CCJBH
Council on Criminal Justice and Behavioral Health

20 YEARS
of building bridges
to prevent incarceration

Quarterly Full Council Meeting

December 6, 2024

Brenda Grealish
Executive Officer, CCJBH
Office of the Secretary, Jeff Macomber
California Department of Corrections and Rehabilitation (CDCR)

Quick Notes

***** This meeting is being recorded *****

- Please use the “raise hand” feature to make a comment.
- You will be placed in line to comment in the order in which requests are received.
- When it is your turn to comment, the meeting host will unmute your line and announce your name.
- Comments must address the agenda item under discussion.
- If you are using the call-in feature, dial *6 to unmute.
- Members of the public should be prepared to complete their comments within 2 minutes unless a different amount of time is needed and announced by the Executive Officer.

Email: CCJBH@cdcr.ca.gov

Meeting Policies

WEBINAR PARTICIPATION

We welcome your participation throughout this meeting. Please note that disruptive behavior is not aligned with the purpose of this session and will not be tolerated. Any individuals disrupting the meeting may be removed from the webinar without warning. In the event of a security incident, the webinar portion of this session will end immediately and will not resume.

COMMENTARY

Participant comments do not reflect the views or policies of the presenters, the Council on Criminal Justice and Behavioral Health, the California Department of Corrections and Rehabilitation or its affiliates or contractors. By participating, you agree to keep comments relevant to the topic of today's event. While a variety of diverse perspectives and opinions is welcome, disruptive comments are not aligned with the purpose of this meeting.

CCJBH

DEPARTMENT OF CORRECTIONS AND REHABILITATION
STATE OF CALIFORNIA

Agenda

Time:	Topic:
2:00-2:05 PM	Welcome & Introductions, Roll Call
2:05-2:10 PM	Vote: Request for Bagley-Keene In-Person Participation Exemption
2:10-2:15 PM	Vote: Approval of June 2024 Full Council Meeting Minutes
2:15-3:00 PM	Presentation: Overview of the Crisis Continuum of Care and the Implementation of AB 988
3:00-3:35 PM	Councilmember Discussion & Public Comment

CCJBH

DEPARTMENT OF CORRECTIONS AND REHABILITATION
STATE OF CALIFORNIA

Agenda (cont'd.)

Time:	Topic:
3:35-4:25 PM	CCJBH Business Meeting • Vote: CCJBH 2025 Meeting Schedule and Project Plan • Vote: Establishment of a Fiscal Workgroup • Vote: Adoption of Robert's Rules of Order • Vote: Reframing 2025 CCJBH Goals • Vote: Diversion/Reentry Workgroup Name Change • Year End Review • CCJBH Project Updates
4:25-4:30 PM	Upcoming Meetings
4:30 PM	Adjourn

Vote:
Request for Bagley-Keene In-Person Participation Exemption

Bagley-Keene Open Meeting Act Requirements

- SB 544 Amendment Highlights:
  - **Effective January 1, 2024, and until January 1, 2026,** CCJBH may hold meetings by teleconference as described under Section 11123.2.
  - A ***majority*** of the members of the state body shall be physically present at the same teleconference location (**for CCJBH, a minimum of 7 members must attend, in-person, at one location**).
    - "***Teleconference location***" means a physical location that is accessible to the public and from which members of the public may participate in the meeting.
    - "***Remote location***" means a location from which a member of a state body participates in a meeting other than a teleconference location. A remote location ***is not required*** to be accessible to the public, and the notice and agenda shall not disclose information regarding a remote location.
    - "If a member attends a meeting by teleconference from a remote location, the member shall disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals." Section11123.2(j)(4).

Bagley-Keene In-Person Exemption Request

- “At the earliest opportunity possible, including at the start of a meeting, a member may notify the 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. The member is not required to disclose any medical diagnosis or disability.” Section 11123.2(j)(3). CCJBH staff may be notified via email.
- CCJBH Council must act on exemption requests at the beginning of each Council Meeting.
- A member who attends and participates from a remote location may count toward the required majority if the member has a need to participate remotely related to a physical or mental disability that is not otherwise reasonably accommodated by the Americans with Disability Act, 42 U.S.C. Section 12101.

Motion/Vote: Bagley-Keene In-Person Participation Exemption

- Suggested Motion – To ***APPROVE*** remote participation by Councilmember Tracey Whitney in accordance with Government Code Section 11123.2(j)(3), allowing her to participate remotely at the December 6, 2024, Quarterly CCJBH Full Council Meeting, due to health concerns limiting her ability to travel.

- **<u>Vote Options:</u>**
  - Yes: Approves remote participation for Councilmember Whitney.
  - No: Denies remote participation for Councilmember Whitney.

Vote: Approve Councilmember Whitney Remote Participation

Step 1: MOTION TO ADOPT OR AMEND

Step 2: SECOND MOTION

Step 3: PUBLIC COMMENT

Step 4: ROLL CALL FOR A VOTE

Vote:
September 2024
Full Council Meeting Minutes

Motion/Vote: September 2024 Full Council Meeting Minutes

- Suggested Motion – To ***APPROVE*** the September 2024 Full Council Meeting Minutes.

- **<u>Vote Options:</u>**
  - Yes: Approves the September Full Council Meeting Minutes.
  - No: Denies the September Full Council Meeting Minutes.

Vote: Approval of September 2024 Full Council Meeting Minutes

Step 1: MOTION TO ADOPT OR AMEND

Step 2: SECOND MOTION

Step 3: PUBLIC COMMENT

Step 4: ROLL CALL FOR A VOTE

Overview of the Crisis Continuum of Care and the Implementation of AB 988

Dr. Anh Thu Bui, Project Director
988-Crisis Care Continuum
California Health and Human Services Agency

988-Crisis Care Continuum Overview

CCJBH Full Council
December 6, 2024

Anh Thu Bui, MD
Project Director, 988-Crisis Care Continuum
California Health and Human Services Agency (CalHHS)

Person Centered. Equity Focused. Data Driven.

Agenda

- **Overview of 988**: Providing foundational background on the 988 Suicide and Crisis Lifeline, its purpose, and its significance within the behavioral health crisis response framework.
- **Deflection Opportunities**: Exploring how 988 can serve as an alternative to traditional law enforcement responses, particularly for individuals with behavioral health needs who are overrepresented in the justice system
- **AB 988 Five-Year Implementation Plan** (Plan) : Reviewing the report released for public comment on November 4th, summarizing the feedback received, and outlining the next steps in the implementation process.
- **Statewide and Equitable Service Access**: Addressing the need for a statewide, equitable approach to ensure all individuals have access to 988 services, regardless of location or demographic factors.
- **Current Statistics**: Providing a numerical breakdown of current statistics related to 988 usage, response times, and outcomes to illustrate its impact.
- **Funding and Stewardship**: Discussing the dedicated funding sources for 988 and emphasizing the responsibility of state and county agencies to manage these resources effectively.
- **Challenges and Opportunities**: Identifying the challenges encountered during the implementation of 988 to date, the barriers overcome, and the strategies employed to address these issues.

Overview of 988

Building Out California's Behavioral Health Continuum of Care

BUILDING BLOCKS OF TRANSFORMATION

Community Assistance, Recovery, and Empowerment (CARE) **Act**

Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Demonstration (BH-CONNECT)

BH Workforce Initiatives
E.g., Prop 1, BH-CONNECT, Wellness Coaches/CYBHI

Proposition 1 (Behavioral Health Services Act and Behavioral Health Bond)

Children and Youth Behavioral Health Initiative (CYBHI)
E.g., Wellness Coaches, digital apothecary

988-Crisis Hotline & Crisis Services

Medi-Cal Mobile Crisis Services Benefit

Behavioral Health Continuum Infrastructure Program (BHCIP)
E.g., Inpatient/outpatient facilities and crisis care mobile units

BH Quality Improvement/Incentive Programs
E.g., CalAIM, BH-CONNECT

BH Parity Compliance, Benefit Analysis, and Alignment

Medi-Cal Peer Support Services

A Healthy BH Continuum must include a Robust Crisis Care Continuum

Crisis Care Continuum Plan (CCC-P)

- Identify the **state-wide vision for full set of services** for individuals experiencing crisis
- Define state-wide **essential crisis services**
- Provide a **high-level view of resources required, or current investments** that could be used
- Outline a **governance model** to support implementation
- Identify a **roadmap** to reach major milestones

Proposed Components of Future State Crisis Care Continuum

Behavioral health crisis systems strive to serve anyone, anywhere and anytime and fall along a continuum:

Preventing Crisis

Community-based preventive interventions for individuals at risk for suicide or mental health / substance use crises (e.g., Zero Suicide, harm reduction programs, warmlines, peer support, digital-self-help, recovery support services, addressing stigma)

Responding to Crisis

Acute crisis response services, including hotlines, 911 / 988 coordination, mobile crisis teams, social service response, and co-response models

Stabilizing Crisis

Community-based crisis stabilization services, including in-home crisis stabilization, crisis receiving facilities, peer respite, crisis residential services, sobering centers and transitioning individuals to care

California Health and Human Services Agency, "Behavioral Health Crisis Care Continuum Plan" (2023), page 21.

Essential Crisis Services Span the Continuum

= Near term (by FY 23-24) = Medium term (by FY 26-27) = Long term (by FY 28-29)

Preventing Crisis

Peer-Based Warmlines

Digital Apothecary
- CYBHI digital platform: Brightlife and Soluna

Community Based Behavioral Health Services:
- Community-based social services
- School-based and school-linked services
- Primary care clinics and FQHCs
- Outpatient BH care
- Peer support
- Harm reduction
- Medication for Addiction Treatment (MAT)
- Housing services
- Employment services

Responding to Crisis

Hotlines
- Operate 24/7/365
- Answer all calls (or coordinate back-up)
- Offer text / chat capabilities
- Be staffed with clinicians overseeing clinical triage

Mobile Crisis Services
- Operate 24/7/365
- Staffed by multidisciplinary team meeting training, conduct, and capability standards
- Respond where a person is
- Include licensed and/or credentialed clinicians

Stabilizing Crisis

Crisis receiving and stabilization services
- Operate 24/7/365 with multidisciplinary team or other suitable configuration depending on the model
- Offer on-site services that last less than 24 hours
- Accept all appropriate referrals
- Design services for mental health and substance use crisis issues
- Offer walk-in and first responder drop-off options
- Employ capacity to assess & address physical health needs

Peer Respite

In-Home Crisis Stabilization

Crisis Residential Treatment Services
- Operate 24/7/365

Post-Crisis Step-Down Services, such as (LT)
- Partial hospitalization
- Supportive housing

Sobering Center

Sources: SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit. September 13th BHTF meeting, DHCS: Existing California Medicaid Policies, proposed Medi-Cal Mobile Crisis Benefit, CalHHS

CalHHS
California Health & Human Services Agency

AB 988 Legislation: The Miles Hall Lifeline and Suicide Prevention Act (Sept 2022)

- Created the 988 State Suicide and Behavioral Health Crisis Services Fund via surcharges on telecom per access line per month
- Requires the California Governor's Office of Emergency Services (CalOES) to convene a state 988 Technical Advisory Board
- Requires CalHHS to convene a state 988 policy advisory group (988-Crisis Policy Advisory Group) to advise on a set of recommendations for the **five-year implementation plan** for a comprehensive 988 crisis system by December 31, 2024
  - AB 988 underwent further modifications in AB 118, the trailer bill that incorporates the implementing language of the California State Budget.
  - Requires CalHHS to **post regular updates**, no less than annually, regarding the implementation of 988 on its public internet website, until December 31, 2029

Source: AB 988, Miles Hall Lifeline and Suicide Prevention Act

988 Suicide and Crisis Lifeline Overview

2005

- The National Suicide Prevention Lifeline launched with the number 1-800-273-8255 (TALK)
- Received 46,000 calls in year 1

2020

- The National Suicide Hotline Designation Act of 2020 is signed into law. It requires the FCC to designate 988 as the universal number for a national suicide prevention and mental health crisis hotline
- Text service added to the Lifeline
- Lifeline volume has grown to 3.3M calls, chats, and texts

2022

- 988 goes into effect on 7/16/2022
- 988 Lifeline answers nearly 5 million contacts in its first year

