



Quarterly Full Council Meeting

September 27, 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
2:10-2:15 PM	Vote: Approval of June 2024 Full Council Meeting Minutes
2:15-3:15 PM	<p>Presentation: Local counties at the forefront of implementing CalAIM Justice Involved 90-Day Pre-Release Services and Behavioral Health Links.</p> <ul style="list-style-type: none">• Yuba County (2:15-2:35 PM)• Santa Clara County (2:35-2:55 PM)• San Mateo County (2:55-3:15 PM)
3:15-3:50 PM	Council Member Discussion & Public Comment



Agenda (cont'd.)

3:45-4:20 PM CCJBH Business Meeting

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.” Section 11123.2(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 September 27, 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



**Vote:
June 2024
Full Council Meeting Minutes**



Vote: Approval of June 2024 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



**County Implementation of the
California Advancing and Innovating
Medi-Cal (CalAIM) Justice-Involved
90-Day Pre-Release Services
and Behavioral Health Links**



Yuba County

Phuong Luu, *MD, MHS, FACP, Bi-County Public Health Officer*

Stephanie Lucio, *CaAIM JI Project Manager*

Brandon Spear, *Captain, Yuba County Jail*

Allan Garza, *Captain, Yuba County Jail*

James Moralez, *Deputy Chief Probation Officer*





CalAIM Justice-Involved Initiative Yuba County's Approach

**PRESENTATION TO COUNSEL ON CRIMINAL
JUSTICE AND BEHAVIORAL HEALTH (CCJBH)**

SEPTEMBER 27, 2024

Objectives

- Provide brief background on the CalAIM Justice-Involved Initiative
- Overview of Yuba County and its structure as it relates to the CalAIM JI Initiative
- Discuss the planning and implementation efforts of Yuba County
 - Successes and challenges
 - Collaboration



CalAIM Justice-Involved Initiative

CalAIM Justice-Involved Initiative

- ❑ Through its CalAIM 1115 Demonstration, California received federal approval to provide a targeted set of Medi-Cal services to youth and adults in state prisons, county jails and youth correctional facilities for up to 90 days prior to release.
- ❑ Prior to approval of this waiver, the only medical services which were covered by Medi-Cal for incarcerated individuals was hospital stays.
- ❑ Requirements for the CalAIM JI Initiative must be implemented no earlier than October 1, 2024 but no later than September 30, 2026
 - ❑ County behavioral health agencies must be able to receive referrals as of 10/1/24 for severe mental illness and/or substance use disorders from any correctional facilities that go-live

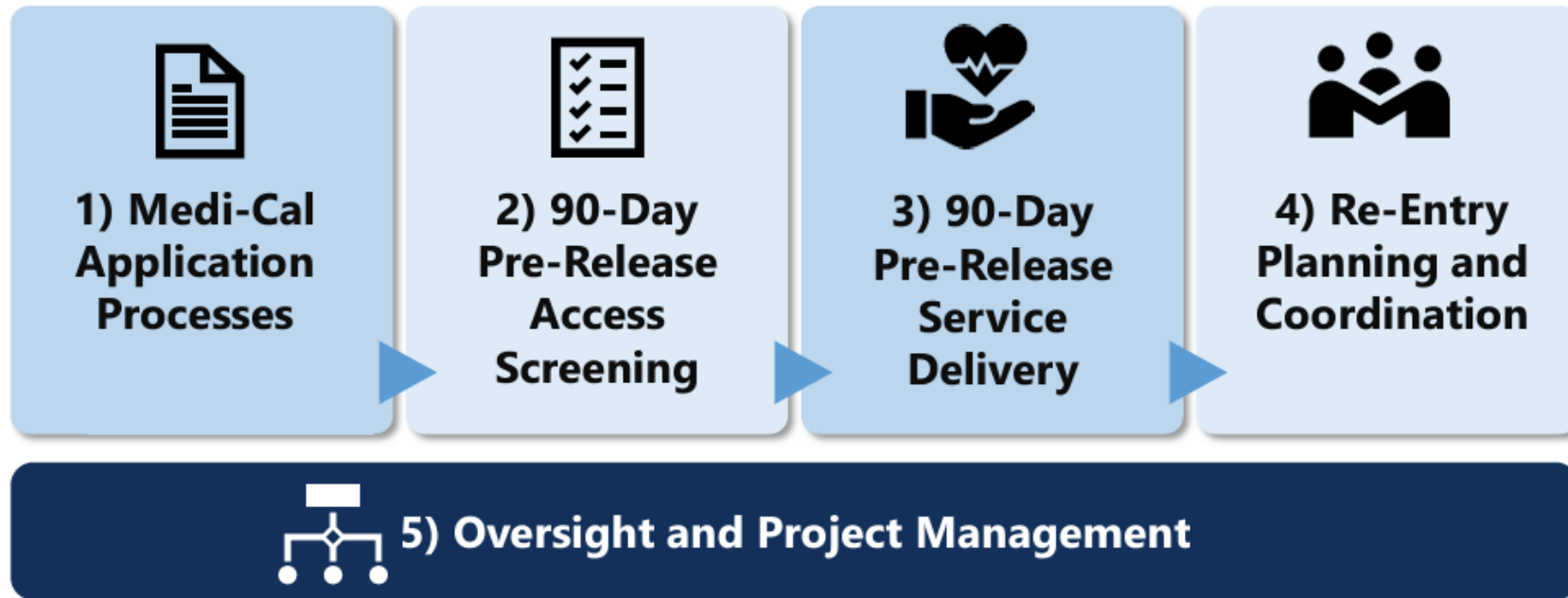
Policy and Operational Guide & Readiness Assessment

- Policy and Operational Guide Provides implementation guidance on the requirements of the CalAIM JI initiative
 - [CalAIM JI Policy and Operations Guide FINAL October 2023 updated](#)
- Readiness Assessment demonstrates a facility's readiness to meet the requirement
 - DHCS will review elements and score focus areas as 'approved, not yet ready, or denied'

Ensuring Provision of Pre-Release Services

Correctional agencies and facilities are statutorily mandated to comply with the CalAIM pre-release service requirements per California Welfare and Institutions Code §14184.800 and in accordance with correctional facilities' obligations to provide medically necessary care to justice-involved individuals. Additionally, as a condition of the 1115 Reentry Demonstration, all prisons, jails and youth correctional facilities will be required to demonstrate readiness to participate in the justice-involved initiative prior to going live with pre-release services.

DHCS will launch a readiness assessment process that will focus on five key areas needed to operationalize 90-day pre-release services:



Note: A readiness assessment will also be established for county social service departments to ensure eligibility and enrollment processes facilitate pre-release services and for county behavioral health agencies to ensure processes for Behavioral Health Links are in place.



