CCJBH
Council on Criminal Justice and Behavioral Health
20 YEARS of building bridges to prevent incarceration

CCJBH Full Council Meeting Minutes
Friday, September 27, 2024
2:00-4:30 PM
MS Teams Meeting & In Person

I. Welcome & Introductions, Roll Call:

Councilmembers Present In-Person: Secretary Jeff Macomber, Christina Edens (on behalf of Stephanie Clendenin), Lawana Welch (on behalf of Michelle Baass), Judge Stephen Manley, Hon. Scott Svonkin (Ret.), Dr. Danitza Pantoja

Councilmembers Present Virtually:[1] Anita Fisher and Tracey Whitney

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

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

Secretary Macomber welcomed Councilmembers and public participants and emphasized the agenda and presentation set for the afternoon.

II. Request for Bagley-Keene In-Person Participation Exemption

Elizabeth Vice, Staff Manager II, CCJBH

Ms. Vice presented Senate Bill (SB) 544 highlights, which define the CCJBH teleconference participation requirements pursuant to Government Code §11123.2. Effective January 1, 2024, and until January 1, 2026, CCJBH may hold meetings by teleconference as described under Section 11123.2. Government Code §11123.2 dictates that a majority of the members of the state body shall be physically present at the same teleconference location (for CCJBH, a minimum of seven members must attend, in-person, at one location). SB 544 further defines “teleconference location” as a physical location that is accessible to the public and “remote location” as a location being electronically tied to the teleconference, but not required to be accessible to the public. The notice and agenda shall not disclose information regarding a remote location.

SB 544 also requires that members participating remotely disclose whether there is anyone over the age of 18 present in the room at the remote location. Ms. Vice asked whether any Councilmembers participating remotely needed to disclose, to which no Councilmembers indicated such a need.

[1] Per Bagley-Keene- § 11123.5 (b) A member of a state body as described in subdivision (a) who participates in a teleconference meeting from a remote location subject to this section’s requirements shall be listed in the minutes of the meeting.

In addition, Section 11123.2(j)(3) stipulates that a member may notify CCJBH 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. CCJBH Council must act on exemption requests at the beginning of each Council Meeting. Ms. Vice emphasized SB 544 requires there be a total of seven Councilmembers present at one location, and that 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. Ms. Vice indicated such a request was made for this meeting and presented the motion to approve Councilmember Whitney's remote participation.

Vote: Approve Councilmember Tracey Whitney's Remote Participation due to health concerns.

Motion to approve the vote: Councilmember Svonkin

Second: Councilmember Manley

No public comment on vote

Ayes: 6
Nays: 0
Abstains: 0

The motion to approve Councilmember Whitney's Remote Participation was approved.

III. Vote: Approve March 2024 Full Council Meeting Minutes

Motion to approve the vote: Councilmember Svonkin

Second: Councilmember Edens

No public comment on vote

Ayes: 6
Nays: 0
Abstains: 1

The motion to approve the March 2024 Full Council Meeting Minutes was approved.

IV. Presentation: County Implementation of the Department of Health Care Services' (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved 90-Day Pre-Release Services and Behavioral Health Links

A. Yuba County
Brandon Spear, Captain, Yuba County Jail
Phuong Luu, MD, MHS, FACP, Bi-County Public Health Officer
James Moralez, Deputy Chief Probation Officer
Stephanie Lucio, CalAIM JI Project Manager

Dr. Luu outlined the presentation objectives by providing a brief background on the structure of the CalAIM Justice Involved (JI) Initiative, set to go live on Tuesday, October 1, 2024. Dr. Luu also noted that, before the implementation of CalAIM, services were limited to medical care only for incarcerated individuals. Under the CalAIM 1115 Demonstration, beginning in October 2024, California can now provide targeted medical and behavioral health services to youth and adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release. Yuba County, along with Inyo and Santa Clara Counties, are part of the initial cohort implementing this CalAIM JI Initiative. Following a thorough review of DHCS' JI Policy Guide, each correctional facility completed and submitted a readiness assessment in late March 2024, as required six months prior to the initiative's go-live date.