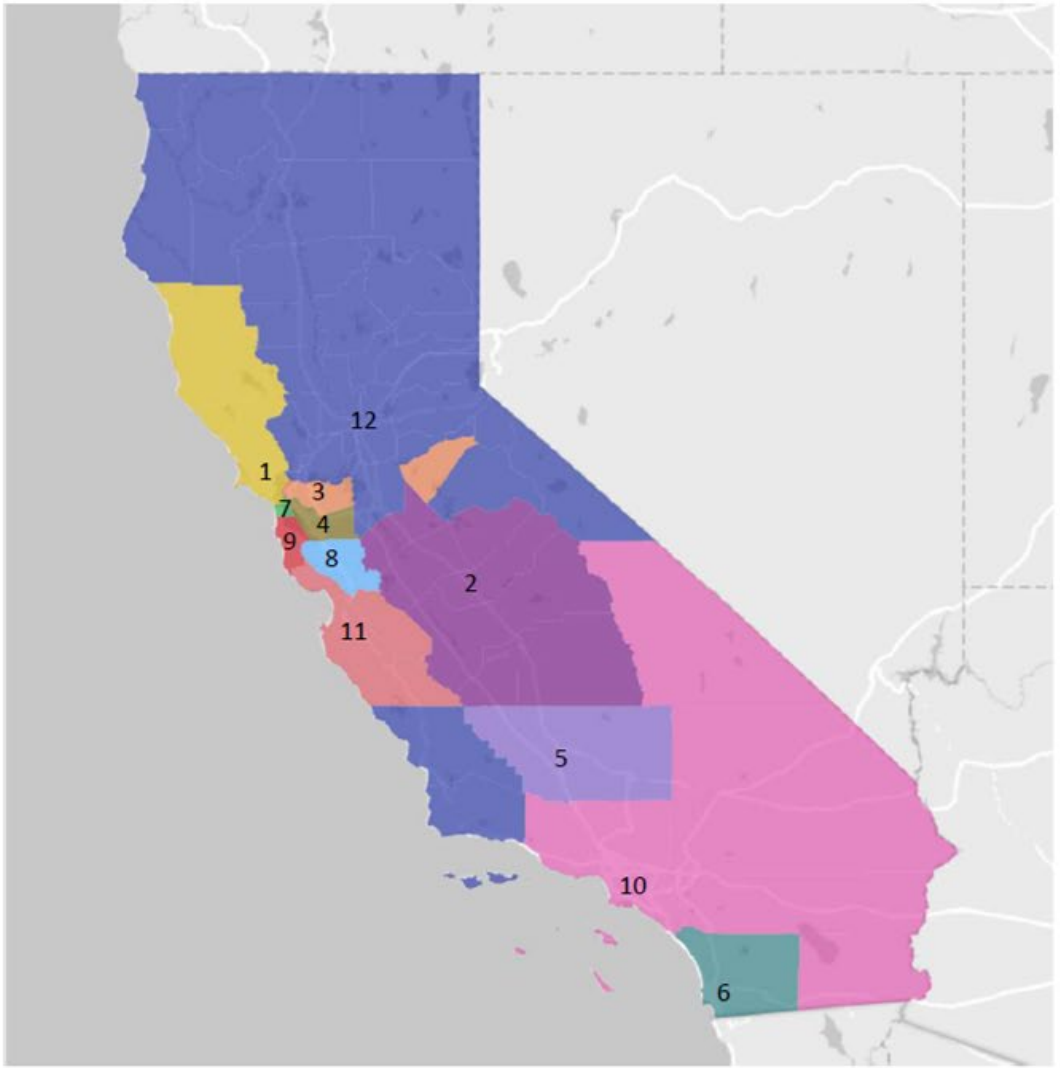
Core Functions of 988 Crisis Center Services

Below are the core functions of a 988 Crisis Center. These represent the minimum services that all Crisis Centers must offer to be included in the national Lifeline Network:

- Safety/Risk Assessment
- Safety Planning
- De-escalation
- Active Rescue
- Support

California 988 Crisis Centers & Regions

1	Buckelew Suicide Prevention Program
2	Central Valley Suicide Prevention Hotline – Kings View
3	Contra Costa Crisis Center
4	Crisis Support Services of Alameda County
5	Kern Behavioral Health & Recovery Services Hotline
6	Optum
7	San Francisco Suicide Prevention Felton Institute
8	Santa Clara County Suicide and Crisis Services
9	StarVista
10	Suicide Prevention Center - Didi Hirsch Mental Health Services
11	Suicide Prevention Service of the Central Coast
12	WellSpace Health



988 Crisis Centers & Other Crisis Response

- **988 Crisis Centers**
  - 12 988 crisis centers with over 1,100 staff
  - 988 crisis centers answered **381,534 contacts** during 1st year of 988 implementation (July 2022 – June 2023)
  - July 2023 – June 2024: answered **422,667 contacts**
- **9-1-1 Public Safety Answering Points** (PSAPs)
  - 450 PSAPs
  - 25 - 27 million calls per year
- **Mobile Crisis Response Teams - Department of Health Care Services (DHCS)**
  - State Crisis Care Mobile Units (CCMU) Program Grant: **403** mobile crisis teams created or enhanced across 51 County Behavioral Health Authorities (52 total Counties); 2 City Behavioral Health Authorities and 1 Tribe(as of September 2024)
  - Medi-Cal mobile crisis benefit implemented in **45 counties** serving **97% of Medi-Cal members**

U.S. Census, QuickFacts California; Behavioral Health Continuum Infrastructure Program, Crisis Care Mobile Crisis Units Program Grant

Deflection Opportunities

Deflection Opportunities

- AB 988 introduces pivotal provisions to increase the capacity of California's 988 crisis system, supports related crisis service partners and programs, and aims to help reduce unnecessary law enforcement involvement in behavioral health crises.
- Police are disproportionately likely to use force against individuals with serious mental illness (SMI) or to injure individuals with SMI.* Race can further increase an individual's risk of experiencing police force, with police in California disproportionately likely to use force against Latino/Latina/Hispanic and Black or African American individuals.**

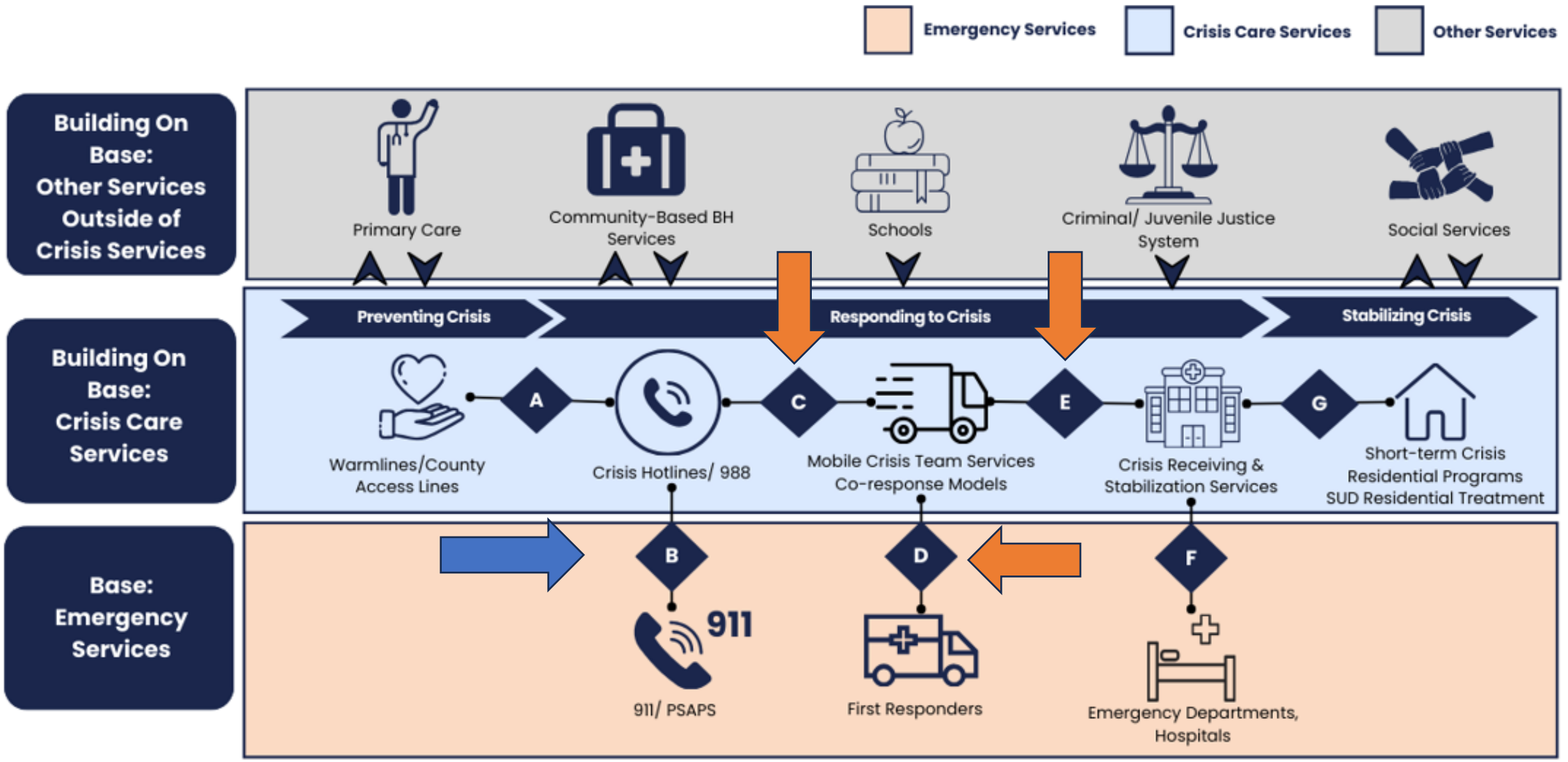
*Laniyonu, A., Goff, P.A., BMC Psychiatry, Measuring disparities in police use of force and injury among persons with serious mental illness, 2021
**California Department of Public Health, Demographic Report on Health and Mental Equity in California

Deflection Opportunities

- Building on the desired future state articulated in the CCC-P, the Policy Advisory Group and Workgroups expressed four Foundational Principles for a comprehensive 988 system, one of which is, **“Individuals in crisis should have timely access to therapeutic and appropriate care (without unnecessary law enforcement involvement where possible)”**
- The Goals, Recommendations, and Implementation Activities Outlined on the following slides are in alignment with and support of this principle, among others.

*Laniyonu, A., Goff, P.A., BMC Psychiatry, Measuring disparities in police use of force and injury among persons with serious mental illness, 2021
**California Department of Public Health, Demographic Report on Health and Mental Equity in California

Transitions in Crisis Care (non-exhaustive)



AB 988 Five-Year Implementation Plan (Plan) process and draft for public comment

AB 988 Project Structure

Legislatively Required Recommendations for Five-Year Implementation Plan

Alignment and Oversight and Final Recommendations

CalHHS
California Health & Human Services Agency

Recommendations and Guidance on an Implementation Plan

988-Crisis Policy Advisory Group

Cal OES Technical Advisory Board

Behavioral Health Task Force

Ad Hoc Meetings: CalHHS Department

Alignment and Information Gathering

1. Comprehensive Assessment of Behavioral Health (BH) Crisis Services Workgroup
2. Statewide 988 Standards and Guidance Workgroup
3. 988-911 BH Crisis Care Continuum Integration Workgroup
4. Data and Metrics Workgroup
5. Communications Workgroup
6. Funding and Sustainability Workgroup

Ad Hoc: Peer Supporter Workgroup

Community Outreach and Information Gathering to Feed Workgroups

Interviews | **Surveys** | **Focus Groups** | **Research/Data**

Statewide Collaboration

Community Engagement: Summary

Community engagement activities sought to gather input and perspectives from a broad cross-section of individuals, organizations, and systems connected to the crisis care continuum

- **7** public meetings of the Policy Advisory Group (**43** members)
- **21** public meetings of seven Workgroups (**140** members)
- **13** focus groups with populations with lived experience or otherwise impacted by crisis services (**90** participants)
- Over **85** interviews with Policy Advisory Group members, crisis-related providers, community groups and advocacy organizations, county behavioral health departments, tribal community members, 988 Crisis Centers and other crisis-related service partners

Defining the Future State

The Future State…	Characterized by…
Consistent statewide access	▪ Increased capacity, affordability, and range of services ▪ Connecting people in crisis to immediate and ongoing care
High quality services	▪ An array of essential crisis services across the continuum ▪ A comprehensive strategy for data measurement and quality of care that is inclusive of all populations and geographies
Coordination across and outside the continuum	▪ Offering the least restrictive responses to crisis ▪ Robust formal and informal community-based partnerships
Serves the needs of all Californians	▪ Services that are culturally and linguistically responsive ▪ Services that are person- and family-centered ▪ Services that are delivered regardless of insurance/payer source

AB 988 Implementation Plan: Foundational Principles

1. All Californians, regardless of insurance coverage, location, or other factors, should have timely access to quality crisis care.
2. Californians should have timely access to 988 through phone, text and chat 24/7 with contacts answered, whenever possible, in state by 988 Crisis Centers with knowledge of how to connect with local resources.
3. Individuals in crisis should have access to timely therapeutic/appropriate care (and reduce unnecessary law enforcement involvement where possible).
4. Individuals seeking help should be connected to a crisis care continuum that prioritizes community-based support and focuses on preventing further crises and trauma.

Five-Year Plan: Organizing Framework

Vision

Equitable, Accessible, High-Quality Behavioral Health Crisis System for All Californians

A. Public Awareness of 988 and Behavioral Health Services Increase public awareness of and trust in 988 and behavioral health crisis services	**B. Statewide Infrastructure and Technology** Establish the systems inclusive of technology, policies, and practices to connect help seekers to the appropriate call/chat/text takers	**C. High-Quality Response** Support the 988 system in delivering high-quality response for all Californians	**D. Integration of 988 and Continuum of Services** Increase coordination of behavioral health crisis services
Recommendations	Recommendations	Recommendations	Recommendations
Implementation Activities	Implementation Activities	Implementation Activities	Implementation Activities
Will the help seeker know who to call?	Will the help seeker be connected appropriately?	Will the help seeker receive a high-quality 988 contact?	Will the help seeker have access to immediate and ongoing care?