Yuba County

Yuba County



- Rural northern California county with population of 83,421*
- 1 County Jail
 - Average Daily Population (ADP) - 350-380 inmates
- 1 Youth Detention Center
 - The Tri-County Youth Campus serves Yuba, Sutter, and Colusa Counties
 - Average Daily Population (ADP) - 40 juvenile detainees
- WellPath is the contracted clinical medical and behavioral health provider within the Jail and Youth Detention Center
- Both Yuba County correctional facilities will be going live with the CalAIM JI Initiative in the first cohort on October 1, 2024.

County Structure

Sheriff Department

- Jail Division

Probation Department

- Youth Division –Tri-County Youth Detention Center
- Adult Division – oversees individuals on probation, including those incarcerated or detained

Health and Human Services Department

- Public Health Division
- Eligibility Division

Sutter-Yuba Behavioral Health

- Bi-County behavioral health serving both Yuba and Sutter Counties
- Physically located in Sutter County



CalAIM JI Planning

Proactive Approach

- ❑ Health & Human Services' STD Opt-Out Program in the Jail
 - STD testing and treatment offered to all Jail inmates as of September 2022
 - Those who opt in received social wrap-around services
 - Expanding this FY into the Detention Center
- ❑ Medi-Cal screening and enrollment (Sept. 2023)
 - Embedded Eligibility Technician at Jail and Youth Detention Center
- ❑ Health Officer has an especial interest in health systems integration/CalAIM
 - Local SME on CalAIM Justice-Involved initiative

Project Manager Assignment

- Assignment of Project Manager in December 2023 to solely focus on CalAIM Justice-Involved Initiative
 - Development of Project Plan and Timeline (GANTT Chart) to outline the scope of the project and key deliverables
 - Public Health background allowed for base understanding of social determinants of health, health equity, and Medi-Cal
 - Routine Project Reports allowed for streamlined communication through project updates, upcoming work, risks/issues, and decision points

County Leadership Involvement

- ❑ Active participation and involvement:
 - County Administrative Officer (CAO)
 - Sheriff and Undersheriff
 - Chief Probation Officer
 - County Counsel
 - Health and Human Services Director

- ❑ Monthly Project Updates
 - Facilitated by Project Manager and Health Officer
 - Ensure alignment with County's vision of project outcomes
 - Receive approval for decision points



CalAIM JI Steering Committee

Established January 2024 to begin planning for CalAIM JI implementation

- **Health Officer**
- **Health and Human Services Department**
 - Public Health Deputy Director
 - Eligibility Deputy Director
- **Sheriff's Department – Jail Division**
 - Captain and Lieutenants
- **WellPath**
 - Contracted medical provider in Jail and Detention Center
- **Partnership HealthPlan (as of March 2024)**
 - CalAIM JI Lead
- **CalAIM JI Project Manager**
- **Probation Department – Adult and Youth Divisions**
 - Deputy Chief Probation Officer
 - Program Manager of Tri-County Youth Detention Center
- **Sutter-Yuba Behavioral Health**
 - Director of SYBH
 - Branch Director of Youth Services
 - Deputy Branch Director of Adult Services
 - Prevention Services Coordinator
- **In-Reach Provider (Peach Tree Healthcare, local FQHC) (as of March 2024)**

Selection of Pre-Release Care Management Model

Embedded Model

An “embedded care management model” as a model through which embedded care managers (i.e., care managers employed by or contracted with the CF) deliver care management services to individuals eligible for pre-release services

In Reach Model

An in-reach care management model as a model through which community-based care management providers, who will become the ECM Lead Care Manager after managed care enrollment, deliver care management services to individuals eligible for pre-release services, either in person or via telehealth.

Selection of an In-Reach Provider

RFP released in February 2024

Peach Tree Healthcare, a local federally qualified health center (FQHC) was selected

- Peach Tree is also an ECM provider for the JI population of focus
- Allows for closed loop referrals and continuity of care

Began attending and contributing to the Steering Committee in March 2024

In-Reach MOU executed between County and Peach Tree in April 2024



CaAIM JI Implementation

Embedded Eligibility Technician

- ❑ Screens all individuals booked or detained for Medi-Cal
 - Yuba County Jail uses the RIMS/In Custody systems; Reports ran daily
 - Tri-County Youth Detention Center uses secure email transmissions; Screening done daily
 - For those not currently enrolled in Medi-Cal, screen for eligibility
 - For those eligible, support enrollment
 - At the Jail – in-person, real time enrollment
 - At the Detention Center – coordination with the youth's parent/guardian for approval
 - Quarterly reporting to DHCS

CalAIM JI Multidisciplinary Team

- Sub-Committee developed to plan for the collaborative & coordinated reentry services for inmates and detained youth
- Representatives from:
 - CalAIM JI Project Manager (facilitation)
 - Health Officer (facilitation, expertise)
 - Sheriff's Department (Jail)
 - Probation Department (Adult and Youth Services)
 - WellPath (clinical medical and behavioral health services)
 - Peach Tree Healthcare (In-Reach Provider)
 - Sutter-Yuba Behavioral Health (Bi-county behavioral health, BH linkages for SUD and SMI)
 - Partnership HealthPlan (Managed Health Plan, ad-hoc) – In-reach provider will be the lead entity to work closely with Medi-Cal Managed Care Plans (MCPs)

Behavioral Health Links

- Resource Specialist, provided through Sutter-Yuba Behavioral Health will support BH Linkages for severe mental illness (SMI) and substance use disorder (SUD)
 - Active participation in the Multidisciplinary Team discussions
 - Support inmate/youth detainee with scheduling of appointments prior to release
 - Ensure professional to professional warm-hand off between WellPath and SYBH

Medi-Cal Billing

Type of Provider / Entity	Type of Services	Billing Mechanism
WellPath for Yuba County Jail	Medical and behavioral health clinical services	County contracting with vendor to support County and WellPath to bill DHCS Medi-Cal Fee-for-Service (FFS) with Jail/Detention Center NPI
Resource Specialist from SYBH	Behavioral health linkages for severe mental illness (SMI) and/or substance use disorder (SUD)	SYBH to bill DHCS through Short-Doyle
In-Reach Provider (during incarceration/detention)	Re-entry Care Bundles	Peach Tree to bill DHCS Medi-Cal Fee-for-Service (FFS)
In-Reach Provider (after release)	Re-entry Care Bundles	Peach Tree (or other ECM provider) to bill Partnership HealthPlan as an ECM JI Provider

Reentry Care Bundle Rates

DHCS developed five care management bundles to support Medicaid billing and claiming. These care management bundles include services that are provided and/or overseen by a pre-release care manager / post-release care manager.

