CCJBH Diversion Reentry Meeting Minutes

Friday, August 23, 2024
3:00 PM – 5:00 PM
In-Person and MS Teams Webinar

Workgroup Purpose:

The Council on Criminal Justice and Behavioral Health (CCJBH) Diversion/Reentry Workgroup meeting included presentations focused on evidence-based corrections, including the Risk-Needs-Responsivity Model and the multi-system implementation of Collaborative Comprehensive Case Plans.

Councilmember Advisors: (Participating remotely)

Judge Stephen Manley, Santa Clara County Superior Court
Dr. Tony Hobson, Behavioral Health Director, Colusa County

CCJBH Staff:

Staff Members attending: Brenda Grealish, CCJBH Executive Officer, Elizabeth Vice, Jessica Camacho Duran, Cameron Byrd, and Belicia Smith.

I. Welcome & Introductions

Ms. Grealish welcomed participants, gave an overview of the agenda, and shared the purpose of the workgroup. Councilmembers Manley and Hobson introduced themselves to the participants.

II. Councilmember Advisor Reflections on the June Workgroup

Judge Stephen Manley, Santa Clara County Superior Court
Dr. Tony Hobson, Behavioral Health Director, Colusa County
Jessica Camacho Duran, Health Program Specialist II, CCJBH

Ms. Camacho Duran opened the discussion by referencing the summary handout provided, which reflected on the June 2024 Diversion and Reentry Workgroup meeting. The focus of the June 2024 Workgroup meeting was on the utilization of peer support in providing substance use disorder (SUD) treatment within both carceral and community-based settings at the state and local levels. Ms. Camacho-Duran then prompted the Councilmembers to provide their reflections on the following questions:

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

Community Medical Centers (CMC) Model: While the Council is supportive of the "whole-person treatment" approach of the CMC model, concerns were raised about the scalability, ongoing funding (as they are primarily grant-based), and inclusion of individuals with serious mental illness (SMI). As such, it was recommended that this approach be further explored/expanded across counties to ensure scalability, sustainability and access to services for individuals with SMI.

Occupational Mentor Certification Program (OMCP): The program, which certifies incarcerated individuals as substance use counselors, was highly regarded by the Council. An expansion of OMCP beyond prisons to include jails, particularly for individuals on Post-Release Community Supervision (PRCS) was suggested. The Council acknowledged the program's potential to address workforce shortages in behavioral health and the value of lived experience in peer mentorship roles.

Peer Mentorship and Billing Challenges: The Council recognized the importance of peer mentors and called for an increase in their numbers, while also addressing the complexities in Medi-Cal billing that could pose challenges to sustaining these programs. The Council also reflected on a challenge centering around the difficulty of employing peers in correctional settings due to background clearance requirements.

Best Practices for In-Reach Programs: Council staff suggested looking at best practices from places like Camden County, NJ, to navigate around background clearance challenges, especially in relation to the CalAIM 90-day in-reach program. Allowing individuals with lived experience to engage with hard-to-reach populations was highlighted as a critical strategy.

III. The Council on State Governments (CSG) Justice Center – Application of Evidence Based Corrections and the Promotion of Multi-System Collaborations

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

Ms. Hallie Fader-Towe from the CSG Justice Center introduced the presentation by highlighting the organization's role in working at the intersection of justice, health, and housing across the country. She emphasized the CSG's mission to provide research-based information and best practices to policymakers and practitioners nationwide. The CSG Justice Center focuses on bringing together various perspectives, like the approach of the Council, to improve public health, public safety, and equity.

Ms. Fader-Towe discussed the importance of the Second Chance Act, which provides grant funding, training, and technical assistance in reentry initiatives, including health and housing. She encouraged the attendees to consider the Second Chance Act when thinking about funding opportunities and to reach out to CSG and other technical assistance providers through the National Reentry Resource Center

for guidance on best practices or program models that could benefit their communities.

She introduced the concept of the Risk-Needs-Responsivity (RNR) model, which is foundational in evidence-based corrections. The model emphasizes the importance of tailoring interventions based on an individual's risk of recidivism, criminogenic needs, and how those interventions are delivered.

