



# CCJBH

Council on Criminal Justice and Behavioral Health

*Building bridges to prevent incarceration*

## Overview of CCJBH's 21<sup>st</sup> and 22<sup>nd</sup> Annual Legislative Reports: Diversion/Reentry Recommendations

### September 19, 2024

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California Department of Corrections and Rehabilitation (CDCR)



# Background on CCJBH



# Background

Established by [California Penal Code Section 6044\(a\)](#), CCJBH is a 12-member council:

- Chaired by the Secretary of the CDCR
- Comprised of the Department of State Hospitals (DSH), Department of Health Care Services (DHCS) and appointed expert representatives from the criminal justice and behavioral health fields such as probation, court officers, and mental health care professionals.



# Additional Background

- CCJBH serves as a resource to assist and advise the Administration and Legislature on best practices to reduce the incarceration of youth and adults with mental illness(es) and substance use disorders (SUDs) (hereafter referred to as the behavioral health (BH) and justice-involved (JI) population), with a focus on prevention, diversion, and reentry strategies.
- As required by Penal Code Section 6044 (h)(1), CCJBH shall provide a report to the Legislature by December 31st of each year, documenting the Council's activities during the preceding year, including recommendations for improving the cost-effectiveness of behavioral health and criminal justice programs.



# **CCJBH's Policy Focus Calendar Years (CYs) 2022 and 2023**



# Policy Focus: Full Council Meetings

<u>CY 2022</u>	<u>CY 2023</u>
California's Behavioral Health Continuum of Care	Behavioral Health Crisis Care Continuum
Deflection: WellSpace's Crisis Receiving for Behavioral Health Program.	Council on State Governments (CSG) Justice Center Presentation on the Public Health Meets Public Safety (PH/PS) Data Framework and Visualization
Behavioral Health Workforce Expansion	Lived Experience Project Contractor Closeout
Successful Housing Models for Transitioning Citizens	County Community Assistance, Recovery and Empowerment (CARE) Act
Leveraging Individuals with Lived Experience to Work as Peers in Criminal Justice Settings	California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved Planning and Implementation Efforts
Community-based Justice Projects to Reduce Recidivism and Improve Self-Sufficiency Outcomes.	Department of State Hospitals (DSH) Presentation: DSH Diversion Program and Felony Incompetent to Stand Trial Solutions



# Policy Focus: Diversion/Reentry Workgroup Meetings

CY 2022	CY 2023
Riverside County's Transition from Whole Person Care to Enhanced Care Management (ECM) and Community Supports under CalAIM	Mental Health Diversion: <i>Consultation, Technical Assistance and Policy Recommendations Contract</i> by CSG Justice Center
Implementation of SB 317	Behavioral Health Workforce
DSH Diversion	Behavioral Health Workforce (continued)
Suggested Implementation Strategies for CARE Act	Streamlining Access to Supplemental Security Income and Social Security Disability Insurance (SSI/SSDI) for the BH/JI population
	Workforce Development



# 2022 and 2023 Awareness Activities

	Mental Health Awareness Month		September Suicide Awareness and Substance Use Disorder Recovery Awareness Month	
	CY 2022	CY 2023	CY 2022	CY 2023
Week 1	California Hope, Opportunity, Perseverance, and Empowerment (CalHOPE)	Shared Resources	WellSpace Health: Implementation of 988 Suicide and Crisis Lifeline	Shared Resources
Week 2	Board of State and Community Corrections (BSCC) Adult Reentry Grant	Shared Resources	Shatterproof	Shared Resources
Week 3	The Los Angeles Regional Reentry Project	Shared Resources	HealthRIGHT 360	Shared Resources
Week 4	The California Department of Public Health Office of Health Equity	The Happier Life Project	Riverside University Health System	Shared Resources



# 2025 Policy Goals Update



# 2025 Policy Goals Update

**Goal #1:** The prevalence rate of mental illness and SUDs in jails and prisons should be similar, if not equal to, the prevalence rate of mental illness and SUDs in the community.