Dr. Luu outlined that the 90 day In-Reach process begins with a Medi-Cal eligibility assessment, conducted by a Health and Human Services (HHS) Eligibility Technician or a Public Assistance Specialist. Once eligibility is determined and confirmed, this information is stored in the DHCS JI portal, scheduled to go live on October 1, 2024. This portal will enable the use of aid codes, which allow both clinical and re-entry providers to bill DHCS for services under the Medi-Cal Fee-for-Service program. She then described the 90-day pre-release screening as a comprehensive intake process, designed to assess youth and adult incarcerated person's physical health, behavioral health, and the social determinants of health needs, including housing and food insecurity. Coordination of re-entry is also a key component, with each correctional facility being responsible for the oversight and project management for the CalAIM JI implementation.

Dr. Luu pointed out that Yuba County is a small, rural Northern California County with a population of 83,421, one county jail with an average daily population of 350-380 adults, and one youth detention center serving Yuba, Sutter, and Colusa County, with an average population of about 40 juvenile detainees. The county's contracted clinical provider, WellPath, collaborates with the Sherifs Department and HHS to deliver medical and behavioral health services.

Dr. Luu emphasized Yuba County's proactive approach to CalAIM, which began in September 2022, when they utilized California Department of Public Health's Sexually Transmitted Disease to test and treat Jail inmates and offer wrap-around social services. The program then expanded to allow incarcerated individuals to consult with social workers who provide social services, as well as public health nurses who coordinate medical and behavioral health appointments. Due to its success, this model has now been extended to the Youth Detention Center. In September 2023, Yuba County embedded an HHS Eligibility Technician on-site at the jail and Youth Detention Center Monday through Friday to ensure that individuals receive timely Medi-Cal eligibility assessments and enrollment. Addressing the complex landscape of health systems integration and CalAIM, Dr. Luu highlighted that having a dedicated project manager who has a public health background was crucial for ensuring coordination across departments and maintaining a consistent focus on health equity, social determinants of health, and Medi-Cal/Medicare.

Dr. Luu mentioned that DHCS offers two models for counties to decide on how to do re-entry care coordination: the Embedded Model and the In-Reach Provider Model. Yuba County has partnered with Peach Tree Health Care, the local Federally Qualified Health Center (FQHC), to serve as the In-Reach and Enhanced Care Management (ECM) provider. Dr. Luu explained that they chose the In-Reach Provider Model, where the pre-release provider continues care post-release, facilitating continuity of services. Dr. Luu also discussed the creation of a Multi-Display Team Discussion Model (MDT), borrowed from the Health Care Discharge Planning, which brings together representatives from jails, the Youth Detention Center, WellPath, Peach Tree, and Yuba Behavioral Health colleagues to coordinate care for individuals with Severe Mental Illness (SMI) and/or Co-Occurring Substance Disorder (SUD). These MDT's ensure warm handoff's, scheduling of appointments, and transportation coordination for individuals pre- and post-release.

Regarding Behavioral Health (BH) Links, Dr. Luu noted that the process of hiring a dedicated BH Links coordinator is still underway. In the interim, a prevention services coordinator from Yuba Behavioral Health will serve as a stand-in at the MDT meetings. The prevention services coordinator will actively participate in MDT discussions, ensuring that all requested appointments are heard and that there is a warm handoff to schedule appointments with the county behavioral health department, as needed. This applies to individuals with severe and persistent mental illness or those with SUDs who wish to engage with the county behavioral health system. Alternatively, if an individual prefers treatment at a Medication-Assisted Treatment (MAT) clinic through a local FQHC, coordination will be handled by the in-reach provider, Peach Tree.

Dr. Luu concluded by addressing billing logistics. WellPath, Yuba County's contracted clinical provider, will continue using its billing system, with a contracted medical billing vendor granted "read-only" access to WellPath's electronic health records to generate billing codes for DHCS Medi-Cal Fee-for-Service. Peach Tree will manage billing for re-entry care coordination for individuals while they are incarcerated, with a transition to Medi-Cal Fee-for-Service or DHCS billing upon release. If individuals opt to switch to a different ECM provider, the new provider will bill through Partnership Health Plan. To prevent duplication of services, a data-sharing Memorandum of Understanding (MOU) between Peach Tree and WellPath has been established.