- Risk Principle: The focus here is on assessing the risk of re-offense or recidivism. Ms. Fader-Towe explained that individuals at higher risk of recidivism benefit from more intensive interventions, while those at lower risk should receive less or no intervention. She cautioned that over-supervising low-risk individuals could inadvertently increase their risk.
- Need Principle: This principle involves understanding the specific criminogenic needs that contribute to an individual's risk of recidivism, such as addiction, lack of positive social influences, or unproductive use of time. By addressing these needs through targeted interventions, the goal is to reduce the risk of re-offense.
- Responsivity Principle: Responsivity refers to the methods used to deliver interventions effectively. Ms. Fader-Towe emphasized that interventions must be tailored to the individual's circumstances, such as providing services in a language they understand or ensuring access to necessary medication. The goal is to maximize the impact of the intervention by making it as accessible and relevant as possible.

Ms. Fader-Towe introduced Katie Herman, who discussed the Collaborative Comprehensive Case (CC) Plans, a tool developed under the Second Chance Act to support coordination of a wide array of services for individuals with complex needs, particularly those reentering society after involvement with the criminal justice system. Ms. Herman explained that this tool is designed to assist behavioral health and criminal justice professionals in creating integrated, individualized case plans that are intended to facilitate the successful reentry of individuals into the community by ensuring that all relevant services are aligned and coordinated.

A central element of the model is the role of a lead case planner, typically someone from a correctional agency, who oversees the entire case planning process. This lead planner is responsible for ensuring that the various professionals involved—such as attorneys, probation officers, psychiatrists, and substance abuse providers—work together effectively. This collaborative approach is crucial for ensuring that the participant understands their goals and responsibilities and that the services they receive are tailored to their specific needs.

Ms. Herman emphasized the importance of involving the individual in the development of their plan, focusing on their strengths and setting goals that are specific, measurable, achievable, relevant, and time-bound (SMART). The case

plans also incorporate gender and cultural considerations, applying responsivity principles to ensure that interventions are appropriate and effective for everyone. She further highlighted the practical, user-friendly nature of the online tool, which includes resources for training, screening, and assessment, as well as guidelines for conducting collaborative case conferences. The tool's interface allows users to easily navigate through different aspects of case planning, providing detailed information and practical strategies that professionals can use to enhance their work with justice-involved individuals.

A significant aspect of the case plans is relapse prevention, which is particularly important given the high risk of overdose and relapse among individuals leaving incarceration. The plans include strategies for identifying those at risk, developing tailored prevention plans, and implementing these plans in collaboration with other agencies. This comprehensive approach aims to reduce the likelihood of relapse and support the long-term success of individuals as they reintegrate into society. Ms. Herman underscored the importance of a structured, collaborative approach to managing the complex needs of individuals reentering society, ensuring that all stakeholders are working together toward the common goal of rehabilitation and reintegration. The tools provided by CSG are designed to make this process as effective and streamlined as possible, supporting professionals in their efforts to deliver coordinated and responsive care.

Ms. Fader-Towe elaborated on how CC Case Plans tie into reentry coordination for health and behavioral health care providers, particularly in the context of Medicaid. She highlighted that, historically, it was difficult for probation or parole officers to consider Medicaid in their planning due to restrictions on billing for services provided within correctional facilities. However, in recent years, the Centers for Medicare and Medicaid Services (CMS) have shown a growing interest in how Medicaid can be utilized to support reentry efforts, acknowledging that effective reentry is vital not only for individual health but also for justice outcomes.

She discussed the significance of the Section 1115 demonstration waiver, a federal policy initiative allowing states to experiment with Medicaid coverage for pre-release services. These services, authorized by CMS for states opting into the waivers, include essential components like case management, medication-assisted treatment (MAT), and providing a 30-day supply of prescription medications upon release.