E. Equity, Data and Metrics, Funding and Sustainability, Peer Support

Coordination with CalHHS Departments and State Agencies

CDPH California Department of Public Health	California's public health department
DHCS California Department of Health Care Services	California's Medicaid Single State Agency
Department of Managed Health Care	Issues guidance to commercial plans (Health Maintenance Organizations (HMOs) and some Preferred Provider Organizations (PPOs)) and enforces provisions of the law
EMSA Emergency Medical Services Authority California	Provide statewide coordination and leadership of local EMS systems.
Cal OES Governor's Office of Emergency Services	California's leadership hub during major emergencies and disasters.

A. Public Awareness of 988 and Behavioral Health Services

Recommendation A.1. The state should coordinate state behavioral health crisis communications strategies, informed by the 988 Suicide and Crisis Lifeline and the Substance Abuse and Mental Health Services Administration (SAMHSA).

	Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3-4	Years 5+
A.1.a.	Assess existing state campaigns and communications initiatives to determine where and when communicating about 988 may be appropriate or effective	CDPH	DHCS, EMSA	*	*		
A.1.b.	Identify audiences for 988 communications strategies, to include (1) populations not reached through national campaigns and/or are distrustful of 988 or other emergency or crisis lines (2) populations at greatest risk of suicide or other BH crisis; (3) populations that may need or benefit from accommodations	CDPH	DHCS, 988 Crisis Centers, Tribal Partners	*	*	*	*
A.1.c.	Define the goals and objectives of the communications strategy to provide clarity about how and when to use 988, what to expect when someone contacts 988, and what 988 can and cannot do, and how individual data will be used, stored, shared, and protected	CDPH	DHCS, Cal OES, EMSA, 988 Crisis Centers, County Behavioral Health	*	*	*	*
A.1.d.	Determine forums and trusted messengers to inform the public about 988, segmented by audience	CDPH	DHCS, 988 Crisis Centers, Tribal Partners	*	*	*	*

B. Statewide Infrastructure and Technology

Recommendation B.2. The state should promote coordination and communications across state technology implementation partners to ensure alignment of technology, policy, and practice.

	Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3-4	Years 5+
B.2.a.	Assess and recommend how the technology can support uniform data collection and inform service quality	CalHHS	Cal OES, DHCS			*	
B.2.b	Support stepwise implementation of the transfer criteria between 9-1-1- and 988 developed by the Cal OES TAB, starting with suicide-related contacts, using national guidance such as the National Emergency Number Association (NENA) standards and evidence-based tools	Cal OES, CalHHS	DHCS, EMSA, PSAPs, 988 Crisis Centers			*	
B.2.c	Develop guidance and related policy to connect and transfer help seekers bi-directionally to the appropriate call/text/chat support for transfers between 988 and other crisis service access points and helplines (e.g., 211, County Access lines, Mobile Crisis Dispatch Lines, Commercial Plans, Managed Care Plans, and Warmlines)	CalHHS, Cal OES	DHCS, EMSA, Counties, 988 Crisis Centers	*	*		

Example: Goal C, High-Quality 988 Response, Implementation Activities

Recommendation C.2. Building on national standards, and best practices to ensure trauma-informed, person-centered and culturally responsive care, the state should establish state-specific standards for staffing and training to equip 988 Crisis Centers to respond to suicide, mental health, and substance use-related 988 contacts.

#	Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3-4	Years 5+
C.2.a.	Identify mechanisms to aid 988 Crisis Centers with contact volume projections and growth forecasting	DHCS	Cal OES, 988 Crisis Centers	✓	✓	-	-
C.2.b.	Establish scope of services for 988 Crisis Centers to help move toward California's vision for an equitable, accessible, high-quality crisis system for all	CalHHS DHCS	988 Crisis Centers	✓	✓	✓	-
C.2.c.	Align staffing standards with the evolving scope of services for 988 Crisis Centers	DHCS	988 Crisis Centers	✓	✓	✓	✓
C.2.d.	Establish statewide training standards for 988 Crisis Centers inclusive of behavioral health crises, including those associated with suicide, mental health, and substance use and cultural competence	DHCS	988 Crisis Centers	✓	✓	✓	-
C.2.e.	Establish a process for state-level monitoring and support of 988 Crisis Centers, inclusive of technical assistance, to help them meet state and national quality standards	DHCS	Cal OES, EMSA 988 Crisis Centers	✓	✓	✓	-

Example: E.3., Data and Metrics, Implementation Activities

Recommendation E.3. The state should establish data systems and data standards to support monitoring of 988 and crisis system performance.

#	Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3-4	Years 5+
E.3.a.	Convene state entities to determine methods and measures to monitor, evaluate, and communicate the performance of the crisis system in the context of California's broader behavioral health transformation effort	CalHHS	DHCS DMHC EMSA, CalOES HCAI and others as appropriate	✓	✓	-	-
E.3.b.	Develop and maintain a publicly facing dashboard that tracks performance of 988 Crisis Centers including, but not limited to: contact volume (incoming contacts), answer rate, average wait time, number of transfers between 9-1-1/emergency response and 988, mobile crisis dispatch, and percentage of calls resolved without need to transfer or dispatch emergency services and call dispositions	CalHHS	Cal OES, DHCS, CDPH, EMSA, 988 Crisis Centers, County BH, Tribal authorities, counties, and cities	✓	✓	✓	✓
E.3.c.	Examine mechanisms, consistent with privacy standards, to disaggregate 988 data by specific subgroups to identify inequities	DHCS Cal OES	988 Crisis Centers EMSA				
E.3.d	Determine population level outcome measures and quantifiable goals to support assessment of the broader crisis care continuum	CalHHS, CDPH, Cal OES	DHCS, DMHC, EMSA	-	-	✓	✓

Statewide and Equitable Service Access

Statewide and Equitable Access

- As outlined during the overview of the Five-Year Implementation Plan, *California envisions an equitable behavioral health crisis system that can serve anyone, anywhere, anytime.* This is inclusive of the 988 Suicide and Crisis Lifeline.
- The following slides include the Equity goal (E.1) and supporting recommendations and implementation activities, which are found embedded throughout the goals of the plan.

E.1., Equity, Implementation Activities

Recommendation E.1. The state should prioritize inclusion and equity in crisis care service delivery for populations that may be at elevated risk for behavioral health crisis, experience discrimination and prejudice, and need adaptive/tailored services for equitable access due to physical, intellectual/developmental disability, or unique cultural and/or linguistic needs.

#	Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3-4	Years 5+
A.1.b.	Identify audiences for 988 communications strategies using principles of targeted universalism to include (1) populations not reached through national campaigns and/or are distrustful of 988 or other emergency or crisis lines; (2) populations at greatest risk of suicide or other behavioral health crisis; (3) populations that may benefit or need accommodations	CDPH	DHCS, 988 Crisis Centers, Tribal/CBO Partners. County/Tribal BH	✓	✓	✓	✓
A.2.b.	Engage populations of focus as well as those with lived experience to support development of tailored public health messages (translated appropriately and accessible in California's threshold languages) and dissemination strategies	CDPH	DHCS, 988 Crisis Centers, Tribal/CBO Partners	✓	✓	✓	✓
A.2.c.	Engage community-based organizations (CBOs) and other trusted partners (e.g., educational institutions, state and peer run warmlines, etc.) as vehicles for delivering locally tailored messages using guidance and toolkits to support consistent messaging	CDPH	DHCS, EMSA, 988 Crisis Centers, County/ Trbal BH, Tribal/CBO Partners	✓	✓	✓	✓

E.1., Equity, Implementation Activities

Recommendation E.1. The state should prioritize inclusion and equity in crisis care service delivery for populations that may be at elevated risk for behavioral health crisis, experience discrimination and prejudice, and need adaptive/tailored services for equitable access due to physical, intellectual/developmental disability, or unique cultural and/or linguistic needs.

#	Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3-4	Years 5+
B.1.b.	Explore the development of a dedicated Native American line/dial pad option	CalHHS	Cal OES, DHCS, Tribal/CBO Partners	✓			
C.1.e.	Examine current linguistic translation and language access standards to identify opportunities to improve access to 988 services for people whose language of preference is not English or Spanish	CalHHS,	DHCS, Cal OES 988 Crisis Centers,	✓	✓		
C.2.d.	Establish statewide training standards for 988 Crisis Centers inclusive of behavioral health crises, including those associated with suicide, mental health, and substance use and cultural competence	DHCS	EMSA, 988 Crisis Centers	✓	✓	✓	
D.3.b.	Develop policy recommendations to increase equitable access to crisis receiving and stabilization facilities (considering potential barriers such as costs, cultural factors, staffing, insurance coverage, acceptance and denial criteria and other factors)	CalHHS	DHCS, DMH			✓	

Current Statistics

Understanding Crisis Needs in California

Key indicators of population need and/or service demand:

- Behavioral health-related mortality
- Behavioral health morbidity
- Police contacts and mental illness

*Data contained here is further outlined in the AB 988 Chart Book: An Inventory of Needs, Services and Gaps of the Behavioral Health Crisis System

Behavioral Health-Related Mortality Data

Death by Suicide

- Almost 50,000 people died by suicide in the United States in 2022; 4,312 of those were in California.*
- California's age-adjusted suicide rate in 2022 was 10.4 deaths by suicide per 100,000 population, lower than the national rate of 14.2 per 100,000 population.**
- Across the state, suicide rates vary widely in rural and remote areas, experiencing higher rates both in California and nationally.**
- In 2021, **Native populations** had the highest rates of suicide of any racial/ethnic demographic.**
- Apart from multiracial youth, youth ages 10-24 have experienced a decline in suicide rates in California from 2021 to 2022, with **Black youth** having the highest suicide rates of any racial/ethnic demographic in California,** with **LGBTQIA+ youth** also at elevated risk.***
- Based on overall population rates, **the highest risk of suicide was among males aged 85 years and older**.**
- In 2020, suicide deaths among **veterans** aged 18 over accounted for 15 percent of all suicides in California.****

Drug-Related Overdose Deaths

- Similar to national trends, California has experienced an increase in drug-related overdose deaths from 2020 to 2023, with Native Americans dying at the highest rate.
- Notably, the state overall had the 15th lowest drug overdose mortality rate in the country.*****
- In 2022 regarding all drug-related overdose deaths in California:******
  - **Native American and Alaska Natives** had the highest age-adjusted rate for all drug-related overdose deaths in California.
  - **30- to 34-year-olds** had the highest crude rate of all drug-related overdose deaths, followed by **55 to 59-year-olds** in California.
- In 2022, opioids were the most common cause of drug overdose deaths.*
- In 2022 regarding any opioid-related overdose death in California:******
  - Native American and Alaska Natives had the highest rate of any opioid-related overdose death.
  - 30- to 34-year-olds had the highest crude rate of opioid-related overdose deaths compared to other age groups.

*America's Health Rankings analysis of CDC WONDER, Multiple Cause of Death Files, United Health Foundation
**California Department of Public Health, California Injury Data Online EpiCenter
***The Trevor Project
****California Department of Public Health – Suicide among Veterans in California, 2020
*****National Center for Health Statistics – Drug Overdose Mortality by State
******California Overdose Surveillance Dashboard. Prepared by California Department of Public Health (CDPH - Substance and Addiction Prevention Branch (SAPB). https://skylab.cdph.ca.gov/ODdash/

Behavioral Health Related Morbidity

- While suicide rates in California remained steady from 2020 to 2021 (10.4 per 1000,000 residents), emergency department (ED) visits for self-harm decreased during the same period (79.3 to 85.0 per 100,000 residents).*
- Patients with behavioral health conditions accounted for a sizable portion of ED visits in 2021; among individuals who visited the ED with a diagnosis of a mental health, co-occurring disorder, or substance use, disorder in 2021, 47% had Medi-Cal insurance.**
- The number of California opioid-related ED visits more than doubled between 2019-2023 (9,076 to 21,309 visits) and was over five times the number of visits in 2007 (4,075 to 21,309 visits***
- In 2022, California had an age-adjusted rate of all drug-related overdose ED visits of 143.75 per 100K residents (55,598 visits), compared with a national rate of 133.9 per 100K individuals.****

*Injury Data Brief: California Suicide and Self-Harm Trends in 2021
**HCAI – Patient Discharge Data, Emergency Department Data – Hospital Encounters for Behavioral Health, 2021 – 2022: California Department of Health Care Access and Information (HCAI) Inpatient Hospitalizations and Emergency Department Visits for Patients with a Behavioral Health Diagnosis in California: Patient Demographics
***National Center for Health Statistics – California, accessed August 17, 2024
****California Overdose Surveillance Dashboard, prepared by California Department of Public Health (CDPH) - Substance and Addiction Prevention Branch (SAPB); DOSE Dashboard: Nonfatal Overdose Emergency Department and Inpatient Hospitalization Discharge Data

