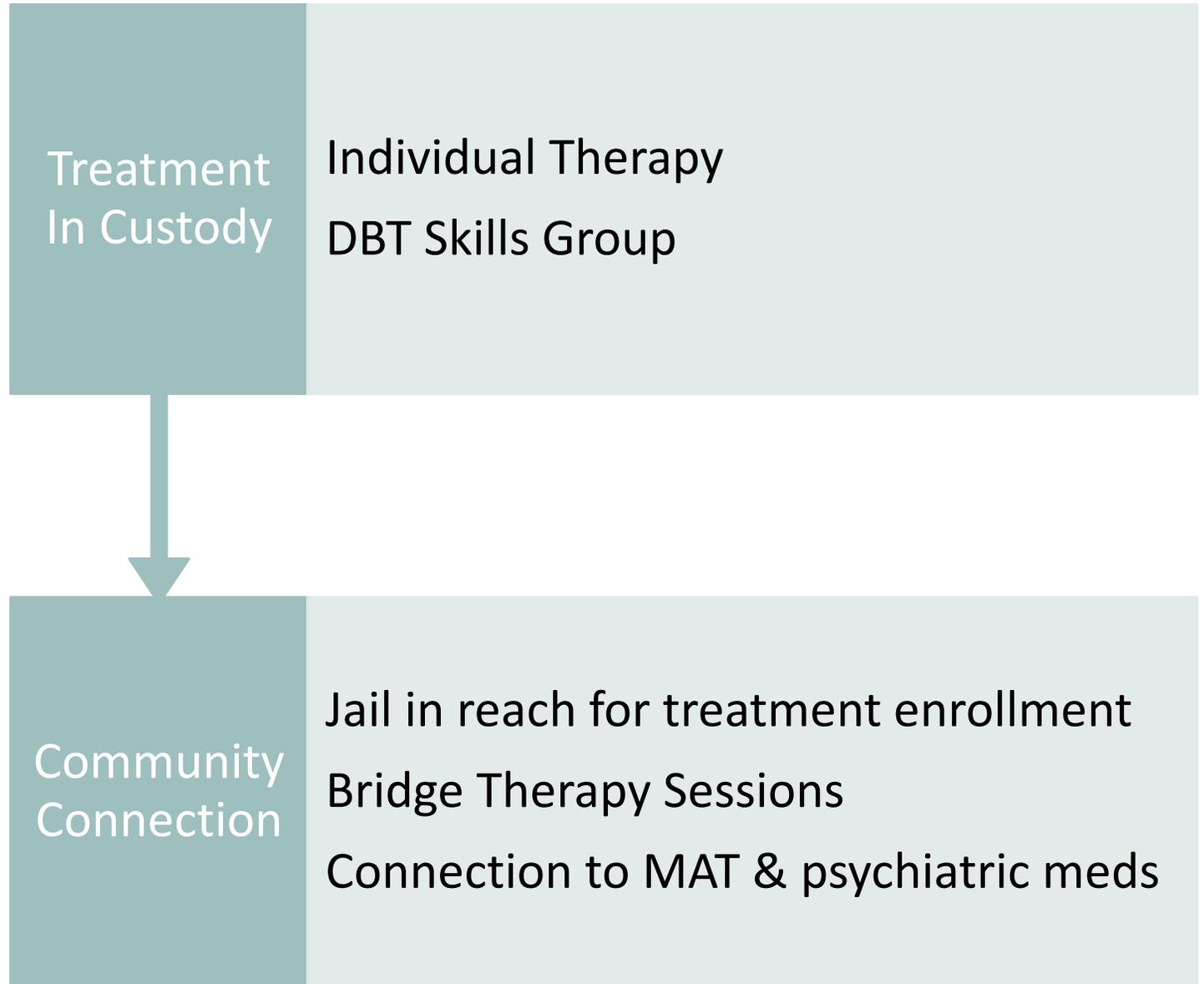
Initial Assessment

- Criminogenic and behavior
- Mental Health
- Substance Use
- Motivation for change
- Basic Needs
- Releases of information

Clinical Summary

- Assessment scores
- Identified needs
- Client goals
- Existing support system
- Releases of information
- Presenting behavior,
- Recommendations for BHAP services

Jail Based Treatment



Peer Support

In Jail

- Voluntary
- Motivation for change
- Relapse prevention planning
- Re-entry planning
- Distress tolerance skills