Ms. Fader-Towe also connected this to California's own Medi-Cal 1115 demonstration, known as California Advancing and Innovating Medi-Cal (CalAIM), which establishes new structures that allow for billing Medi-Cal for specified services up to 90 days prior to release from incarceration. She emphasized the importance of CC Case Plans for justice-involved individuals, especially those with significant health and behavioral health needs.

Ms. Fader-Towe concluded by mentioning that there are additional opportunities for expanding services, particularly for young people involved in the justice system.

Recent federal legislative changes have extended support to individuals up to age 26 who were formerly in foster care, creating more avenues for federal funding to aid in their reentry process. She expressed hope that the information provided would be helpful to California counties and CDCR in leveraging Medi-Cal for more effective reentry planning.

IV. Boulder County, Colorado-Implementation of Collaborative Comprehensive (CC) Case Plans

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

Ms. Kristen Compston provided an overview of the Behavioral Health Assistance Program (BHAP) and its initiatives. BHAP, situated within Boulder County's Community Justice Services division, serves individuals who are navigating both the justice system and community life. The division works across various levels of risk, from first-time justice system encounters to individuals under pre-trial supervision, and even those involved in community corrections.

Ms. Compston explained that Boulder County, like many areas across the country, has seen an increasing number of individuals with complex needs who frequently return to jail, often staying for longer periods each time. The state of Colorado, she noted, is struggling to meet the needs of individuals in the competency process—those found incompetent to proceed in the state's legal system. There are long wait lists for these individuals, and when they are eventually found competent and reenter the community, there are insufficient services available to help them maintain stability. In response to these challenges, BHAP was created as a pilot program under a grant to provide supportive services to this population, which includes individuals who often fail to comply with probation, cannot stay out of jail, and are frequently found incompetent to proceed. These individuals generally have complex behavioral health needs, are chronically homeless, and many have acquired brain injuries.

BHAP's program is structured around four key components: screening and assessment, jail-based treatment, peer support, and case management. The program utilizes CC Case Plans and is deeply embedded in the jail environment, with all BHAP staff based inside the jail. Although they do not work directly for the Sheriff's Office, they have full access to the jail facilities. BHAP also maintains a community office at the Justice Center, where they continue to support clients after their release. Ms. Compston emphasized the community-based nature of BHAP's work, noting that staff often go out to meet clients where they are, whether that be in tents, parks, or other locations within the community where they feel most comfortable and are most likely to be found.

Ms. Compston continued her presentation by speaking to the specific aspects of the BHAP, noting that while all these elements are crucial, she would focus primarily on

case management. The process begins with a robust screening and assessment phase, which Ms. Compston emphasized as the foundation for CC Case Plans r. During this phase, the severity of behavioral health and SUDs are assessed, and key players are identified, followed by obtaining the necessary releases of information to facilitate open communication between system partners. A designated screener spends at least an hour with each participant inside the jail, writing a clinical summary that is then shared with the team and relevant jail programs to ensure the best fit for the client.

Once accepted into BHAP, participants receive comprehensive services, such as jail-based treatment and peer support, which are offered based on the client's willingness and appropriateness for the program. The focus within the jail is on skill acquisition, providing clients with new tools to support their reintegration into the community post-release. Ms. Compston clarified that the jail is not primarily a place for Process-Based Therapy, but rather for preparing clients with practical skills for life after incarceration.

Another crucial component of the program is the in-reach from the community mental health agency. Clients who agree to participate are fully enrolled with the community mental health agency while still in custody, ensuring that they are active clients upon release, thereby bypassing wait lists and the initial assessment process. This continuity of care is supported by bridge sessions conducted by the jail-based therapist until the client is connected to a community-based therapist. The ability to immediately schedule appointments with psychiatrists or prescribers upon release, particularly for psychiatric medications or MAT, has been a vital part of the program's success.

Ms. Compston also discussed the recent addition of peer support to the program. She shared that their peer support specialist, who had previously been an inmate in the same jail, brings a unique perspective that significantly enhances the motivation and willingness of clients to engage in treatment. The peer support specialist has full access to the jail and continues to support clients in the community, maintaining the relationship from incarceration through reentry, which Ms. Compston highlighted as a critical factor in the program's effectiveness.