Police Contacts and Mental Illness

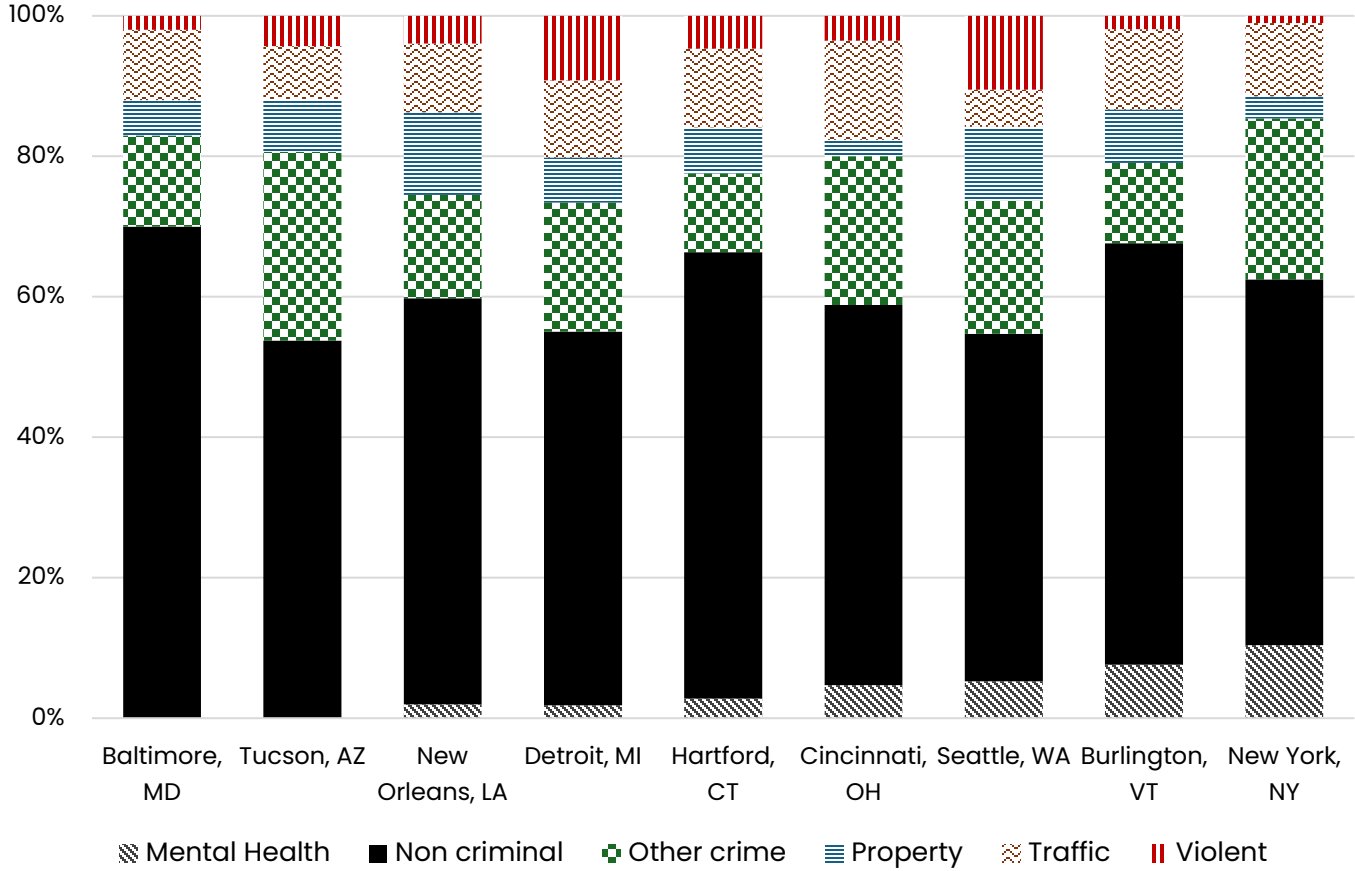
- Police are disproportionately likely to use force against individuals with serious mental illness (SMI) or to injure individuals with SMI.
- According to one study, individuals with SMI are 11.6 times more likely to experience police use of force than individuals without SMI.*
- An analysis of use of force data in California from 2021 shows that more than four in 10 people treated for non-fatal gunshot wounds from a police encounter were diagnosed with a mental health condition and/or an SUD.**
- Race can further increase an individual's risk of experiencing police force, with police in California disproportionately likely to use force against Latino/Latina/Hispanic and Black or African American individuals.***

*Laniyonu, A., Goff, P.A., BMC Psychiatry, Measuring disparities in police use of force and injury among persons with serious mental illness, 2021
**Public Policy Institute of California, Police Use of Force and Misconduct in California
***California Department of Public Health, Demographic Report on Health and Mental Equity in California

911 Data and Behavioral Health Emergencies

- Studies estimate that 5% to 15% of all calls to 911 are for behavioral health emergencies.
  - A Vera Institute analysis of 911 call data in nine cities estimated that an average of 19% of calls could be answered by unarmed crisis responders.
- <u>For illustration purposes only:</u>
  - Using the 5% to 15% estimates as a *rough* proxy for behavioral health would equate to between 1.35 million and 4 million behavioral health- related calls being answered by 911 in California.
  - If 10% of the behavioral health-related calls to 911 were transferred to 988, that would be an additional 135,000-400,000 calls annually, an increase of between 35%-96% of current volume.

Breakdown of 911 Call Type Across Nine Cities



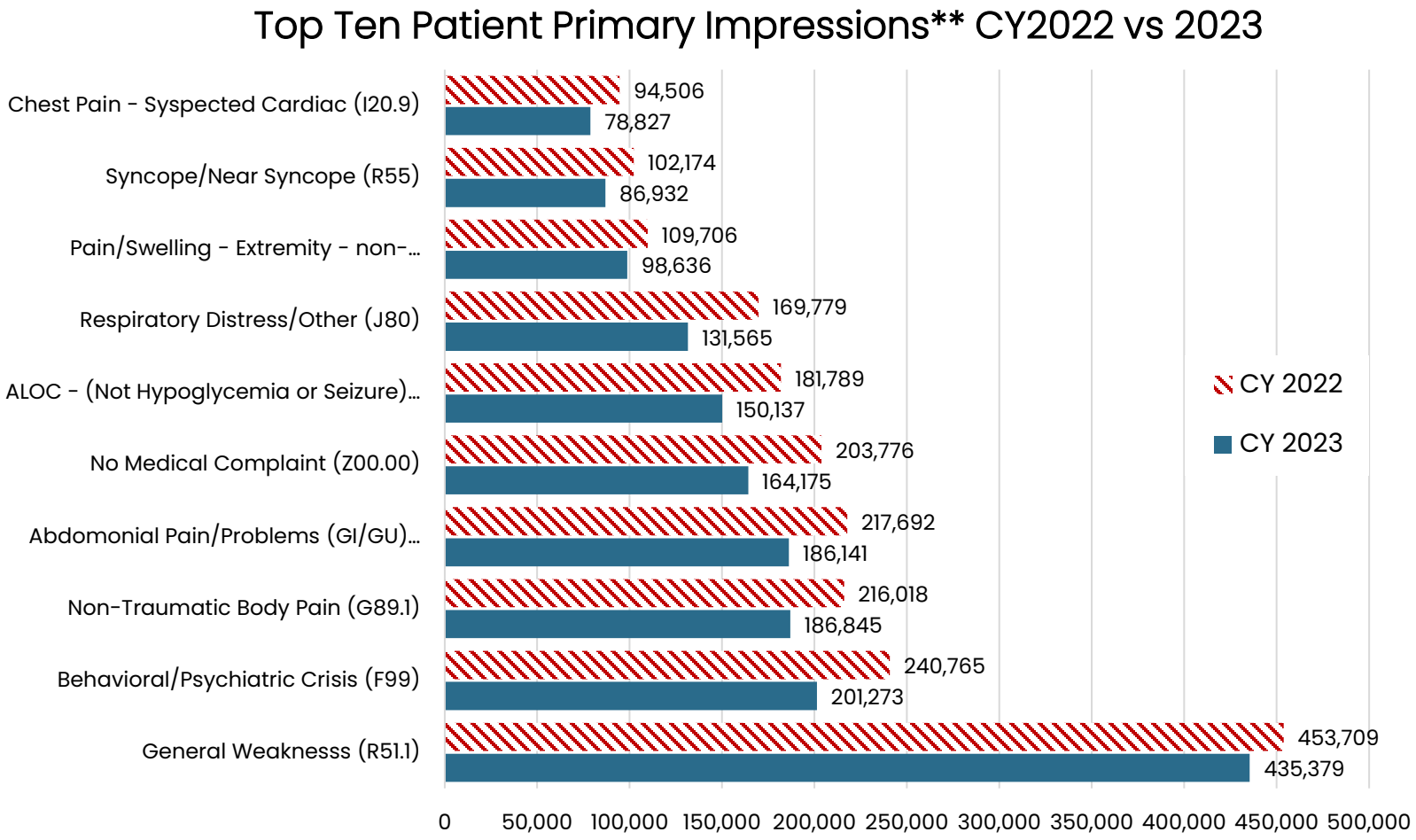
This stacked bar graph shows how across the nine cities analyzed, the majority of 911 calls involved noncriminal situations. Only a minor percentage of calls were for violent crimes.

Sources: Vera Institute of Justice, 911 Analysis: Call Data Shows We Can Rely Less on Police, April 2022; Vera Institute of Justice, "The 911 Call Processing System: A Review of the Literature as it Relates to Policing", July 2019; Balfour, M. E., Hahn Stephenson, A., Delany-Brumsey, A., Winsky, J., & Goldman, M. L., Psychiatric Services, Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies, 2022

EMSA Data – Primary Impressions by CA Emergency Responders

There were 4.6 million EMS primary impression records in calendar year (CY) 2022 and 3.8 million in CY2023 in the California Emergency Medical Services Information System (CEMSIS)*

- In 2022, approximately 5.2% of those involved a Behavioral/ Psychotic Crisis (F99)
- In 2023, approximately 5.3% of those involved a 2022 Behavioral/ Psychotic Crisis (F99)



Source: Emergency Medical Services Authority Annual EMS Data Report Calendar Years 2022 – 2023, page 34.

* The total number of all calls reported by EMS agencies into CEMSIS, including 9-1-1 Response, Interfacility Transfer, Medical Transport, Mutual Aid, etc.

**The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures); the EMS Data Report notes: "For analytical purposes data total have been excluded from this chart due to the lack of specific information"; additional data limitations can be found in the full report.

EMSA Data – BH-Related Primary Impressions by CA Emergency Responders

In the first six months of 2024, there were approximately 2.1 million 911 calls with patient contacts.

- 200,963 were behavioral health-related.
- This equates to approximately 20% of EMS patient contacts with a behavioral health condition.

EMSA Behavioral Health Related 911 Calls with Patient Contact
January 1–June 30, 2024

Situation Provider Primary Impression	Total	Percent Incidents of all Patient Contacts	Rate per 100K Population
Behavioral/Psychiatric Crisis	122,057	5.8%	329.3
Alcohol Intoxication	40,789	1.9%	110.1
Overdose/Poisoning/Ingestion	35,863	1.7%	96.8
Agitated delirium	2,100	0.10%	5.7
Anxiety disorder, unspecified	154	0.01%	0.4
Totals	***200,963***	***9.5%***	***542.2***

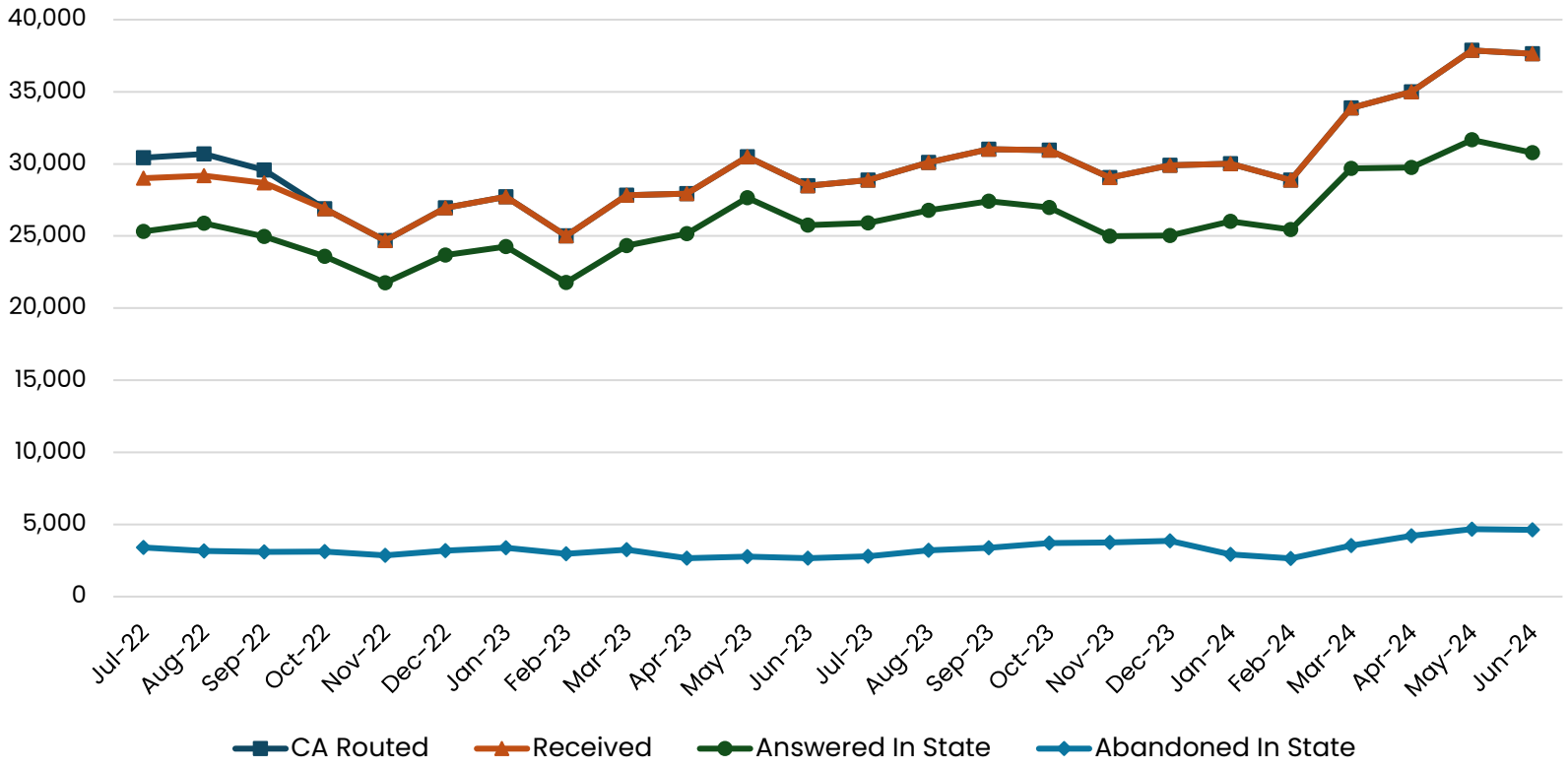
**Numbers exclude approximately 60% of data from San Diego.*

Sources: * Emergency Medical Services Authority (EMSA); 2022 ACS 1-Year Estimates

988 Data – Call Volume from California and National 988 Lifelines #1

- In July 2022, when the U.S. transitioned from the 10-digit National Suicide and Prevention Lifeline to 988, over 30,000 calls were already being routed to California.
- Average monthly call volume in the first year (from July 2022 to June 2023) was 28,058 with an in-state answer rate of 88 percent.
- In the second year (July 2023-June 2024), average monthly call volume increased to 31,927, with a slightly lower in-state answer rate of 86 percent.