Out of Jail

- Recovery Support
- Visits in treatment
- Support after treatment
- Employment support
- Sobriety coaching
- Probation support

Re-entry Case Management

Collaborative Comprehensive Case Planning

Background & jail
behavior

Modified Mini
Screen (MMS)

TCU Drug Screen 5

Motivational
screening

OSU TBI screen

LSI-R:SV

Social
Determinants of
Health Assessment

Care Plan

Releases of
Information



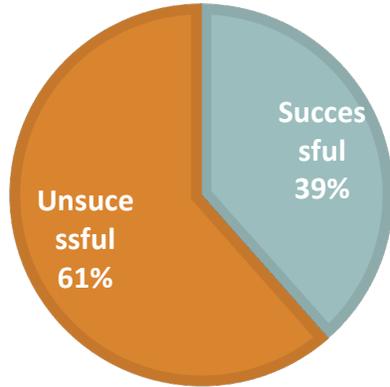
Collaborative Comprehensive Case Plan

Care Plan

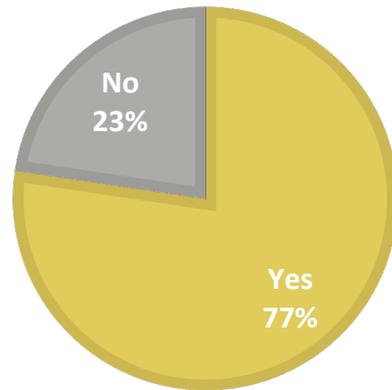
BHAP Team	Location to be found if transient/street name	Attorney/Public Defender	Courts	Jail Medical & Mental Health	Probation/parole/PTS
Sex offender status	Any agency or program you are currently working with?	Any agency you've worked with in the past?	Who did you like working with?	Benefits/Public Assistance	Mental Health
Substance Use	Medical/Dental/Vision	Family/Support System	Employment/Income	Education	Housing
Transportation	Basic Needs	Vital Documents	Communication/Phone	Goals & Motivation	

Outcomes

BHAP CLIENTS OCT. 2021-
JULY 2024



SERVICE REFERRALS WITH
KNOWN FOLLOW-THROUGH



Of those who were successful

- Average bookings per year **decreased by 36%** after BHAP
- Average jail days per year **decreased by 53%** after BHAP services

Of those who were unsuccessful the majority were due to loss of contact

Thank You!

For more information on Boulder County's Pilot Project visit:

<https://csgjusticecenter.org/projects/criminal-justice-mental-health-learning-sites/boulder-county/>

Orange County (OC) Probation Department's Application of Evidence- Based Corrections

Daniel Hernandez, *Chief Probation Officer*
OC Probation Department



Orange County Probation Department

CCJBH Diversion/ Reentry Workgroup
August 23, 2024



Daniel Hernandez
Chief Probation Officer



- **Provision of all healthcare services in facilities**

- Medical and Behavioral Health

- Behavioral Health Professionals team:

- Psychiatrists (1.5)
- Behavioral Health Clinicians (16)
- Clinical Psychologists (7)
- Peer Specialists (8)
- Mental Health Specialists (3)

- UCI Pediatric Fellows (not included in staffing total)

Available: 8:00am-9:00pm (Monday to Friday), 8:30am-9:00pm (Saturday & Sunday). Clinician on-call after hours.

- Medication Assisted Treatment

- Dedicated Behavioral Health Unit





- Family Based Case Planning (AECF model)
- Project Kinship Contracts for in- custody programming & community services:
Restorative Circles/ Reentry services/ Credible Messenger/ Peer mentor services

- **Youth Reporting Centers**

Alternative to detention for youth in violation of probation or step-down supportive environment from custody

- Health care team allocated to the two centers (8.00am to 5.00pm)
 - Behavioral Health Clinicians (3)
 - Peer Specialist (2)
 - Clinical Psychologist (1)

- **Juvenile Justice Realignment Block Grant Plan (SB 823)**

- Enhanced Behavioral Health Services
- Additional modalities (Matrix Model/ EMDR/ Dialectical Behavior Therapy)
- Additional services for Substance Use Disorder (4 additional clinicians)





Diversion programs

- **OC Cares**

Links the systems of care for behavioral health, healthcare, community corrections, housing, and benefits and support services for justice-involved individuals to successfully reenter society and work towards self-sufficiency.