Ms. Compston touched on the reentry case management aspect of the program. Typically, about a month or two before a client's release, they are connected with a reentry case manager who begins planning for their reintegration into the community, utilizing the tools and strategies developed during their time in the program.

Ms. Compston continued by emphasizing that BHAP is a voluntary support program, not mandated by the court or probation departments. Although voluntary, the program conducts background checks, evaluates jail behavior, and performs a short version of the Level of Service Inventory (LSI) to assess risk and need levels. Ms. Compston stressed that the program is heavily community-based, with staff

safety being a top priority, especially when working with individuals with mental health and SUD or those with acquired brain injuries.

The program focuses on connecting participants to services to address various social determinants of health, such as housing and employment, while also understanding their personal goals and motivations. Ms. Compston pointed out that the goals of the program may not always align with what participants are motivated to achieve, so it's crucial to incorporate the participant's goals into their reentry plan immediately. The program utilizes what they refer to as a "Care Plan," which is similar to the CC Case Plan, although they are not using the CSG's CC Case Plan online tool. Instead, Boulder County is working on implementing a system that all local agencies can use to share information, aiming to enhance coordination and collaboration among system partners.

A significant development in Boulder County has been the creation of a universal release of information, allowing various justice agencies, the hospital, community mental health agencies, and nonprofits to communicate more effectively. Clients still have the option to decide with which agencies they want to share information, but this step has greatly facilitated communication and service coordination.

Ms. Compston highlighted the importance of starting a conversation with clients through this planning process. They set SMART goals and gather concrete information, such as the client's probation officer, history of success or challenges in previous programs, and whether they have vital documents like an ID or Social Security card. The program also assesses client characteristics (e.g., veteran status, sex offender registrants) and paints a picture of what their future could look like with the proper support. The initial Care Plan meeting can often be overwhelming for both clients and case managers. Therefore, the team begins to triage immediately after this meeting, prioritizing what needs to be done for the individual to reenter the community safely, ensuring basic needs such as shelter, food, and clothing are met. Ms. Compston described the Care Plan as the beginning of an ongoing conversation, with the aim of inviting the client to walk through each step of their reentry journey in collaboration with the support team.

Ms. Compston concluded her presentation by sharing several key outcomes from BHAP. Over the past few years, nearly 40 percent of their participants have successfully completed the program. For those who did not complete it successfully, the primary reason was a loss of contact after their release from jail. Ms. Compston emphasized the importance of staying connected, stating that the program can significantly help those who remain engaged, leading to considerable improvements.

The definition of success for BHAP involves clients meeting their goals—whether their initial goals or those that evolved over time—and establishing significant connections to the social determinants of health. Ms. Compston presented data showing that for participants who successfully completed the program, there was a

36 percent decrease in jail bookings per year, and for those who were rebooked, there was a 53 percent reduction in the time they spent in jail per arrest.

Additionally, Ms. Compston highlighted a graph showing that 77 percent of service referrals had known follow-through, which she attributed to the effectiveness of the CC Case Plan approach. This demonstrated that when the right services are matched with the right people at the right time, there is a significantly higher likelihood that participants will connect with the services they need, leading to better overall outcomes.

V. Orange County (OC) Probation Department- Application of Evidence-Based Corrections

Daniel Hernandez, Chief Probation Officer, Orange County

Chief Hernandez began his presentation by emphasizing that many of the principles presented by CSG on criminogenic needs and evidence-based approaches are integral to the work being done in OC. He highlighted how these principles are operationalized within the county's probation system to reduce recidivism and promote successful reintegration.

One key factor contributing to the success in OC is the strong support from the County Executive Office (CEO), which has helped build trust and maintain relationships across various agencies. Chief Hernandez specifically mentioned an initiative called "OC Cares," a county-wide effort coordinated by the CEO's office, designed to bring together resources and services for the highest-need clients. This initiative aims to improve the coordination of services across agencies, ensuring that resources are shared to benefit the mutual clients. Through OC Cares, OC has enhanced collaboration among agencies like behavioral health services, the health care agency, education, and community-based organizations (CBOs). Chief Hernandez credited this interagency cooperation as a significant driver of OC's success, stating that it has long been an integral part of the county's operations and a key to their effective service delivery.