B. Santa Clara County
Michelle de la Calle, Director, System Integration-Healthcare Systems
Amelia Lipscomb, Program Manager II
Mei Cui, Health Policy and Strategy
Fatima Makhzoum, IT Project Manager

Ms. De la Calle began her presentation introducing her team and providing an overview of Santa Clara County's implementation plan for the CalAIM 90-day pre-release services. She highlighted the county's population of approximately 1.9 million and the four correctional facilities (two for adult and two for youth), service an average of 2,800-3,000 people. Ms. De la Calle emphasized the challenge of rapid turnover in short-term jail stays, with

many incarcerated individuals staying only one to five days and the majority being unsentenced. This uncertainty around release dates adds to the complexity of planning for re-entry services, including BH Links and successful transitions back into the community.

Ms. de la Calle referenced Santa Clara's robust healthcare system and its "One County" approach within its correctional facilities, making it easier to coordinate with internal teams for CalAIM's 90-day pre-release implementation. Despite the challenges of organizational silos, the county is streamlining the process to reduce duplication of records and improve collaboration across teams to better address individual needs. Moreover, managing unknown factors such as release dates, suspensions of Medi-Cal, and screening applications, for example, can pose challenges as this information is necessary in planning for warm handoffs, BH Links, and ultimately a successful re-entry into the community.

Ms. de la Calle outlined two major components Santa Clara County is refining: the Care Coordination and Discharge Planning (CCDP) Model and BH Links. The CCDP Model employs a team-based approach that includes Custody Health Services, Behavioral Health Services, the Sheriff's Office, Juvenile Probation, Pretrial Services, and Re-entry and Diversion teams, with coordination led by the Office of System Integration and Transformation. This model leverages best practices, particularly from the county's forensic diversion reintegration team working within collaborative courts, as well as ECM and Integrated Care Teams, to provide continuity of care.

In addition to connecting individuals with services accessed before incarceration, the model aims to link them to new services needed for re-entry. The county has focused on identifying BH linkage needs through data mining and uses outreach, engagement, case conferencing, and warm handoffs to ensure effective referrals and connections. Santa Clara County also considers the Sequential Intercept Model (specifically Intercepts 3 and 4) to enhance care coordination and discharge planning across the continuum. To better manage the Medi-Cal screening eligibility and application support process, Ms. de la Calle stated that Santa Clara has implemented real time eligibility checks where individuals are asked if they would like assistance with Medi-Cal applications. This allows them to determine who is interested in receiving services and provides timely support. Furthermore, while primary and behavioral health services already exist in their Custody Department and provide urgent and chronic care management services, pharmacy and medication management, they are adding the 30-day medication supplies for individuals leaving custody and have enhanced in-reach services to ensure a seamless transition for those re-entering into the community. To address service gaps, Ms. de la Calle explained that the county is developing a dashboard to track high-utilization areas within custody, behavioral health services history, and other corrections-related data. This tool will enhance communication between departments, ensuring that the infrastructure supports comprehensive care coordination and re-entry planning.

Ms. de la Calle expressed Santa Clara has conditional approval to go live on October 31, 2024. In preparation, the county is working to activate and familiarize their teams with the JI portal. They have piloted various components of the process to see

where it can be improved, including real-time eligibility checks and 30-day medication distribution, while refining logistic details, such as storage and safety for medications. The county has also partnered with Women in Custody Workflow to assess and enhance services for women in custody when anticipating a release date. Additionally, they are currently training providers on billing and claims processes, ensuring accurate documentation of diagnosis and Fee-for-Service codes. She explained the county is also experimenting with collaborating within the correctional facilities to do group pre-release and re-entry care planning, paired with one-on-one support.

Ms. de la Calle concluded her presentation by discussing how Santa Clara plans to measure success. They will track the development and use of re-entry plans, monitoring how individuals engage with these plans and how BH Links is established for those with SMI and/or SUD. Additionally, they will track whether individuals receive a 30-day supply of medication upon release and monitor correctional facility admissions and length of stay. Lastly, Ms. De la Calle acknowledged that the county anticipates adjusting their process once they go live. These metrics will provide a foundation for evaluating the success of their CalAIM implementation.

C. San Mateo County
Jehan Clark, Deputy Chief, Probation Department
Michelle Kozul, Assistant Chief, Probation Department
Michael Del Rosario, Director, Correctional Health Services

Ms. Kozol began her presentation by expressing her appreciation to both Yuba and Santa Clara County, noting how their efforts dovetail with San Mateo's. She provided an overview of San Mateo's key partnerships with county departments such as the Sheriff's Office, Probation Department, Behavioral Health and Recovery Services (BHRS), and Correctional Health Care Services (CHCS), which have been instrumental in their CalAIM implementation efforts. Ms. Kozol emphasized that CHCS has taken the lead in coordinating health services for individuals in jails and juvenile halls and began strategizing for CalAIM in June 2023. To address the needs of both juvenile and adult populations, the county established workgroups that focus on pre-release services and comprehensive care coordination for both groups.