Five pillars/ areas of focus: Prevention, Courts, In-Custody Treatment, Reentry, and Juvenile/Transitional Age Youth (TAY).

- Juvenile/ TAY Prevention Target areas

- 1) Inventory diversion services
- 2) Identify gaps in services
- 3) Identify programs to address the gaps
- 4) Collaborate with Be Well campus to ensure youth Behavioral/ Health needs are met

- **Transforming Juvenile Probation (Annie E. Casey Foundation)**

- Prevents youth with complex needs placed within the county emergency shelter/ short- term residential treatment programs, crossing into the juvenile justice system for similar behaviors that are often diverted for non-placement youth.
- Ensure diversion services in foster care system

- **Diversion Risk/ Needs Assessment**





OC Probation Programs in progress

- Cognitive Behavioral Training contract in facilities
- Core Correctional Practices Training Refresher
- Basic Needs Contract
- Juvenile Reentry Center





- **OC Cares Projects**

- **Coordinated Reentry Center**

- Temporary housing, family reunification, job placement, permanent supportive housing search, counseling for adult males/ females/ TAY released without a place to stay for successful reentry.

- **Workforce Reentry Center**

- Training lab, retail operations, job placement services, counseling and housing

- **Verdugo Reentry Center**

- Anyone involved in the justice system who needs help finding services, housing, and peer support. Partnership between CEO, Probation, Project Kinship, Public Defender, Social Services.

- **Day Reporting Centers**

- Collaborative and evidence-based one-stop delivery site for providing various immediate, community-based sanctions and services, such as treatment programs, drug testing and counseling.





- **OC Cares**

- Healthcare staff stationed in offices
- Adult Housing Contracts
- System of Care Data Information System
- Moral Reconciliation Therapy in Probation Offices
- Adult Reentry Division
 - OC HCA clinicians
 - Community Based Organizations
 - Mobile Resource Vehicles





- **New Construction projects**

- Youth Transition Center
- Long term housing unit
- TAY independent living unit
- New Youth Reporting Center

- **Enhanced measurability capabilities**

- Key Performance Indicators
- Continuous Quality Improvements
- Research Division expansion





- **Youth Development Court**
Youth & former youth who are transitioning to their communities after serving commitments for a serious or violent felony adjudication in local juvenile facilities or DJJ
- **Juvenile Recovery Court**
Focuses on young adults (of ages of 18 to 25 years) who are charged with an eligible felony in Orange County.
- **G.R.A.C.E (Generating Resources to Abolish Child Exploitation) Court**
For the youth who have been identified as a victim or at risk of becoming a victim of human trafficking.
- **Crossover Court**
Focuses on youth who are dually involved in the child welfare and juvenile justice systems.
- **Young Adult Court**
Addresses the criminogenic needs of young adults ages 18-25 years while holding them accountable in a developmentally appropriate way.





- **Homeless Outreach Court**
Addresses outstanding infractions, quality of life misdemeanors, and outstanding warrants of homeless individuals, while providing them with links to necessary supportive services.
- **DUI court**
Targets repeat drunk driving offenders with the goal of helping them to achieve
- **Adult Drug Court**
Works with seriously addicted criminal offenders who are at high risk of recidivation, and in high need of treatment and supportive services to achieve sobriety.
- **W.I.T (Whatever IT Takes) Court**
Focuses on criminal offenders who have been diagnosed as chronically, persistently mentally ill and are homeless or at risk of homelessness.
- **Assisted Intervention Court**
For criminal offenders who have mental health problems which are diagnosed as severe and persistent, but who have a lower criminogenic risk factor.

Future

- Family Treatment Court
 - To address the needs of substance exposed infants and their families





Thank you!

Orange County Probation Department

A Safer Orange County Through Positive Change

[OC Cares | Orange County \(ocgov.com\)](https://ocgov.com)

[OC Probation | Orange County Probation Department \(ocgov.com\)](https://ocgov.com)



Q&A With Councilmember Advisors



Public Comment



Upcoming Events

[Full Council Meeting](#)

Friday, September 27, 2024, from 2:00-4:30 PM

[Juvenile Justice Workgroup Meeting](#)

Friday, October 25, 2024, from 12:45-2:45 PM

[Diversion/ Reentry Workgroup Meeting](#)

Friday, October 25, 2024, from 3:00-5:00 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!