Chief Hernandez emphasized the critical role of OC's Health Care Agency in providing medical and behavioral health services, not just for residents but for individuals in custody as well. This support spans juvenile facilities at no cost, ensuring that youth receive consistent care, both during custody and throughout their reentry process. Chief Hernandez highlighted several initiatives, including the enhancement of in-custody services through state funding like Senate Bill (SB) 823 (Juvenile Realignment), which has allowed for the expansion of after-hours services by psychologists, psychiatrists, and clinicians. Additionally, the agency provides Medication Assisted Treatment services to both juvenile and adult populations, offering comprehensive mental health support.

One of the key models adopted in OC is an evidence-based case plan designed in-house, which incorporates strengths-based principles, SMART goals, and the family-

based case planning model taught by the Annie E. Casey Foundation. OC has maintained a strong relationship with the foundation since becoming a detention alternative site in 2008. Chief Hernandez highlighted how their correctional officers are trained to facilitate family-based case planning meetings, focusing on the holistic needs of the youth and their families.

Another key partnership is with Project Kinship, a CBO employing formerly justice-involved individuals to provide services like restorative circle programs, peer mentoring, and reentry services. OC probation has found ways to safely manage background clearances to ensure that these individuals can work within the facilities. Chief Hernandez noted that Youth Reporting Centers have also been developed as alternatives to detention, particularly for youth violating probation or transitioning out of custody. These centers provide structured support, including on-site behavioral health clinicians and peer support specialists. Services such as cognitive behavioral therapy (CBT) and SUD treatment are also provided in both group and individual settings.

Chief Hernandez transitioned into discussing how OC Probation had utilized SB 823 funding to train clinicians in more intensive and long-term treatment modalities. This expanded training enabled the department to meet the needs of high-risk populations, allowing for more consistent care and treatment continuity. Chief Hernandez also highlighted the addition of four clinicians funded through SB 823, ensuring that no matter which facility a youth was placed in, their behavioral health needs were addressed without systemic limitations.

Under the OC Cares initiative, Chief Hernandez outlined a structured and accountable process where various agencies and community representatives worked together to identify needs, strategies, and goals for juvenile and Transitional Age Youth (TAY). These collaborative efforts were guided by leadership, including oversight from Chief Hernandez and the presiding judge, to ensure progress was tracked, barriers were addressed, and objectives were achieved. These monthly report-outs were presented through the OC Juvenile Justice Coordinating Council, which involved county supervisors. Additionally, Chief Hernandez again emphasized their involvement with the Annie E. Casey Foundation's Transforming Juvenile Probation Initiative, forming a multi-agency team that included public defenders, district attorneys, and CBOs. One of the key issues they addressed together was the challenge faced by foster care youth transitioning from the dependency system to the delinquency or juvenile justice side of the court.

Chief Hernandez continued to elaborate on strategies to address the crossover between foster care and juvenile justice. He stressed the importance of creating diversion opportunities for foster youth exhibiting juvenile justice-type behaviors, ensuring that these youth would have the same diversion opportunities as any other youth in the community. This initiative was part of an ongoing Capstone Project focused on ensuring equitable access to diversion programs for foster youth. He

also mentioned that the Probation Department used a diversion risk and needs assessment, similar to the risk assessments employed throughout the entire system. This assessment allowed the department to identify which youth required court referrals and which could be diverted, enabling the team to intervene at the lowest possible level.

In the next part of his presentation, Chief Hernandez discussed upcoming programs and initiatives, including contracting with Project Kinship, to deliver CBT. While correctional officers already administered CBT, Chief Hernandez noted that there were challenges, such as officers not always being assigned to the same units. By contracting with Project Kinship, they could ensure trained personnel were available consistently and could provide the right dosage of CBT to youth in custody. He also mentioned plans for retraining all staff on correctional practices in the upcoming year, ensuring alignment with evidence-based principles outlined by the CSG. This retraining would encompass both adult and juvenile functions, focusing on correctional practices that emphasized evidence-based principles.