Ms. Clark explained San Mateo has two adult facilities, McGuire Correctional Facility and Maple Street Correctional Center, and one juvenile facility, Sunrise Clinic. The county uses Epic, a confidential electronic health record (EHR) system for Sunrise Clinic that ensures medical records do not indicate a youth was in a detention facility. Ms. Clark provided insights into the population demographics:

- 88 percent of adults are released within 90 days.
- 77 percent of the adult population are released within 30 days (after removing individuals who have 0-1 days in custody).
- 59 percent are released within 30 days

The juvenile population length of stay is between 15 and 28 days, tracked quarterly.

The county was awarded a CalAIM Providing Access and Transforming Health (PATH) grant from DHCS of $7.8 million, where $5 million was allocated to the adult facilities, $1.3 million was allocated to Sunrise Youth Facility, and BHRS was allocated $1.5 million. A significant portion of the grant is being used to build the EHR systems, Epic, as all youth who come into Sunrise Youth Facility are eligible for Medi-Cal.

Mr. Rosario discussed the projected number of individuals the county expects to serve under the CalAIM JI Initiative. Based on historical data, the county anticipates serving around 300 patients who are either already enrolled in Medi-Cal or would need Medi-Cal enrollment assistance. Of these, approximately 175 will need SUD Treatment, with 30 of those expected to receive MAT services each month. Additionally,110 out of 1,000 incoming patients are projected to be classified with a SMI or any mental illness.
Mr. Rosario explained the benefits of Medi-Cal reimbursement under CalAIM, estimating that the county could receive about $67,000 per month of reimbursements by completing health assessments for 100 patients, each reimbursed at $256 per health assessment.

Ms. Kozul described the phased approach taken by the county to implement CalAIM, supported by weekly strategy meetings led by the CHCS to maintain alignment with state expectations. The Probation Department is collaborating closely with CHCS to ensure that all readiness assessments for adult and juvenile facilities meet CalAIM's requirements.

The implementation plan and self-assessment have already been submitted, and the team is currently focused on building and testing the Epic system. With testing scheduled to conclude in approximately 40 days, the county anticipates going live with the new EHR system by February 2025. This timeline allows a transition period as the EHR system is expected to be operational by November 2nd. The county scheduled the youth facility go-live for June 2025, allowing time to learn from the adult facility's implementation and refine workflows based on that experience. Mr. Rosario discussed several challenges, including Medi-Cal billing and workflow. To address these challenges, San Mateo County has joined other county workgroups to learn from and share best practices. They are also piloting new workflows to test the efficacy of their Medi-Cal processes. Additionally, they have begun tracking patients entering intake to determine how to provide services to those who are not Medi-Cal eligible. This includes refining their referral process for individuals upon release and identifying ways to connect them with ECM providers. However, Mr. Rosario noted a significant challenge in the lack of capacity among ECM providers to accept new patients. Another issue they face is the disconnect between BHRS and CCHCS, as they operate on different EHR systems. San Mateo County notes that it is focusing on improving data-sharing and referral processes to ensure continuity of care post-release.

Moving forward, Mr. Rosario emphasized the county's commitment to tracking data and performance metrics to ensure they are meeting CalAIM requirements and improving patient care. To improve their process, leadership teams are hosting various meetings to determine protocols for when an individual will be referred outside of the county. He expressed hopes that the State will publish a directory of all the services that are available to refer patients to upon release. For example, outside community providers coming into

the jails, as well as having telehealth options with clearance from the Sheriff's Office. The county plans to leverage technology to drive performance, track quality metrics, and to ensure they are meeting state standards for healthcare in their correctional facilities.

Mr. Rosario concluded the presentation by noting that the county's goal is to provide exceptional care to individuals in custody, exceed the minimum standards for the jails and invest their reimbursement funds into their services that improve long-term outcomes.

Q&A with Councilmember Advisors

Q: Councilmember Manley asked about the expected timeline for individuals with SMI and/or SUD to have their first appointment with a psychiatrist after entering custody.