Care Management Bundles	
	Bundle 1: Health Risk Assessment
	Bundle 2: Care Coordination
	Bundle 3: Care Manager Warm Handoff
	Bundle 4: Reentry Care Plan
	Bundle 5: Post-Transition Support

Next Steps

- Go-live with Conditional Approval from DHCS on October 1, 2024
- Quality Assessment/Quality Improvement
 - Ongoing review of processes to implement an environment of continuous quality improvement

Thank you
Q & A

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Captain Allan Garza, Yuba County Jail

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Captain Brandon Spear, Yuba County Jail

bspear@co.yuba.ca.us

Santa Clara County

Michelle de la Calle, *Director, Systems Integration, Healthcare Systems*

Amelia Lipscomb, *Project Manager II*

Mei Cui, *Health Policy and Strategy*

Fatima Makhzoum, *IT Project Manager*



CALAIM JUSTICE INVOLVED INITIATIVE 90-DAY PRE-RELEASE SERVICES

County of Santa Clara
Santa Clara Valley Healthcare
Office of System Integration & Transformation

September 27, 2024

Correctional Facilities Overview

The County of Santa Clara has four correctional facilities:

Adult Facilities



Main Jail Complex
Downtown San Jose



Elmwood Correctional Facility
Milpitas

Youth Facilities



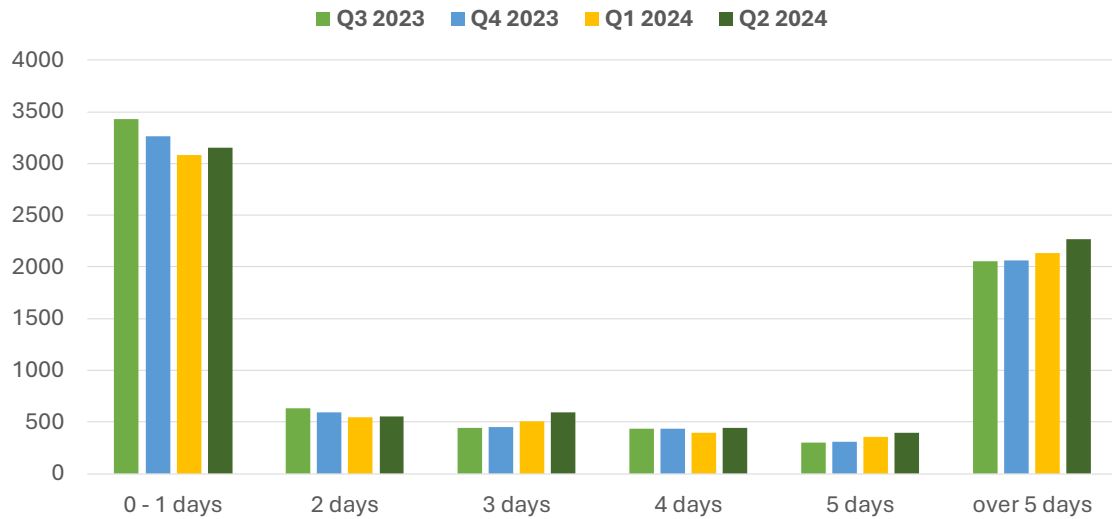
Juvenile Hall
Downtown San Jose



William F. James Ranch
Morgan Hill

Adult Correctional Facility Release Data

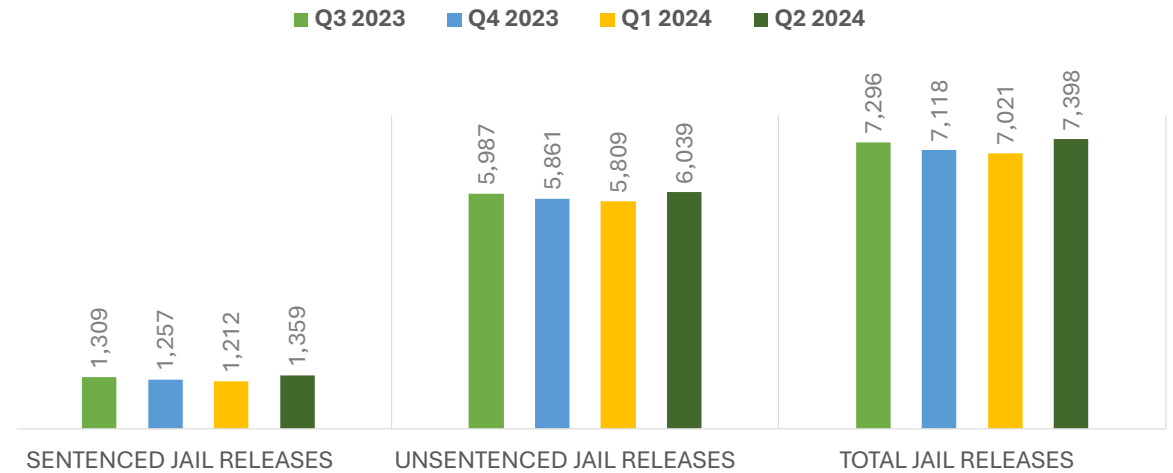
Jail Releases Fiscal Year 2024



Source: County's Criminal Justice Information Control (CJIC) dataset
Dataset: Releases at the Jail from July 1, 2023, through June 30, 2024

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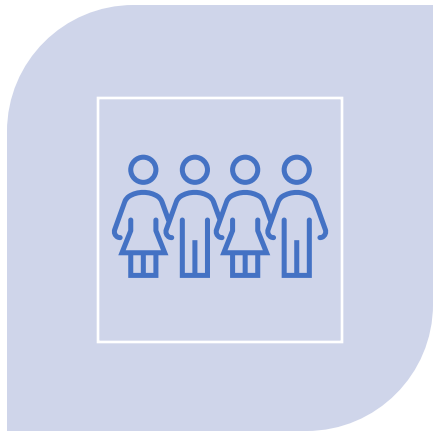
Sentenced/Unsentenced Releases Fiscal Year 2024



Source: County's Criminal Justice Information Control (CJIC) System
Dataset: Releases at the Jail from July 1, 2023, through June 30, 2024

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County of Santa Clara Priorities