Addressing the concept of "responsivity," Chief Hernandez explained that the probation department already provided basic needs assistance, such as transportation, clothing, and hygiene products, to adult offenders. They were now looking to extend these services to their juvenile operations, recognizing the need for similar support for youth reentering the community. Although this extension of services to juveniles has not been yet fully implemented due to funding constraints, Chief Hernandez is actively working to seek funding from the County Board of Supervisors to allow the department to offer transportation assistance, clothing, hygiene products, and some basic housing assistance to juveniles, particularly those transitioning out of detention facilities. He also highlighted their work on establishing a Juvenile Reentry Center located near the juvenile facilities. This center would serve as a resource hub for youth and their families, offering additional support and services aimed at increasing the success of youth reentering society.

Chief Hernandez emphasized that many of the OC Cares projects could not be completed by probation alone, underscoring the importance of partnerships. One such initiative was the development of a Coordinated Reentry Center at one of the juvenile facilities, which would be converted into an Adult Reentry Center. This facility would eventually offer about 90 beds, providing non-secure housing for adults coming out of jail. In addition to housing, the center would offer treatment, job placement services, and on-site employment opportunities through a retail front.

Chief Hernandez also discussed the Verdugo Reentry Center, which was already operational in southern OC. This site offered individuals the ability to connect to services, with operations managed by Project Kinship. Other partners such as the public defender’s office and social services also have a presence there. Conveniently located next to a probation office, this arrangement allowed for seamless referrals, reducing barriers for clients. He further elaborated on two adult

day reporting centers contracted through GEO Reentry Services, which provided comprehensive services, including Moral Reconation Therapy (MRT). Chief Hernandez pointed out that these services were now being made available at probation offices, easing the burden on clients and probation officers by reducing the need for multiple appointments at different locations.

Shifting to future plans, Chief Hernandez shared that he had recently submitted a proposal to the CEO's to create an adult reentry division, consolidating various reentry functions scattered across the department to bring them under one umbrella. The new division would also integrate health care agency clinicians and CBOs to better serve individuals reentering society. Chief Hernandez mentioned the department's plan to launch four mobile resource vehicles by the end of the year, allowing probation to serve clients in the community, including those who are not on probation, such as individuals in encampments or sober living homes. This expansion represented a shift in approach, providing services to all in need, regardless of supervision status.

He noted numerous other construction projects underway, all of which incorporated evidence-based corrections principles. These projects included a new juvenile commitment facility to replace the one that is being converted into an adult facility, which is being designed with best practices in mind and would resemble a neighborhood rather than a traditional juvenile center. Behavioral health staff played a critical role in the design process, ensuring the facility met both operational and therapeutic needs.

In addition, Chief Hernandez mentioned the development of a unique independent living apartment complex. This project would convert in-custody square footage into apartment-style living for youth leaving custody or individuals who needed support in the community. The out-of-custody apartments would foster independence, providing residents with their own kitchen and laundry facilities. This complex would consist of 22 apartments, offering a total of 40 beds. He also emphasized the department's efforts to alleviate the need for clients to travel between locations for services. In particular, GEO, the provider of day reporting centers, began offering MRT at probation offices, thereby reducing the burden on clients and officers alike.

Looking ahead, he expressed optimism about OC Cares' future projects, including the construction of a workforce reentry center near one of the adult jails. This center would provide housing, treatment, job placements, and on-site employment. Chief Hernandez emphasized that OC Cares was committed to viewing clients holistically, offering assistance to anyone approaching their mobile resource vehicles. Probation would provide referrals, resources, and guidance without requiring individuals to be under supervision, reinforcing their mission to serve the entire community.
To improve coordination, a system of care data information system had been developed to facilitate information sharing between social services, healthcare agencies, probation, and other partners. This system, compliant with the Health

Insurance Portability and Assistance Act (HIPAA) and the Department of Justice scrutiny, was a vital tool for connecting clients with the appropriate resources.