A: Ms. Kozol explained that the BHRS team conducts an assessment at intake for youth entering juvenile facilities. If psychiatric care is needed, they can see a psychiatrist quickly as they are onsite weekly. Ms. Jehan added that their average wait time for an individual to see a psychiatrist is about seven days.

Q: Councilmember Manley followed up by referencing a recommendation made by the Supreme Court of Santa Clara many years ago that discharge planning should begin at the time of booking and that individuals should see a psychiatrist immediately. He expressed concern about high utilizers who are repeatedly cycling in and out of jail or state hospitals, as they often have short stays and refuse services.

A: Ms. de la Calle responded by noting they have been working to identify early on the high-utilizer individuals for custody health admissions, emergency department, and emergency psychiatric services. She explained that their acute psychiatric unit in the adult custody facility is equipped to respond to symptomatic individuals with a high level of care. She emphasized the importance of building trust to increase their likelihood of accepting services.

Q: Councilmember Manely asked about the development and capacity of ECM programs in each county and how many individuals each county expects to serve now and in the future given that a critical program to have running in tandem with a discharge plan.

No immediate response was provided by the counties.

Q: Councilmember Edens prefaced her question by noting that the Department of State Hospitals is responsible for serving the Incompetent to Stand Trial (IST) population, specifically those facing felony charges. She inquired about the process for providing pre-release services to IST individuals at two stages: first, when a doubt regarding competency is declared but before an IST determination is made, and second, for those who have been restored to competency, discharged from the state hospital, and returned to jail. She asked for clarification on how these processes are managed.

She also asked about the process for individuals who, after being committed to a state hospital and restored to competency, are discharged back to jail. Councilmember Edens noted that a significant number of these individuals, despite facing felony charges, do

not serve prison sentences, but remain at the county level, where their charges may be reduced or even dropped, leading to a sudden release from jail. She further inquired about those who, upon release, are no longer under the jurisdiction of the justice system and may "slip through the cracks" due to a lack of established engagement services, ultimately returning to the same circumstances that led to their original arrest.

Councilmember Edens added that 50 to 60 percent of this population is unhoused, and data from DHCS indicates that at least 50 percent had not accessed Medi-Cal-reimbursable mental health services in the six months preceding their arrest.

A: Ms. Lucia from Yuba County explained that 90-day pre-release services can be paused and restarted for individuals moving between correctional facilities and state hospitals. Captain Spear added that when the 90 days are paused, the services are also paused. For individuals returning from state hospitals, MDTs are immediately engaged to coordinate a discharge plan and ensure they receive the care and support needed post-release. Ms. Lucia continued to explain the importance of the Behavioral Health Links and stated there is often a gap between correctional facilities and county Behavioral Health, and it supports an individual not just while they're incarcerated, but also ensures they receive services such as making their appointments and receiving transportation post release.

A: Mr. Rosario from San Mateo County explained the Early Access and Stabilization Services program, which allows a contracted health provider to provide treatment in the facility to transfer to a state hospital for restoration. When individuals return to custody, they are screened by a nurse and the mental health team to plan for ongoing care. In addition, they plan for unplanned releases by ensuring mental health services are provided, and in some cases, can be sent to psychiatric emergency services to continue their care.

A: Ms. de la Calle from Santa Clara County noted that anticipating release is one of their key priorities; however, there are times where there is a sudden release without a warm handoff. In those cases, they work to ensure post-release follow-up and strive to make connections and build a safety net for the individual.

Q: Councilmember Fisher mentioned that these services did not exist when her son was in the criminal justice system, and that CalAIM is a positive change family members will appreciate. Since her son is a veteran, she inquired about if they offer pre-release and discharge planning for individuals with private insurance.

A: Ms. de la Calle explained that independent of an individual's insurance plan, they coordinate discharge plans and have the same access to the county's safety net of connections. If an individual is not eligible for ECM post-release, they still work to develop a plan with services to provide a successful re-entry. She added that when juveniles have their parents or guardian's private insurance, they're still able to make connections and coordinate with other agencies for their re-entry plan. In addition, their team has knowledge and expertise in Veteran benefits.

Q: Councilmember Svonkin inquired about the plans for tracking the results and impact of CalAIM statewide, how counties and California will be tracking data, and if they will share the challenges as they come.