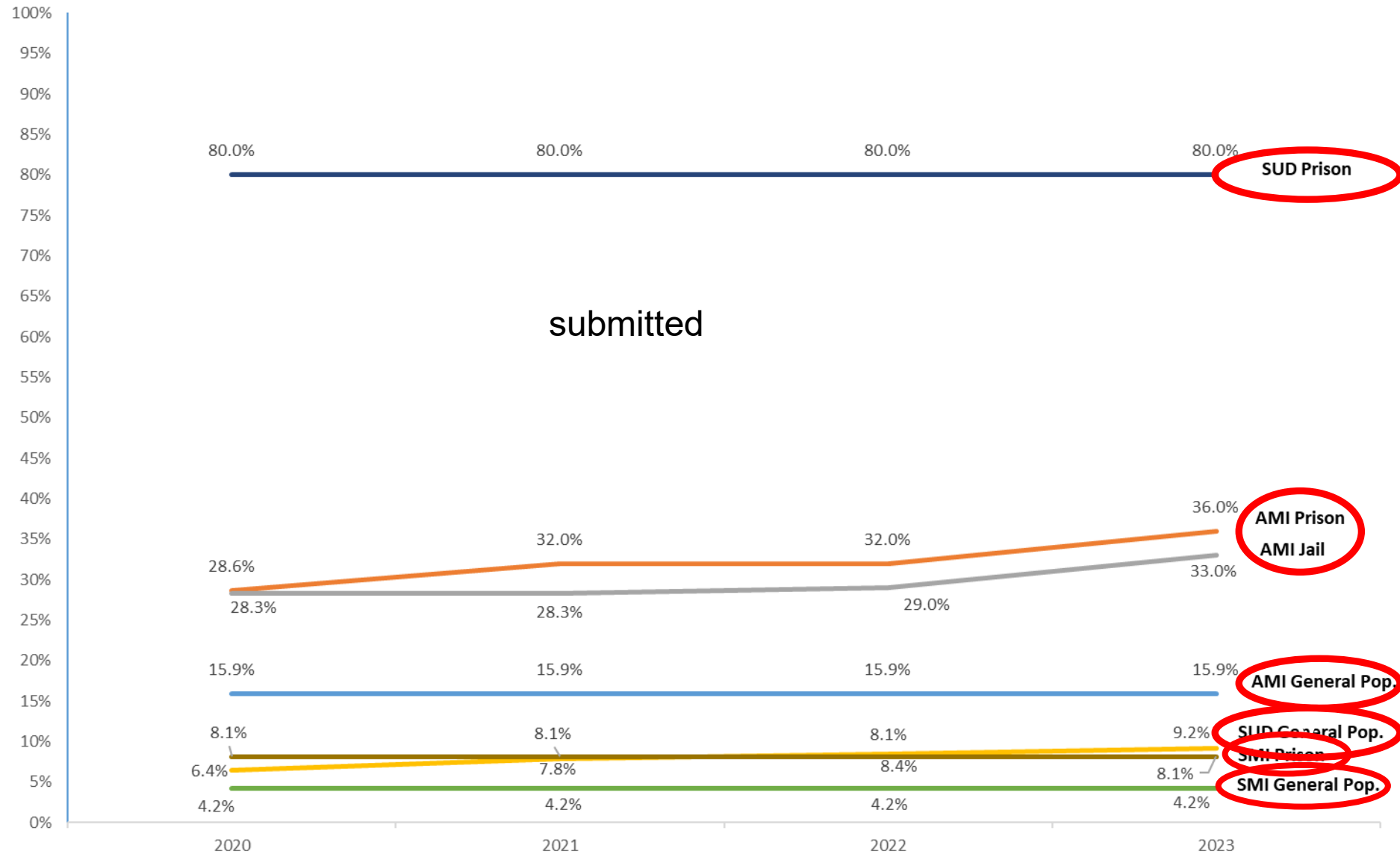
## **Goal #1 Update:**

- Both 2022 and 2023 findings conclude there is a pervasive overrepresentation of individuals with mental health and/or SUD health conditions in custody settings, with SUD being most overrepresented.
- There has been a slight increase in the jail and prison rates for “any” mental illness, as it related to the COVID-19 Public Health Emergency releases, which CCJBH first documented in the 2020 annual legislative report.