CENTER THE PERSON



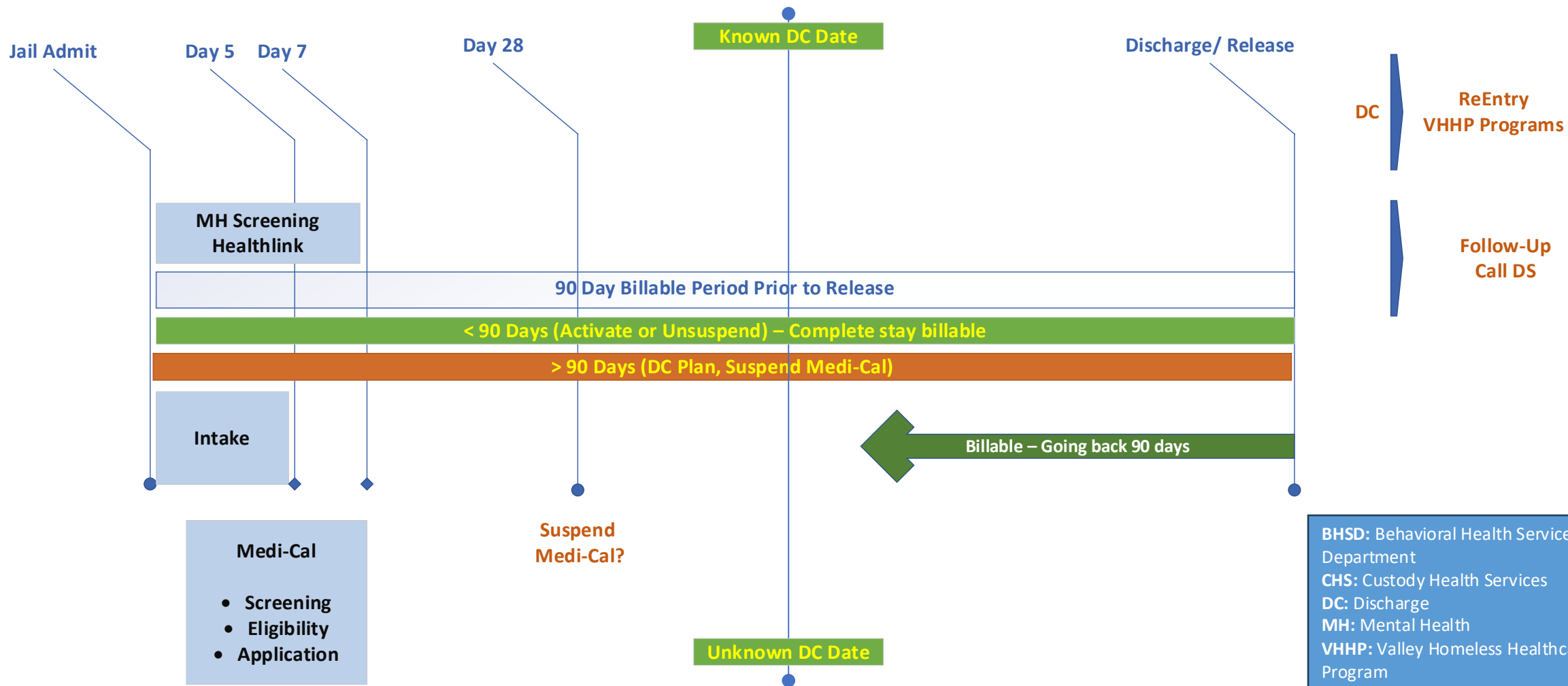
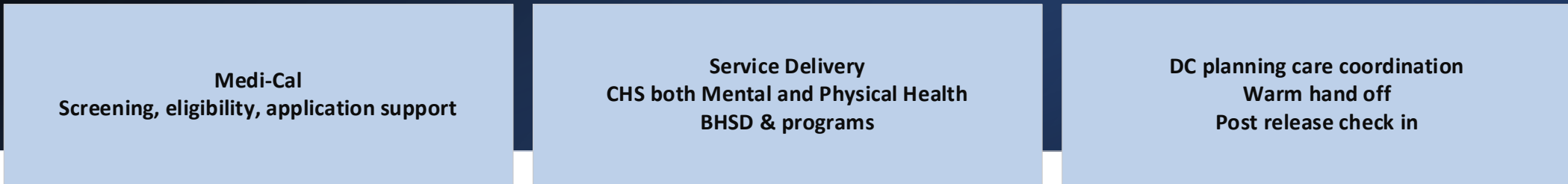
STREAMLINE SYSTEMS



ANTICIPATE RELEASE

The "One County" Approach

Big Picture



CCDP Model and Behavioral Health Linkage

Care Coordination and Discharge Planning (CCDP) model & Behavioral Health Linkage will draw best practices from teams like BHSD's Forensic, Diversion, and Reintegration team who operates in the Collaborative Courts; Enhanced Care Management Teams and the Integrated Care Team



Incarcerated Population (intercepts 3 & 4)

Identify BH linkage need through data mining and dashboards

Outreach and engagement

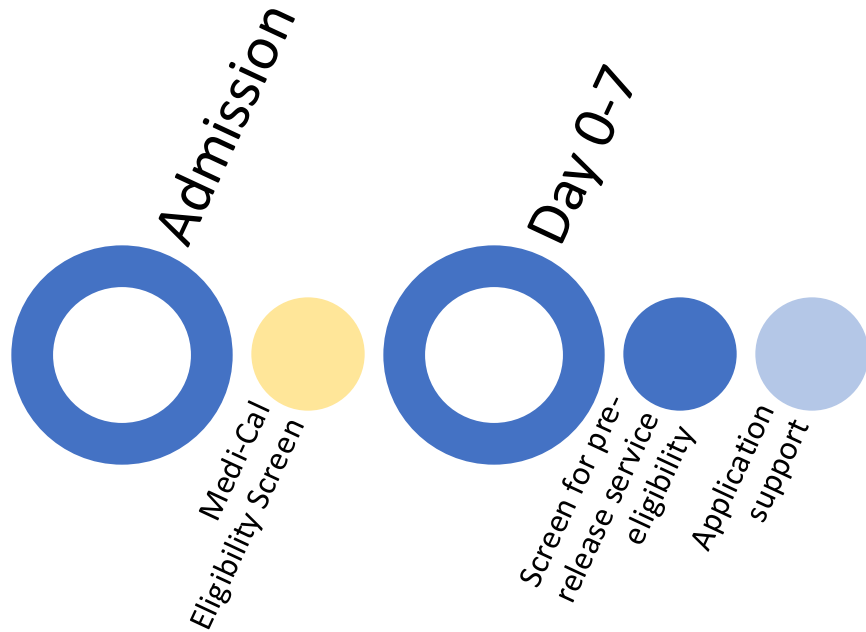
Multi-agency, multi-disciplinary case conferencing

Warm hand-off, referrals, connections

CCDP will participate across the continuum of care and augment current work by teams across Custody Health Services (CHS), Behavioral Health Services Department (BHSD), Sheriff's Office (SO), Pre-trial Services (PTS), Juvenile Probation, and RDS (and more) to meet the needs of the 90-day pre-release services waiver.