A: Ms. Lucio responded by explaining that DHCS assigned JI aid codes for billing Medi-Cal to track utilization. For pre-release services, they are developing metrics to track utilization of the program, such as MAT initiation and continuation within correctional facilities, Behavioral Health Links and first appointment follow-ups. Dr. Luu added that there will be rich data between DHCS' Medi-Cal for Fee-for-Service for pre-release 90-day services, as well as subsequent Medi-Cal primary and behavioral health care services.

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

Q: A public participant from DHCS explained that for RAND and UCLA will perform an independent evaluation for the JI Initiative portion of the CalAIM 1115 Demonstration waiver.

Q: A public participant from San Fransisco County raised a concern about managing unknown release dates, which are common in their county. She asked about plans to address unknown release dates while ensuring professional-to-professional warm handoffs and connections to medication appointments within 14-day window of release.

A: Ms. de la Calle responded, explaining that they rely on publicly available information regarding court dates, patient reported information while communicating with police departments, private defenders, and pretrial court partners to estimate a release date. While the 14-day window is ideal, she noted that known release dates are often limited, making this process challenging.

Q: A public commenter raised a question about funding sources for clients, wondering upon assessment, how many clients fall under different agencies and programs, such as county Mental Health Plans, the Drug Medi-Cal-Organized Delivery System, CalAIM and how many clients are projected by provider or funder under the system.

A: Dr. Luu explained that they use a bifurcated mental health system to determine whether individuals qualify for specialty or non-specialty mental health services based on their mental health assessments. Those scoring 600 or above are considered SMI and are referred to county Behavioral Health Department, while those scoring below 600 are considered mild-to-moderate and are referred to the Medi-Cal Managed Care Plans.

Q: Another public participant inquired about decision-making regarding release dates and how counties can be notified.

A: Ms. Kozul explained that release dates are set by the court, but their MDT meetings include discussions around court dates and put plans in place for sudden release.

V. CCJBH Business Meeting

CCJBH Project Updates

Brenda Grealish*, Executive Officer, CCJBH*

Public Health Meets Public Safety (PH/PS)

Kamilah Holloway provided updates on the three domains of the PH/P Framework (Community Environment, Community Services, and Crisis Response). CCJBH entered into an Interagency Agreement with UC Berkly Policy Lab in spring 2023 to identify additional relevant metrics for the data visualization in the domains of Community Environment and Community Services, including:

- SUD/SMI prevalence rates from the Substance Abuse and Mental Health Services Administration and the National Survey on Drug Use and Health for the Community Environment domain.
- Mental health provider ratios and health resource shortage scores from the Health Resources and Service Administration for the Community Services domain.

CCJBH entered into a contract with UC Berkley Possibility Labs in spring 2024 to expand the Crisis Response domain. UC Berkeley will be prioritizing researching crisis response outcomes, such as 911 and 988 calls, mobile crisis responses, as it's a strong influence on individual's outcomes with justice involvement. They are sourcing the percentage of 911 calls that result in arrest at the scene. Within those metrics, they will be looking at the percentage of behavioral health discharges that were contacted for follow up care or re-arrest/repeat crisis rates within 45 days. They are also looking at services uptakes, treatment history, provider level availability, caseloads, and community level resource allocations, and social determinants of health.

UC Berkley's goal is to optimize the data at the user level and will be hosting stakeholder meetings to plan around user experience with data and planning needs. They are also going to identify needs of top users such as Behavioral Health Services Act planners, community planning providers, and supporting them with specific actions. The data may be used for a variety of purposes, including grant writing, supporting decision-making for funding allocations, quality improvement, etc. UC Berkeley will present the second iteration of the PH/PS Data Visualization, with the updated measures under community environment and community services and updates and added measures for crisis response.

2022 and 2023 Legislative Reports Lunch-and Learn-Webinars and Legislative Briefing

Ms. Grealish and Councilmember Pantoja co-presented a high-level overview of the Juvenile Justice findings and recommendations during a "Lunch and Learn" webinar on July 23, 2024. Similarly, Ms. Grealish and Councilmember Whitney co-presented a high-level overview of the Diversion and Reentry findings and recommendations during a "Lunch and Learn" webinar on September 19, 2024. Ms. Grealish and Councilmember Svonkin will be participating in presenting a Legislative Briefing on Monday, September 30, 2024, at the State Capital.

2024 Legislative Report

Ms. Grealish reported that CCJBH staff are working on the 2024 Annual Legislative Report and will be incorporating the feedback provided by the Councilmembers over the summer.