# Overrepresentation of BH in CA Jails and Prisons

Behavioral Health Prevalence Rates From 2020 to 2023 by Substance Use Disorder, Any Mental Illness, and Serious Mental Illness for the Jail, Prison and General Populations



# 2025 Policy Goals Update

**Goal #2:** Community-based services, particularly residential, are robust enough to meet demand starting with ensuring that those with multiple needs are not left behind due to their numerous and complex challenges.

## **Goal #2 Update:**

- Both Medi-Cal Managed Care Plans (MCPs) and Specialty Mental Health Plans overall have sufficient capacity for non-specialty mental health services and specialty mental health services, respectively, including outpatient and psychiatry services.
- 65 percent of Drug Medi-Cal Organized Delivery System (DMC-ODS) were able to meet the standards for capacity by May 2023.
- Majority (83%) of Medi-Cal applications were approved for parolees prior to release, however majority (70%) of SSA/SSI applications submitted for parolees prior to release were designated as “pending” due to the need to verify applicant medical or mental health disabilities.
- 84% of 25,371 individuals who were on parole on June 30, 2023, were not homeless or residing in a shelter. 16% were transient. 73% of the transient parolee population had an identified behavioral health need at the time of their release.



# 2025 Policy Goals Update

**Goal #3:** Through consistent dedication to workforce development, quality education and training, and ongoing technical assistance to an array of service providers and partners, Californians benefit from professionals having core competencies that provide effective integrated correctional (i.e., criminogenic needs interventions) and behavioral health services to achieve recovery and reduced recidivism.

## **Goal #3 Update:**

- Approximately 91% of MHPs were initially found deficient. As of May 2023, 57% of MHPs were compliant with all Network Adequacy standards.
- Approximately 74% of DMC-ODS counties were initially found deficient regarding standards to ensure a sufficient number of providers; the counties made a concerted effort to address these deficiencies, and as of May 2023, 39% of DMC-ODS counties were compliant with all Network Adequacy standards.
- Of the 49 responding County Probation Departments, all trained their Correctional Workforce on at least one specific EBP (e.g., criminogenic needs assessment, motivational interviewing, cognitive therapy, positive reinforcement)



# 2025 Policy Goals Update

**Goal #4:** Through state leadership to support data-driven practices and policy-making among criminal justice and behavioral health systems, continuity of care and desired public safety and health outcomes improve significantly.

## **Goal #4 Update:**

- CCJBH launched the [Public Health Meets Public Safety \(PH/PS\) Data Framework and Visualization](#), which reflects socio-economic factors and justice involvement per county and was well received by internal and external partners.
- CCJBH conducted data analysis and reporting through the [CDCR/DHCS Medi-Cal Utilization Project \(MCUP\)](#)



# **CCJBH's Diversion/Reentry Legislative Recommendations for CYs 2022 and 2023**



# Development of Legislative Report Recommendations

- CCJBH develops findings and recommendations based on:
  - Discussions that occur during the Full Council and Juvenile Justice and Diversion/Reentry Workgroups meetings.
  - CCJBH Councilmembers provide specific recommendations.
  - CCJBH staff research.
  - California Budget Investments.
  - California Legislation Implementation efforts.
- This presentation provides an overview of CY 2022 and 2023 recommendations.