Leadership will remain under OSIT with close collaboration with CHS and BHSD

Medi-Cal Screening, Eligibility, & Application Support

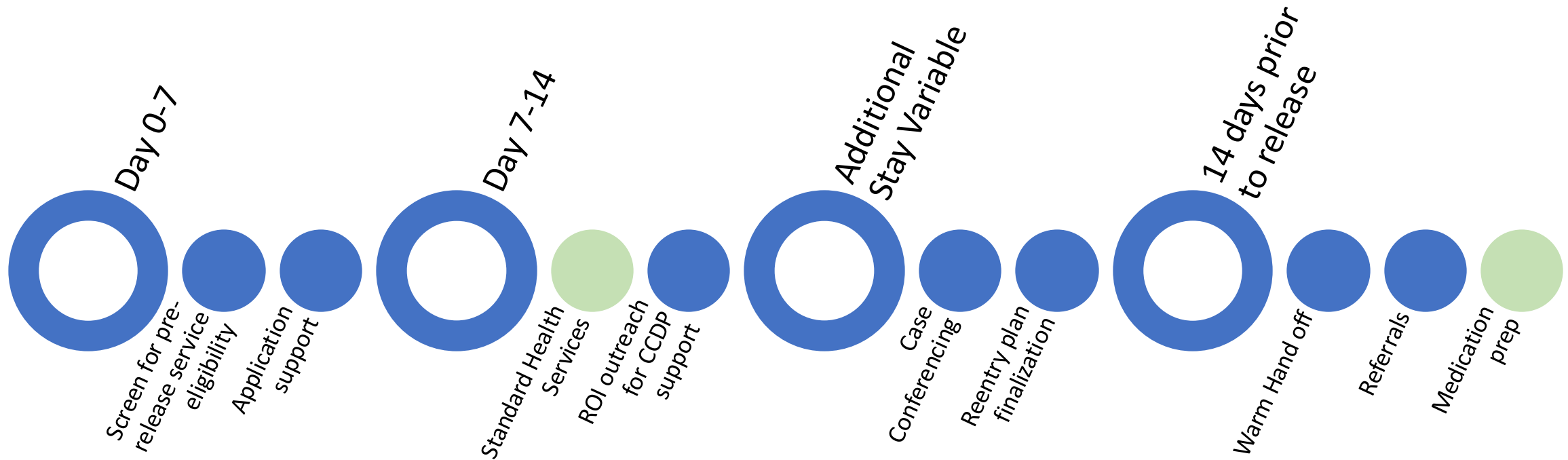


Application Support

For those that have answered "yes" to support for Medi-Cal application, a list will be created that a CCDP Community Worker will review and engage with the Rehabilitation Officers to go to housing units and support Medi-Cal application process to Social Services Agency or Health Services Representative on CCDP team.

Medical & Behavioral Health Services in Custody

Urgent and Chronic Care management



Pharmacy – medication management

Med reconciliation

DME

30 day supply

DME: Durable Medical Equipment
ROI: Release of Information

Care Management & Discharge Planning

Monitor for high utilization

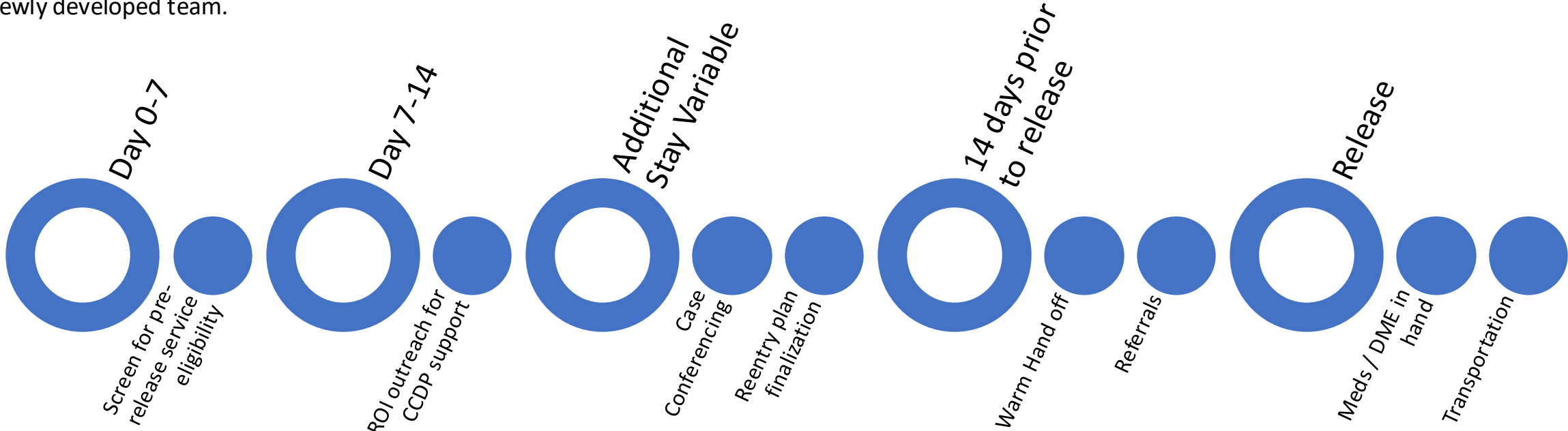
By monitoring new intakes for high utilization of services in custody, the team will be able to prioritize further the connection to services earlier in their stay.

Behavioral Health Linkage

A dashboard including previous County linked behavioral health teams will be used to identify those with history earlier and a strong connection to BHSD will be made by the newly developed team.

Coordinate care, comprehensive reentry planning, and warm hand off

Working in partnership with programs team (SO), transport team, and custody health teams, the CCDP team will outreach and work with patients that agree to receiving support while limiting the need to interfere with other services. Reentry plan will be created and shared with all stakeholders that participate in the process and shared with the community-based programs anticipated upon release including the behavioral health link. When release is unplanned the hand off will occur post release. The CCDP will coordinate getting medications and transportation set up when needed.



Milestones

Key Dates

- The County has conditional approval and anticipates go-live by October 31, 2024.

Key Activities

- Medi-Cal application pilot and workflow practice (July 2024)
- Pilot featuring 30 day meds in hand (September 2024)
- Women-In-Custody Workflow Pilot (September 2024)
- Provider training and documentation updates
- CCDP Workflow testing
- Discharge planning classes for patients

Initial Evaluation and Outcomes

<i>Priority</i>	<i>Process Measure</i>	<i>Outcome Measure</i>
<i>Center the Person</i>	Person guided goals in reentry plan	Comprehensive reentry plan to patient at release
<i>Streamline System</i>	Multi-agency case conference weekly	Behavioral health linkage for person identified with SMI / SUD
<i>Anticipate release date</i>	Document anticipated discharge date for unsentenced persons	30-day supply of medications in hand at release
<i>Longer Term Overall Measures</i>	County correctional facility length of stay	Decrease repeat County correctional facility admission

Questions & Next Steps



San Mateo County

Jehan Clark, *Deputy Chief, Probation Department*

Michelle Kozul, *Assistant Chief, Probation Department*

Michael Del Rosario, *Director, Correctional Health Services*



CalAIM Justice-Involved Initiative for County of San Mateo:

A collaboration between the Sheriff's Office, Probation Department, Correctional Health Services and Behavioral Health and Recovery Services



Presented by: Jehan Clark, Michael del Rosario and Michelle Kozul

AGENDA

- County Partnerships & Correctional Facilities
- PATH 3 Grant Award & Our Numbers
- Planning Phases
- Challenges Ahead
- Our Future State & Goals



COUNTY PARTNERSHIPS

Correctional
Health
Services
working
with:

- Sheriff's Office
- Probation Department
- Behavioral Health and Recovery Services for Re-entry and Mental Health Services



Our Facilities

Adult: Maguire Correctional Facility
Maple Street Correctional Facility

Youth: Youth Services Center – Juvenile Hall (Sunrise Clinic)



PATH 3 GRANT AWARD

Adult Facilities: \$5,000,000

Youth Facility: \$1,300,000

Behavioral Health and Recovery Services: \$1,500,000

Total County Award: \$ 7,800,000

Our Numbers

AVERAGE DAILY POPULATION:

Adult Facilities: 996

(Maguire: 447)

(Maple Street: 549)

Youth Facility: 28

AVERAGE NUMBER OF BOOKINGS PER MONTH:

Adult Facilities: 986

Youth: 23



ANTICIPATED VOLUME FOR PATIENTS WHO WILL QUALIFY FOR CaIAIM

PER MONTH AVERAGES (adults)

- 300 WITH OR NEEDING MEDI-CAL ENROLLMENT
- 175 WITH SUBSTANCE USE DISORDER
- 30 RECEIVING MAT SERVICES
- 110 CLASSIFIED WITH MENTAL/SEVERE MENTAL ILLNESS

ANTICIPATED REIMBURSEMENT (adults and youth)

- HEALTH RISK ASSESSMENT - \$256
- CARE COORDINATION - \$52 (UPTO 13X)
- CARE MANAGER WARM HAND-OFF - \$166
- REENTRY CARE PLAN - \$199
- TOTAL: \$673 PER PATIENT
- MONTHLY REVENUE: \$67.3K FOR 100 PATIENTS

PLANNING PHASES

Submitting the
Implementation
Plan

Submitting the
Readiness
Assessment

Building the
Electronic Health
Record (EHR)

Testing the
process prior to
Go-Live

Go-Live
Adults - Feb. 2025
Youth - June 2025



KEY AREAS FOR EACH PHASE OF THE PROJECT

1. Implementation Plan

- Collaborating

2. Readiness Assessment

- Analyzing current state of the work and identifying future workflow(s)
- Meeting CalAIM requirements

3. Building the EHR

- Creating a billing component and identifying billable charges

4. Testing the New Process(es)

- Piloting the new workflow(s)

KEY CHALLENGES AHEAD

BHRS not on same EHR as Correctional Health Services

Roll-out of new EHR (EPIC) is in phases for County Health

- Read-only access to BHRS in EPIC
- Information sharing is a priority

Referral process with county BHRS needs to be solidified

- Currently working with BHRS on acceptable referral process for various client types
- Identifying potential gaps in services and capacity of community clinics

Reentry planning with out-of-county residents

Need to know:

- What resources are available out of county
- Where to refer
- Who is the point of contact

Access to patients for warm handoffs

- Need for security clearance
- Willingness of outside providers to complete the security clearance process and accept patients



OUR FUTURE STATE AND GOALS

- ❑ Leveraging technology to drive performance
 - ❖ Reports and analytics
 - ❖ Data sharing
 - ❖ Quality metrics for patient care
- ❑ Reinvestment of revenue
 - ❖ Medi-Cal reimbursement used to improve services

Deputy Chief Probation Officer Jehan Clark,
Probation Department

Director Michael del Rosario, Correctional
Health Services

Assistant Chief Probation Officer Michelle Kozul,
Probation Department



County of San Mateo



Q&A WITH COUNCILMEMBERS



Public Comment



CCJBH Business Meeting



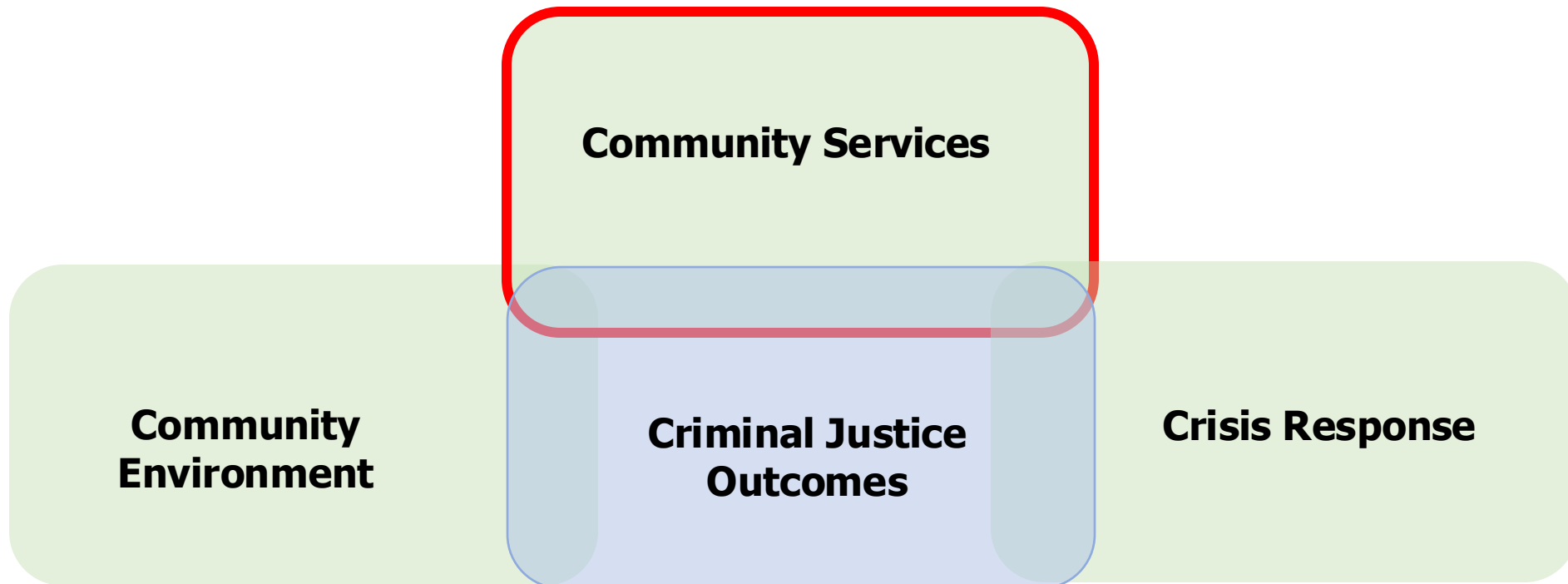
Project Highlight:

Public Health Meets Public Safety (PH/PS)



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.



PH/PS Community Environment



Select a dom..