Councilmember Discussion

Q: Councilmember Hobson thanked the presenters and expressed his appreciation for tying the RNR model, and CC Case Plans, with the CalAIM 90-Day In-Reach initiative. He noted that this is a priority for County Behavioral Health Directors as they prepare to implement it locally. He requested more information regarding the Dialectical Behavior Therapy (DBT) Skills group in the BHAP and how it is received by the incarcerated individuals enrolled in the program.

A: Ms. Compston explained that the DBT Skills Group is optional, meaning that individuals must choose to attend, which increases participation. She emphasized that attendance is not forced and noted that it is considered a privilege within the jail. This privilege helps maintain the integrity of the group environment. She also mentioned that there is a highly skilled clinician who facilitates the group with fidelity to DBT, adhering to the four core pillars of DBT and focusing strictly on skills rather than processing emotions.

Q: Councilmember Hobson expressed his understanding of the multiple applications of DBT, noting its effectiveness beyond personality disorders, including co-occurring issues. He inquired about the popularity of the DBT Skills Group within the facility, explaining that he is exploring group modalities for Colusa County jail.

A: Ms. Compston clarified that the DBT Skills Group is currently run with medium and minimum classified inmates who have demonstrated the ability to work well in a group setting without behavioral issues. She noted that the group is not available to individuals in special management who may have difficulty with group dynamics. Eligibility to participate in the DBT Skills Group requires incarcerated individuals to live in the general population and exhibit tolerance for group environments.

Q: Councilmember Hobson asked for clarification on a tool mentioned in the presentation, the LSI-Revised Screening Version (RSV), and requested more information on its function.

A: Ms. Compston explained that the LSI-RSV is a shortened version of the LSI and is used to assess risk and protective factors. She emphasized that, while probation officers typically conduct full LSI assessments, her team uses the shortened version to track the population they work with in the jail and to determine which clients should be placed in groups based on their risk factors.

Q: Councilmember Hobson asked if DBT in the post-incarceration period is offered in a more therapeutic mode for individuals transitioning out of the facility.

A: Ms. Compston responded that DBT is offered post-incarceration, and her team strives to bridge the DBT programs from the jail to the community. However, she

noted that individuals released into homelessness may no longer benefit from DBT due to a shift in focus toward meeting their basic needs. Those released into housing, however, are more likely to remain engaged and successfully transition from the jail's DBT group to a community mental health agency's DBT group. Ultimately, the continued success of DBT post-release depends largely on the stability of the client.

Q: Councilmember Manley expressed his support for the RNR model, but raised concerns about the lack of focus on responsivity. He explained that, while assessing for risk and needs is well-managed, the challenge often lies in the availability of treatment, especially mental health and SUD treatment. He highlighted that delays in treatment can result in losing clients, stressing the importance of immediate availability. Councilmember Manley also noted that in many counties, treatment responses are insufficient despite knowing the risks and needs of the individuals. He emphasized the difficulty in bridging the gap between theory and practice, commending the Boulder County program for its efforts to address these issues. He asked for comments on how to address the challenge of responsivity in practice.

A: Ms. Fader-Towe acknowledged Councilmember Manley's concerns, agreeing that while models like RNR are important, they can be ineffective without adequate community-based treatments, supports, and housing. She pointed out that this approach aims to encourage decision-makers to consider the continuum of resources needed in communities and to identify what will work best for different individuals. She further emphasized that in many communities, the necessary resources still do not exist, and it's critical to establish those services. Ms. Fader-Towe highlighted that, while responsivity is a more complex area, flexibility in the judiciary regarding court appearances and other conditions could enhance adherence to release conditions. She concluded by stressing that judges must be aware of community resources to avoid setting unattainable conditions of release.

Q: Councilmember Manley asked Chief Hernandez to comment on the changes he has observed over his 30 years in probation, particularly regarding the way probation officers approach adult clients. Additionally, he inquired about OC's implementation of CalAIM, asking if Chief Hernandez is involved and if he could provide an update on its progress.