# Infrastructure



# Diversions/Reentry Recommendations

- Local jurisdictions awarded Behavioral Health Continuum Infrastructure Program (**BHCIP**) funding should consider the unique needs of the **BH/JI population** (e.g., ensure access to mental health and SUD residential services, improve pathways and navigation to community-based services following incarceration, and train providers and clinical staff to better understand the intricacies of serving the BH/JI population).
- Counties should **consider implementing deflection programs to build out community infrastructure to triage individuals in crisis to the appropriate community-based service provider(s)**. Counties should consider establishing deflection programs that target the felony Incompetent to Stand Trial (IST) population through the funding available from the DSH IST Solutions to Expand Diversion and Community-Based Restoration Capacity funding.



# Workforce Expansion and Development



# Diversion/Reentry Recommendations (cont'd.)

- The **Department of Health Care Access and Information's (HCAI's)** behavioral health workforce expansion efforts **could**, where feasible, include training content for non-clinical staff that addresses:
  - ✓ The **myths and misconceptions associated with mental health and SUDs**, as well as the special considerations and expertise that are needed to effectively address trauma stemming from abuse/neglect, justice system involvement, and implicit bias experienced by the BH/JI population.
  - ✓ The **distinct and individual needs of those suffering with: 1) mental illness(es), 2) SUDs, and 3) co-occurring mental illness(es) and SUDs**, and acknowledgement that there is a spectrum of severity within each of these three sub-groups.
  - ✓ Criminal justice staff should know **when and how to perform a *behavioral health screening***, as well as how to refer positive screenings to behavioral health for further **assessment**.
  - ✓ Behavioral health staff should be **trained on the unique needs of the BH/JI population**, including the concepts of criminogenic risk and needs, and how it impacts service engagement and the management of behavioral health conditions.



# Diversion/Reentry Recommendations (cont'd.)

## HCAI Workforce Efforts (continued)

- **Effective practices for increasing consumer engagement**, including motivational interviewing techniques, leveraging peers, application of appropriate incentives, etc.
- An **approach that is recovery-oriented**, guided by SAMHSA's 10 Guiding Principles of Recovery.
- HCAI could **collaborate with existing programs that certify incarcerated individuals as Alcohol and Other Drug (AOD) counselors** in order to **facilitate job placement** upon release from incarceration.
- **Programs that certify incarcerated individuals AOD counselors could consider expanding the certification to include general peer support** (e.g., SB 803 Peer Support Specialists), thus **optimizing employment upon reentry while simultaneously addressing mental health and SUD workforce shortages**.



# Diversion/Reentry Recommendations (cont'd.)

## HCAI Workforce Efforts (continued)

- **CBOs** dedicated to serving the justice-involved population **should consider applying for the Peer Personnel Training and Placement** to encourage justice-involved individuals to become certified peers.
- **Organizations that serve the BH/JI population and have a shortage of providers** for an entire group of people or a specific group of people within a defined geographic area **should utilize the technical assistance** offered by HCAI's California Primary Care Office **to become recognized as a federally designated Health Professional Shortage Area or Medically Underserved Area/Medically Underserved Population.**
- Given their plans to develop data visualizations on workforce growth and expansion, **HCAI could consider exploring data sources related to the BH/JI population**, including the current supply of health care workers with justice involvement



# Diversion/Reentry Recommendations (cont'd.)

## Additional Workforce Recommendations

- Additional training for the behavioral health clinical workforce should address the following:
  - The shortage of **qualified staff to treat individuals who suffer from acute psychoses**. Specifically, training programs, including certificate and degree programs offered by universities that benefit from these investments.
  - Compassionate and effective **client engagement** into treatment for **individuals who suffer from anosognosia**.
  - The **efficacy and long-term benefits of long-acting injectable antipsychotics**, as well as proper administration and follow-up procedures.