California and National 988 Suicide and Crisis Lifeline Total Calls Routed, Received and Answered July 2022-June 2024

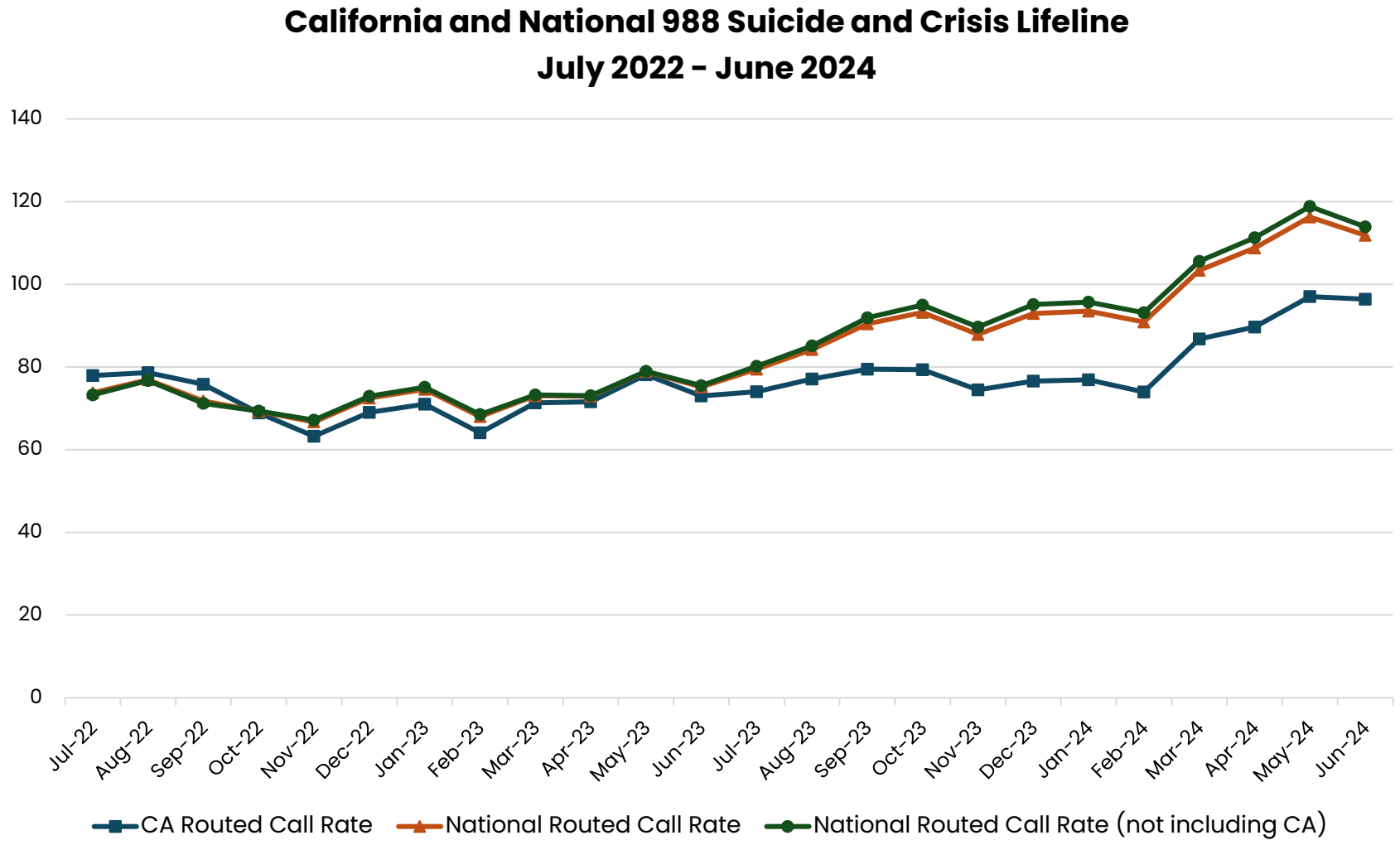


Source: Vibrant Emergency Intervention Data from the CA 988 Suicide and Crisis Lifeline

*__Definition Notes__ (SAMHSA Performance Metrics):
- Contact received: A call, chat or text with the 988 Lifeline
- Routed: Contacts routed to a center after the person listens to the greeting (calls) or sent to a counselor after answering a pre-chat or pre-text survey (chat/text).
- Answered: Contacts who are connected to a 988 Crisis Center and then engaged by a counselor.
- Abandoned: Contacts that disconnect after being routed to a 988 Crisis Center and before being engaged by a counselor

988 Data – Call Volume from California and National 988 Lifelines #2

- From July 2022 to May 2023, California's rate of routed calls per 100,000 were similar to national routed call rates.
- From May 2023 to June 2024, California's rate of routed calls per 100,000 was below the national rates.

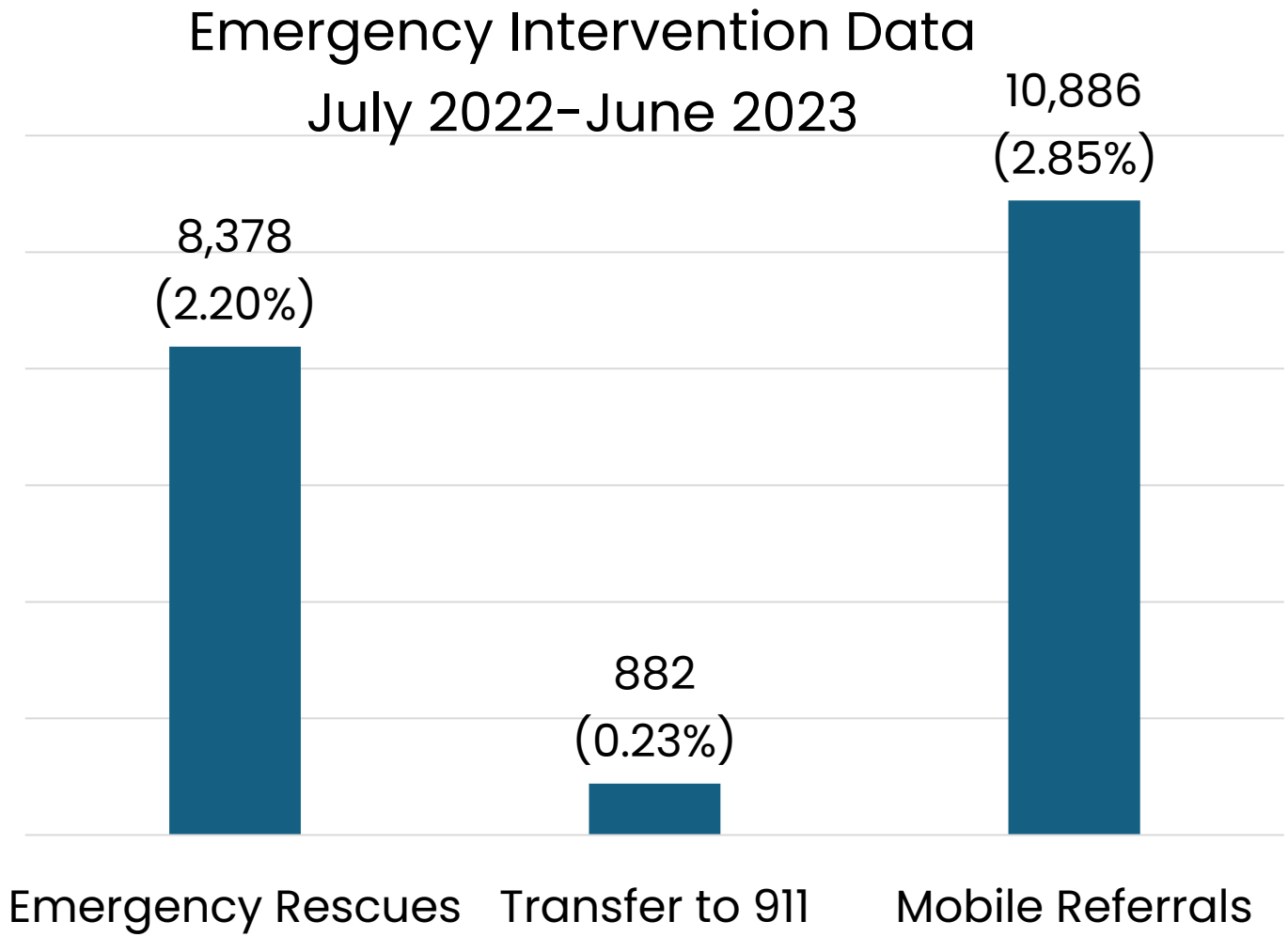


Source: Vibrant Emergency Intervention Data from the CA 988 Suicide and Crisis Lifeline

988 Data – California Emergency Intervention Data #1

Of the 381,534 contacts to a CA 988 Suicide and Crisis Lifeline between July 2022 and June 2023:

- 10,886 (2.85%) resulted in a mobile referral
- 8,378 (2.20%) resulted in an emergency rescue
- 882 (0.23%) resulted in a transfer to 911