Words 2 Deeds (W2D)

Ms. Grealish reminded the Council that in July 2023, members voted to allocate $166,668.00 from the annual budget to W2D for a BH/JI convening in 2024. The Mental Health Servies Oversight and Accountability Commission (MHSOAC) matched this allocation to fund a 2025 W2D convening. The 2024 convening occurred on September 4th and 5th, 2024. Ms. Grealish reported a great turnout, with some Councilmembers participating and attending in person. Councilmember Svonkin reflected that it was a very informative program, and he was able to network with a variety of people from different professional backgrounds.

Lived Experience Projects (LEP)

Ms. Grealish explained that the purpose of the CCJBH LEP contracts is to elevate the voices and perspectives of youth and adults with LE at the state and local levels. She reported that the LEP contractors (Third Sector Capital Partners, San Franscisco Public Health Foundation's Transitions Clinic Network, Beyond Us and Them, and Root and Rebound) have each submitted updated workplans and are meeting with CCJBH staff regularly to monitor production of the required deliverables. The CCJBH LEP contractors are fostering multidisciplinary collaboratives, promoting evidence-based practices (EBP) and providing technical assistance to individuals with behavioral health needs who are justice-involved. They will be preparing to present to Councilmembers in Calendar Year 2025.

Medi-Cal Utilization Project (MCUP)

Ms. Grealish reported that CCJBH staff are working to compile data for Fiscal Years 2021 and 2022 to examine Medi-Cal enrollment and behavioral health services utilization for individuals released from CDCR who have an identified behavioral health need. CCJBH is exploring adding to these analyses CalAIM ECM and Community Supports data, as well as 90-Day In-Reach data (once available).

Additional Updates

- **Legislative Tracking:** CCJBH is currently tracking 138 bills in the legislative session that began on December 4, 2023. These bills cover areas such as juvenile justice, foster care, housing security, substance use disorders, and issues concerning those deemed incompetent to stand trial. For a complete list and more details, you can visit the CCJBH website. This session concluded at the end of August and will reconvene in January 2025.
- **Justice-Involved Peer Support Specialty:** CCJBH is actively monitoring and promoting the justice-involved peer support specialty through the California Mental Health Services Authority Medi-Cal peer certification process. This initiative was highlighted during the last diversion and reentry workgroup meeting, where the implementation within the CDCR's Integrated Substance Use Disorder Treatment program was discussed. The program is now certifying incarcerated individuals as

Medi-Cal peer support specialists, preparing them to join the community workforce upon release, thereby enhancing both their reintegration prospects and the available support network.

- **CalAIM:** CCJBH continues to work to support CDCR's criminal justice system partners in efforts to implement referrals for ECM Individuals with behavioral health needs who are involved in the justice system.

- **September is Suicide Awareness Month and SUD Recovery Awareness Month**: CCJBH hosted four informational Lunch-and-Learns during the Month of September, which dedicated the first two weeks of September to observe Suicide Awareness Month and the latter two weeks of September to observe SUD Recovery Awareness Month.

Workgroup Reflections:

- **August Juvenile Justice Workgroup**: This workgroup focused on the Children and Youth Behavioral Health Initiative, with presentations from the California Department of Public Health's Public Education and Change Campaign, the Department of Health Care Services' Universal Fee Schedule and Behavioral Health Virtual Services Platform.

- **August Diversion/Reentry Workgroup:** This workgroup highlighted the multi-system implementation of criminal justice system evidence-based practices (e.g., collaborative case planning and the Risk-Responsivity Model) and how this approach can be used to support the implementation of new state initiatives such as CalAIM, the CARE Act, etc.

In future Full Council Meetings, Councilmember Workgroup Advisors will provide an overview and reflections of the previous Juvenile Justice and Diversion/Reentry workgroups.

VI. Upcoming Events

The next Juvenile Justice Workgroup meeting will be held on October 25, 2024, from 12:45 PM- 2:45 PM, and will focus on programs the student behavioral health programs within the California Department of Education. The next Diversion/Reentry Workgroup meeting will be held on October 25, 2024, from 2:00 PM – 4:30 PM, and will be an update on the CARE Act implementation, including an update on the next round of counties are preparing to go live. The next Full Council Meeting will be held on December 6, 2024, from 2:00 PM – 4:30 PM and will focus on the 988 Crisis Continuum of Care and the CCJBH Calendar Year 2025 Work Plan.

VII. Adjourn