A: Chief Hernandez responded by explaining that in the past 10 to 15 years, there has been a shift in probation officers' approaches as they have embraced evidence-based corrections. This has included a greater openness to positive reinforcement and the use of contracted services, such as day reporting centers. He highlighted the significant impact of training officers in CBT, where probation officers, even those in uniform and armed, now facilitate group sessions with clients. This transformation has been not only beneficial for clients, but also

impactful for the officers, as they see firsthand the changes in their clients and witness their personal growth during group sessions and graduations. Chief Hernandez emphasized that this shift has been ongoing for about a decade and continues with new employees being trained in best practices.

Regarding CalAIM, Chief Hernandez explained that on the adult side, the Sheriff's Department is leading its implementation, with probation officers involved in reentry liaison roles within the jails. He also mentioned that on the juvenile side, they have social services eligibility technicians embedded in their juvenile facilities to ensure that youth are assessed for eligibility before release, facilitating a smoother transition into post-release programs. He emphasized the importance of collaboration between social services and the health care agency in providing these resources.

Q: Councilmember Manley asked Ms. Compston if BHAP works with individuals who have been found incompetent to stand trial (IST) and sought clarification on her involvement with this population.

A: Ms. Compston clarified that her program does not work directly with IST individuals during their competency restoration. Instead, her team provides reentry support after individuals have been stabilized and found competent, especially when they return from the state hospital. She explained that in Colorado, the most severe cases are sent to the state hospital as it is the only place where medications can be administered without consent to stabilize individuals. Once they are stabilized and found competent, BHAP steps in to offer reentry support to help maintain protective factors and aid their transition back into the community.

Q: Councilmember Manley followed up by asking if the BHAP serves as a step-down from the state hospital and whether participation is voluntary. He also inquired about the percentage of individuals who voluntarily participate after returning from the state hospital.

A: Ms. Compston confirmed that BHAP acts as a step-down service from the state hospital and that participation is voluntary. She mentioned that although they haven’t been tracking this metric for very long, about 6% of their total program participants have come from the IST population.

Public Comment

Q: A commenter followed up on Judge Manley's question to Chief Hernandez, highlighting that OC is one of the first counties to begin implementation of CalAIM. He asked Chief Hernandez to share the challenges encountered during implementation and how CalAIM has impacted reentry efforts, specifically for juveniles under his supervision. The commenter also requested insights into how CalAIM is improving operations and what lessons other counties could learn.

A: Chief Hernandez acknowledged that one of the main challenges has been developing an information-sharing network to support CalAIM. The process involves integrating systems across multiple agencies to create a central portal for sharing necessary data, such as assessments and treatment histories. While the confidentiality aspect has been a significant hurdle, Chief Hernandez noted that CalAIM's intent is to overcome those barriers, and they are working toward securing agreements to facilitate data sharing. He emphasized that this would streamline service provision both in custody and during reentry, allowing for a smoother "warm handoff" between custody and community services.

He also mentioned that while there are some challenges, the creation of the information-sharing portal will greatly benefit agencies and clients. On the juvenile side, this won't result in significant changes to current practices beyond the new information-sharing framework. He added that the portal is a direct result of CalAIM efforts, but he was less familiar with the implementation on the adult side.

VI. Announcements

The next Full Council Meeting will be on September 27, 2024, from 2:00- 4:30 PM, and it will focus on counties who are at the forefront of implementing CalAIM 90-Day Pre-Release Services and Behavioral Health Links. The next Juvenile Justice Workgroup will be on October 25, 2024, from 12:45-2:45 PM, and will provide an overview of the California Department of Education, highlighting criminal justice and behavioral health partnerships. The next Diversion/Reentry Workgroup will be on October 25, 2024, from 3:00-5:00 PM, and will include an update from the California Department of Health and Human Services (CalHHS) and the Department of Health Care Services (DHCS) on the implementation and evaluation of the CARE Act, respectively.

VII. Adjourn