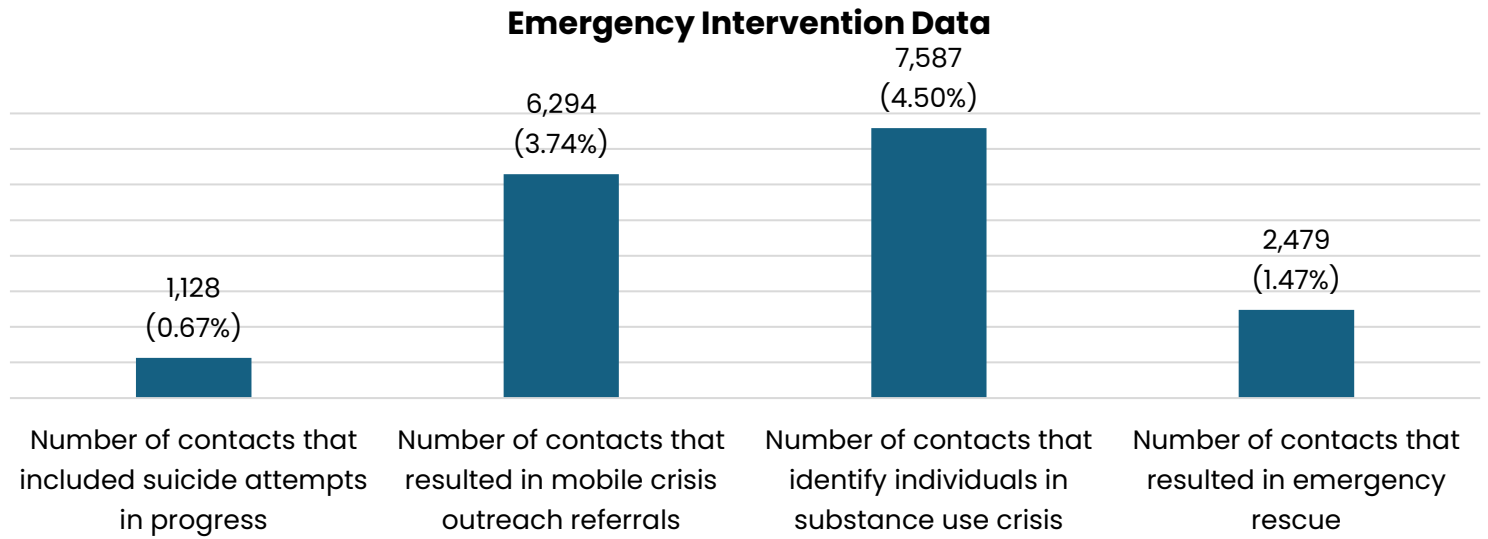


Note: Percentages reflect the proportion of total answered contacts

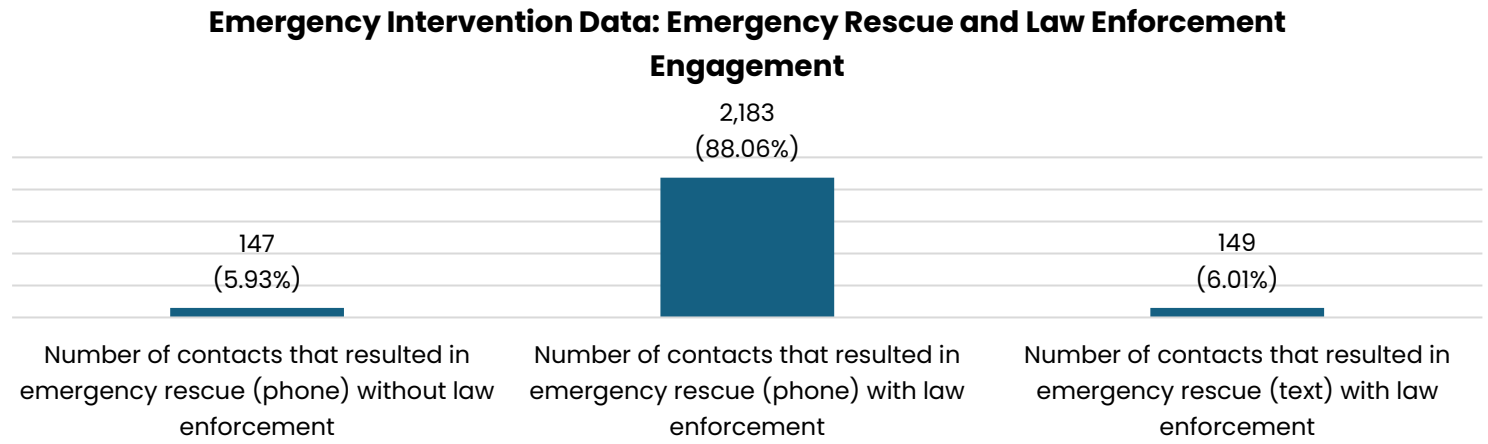
Source: Vibrant Emergency Intervention Data from the CA 988 Suicide and Crisis Lifeline

988 Data – California Emergency Intervention Data #2

- Between October 2023 and March 2024, the CA 988 Suicide and Crisis Lifeline answered:
  - 155,046 phone calls
  - 3,997 chats
  - 9,454 texts
- Of the contacts that resulted in emergency rescues, the majority were received by phone and included law enforcement.



Note: Percentages reflect the proportion of all answered contacts

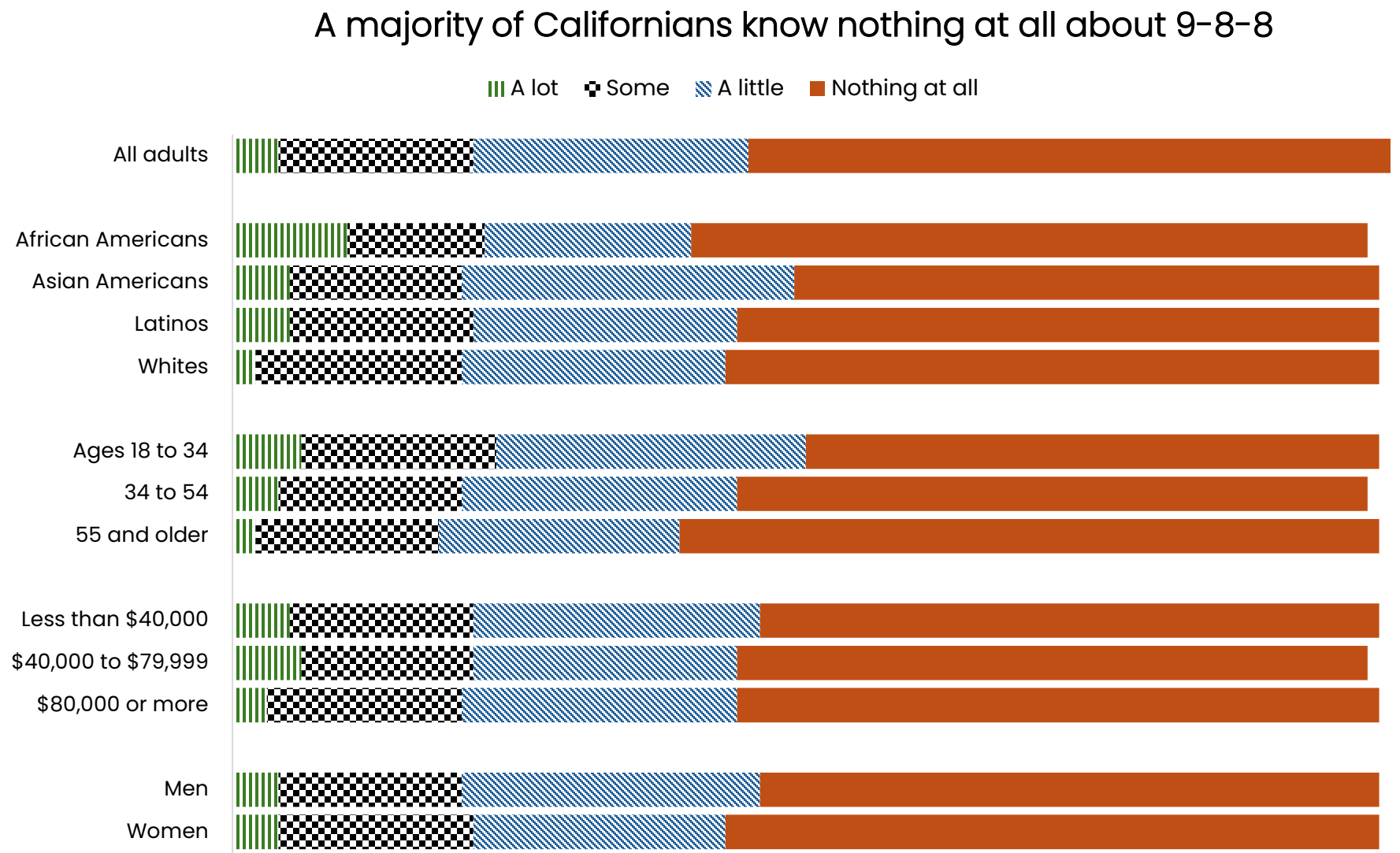


Note: Percentages reflect the proportion of answered contacts that resulted in emergency rescues.

Source: Vibrant Emergency Intervention Data from the CA 988 Suicide and Crisis Lifeline

988 Awareness in California

- Most Californians said they knew "nothing at all" about 988 in a poll conducted in August-September of 2023.
- Younger people (ages 18 to 34) were more likely to know about 988 than older adults.
- Awareness of 988 in California was similar to that of national polling.



Source: PPIC Statewide Survey, September 2023, Survey was fielded from August 25-September 2023, PPIC blog.

Funding and Stewardship

988 State Suicide and Behavioral Health Crisis Services Fund

- AB 988 established the 988 State Suicide and Behavioral Health Crisis Services Fund
- The 988 surcharge fee is set at $0.08 per telecom access line per month for calendar years (CY) 2023 and 2024.
- Starting CY 2025 it may increase to a cap of $0.30 per line per month
- The fee is determined annually through the state budget process and the fee calculation process
- The 988 surcharge fee for calendar year 2025 is posted on the California Department of Tax and Fee Administration (CDTFA) website as $0.08
- CalOES and DHCS are working with CalHHS to provide a written explanation of the 988 surcharge fee process and the funding process for 988 Crisis Centers

California Statutes and the FCC

- The following statutes apply to the 988 Surcharge Process. Nothing in this presentation implies an authoritative source for funding authority or is an interpretation of the statutes and is offered for information purposes only.
- Gov Code § 53123.1 - 53123.6

  https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=GOV&division=2.&title=5.&part=1.&chapter=1.&article=6.3
- Revenue and Tax Code § 41001-41176

  https://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?tocCode=RTC&division=2.&title=&part=20.&chapter=&article=
- Federal Communications Commission (FCC) and 988 Fees

  https://www.fcc.gov/988-fee-reports-and-reporting

9-8-8 Surcharge

- The 9-8-8 surcharge was set at $0.08 for 2023 and 2024 by state statute.
- For 2025 and beyond, the fee must be calculated:
  - Budget requests are sent to Department of Finance for eligible expenditures of the 9-8-8 surcharge.
  - The CA State Legislature approves the budget, which sets the revenue that must be generated from the 9-8-8 surcharge.
  - Access line service providers send number of access lines to Cal OES.
  - 9-8-8 surcharge is based on the budget and number of access lines.
  - Letter is sent by Cal OES to CDTFA by October of each year.

Authorized Use of 988 Surcharge Funds

GC § 53123.4 (b) (2) The revenue generated by the 988 surcharge shall, to the extent not prohibited by Section 251a of Title 47 of the United States Code and any applicable rules or regulations adopted by the Federal Communications Commission and in compliance with subdivision (b) of Section 41136 of the Revenue and Taxation Code, be prioritized to fund the following:

(A) First, the **988 centers**, including the efficient and effective routing of telephone calls, personnel, and the provision of acute behavioral health services through telephone call, text, and chat to the 988 number.

(B) Second, the operation of **mobile crisis teams accessed via telephone calls, texts, or chats made to or routed through 988** as specified under Section 4(a)(2)(B) of Public Law 116-172.

Requirements for Entities Requesting Funding

GC § 53123.4 (d) The office shall require an entity seeking funds available through the 988 Fund to annually file an expenditure and outcomes report. The report shall include, but is not limited to, the following:

(1) The total budget.

(2) Number and job classification of personnel.

(3) The number of individuals served.

(4) The outcomes for individuals served, if known.

(5) The health coverage status of individuals served, if known.

(6) Beginning **July 1, 2025**, measures of system performance, including capacity, wait times, and the ability to meet demand for services.

(7) Beginning January 1, 2030, the amount billed to and reimbursed by Medi-Cal or other public and private health care service plans or insurers.

(8) The number of individuals who used the service and self-identified as veterans or active military personnel, if known.

Funding 988 Crisis Centers

- DHCS has already distributed $19M in AB 988 funds since FY 2023-24
- DHCS has supported 988 Crisis Centers through multiple federal grant awards, including:
  - **Cohort I 988 Grant:** $14.5M from April 30, 2022 – April 29, 2024
  - **MHBG CRRSAA:** $20M from November 1, 2021 – February 29, 2024
  - **Cohort II 988 Grant:** $61M (anticipated) from September 30, 2023 - September 29, 2026
- SAMHSA grant funds are used to support:
  - Improving 988 services by increasing capacity through recruitment, training, and a statewide communications plan;
  - State operations, administrative services, and funding CA 988 Crisis Centers.

Next Steps

Public Comment Schedule and Update

November 4, 2024	Draft Plan and Draft AB 988 Community Engagement Report posted on PAG website Informational Webinar – *258 registrants, 185 attendees*
November 14, 2024	Deadline for Initial Public Comment – *30+ written comments received*
November 26 – December 10, 2024	Additional Public Comment Period
December 2024	Submission of the Five-Year Implementation Plan to the State Legislature

Next Steps with Implementation

- Once submitted to the legislature and pending available resources, CalHHS will work toward implementing and improving the Plan, continuously over a five-year timeline (beginning July 1, 2025).
- Per AB 988, CalHHS will release an annual progress report on implementation activities that will be posted on a public website. The first report will be available following the end of Year 1 (June 30, 2026).

Summary of Public Comment (Nov-24)

There were several recurring comments that are pertinent across the entirety of the Plan; they include:

- Requests to add specific implementation partners (e.g., CBOs, counties, mobile crisis teams, peer supporters, etc.) to select implementation activities
- Specific questions on how the state will operationalize a given implementation activity
- Requests to expand the list of who is mentioned as a Population of Focus and suggestions as to how best support that population
- Requests to modify the timeline to extend an activity beyond the period specified in the draft
- Requests for details on specific activities to carried out to minimize unnecessary law enforcement involvement

Challenges and Opportunities

Key Challenges

Gaps and Challenges Identified in the Comprehensive Assessment	
1. Many people are not aware of 988, and some people who know about it are apprehensive about using it	5. In-person community response services are fragmented, and 24/7 mobile crisis response teams that respond to people in crisis are still in development, particularly in rural, remote, and Tribal areas of the state
2. The numerous "places to contact" before, during, and after a crisis are difficult to track and monitor and vary by community	6. Availability and accessibility of crisis services and facilities that provide a safe place to be during and after an acute crisis vary widely across the state, particularly in rural, remote, and Tribal communities
3. Services offered by California's 988 Crisis Centers vary and sometimes lack formal connection with or knowledge about County and Tribal behavioral health systems and services	7. Information on available local resources for 988 Crisis Centers and other crisis responders to connect help seekers with services in the community is inconsistent
4. Population-level disparities exist among some groups and communities who may need tailored services in order to equitably access behavioral health crisis care.	8. Data collection and reporting on crisis services vary across the continuum, which makes it difficult to monitor system performance

Key Opportunities

Critical Opportunities for the Future Vision of a Comprehensive 988-Crisis System
1. 988 makes it easier for help-seekers to find and receive help (e.g., regardless of where someone is, when they call or what their behavioral health concern may be, there is someone to contact and trained to offer person centered)
2. 988 offers an alternative to unnecessary law enforcement involvement and creates pathways to divert behavioral health crisis from jails or emergency departments
3. Promotion of 988 and education about behavioral health crisis can help to reduce the stigma of seeking help
4. 988 provides a catalyst for coordinating care across the crisis care continuum from prevention to response to stabilization

Appendix

Goal A. Public Awareness of 988 and Behavioral Health Services

A

Public Awareness of 988 and Behavioral Health Services: Increase public awareness of and trust in 988 and behavioral health crisis services

A.1. The state should coordinate state behavioral health crisis communications strategies, informed by the 988 Suicide and Crisis Lifeline and the Substance Abuse and Mental Health Services Administration.