# Diversion/ Reentry Recommendations (cont'd.)

## Additional Workforce Recommendations (continued)

- CCJBH should continue to work with relevant system partners, associations and psychiatric inpatient hospital representatives, **to explore the reasons why there are instances when justice-involved individuals are denied admission to psychiatric inpatient hospitals**, as well as to identify solutions on how to address this critical system access/capacity issue.
- **CCJBH could work with its State-level Lived Experience Project (LEP) contractor**, once selected, **to develop a California-specific peer workforce development best practices toolkit.**



# Diversion/Reentry Recommendations (cont'd.)

## Additional Workforce Recommendations (continued)

- **Explore opportunities to partner with social development enterprises (SDEs) to foster opportunities to provide workforce development and training for the BH/JI population.** Agencies that serve the BH/JI population should seek to identify and collaborate with SDEs to increase access to employment services for individuals who are transitioning from incarceration into their community.
- **The California Health Workforce Education and Training Council could increase BH/JI representation by adding a justice involved Councilmember, and actively solicit the voice of individuals with lived experience to participate in their Council meetings.**



# **Community Assistance, Recovery & Empowerment (CARE) Act**



# Diversion/Reentry Recommendations (cont'd.)

- **Judicial system staff could be provided with clear guidance on when and how to divert eligible BH/JI respondents to and through the CARE processes.** Specific marketing outreach could be targeted to Medi-Cal Managed Care Plan ECM providers; diversion programs; and jail, probation, State Prison and parole case/care coordinators.
- **CARE Plans should be developed based on the 10 priorities and components of Collaborative Comprehensive Case Plans** in order “to better integrate critical behavioral health and criminogenic risk and needs information into comprehensive case plans that actively engage the participant and reflect a balanced and collaborative partnership between criminal justice, behavioral health, and social service systems.”
- **Housing placements should take into account the unique and complex need of the BH/JI population,** as specified in the CSG Justice Center’s report, [\*Reducing Homelessness for People with Behavioral Health Needs Leaving Prison and Jails.\*](#)



# Diversion/Reentry Recommendations (cont'd.)

- **Training for all involved in the CARE Act process** who will be supporting justice-involved respondents **should**, as feasible, **include the training that is specified in the aforementioned “Workforce” recommendations.**
- The knowledge, expertise and capacity of **community-based reentry providers** who specialize in addressing the complex needs of the BH/JI population **should be leveraged to optimize success** in terms of system efficiency and respondent outcomes.
- For the CARE Act evaluation, **data should be captured that would allow DHCS (or their contracted evaluator) to distinctly identify the BH/JI population to ensure equitable outcomes.** In addition, justice system partners, including individuals with lived experience in the behavioral health and criminal justice systems, should be consulted when identifying descriptive and programmatic data elements to be captured.



# California's Crisis Continuum of Care



# Diversion/Reentry Recommendations (cont'd.)

- **Develop and disseminate educational materials to raise community awareness on how to identify and appropriately and safely address a mental health crisis situation**, including the use of the newly implemented 988 Suicide and Crisis Hotline (e.g., informational materials, media campaign), as a stigma-reduction strategy.
- Implement evidence-based practices that can **reduce first responders' unnecessary involvement in behavioral health crises**, including warm handoffs from 911 to 988 and/or mobile crisis teams or, **in cases where first responders are involved**, explore evidence-based practices to **reduce/avoid usage of restraints**.
- Explore evidence-based practices, policies, and potentially laws/regulations, that **determine when it is absolutely necessary for law enforcement staff to be present in health care settings**, as well as when they may carry their firearms, tasers, or other weapons (e.g., active shooter incidents).