Community
 County (All)
 Region (All)

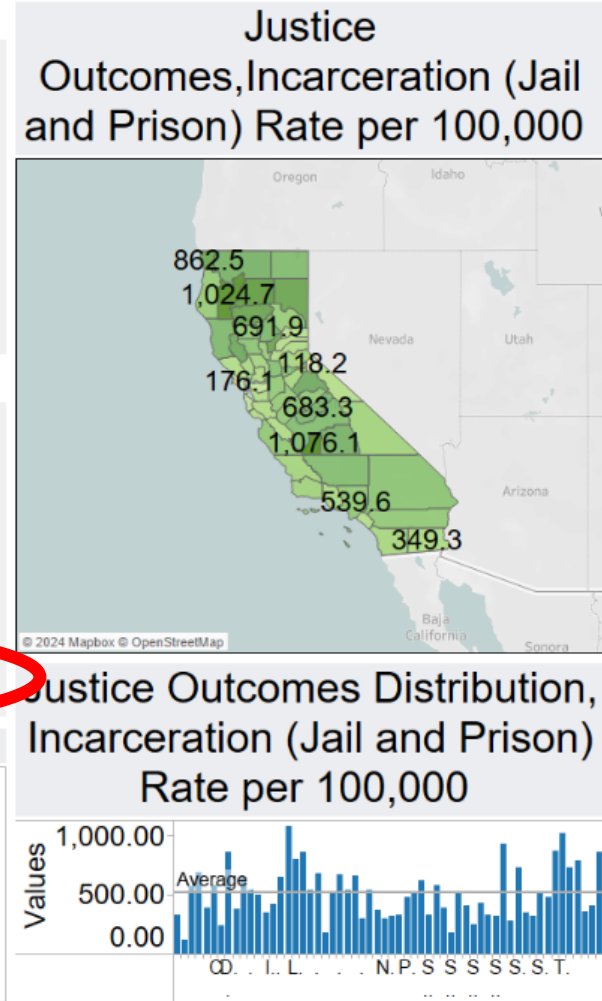
Outcomes

Incarceration (Jail and Prison) ...



- Focus Areas
 - Outcomes
 - Measure Data...
 - Definitions
 - Data Inventory
- Data reflects the most recent data available from multiple sources and years. Please see the "definitions" section ..

Socioeconomic Stability, Relative to Other Counties Statewide	
Percentage of population in poverty	Low Middle High
Percentage of population that is unemployed	Low Middle High
High school incompleter rate	Low Middle High
Percentage of people experiencing homelessness who ha...	Low Middle High
Health, Relative to Other Counties Statewide	
Average years of life expectancy	Low Middle High
Number of primary care health professionals per 100,000 people	Low Middle High
Percentage of population without health insurance cover...	Low Middle High
SUD and SMI Prevalence	Low Middle High
Community Safety, Relative to Other Counties Statewide	
Child Maltreatment Rate	Low Middle High
External Causes of Death Rate	Low Middle High
Violent Crime Rate	Low Middle High



Distribution Group..
 High
 Middle
 Low



PH/PS Community Services



Select a dom...

Treatment

County

(All)

Region

(All)

Outcomes

Incarceration (Jail and Prison) ...



Hover Here for Instructions

Focus Areas

Outcomes

Measure Deta...

Definitions

Data Inventory

Data reflects the most recent data available from multiple sources and years. Please see the "definitions" section ..

Treatment, Relative to Other Counties Statewide

MH Workforce Ratio per 100,000 People

Low

Middle

High

Health Resource Shortage Score Average

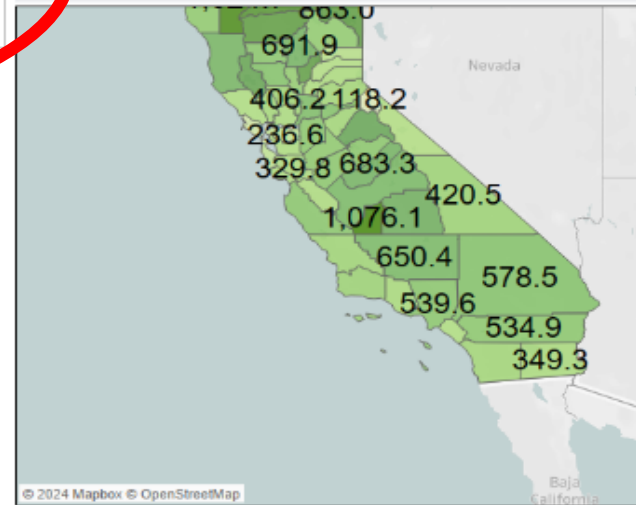
Low

Middle

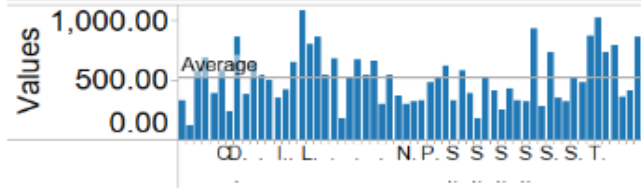
High

Justice

Outcomes, Incarceration (Jail and Prison) Rate per 100,000



Justice Outcomes Distribution, Incarceration (Jail and Prison) Rate per 100,000

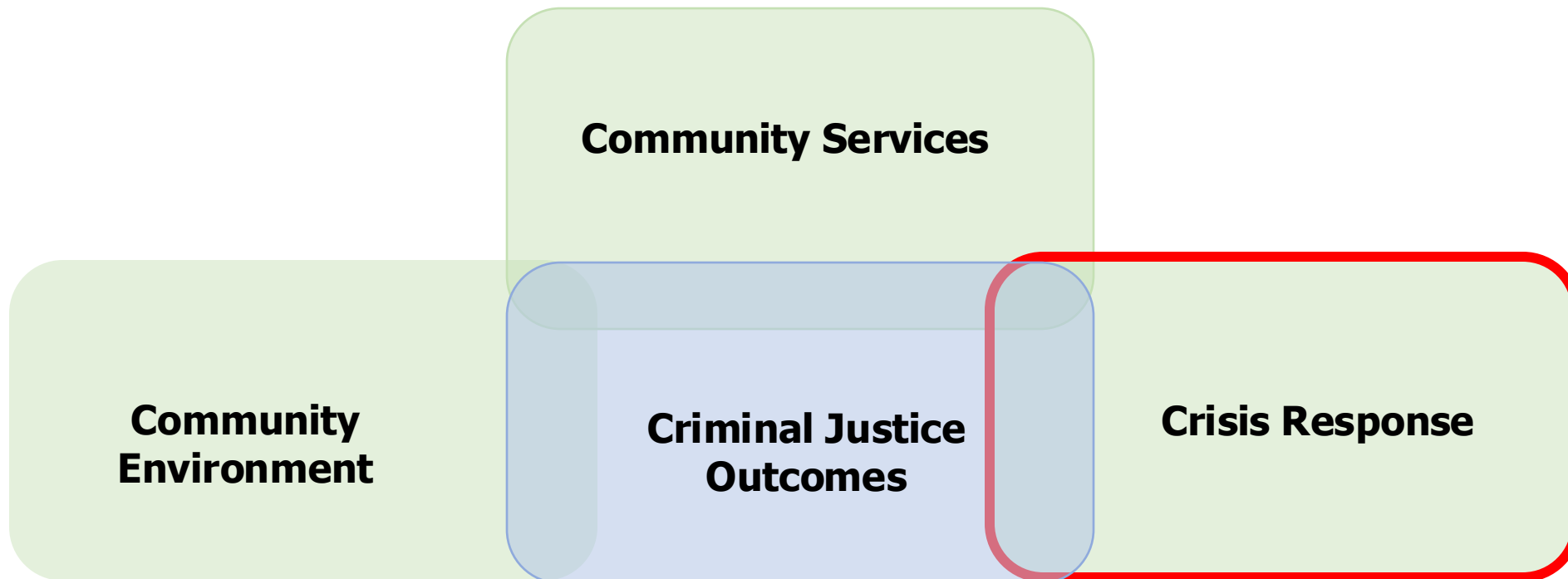


Distribution Group..