A.2. The state should engage key partners in developing and disseminating statewide and regional communications strategies regarding behavioral health crisis services including 988 and other support lines (e.g., 211, County Access Lines, CalHOPE Red Line, and other warmlines).

A.3. The state should monitor the success and impact of communications strategies.

Goal B. Statewide Infrastructure and Technology

B

Statewide Infrastructure and Technology: Establish the systems, inclusive of technology, policies, and practices, to connect help seekers to the appropriate call/chat/text takers

B.1. The technology should be in place to route 988 contacts safely and efficiently anywhere in California, including to mobile crisis dispatch.

B.2 The state should promote coordination and communications across state technology implementation partners to ensure alignment of technology, policy, and practice.

Goal C. High-Quality 988 Response

C

High-Quality 988 Response: Support the 988 system in delivering a high-quality response

C.1. The state should support 988 Crisis Centers in meeting current national standards, in preparation for meeting future statewide standards and California's vision for a comprehensive crisis care continuum.

C.2. Building on national standards and best practices to ensure trauma-informed, person-centered, and culturally responsive care, the state should establish state-specific standards for staffing and training to equip 988 Crisis Centers to respond to suicide, mental health, and substance use-related 988 contacts.

C.3. The state should have a process to review, designate, and re-designate California 988 Crisis Centers.

Goal D. Integration of 988 and the Continuum of Services

D

Integration of 988 and the Continuum of Services: Increase coordination of behavioral health crisis services

D.1. The state should coordinate state, Tribal, county, and regional behavioral health along with payers, providers and cross-sector partners to connect individuals in behavioral health crises to immediate and ongoing care.

D.2. The state should support connection, coordination, and referrals of 988 help seekers to timely and effective community-based, culturally competent crisis response, including mobile crisis dispatch, when appropriate.

D.3. The state should continue to assist communities in expanding the range of facilities and services to individuals before, during, and after a behavioral health crisis.

D.4. The state should develop more options or expand existing options for transporting individuals in crisis to a safe place to be.

E. Cross-Cutting Recommendations

E1. Equity: The state should prioritize inclusion and equity in crisis care service delivery for populations that may be at elevated risk for behavioral health crisis, experience discrimination and prejudice, and need adaptive/tailored services for equitable access due to physical, intellectual/developmental disability or unique cultural and/or linguistic needs.

E2. Funding and Sustainability: The state should continue to implement strategies to support sustainable crisis systems at the local level that are connected to broader behavioral health transformation efforts, including behavioral health parity.

E. Cross-Cutting Recommendations (Continued)

E3. Data and Metrics: The state should establish mechanisms and data standards to collect and analyze data that will support monitoring of 988 and the behavioral health crisis care continuum's performance.

E4. Peer Support: Peer support should be integrated across the crisis care continuum to support person-centered, culturally responsive, and recovery-oriented care.

Summary of Public Comment (Nov-24)

Goal	Public Comments
A. Public Awareness	• Leverage the marketing strategy for 988 and behavioral health crisis services as an opportunity to not only educate, normalize, and destigmatize behavioral health conditions, in general, but also SMI, severe SUD and co-occurring SMI/severe SUD disorders, • Recommend specific tactics to meaningfully engage trusted messengers • Need for differentiated strategies that consider the linguistic and cultural needs of different communities (e.g., communities of color, youth, justice-involved, older adults, etc.)
B. 988 Infrastructure and Technology	• Need for integrated, streamlined, easy-to-use platform that can quickly connect help seekers to the relevant resource nearest to their location • Elevate the need for ongoing training on transfer processes • Elevate the need for memorandum of understanding (MOU) templates to lay the groundwork for data-sharing across agencies • Specify how technology planning efforts will address the unique technological needs of sub-populations (e.g., youth) • Specify how the technology will assist with minimizing unnecessary law enforcement involvement in crisis response

Summary of Public Comment (Nov-24)

Goal	Public Comments
C. High Quality 988 Response	• Recommend specific mention of workforce needs, including how to address workforce recruitment, training, and retention of the workforce • Recommend making clear the need for training that elevates the unique needs of populations (e.g., youth, older adults, Individuals with Developmental Disabilities, LGBTQIA+ youth, BIPOC communities, and Native populations, amongst others) • Request for more information on how the State plans to expand language access and establish standards for cultural and linguistic responsiveness • Recommend the designation process account for input from local mental health agencies and other local providers • Recommend the Plan further describe how to build system capacity to accommodate the anticipated increase in call volume
D. Integration	• Need to better coordinate mobile crisis response with 988 Crisis Centers and other key points across the crisis care continuum • Need for formalized partnerships to create seamless referral processes that connect help seekers to the least restrictive, most appropriate level of care • Request for information on funding mechanisms to sustain and expand supports following a crisis

Summary of Public Comment (Nov-24)

Goal	Public Comments
E1. Equity	• Request for implementation activities (to mirror the format of the other goals and cross-cutting recommendations) • Recommendations of specific strategies and tactics to embed health equity • Recommendations to adopt specific equity metric (also see E.3, Data and Metrics)
E2. Funding and Sustainability	• Request for a comprehensive plan around the sustainability of the *entire* crisis continuum • Requests to describe health plans' obligation to cover emergency behavioral health services, inclusive, but not limited to 988 • Need for technical assistance for providers on billing best practices and timely reimbursement mechanisms across all payors

Summary of Public Comment (Nov-24)

Goal	Public Comments
E3. Data and Metrics	• Suggestions of specific metrics related to both output and outcomes (at the individual and system levels) • Request for data that is disaggregated by geography, race/ethnicity, socio-economic status and insurance coverage • Need for regular, community-driven feedback to ensure that services remain responsive • Make clear the commitment to upholding data privacy standards

E4. Peer Support	• Expand on language to include:
	  • Process for identifying barriers and challenges to activities provided by peer specialists that have not been historically reimbursable activities from Medi-Cal
	  • Process for identifying resources to best support peers
	  • Assessment of current peer hiring practices

Q&A
WITH COUNCILMEMBERS

Public Comment

CCJBH
Business Meeting

Proposed
CCJBH Calendar Year 2025
Priorities & Work Plan

Proposed Calendar Year 2025 Priorities

- As per the draft Calendar Year 2025 Project Portfolio (see handout), CCJBH can continue working to strengthen:
  - Services: Support the development and implementation of primary care and behavioral health services, and criminogenic interventions, for the Behavioral Health/Justice Involved (BH/JI) population including, but not limited to the Behavioral Health Services Act (BHSA), California Advancing and Innovating Medi-Cal (CalAIM), Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT), the Behavioral Health Continuum Infrastructure Program (BHCIP), the Children and Youth Behavioral Health Initiative (CYBHI), the Community Assistance, Recovery & Empowerment (CARE) Act, efforts to improve the crisis continuum of care, and diversion programs. Identify and promote optimal strategies on how best to engage and deliver these services.
  - Housing: CCJBH continues to prioritize housing resources for the BH/JI population actively collaborating with the California Department of Corrections and Rehabilitation (CDCR) and the California Interagency Council on Homelessness (CalICH) and the California Department of Housing and Community Development. Through support for the CDCR Secretary's role on CalICH and partnerships with the Division of Adult Parole Operations, CCJBH supports efforts to prevent and end homelessness.

Proposed Calendar Year 2025 Priorities (cont'd.)

- Workforce: Support the expansion of the behavioral health workforce through ongoing involvement with Health Care Access and Information's (HCAI) certifications for Community Health Workers and Behavioral Health Wellness Coaches, as well as California Mental Health Services Authority's (CalMHSA's) Medi-Cal Peer Support Specialty. Peer integration will remain a priority across sectors serving the BH/JI population, including behavioral health, criminal justice, health, housing, and social services, alongside programs connecting BH/JI individuals to employment opportunities. Efforts will also include advocating for and supporting training initiatives for clinical professionals to enhance their capacity to serve individuals with SMI and/or severe Substance Use Disorders.
- Data: Continue to update and expand the CDCR/DHCS Medi-Cal Utilization Project (MCUP) analyses, with continued monitoring of enrollment and service engagement for BH/JI individuals. Maintain efforts to implement recommendations from the Public Health Meets Public Safety (PH/PS) Framework and Data Visualization Dashboard, in collaboration with UC Berkeley's Possibility Lab, to enhance cross-sector data sharing and develop crisis response and treatment metrics that inform state policy and services for the BH/JI population.

CCJBH

DEPARTMENT OF CORRECTIONS AND REHABILITATION
STATE OF CALIFORNIA

Proposed Calendar Year 2025 Priorities (cont'd.)

- Community Involvement: The Lived Experience Project (LEP) state and local-level contracts for FY 2023-26 will ensure the voices of individuals with lived experience are actively integrated into policy and program development, fostering community engagement and collaboration through the inclusion of diverse perspectives and expertise, locally and statewide.
- Education: Hosting special events to educate cross sector stakeholders on topics related to the BH/JI population (e.g., May is Mental Health Awareness Month, SUD Recovery Awareness Month).

2025 Proposed Full Council Meeting Dates and Topics

Meeting Dates (Fridays) 2:00-4:30 PM	Topics*
March 21	Treatment for Individuals with Serious Mental Illness (SMI), Severe Substance Use Disorder (SUD) and Co-Occurring SMI/ Severe SUD *Business Meeting: Vote to Adopt the 2024 CCJBH Legislative Report*
June 27	Social Services and Housing Models for Individuals with SMI and/or Severe SUD *Business Meeting: Robert's Rules Overview*
September 26	CDCR Presentations on the California Model and CalAIM Implementation *Business Meeting: CCJBH Data Projects Showcase*
December 4	Behavioral Health Transformation (BHT)/Behavioral Health Services Act and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Planning *Business Meeting: Year in Review / 2026 Planning*

* Subject to Change Based on Council Priorities.

2025 Proposed Juvenile Justice Meeting Dates and Topics

Meeting Dates (Fridays) 12:45-2:45 PM	Topics*
February 21	First Episode Psychosis (Part 1)
April 18	First Episode Psychosis (Part 2)
June 20	SUD Treatment for Youth with SMI
August 22	Behavioral Health and Criminogenic Interventions for Gang Involved Youth
October 24	Trauma-Informed Workforce Training to Appropriately Serve At-Promise and JI Youth

* Subject to Change Based on Council Priorities.

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2025 Proposed Diversion/Reentry Meeting Dates and Topics

Meeting Dates (Fridays) 3:00-5:00 PM	Topics
February 21	Leveraging Crisis Response for Deflection Opportunities
April 18	Department of State Hospitals Diversion Permanent Program
June 20	Trauma Informed Co-Occurring SUD/SMI Treatment Models
August 22	Aging Justice-Involved Population
October 24	CalAIM Justice-Involved Initiative: Coordination with Community Reentry & Transition Providers

* Subject to Change Based on Council Priorities.

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2025 Potential Special Events

Dates	Event
TBD	LEP Contractors Showcase Presentation
May 2025	May is Mental Health Awareness Month
September 2025	Suicide Prevention Awareness Month Substance Use Disorder Recovery Awareness Month

* Subject to Change Based on Council Priorities

Council Questions/Discussion

Vote:
Calendar Year 2025
Priorities & Work Plan

Vote To Adopt the CCJBH Calendar Year 2025 Work Plan

- Suggested Motion: To ***APPROVE*** the Calendar Year 2025 Work Plan as the guiding framework for CCJBH's efforts, in alignment with its statutory responsibilities under Penal Code Section 6044(e), and to support cost-efficient program implementation and improved service delivery across the criminal justice and behavioral health sectors.

- **Vote Options:**
  - Yes: Approves CCJBH Calendar Year 2025 Work Plan
  - No: Denies CCJBH Calendar Year 2025 Work Plan.

Vote: Calendar Year 2025 Priorities & Work Plan

Step 1: MOTION TO ADOPT OR AMEND

Step 2: SECOND MOTION

Step 3: PUBLIC COMMENT

Step 4: ROLL CALL FOR A VOTE

Vote:
Establish a CCJBH Finance Workgroup

Vote to Establish a CCJBH Finance Workgroup

- Suggested Motion: To ***APPROVE*** the establishment of a CCJBH Finance Workgroup to assess and develop funding proposals for the expenditure of CCJBH funds, ensuring alignment with the Council's strategic goals and enhancing fiscal oversight and transparency.