# Diversion/Reentry Recommendations (cont'd.)

- **Training for behavioral health crisis first responders should include the training content that is specified in the Workforce recommendations,** particularly with regard to crisis de-escalation, the implementation of addressing stigma, trauma informed care, engagement, etc.
- **Police-Mental Health Collaborations could be formally established** within counties to support law enforcement decision-making and optimize behavioral health crisis outcomes both in terms of increasing access to appropriate care outside of the criminal justice system and ensuring individual and community safety.
- Counties could **leverage available funding to develop crisis facilities** that may serve as alternatives to incarceration and emergency room utilization.
- Leverage the CSG Justice Center's report, [Introduction to Public Health Meets Public Safety \(PH/PS\) Framework](#), to **identify/adopt key crisis response indicators and measures** that may be used to monitor how well the crisis response system performs with regard to preventing justice system involvement.



# California Advancing and Innovating Medi-Cal (CalAIM)



# Diversification/Reentry Recommendations

- **All entities involved in the ECM referral process should strive to efficiently streamline access to ECM assessments.**
  - ✓ A process could be established to allow criminal justice partners to expeditiously determine if individuals in need of ECM are enrolled into Medi-Cal and, if so, identify the Medi-Cal MCP to which they are enrolled so they know where to direct the ECM referral.
  - ✓ Medi-Cal MCPs should work to ensure that all front-line staff are trained to be aware of and knowledgeable about the new ECM benefit referral and assessment processes.
  - ✓ Medi-Cal MCPs' Network Providers who will be responsible for serving the BH/JI population should work to ensure that they are appropriately staffed to provide services tailored to their unique and often complex needs.
  - ✓ Brief informational materials could be created to make criminal justice system partners and the BH/JI population aware of the new ECM benefit and Community Supports services
  - ✓ Counties can utilize certified peers to provide ECM and Community Supports services (e.g., service coordination and case management) for the BH/JI population.



# Diversion/Reentry Recommendations (cont'd.)

- **Counties that participate in CalAIM's Recovery Incentives Program should work to ensure that the BH/JI individuals suffering from stimulant use disorders (e.g., methamphetamine addiction) have access to this new benefit.**



# Housing/Homelessness



# Diversion/Reentry Recommendations (cont'd.)

- Develop and implement **coordinated inter-agency housing referrals, intake, and navigation** in order to manage access to the numerous existing and planned housing opportunities and resources. Consider **establishing interagency partnerships as a foundational component** for housing projects that are intended to address the needs individuals with behavioral health needs who are, or at risk of becoming, justice-involved.
- **Promote cross-collaboration** between CDCR, California Department of Social Services (CDSS), and the federal Social Security Administration (SSA) to **address the income needs of the BH/JI population** (e.g., access to SSI/SSDI and housing).
- Support CDCR parole agents in **linking homeless parolees to existing housing programs**, as appropriate (could also be applied to individuals on probation and those releasing from jails and prison who are at-risk of homelessness upon release).



# Diversion/Reentry Recommendations (cont'd.)

- **Expand the access to and utilization of the statewide Homeless Management Information System (HMIS) data for community-based organizations** that provide care coordination for individuals who are experiencing homelessness and are justice involved. To better understand the needs of the BH/JI population who are or at-risk for homelessness, California Interagency Council on Homelessness (Cal ICH), in partnership with local Continuums of Care, could offer HMIS trainings and technical assistance to CBOs, which could improve service coordination through cross-collaboration between governmental and non-governmental entities that leads to better housing outcomes.



# Data Collection, Analysis, and Reporting



# Diversion/Reentry Recommendations (cont'd.)

- **DHCS could stratify its [Behavioral Health Reporting](#) data visualization by the justice-involved population**, as well as incorporate justice-involved data into the new Population Health Management Services in order to monitor their health care access and utilization and quality of care.
- **CCJBH should continue to collaborate with key stakeholders to identify strategies, including potential legislation, to improve the ability to analyze and study IST data.**
- **Counties should consider the [MHSOAC Innovation Incubator's Data-Driven Recovery Project](#) as a model of multisystem data linkage** to work together to reduce recidivism for individuals with mental illness by gathering data to better understand the mental health needs of people in the criminal justice system.
- **The MHSOAC's [Behavioral Health Outcomes Fellowship](#) could be leveraged** to develop a partnership between the Commission and an academic institution to improve BH/JI population outcomes in California's behavioral health system.