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.



PH/PS Crisis Response

CCJBH requested that University of California Berkeley (UCB) prioritize the Crisis Response Domain as they work to expand the PH/PS Data Visualization since the quality of system response to crisis strongly influences the outcomes of individuals with BH needs, including if they enter clinical settings or justice settings.



UCB Possibility Lab - Crisis Response

- The current focus areas of this domain are:
 - Dispatch Options (e.g., 988, 911)
 - % of 911/988 calls for BH services/support
 - # of co-response teams per 100k people
 - Crisis Response Options (e.g., mobile crisis)
 - % of 911/988 BH crisis calls resulting in arrest
 - % resolved at the scene, etc.
 - Effective Resolution (e.g., Follow-up Care Coordination)
 - % of BH discharges contacted for follow-up care within 48 hours
 - Rearrest/repeat crisis rates within 45 days



PH/PS Crisis Response

The Goal is to capture data at the:

Individual Level

- ✓ Service uptake
- ✓ Treatment history

Provider Level

- ✓ Service/provider availability
- ✓ Caseloads

Community Level

- ✓ Resource allocation
- ✓ Social determinants of health



PH/PS Crisis Response

Data will be optimized at the User Level by:

Identifying Needs of Top Users

- ✓ Planners
- ✓ Service Providers, etc.

Supporting Specific Actions as Outcomes

- ✓ Community Planning (e.g., BHSA Plans, Community Correction Partnership Plans)
- ✓ Grant and Report Writing, etc.

Employing Iterative Design

- ✓ User Experience Based Design
 - Test > Adapt > Test
 - Visual Communication Design Expertise



Additional Updates



CCJBH Legislative Report



CCJBH Legislative Reports

- 2022 and 2023 Legislative Reports
 - Lunch-and-Learn webinars were conducted in July and September 2024, to provide stakeholders with an overview of Legislative Report findings and recommendations.
 - CCJBH representatives are scheduled to provide a briefing on the recommendations presented in these legislative reports for legislative staff on Monday, September 30, 2024.
- 2024 Legislative Report
 - A call for report recommendations was sent to Councilmembers in July 2024.
 - CCJBH is currently writing the 2024 Annual Legislative Report and will begin routing it for reviews in fall 2024.



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.
- CCJBH partnered 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 include:
 - ✓ Two annual W2D convenings (one in September 2024, funded by CCJBH, and one in Calendar Year 2025, funded by the MHSOAC).
 - ✓ A 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 (due in December 2024).
- 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.



W2D – Annual (Fall 2024) Convening

The first convening of W2D occurred on September 5-6, 2024, and included 7 Crisis- and Diversion-Centered Sessions, as follows:

1. Current Data Efforts
2. Call Centers
3. Crisis Response
4. Medical and BH Treatment Locations
5. Housing Supports
6. Legal Processes
7. Open Discussions
 - Future Metrics
 - Workgroups/Collaborations

➤ Further details about this convening can be found at [2024 Convening - Words 2 Deeds \(wordstodeeds.org\)](https://www.wordstodeeds.org)



Lived Experience Project (LEP)



LEP Project

- CCJBH through a competitive bidding process awarded contracts to the following agencies:
 - ✓ **LEP Local-level Grouping 1 Contractor:** Third Sector Capital Partners
 - ✓ **LEP Local-level Grouping 2 Contractor:** San Francisco Public Health Foundation/TCN
 - ✓ **LEP Local-level Grouping 3 Contractor:** Beyond Us and Them
 - ✓ **LEP State Contractor:** Root & Rebound
- Local-level LEP Contractors will be working on the following Project Goals:
 - ✓ Elevating the perspectives and experiences of youth and adults with LE at the state and local levels;
 - ✓ Increasing community awareness of the needs of the BH/JI population;
 - ✓ Fostering and facilitating multi-disciplinary collaborations across the different systems that serve the BH/JI population;
 - ✓ Promoting evidence-based practices for prevention, deflection, diversion, and reentry services and programs that serve the BH/JI population; and
 - ✓ Provide technical assistance.



LEP Project (Continued)

- **August-September 2024:** CCJBH staff hosted kick-off meetings with the Local-level and State LEP Contractors.
- **September 2024:** LEP Contractors finalized workplan revisions.
- **October 2024:** CCJBH staff will convene the CCJBH LEP Contractor Advisory Team Meeting.
- **December 2024:** CCJBH staff will present the 2025 Calendar Year proposal to include a date for presentations by the LEP contractors to provide an overview of their work to date.



Medi-Cal Utilization Project (MCUP)



MCUP Status Update

- 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



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.

Workgroup Reflection:

- **August Juvenile Justice Workgroup:** The workgroup meeting highlighted the Children and Youth Behavioral Health Initiative, with presentations on the California Department of Public Health's Public Education and Change Campaign, and the Department of Health Care Services' Universal Fee Schedule and Behavioral Health Virtual Services Platform.
- **August Diversion/Reentry Workgroup:** This workgroup meeting showcased services and programs that utilize multi-system application of Risk-Needs-Responsivity and Comprehensive Collaborative Case Planning in service delivery to the BH/JI population.



Legislation Tracking

- The 2023-2024 Legislative Session closed on August 31, 2024, and will reconvene on January 2, 2025.
- In FY 2023-2024, CCJBH tracked a total of 138 bills
 - 61 bills tracked were chaptered and/or Enrolled by the end of September 2024.
 - 3 bills were vetoed
 - 5 has been signed into law
 - 69 bills died in committee
- 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 Cont.

- **September Suicide Prevention and SUD Recovery Campaign:** CCJBH hosted four informational Lunch and Learns to observe Suicide Prevention and Substance Use Disorder Recovery Month. More information can be found on [CCJBH's website.](#)
- **September 27th:** [57th Annual Native American Heritage Day](#)



Upcoming Events

[Juvenile Justice Workgroup](#)

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

[Diversion/Reentry Workgroup](#)

October 25, 2024, 3:00 PM- 5:00 PM

[CCJBH Full Council Meeting](#)

December 6, 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!