# CCJBH Reports



- State and local agencies that support and/or serve the BH/JI population should review and address, as appropriate, the recommendations set forth by the CSG Justice Center's report, [A Statewide Look at Mental Health Diversion: Recommendations to California's Council on Criminal Justice and Behavioral Health](#).
- CCJBH's and CSUS' reports, [Successful Approaches to Employing Individuals with Lived Experience in the Criminal Justice and Behavioral Health Fields](#) and [Solutions To Hiring Barriers for Individuals With Lived Experience To Work In The Criminal Justice and Behavioral Health Fields](#), should be shared widely to inform policy discussions and to influence hiring practices to address the hiring barriers faced by individuals with lived experience.



# Additional Recommendations



# Additional Recommendations

Additional considerations for efforts related to data collection and reporting are as follows:

- State and local system partners should work to **stratify data reporting by the justice-involved populations** wherever relevant and however possible to better understand the magnitude and demographics of this population.
- DHCS and CCJBH could **explore the potential to use Medi-Cal justice-involved aid codes and ECM Populations of Focus data as a proxy** to identify and expand data analyses to include those who are incarcerated at the local level.
- HCAI, DHCS, and CalMHSA, in collaboration with county behavioral health, could **utilize a workforce estimator data tool to identify community behavioral health workforce gaps**, and then use this information to identify strategies that promote recruitment and retention of behavioral health professionals.



# Additional Recommendations

- **Provide technical assistance to assist counties, CBOs, and other partner agencies to ensure an accurate understanding on how to transfer Medi-Cal eligibility in a timely manner** (see [DHCS' Behavioral Health Information Notice 24-008](#)).
- **System partners that serve the BH/JI population should be trained in evidence-based corrections.** Furthermore, cross-system coordination could be optimized through the use of [Collaborative Comprehensive Case \(CCC\) Plans](#).
- **Justice System Partners should begin making referrals to MCPs for ECM assessments,** as appropriate.
- **MCP's and probation/parole should coordinate to ensure that the services** currently delivered by probation/parole that are now available as part of ECM and Community Supports **are provided in a manner that maximizes federal reimbursement,** as applicable and prevents duplication of efforts.
- **DHCS could monitor ECM provider-to-member ratios** to verify that caseloads are not so high as to render them unmanageable.



# Additional Recommendations

The following could be made in preparation for the approval of DHCS' [California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment](#) (BH-CONNECT) Demonstration include:

- DHCS and county behavioral health departments should help make sure that **county probation and state parole are aware of the services that will be made available through BH-CONNECT**
- County behavioral health, child welfare and MCPs should **include probation departments in efforts to implement BH-CONNECT** as it pertains to serving justice-involved youth who meet BH-CONNECT criteria.
- **CCJBH should continue tracking BH-CONNECT implementation** as it relates to the BH/JI population.



# **CCJBH Legislative Report Links & CCJBH's Calendar Year 2024 Framework**



# Resources

[2022 CCJBH 21st Annual Legislative Report](#)

[2023 CCJBH 22nd Annual Legislative Report](#)

[Calendar Year 2024 CCJBH Strategic Framework Document](#)



# Upcoming CCJBH Events

## [Full Council Meeting](#)

Friday, September 27, 2024, 2:00 – 4:30 PM

## [Juvenile Justice Workgroup](#)

Friday, October 25, 2024, 1:00 – 3:00 PM

## [Diversion/Reentry Workgroup](#)

Friday, October 25, 2024, 1:00 – 3:00 PM

Please visit our website at <https://www.cdcr.ca.gov/ccjbh/>

Email us at [CCJBH@cdcr.ca.gov](mailto:CCJBH@cdcr.ca.gov)

If you would like to be added to CCJBH's listserv, click [HERE](#).



**Thank you!**