- **<u>Vote Options:</u>**
  - Yes: Approves the establishment of a CCJBH Finance Workgroup.
  - No: Denies the establishment of a CCJBH Finance Workgroup.

Council Questions/Discussion

Vote: Establish a CCJBH Finance Workgroup

Step 1: MOTION TO ADOPT OR AMEND

Step 2: SECOND MOTION

Step 3: PUBLIC COMMENT

Step 4: ROLL CALL FOR A VOTE

Vote:
Meeting Procedures

Vote to Adopt Robert's Rules of Order

- Suggested Motion: To ***APPROVE*** the adoption of Robert's Rules of Order as the standard procedure for conducting CCJBH Council meetings, ensuring an efficient and inclusive decision-making framework.

- **<u>Vote Options:</u>**
  - Yes: Approves the adoption of Robert's Rules of Order for CCJBH Council meetings.
  - No: Denies the adoption of Robert's Rules of Order for CCJBH Council meetings.

Council Questions/Discussion

Vote: Robert's Rules of Order Meeting Procedures

Step 1: MOTION TO ADOPT OR AMEND

Step 2: SECOND MOTION

Step 3: PUBLIC COMMENT

Step 4: ROLL CALL FOR A VOTE

Vote:
2025 Goals Reframed

2025 Goals Reframed: Ongoing Tracking

- In the 18th Annual CCJBH Legislative Report, CCJBH identified four visionary, measurable goals across multiple sectors that CCJBH could track to assess the overarching impact of the investments made in California to meet the unique needs of justice-involved individuals with BH needs (e.g., behavioral health, criminal justice, housing, social services).
- These goals focused on: 1) tracking the overrepresentation of individuals with behavioral health needs in jails and prisons, 2) ensuring capacity in the community systems that serve the BH/JI population, 3) building a skilled workforce across these sectors and 4) using data to inform decision-making.
- Although CCJBH was not directly responsible for achieving these goals, the Council has played a key role in using data to highlight disparities, tracking and identifying areas for improvement across these different sectors.
- Given what CCJBH has learned from tracking these metrics, CCJBH staff propose reframing these goals to be ongoing “Justice and Behavioral Health System Indicators (JBHSI)” so that CCJBH can continue to track these high-level metrics on an ongoing basis.

Justice and Behavioral Health System Indicators (JBHSI)

- Indicator #1: The prevalence rate of mental illness and SUD in jails and prisons should be similar, if not equal to, the prevalence rate of mental illness and SUD in the community.
- Indicator #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.
- Indicator #3: Through consistent dedication to workforce development, quality education and training, and on-going technical assistance to an array of service providers and partners, Californians benefit from professionals having core competencies that provide effective integrated correctional and behavioral health services to achieve recovery and reduced recidivism.
- Indicator #4: Through state leadership to support data-driven practices and policymaking among criminal justice and behavioral health systems, continuity of care and desired public safety and health outcomes improve significantly.
- **2025 Deliverable**: CCJBH will continue tracking the indicators and work to identify additional metrics for monitoring of BH/JI systems of care and outcomes.

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Council Questions/Discussion

Vote to Reframe 2025 Goals

- Suggested Motion: To ***APPROVE*** Justice and Behavioral Health System Indicators (JBHSI).

- **<u>Vote Options:</u>**
  - Yes: Approves the adoption of Justice and Behavioral Health System Indicators (JBHSI).
  - No: Denies the adoption of Justice and Behavioral Health System Indicators (JBHSI).

Vote: Justice and Behavioral Health System Indicators (JBHSI)

Step 1: MOTION TO ADOPT OR AMEND

Step 2: SECOND MOTION

Step 3: PUBLIC COMMENT

Step 4: ROLL CALL FOR A VOTE

Vote:
Renaming the
Diversion/Reentry Workgroup

Renaming the Diversion/Reentry Workgroup

- To heighten awareness, CCJBH staff propose adding the term “Deflection” to the Diversion and Reentry Workgroup. The addition of “deflection” formally broadens the scope of the workgroup to emphasize proactive strategies that *prevent* individuals from entering the justice system by connecting them to community-based services instead of entering the criminal justice system.
- This addition clarifies the group's mission to reduce justice involvement and prevent recidivism through innovative and preventative measures, aligning the group’s efforts with best practices in justice reform by addressing the entire continuum from pre-arrest deflection to post incarceration reentry.

Council Questions/Discussion

Council Vote to Rename the Diversion/Reentry Workgroup

- Suggested Motion: To ***APPROVE*** renaming of the Diversion Reentry Workgroup to the "Deflection, Diversion, Reentry Workgroup."

- **<u>Vote Options:</u>**
  - Yes: Approves the renaming of the Diversion/Reentry Workgroup to the Deflection, Diversion, Reentry Workgroup.
  - No: Denies the renaming of the Diversion/Reentry Workgroup.

Vote: Renaming of Diversion/Reentry Workgroup

Step 1: MOTION TO ADOPT OR AMEND

Step 2: SECOND MOTION

Step 3: PUBLIC COMMENT

Step 4: ROLL CALL FOR A VOTE

A Year-in-Review

2024 Year In Review

- In 2024, CCJBH saw an overall increase in participation for both Full Council and Workgroup meetings. The greatest increase occurred for the Full Council meetings, with a 70% increase between the highest attended meeting in 2023 (132 participants for the January 2023 Full Council Meeting on the California Crisis Continuum of Care) compared to 2024 (180 participants for the September 2024 Full Council Meeting on the local-level implementation of the CalAIM 90-Day Pre-Release Services and Behavioral Health Links).
- CCJBH held 4 Full Council Meetings throughout the year focused on the following topics:
  - ✓ California Statewide Study of People Experiencing Homelessness
  - ✓ Latest innovations in treating SUD
  - ✓ Local-level implementation of the CalAIM 90-Day Pre-Release Services and Behavioral Health Links
  - ✓ Crisis Continuum of Care and the Implementation of AB 988

2024 Year In Review (Cont.)

- **5 Juvenile Justice Workgroup Meetings**
  - ✓ Restorative Justice for juveniles with behavioral health needs.
  - ✓ RAND Contract Close-out
  - ✓ Residential Care for Youth with SMI and SUD
  - ✓ Children and Youth Behavioral Health Initiative (CYBHI)
  - ✓ Behavioral Health and Criminal Justice School Collaborations
- **5 Diversion/ Reentry Workgroup Meetings**
  - ✓ Addressing Hiring and Barriers for Individuals with Lived Experience
  - ✓ Enhancing JI support through peer support rehabilitation and reentry services
  - ✓ Utilizing Peers in SUD Treatment
  - ✓ Multi-system implementation of criminal justice system evidence-based practices
  - ✓ CARE Act Implementation

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2024 Year in Review (Continued)

- 4 Special Webinars for May is Mental Health Awareness Month:
  - ✓Empowering Justice-Involved Youth in Higher Education
  - ✓Wellness Support
  - ✓CARE Act Policy Impact
  - ✓Equity in Behavioral Health
- 4 Special Webinars for September Suicide Prevention/ Substance Use Recovery Awareness :
  - ✓Suicide Prevention Strategies Across the Lifespan
  - ✓988 Suicide Hotline and the Connection with the BH/JI population
  - ✓SUD Issues in Tribal communities
  - ✓Contingency Management Pilot for Stimulant Use

2024 Year in Review (Continued)

- 2 Special 2022 & 2023 Annual Legislative Report Lunch and Learns:
  - ✓July Overview of Juvenile Justice Findings and Recommendations
  - ✓September Overview of Diversion/Reentry Findings and Recommendations
- Briefing to Legislative Staff on the 2022 and 2023 Legislative Reports
- 49 weekly newsletters were sent to the CCJBH listserv

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2024 Year In Review (Continued)

- In 2024, CCJBH developed the following products:
  - ✓ Completed the 2023 Legislative Report
  - ✓ Collaborated with RAND to Develop the California Juvenile Justice Toolkit
  - ✓ Drafted Request for Proposals (RFPs) for one state and three local-level LEP contracts for FY 2023-2026. Awarding contracts to:
    - ✓ **LEP Local-level Grouping 1 Contractor:** Third Sector Capital Partners
    - ✓ **LEP Local-level Grouping 2 Contractor:** San Francisco Public Health Foundation/TCN
    - ✓ **LEP Local-level Grouping 3 Contractor:** Beyond Us and Them
    - ✓ **LEP State Contractor:** Root & Rebound
  - ✓ Successfully executed a new two-year contract for PH/PS with the UC Berkeley Possibility Lab
  - ✓ Established an Interagency agreement with the Mental Health Services Oversight & Accountability Commission to support Word to Deeds efforts

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2024 Year In Review (continued)

- ✓Provided input and feedback on the following Request for Public Comment public topics:
  - ✓DHCS' BH-CONNECT Demonstration Addendum
  - ✓DHCS' Transitional Rent Concept Paper
  - ✓DHCS' Behavioral Health Transformation Policy Manual Model 1
  - ✓HUD's Reducing Barriers to HUD assisted housing
  - ✓CalHHS' 988 Crisis Five-Year Implementation Plan
- ✓Created FY 2024-25 Budget Summaries (Governor's and Enacted Budget)
- ✓Performed ongoing legislative tracking

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CCJBH Project Updates

CCJBH Legislative Reports

CCJBH Legislative Reports

- 2022 and 2023 Legislative Reports
  - CCJBH Executive Officer Brenda Grealish and Vice Chair Scott Svonkin provided a briefing on the recommendations presented in these legislative reports to legislative staff on Monday, September 30, 2024.
- 2024 Legislative Report
  - A call for report recommendations was sent to Councilmembers in July 2024.
  - The draft 2024 Annual Legislative Report is currently being routed for reviews and approvals.

Lived Experience Project (LEP)

LEP Project

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

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LEP Project (Continued)

- **September 2024:** LEP Contractors finalized workplan revisions and submitted their first progress report.
- **October 2024:** CCJBH staff held a kick-off meeting for the CCJBH LEP Contractor Advisory Team.
- **January 2025**: CCJBH staff will convene the CCJBH LEP Contractor Advisory Team Meeting to identify opportunities for cross-collaboration.

Medi-Cal Utilization Project (MCUP)

MCUP Status Update

- CCJBH received and is working to match/compile CDCR and DHCS Medi-Cal data for individuals released from CDCR in FY 2020-21 and FY 2021-22.
- As with prior reports, the Calendar Year 2024 report will:
  - Present updated Medi-Cal enrollment and MCP selection rates.
  - Examine mental health and substance use disorder services penetration and engagement rates stratified by identified behavioral health need at the time of release.
- CCJBH staff are working with DHCS to explore opportunities to examine member utilization of the new Enhanced Care Management (ECM) and Community Support (CS) services.

Public Health Meets Public Safety (PH/PS)

PH/PS Crisis Response

- CCJBH requested that University of California Berkeley (UCB) Possibility Lab prioritize the Crisis Response Domain as they work to expand the PH/PS Data Visualization since the quality of system response to crisis strongly influences the outcomes of individuals with BH needs, including if they enter clinical settings or justice settings.
- **October & November 2024:** The UCB Possibility Lab continued conducting literature reviews on Crisis Response Models and relevant data sources.
- **December 2024:** The UCB Possibility Lab will be sharing with CCJBH staff results from their literature review and provide a list of potential metrics for the Crisis Domain.

Words to Deeds
(W2D)

W2D

- In July 2023, the Council voted to allocate $166,668 from CCJBH's annual budget to further the efforts of W2D.
- CCJBH partnered with the Mental Health Services Oversight & Accountability Commission (MHSOAC) through an interagency agreement to collaborate on W2D to maximize resources for the behavioral health (BH)/justice-involved (JI) population.
- Efforts include:
  - ✓ Two annual W2D convenings (one completed in September 2024, funded by CCJBH, and one in Calendar Year 2025, funded by the MHSOAC). Further details about the September 2024 convening can be found at 2024 Convening - Words 2 Deeds.
  - ✓ A report to identify and document, respectively, the priority metrics for the BH/JI population, leveraging CCJBH's PH/PS Framework and Data Visualization, to inform system monitoring efforts (due in December 2024).
- Due to the Council's high level of interest, a proposal for additional on-going funding is forthcoming intended to sustain W2D ongoing efforts for future years.

Additional Updates

Additional Updates

Workgroup Reflection:

- **October Juvenile Justice Workgroup:** The workgroup meeting featured a presentation from the California Department of Education on school behavioral health programs and transition between alternative schools and traditional schools, as well as a presentation from San Diego County Office of Education on effective strategies for supporting student behavioral health in Juvenile Court and Community Schools.
- **October Diversion/Reentry Workgroup:** Participants received an update from Desert Vista Consulting, who will present on behalf of the California Department of Health and Human Services Agency (CalHHS) on the implementation of the CARE Act, an overview from the Department of Health Care Services (DHCS) on the evaluation and reporting process. Also, hear from Stanislaus County Behavioral Health and Recovery Services (BHRS), who will provide an overview of their behavioral health programs, focusing on their successes and opportunities with implementing CARE Act.

Additional Updates Cont.

- **Justice-Involved Peer Support Specialty:** CCJBH staff continue to track the California Mental Health Services Authority's (CalMHSA) Medi-Cal Peer certification process and Health Care Access and Information (HCAI) Community Health Worker (CHW) certification process.
- **CalAIM:** CCJBH updated the ECM Referral Flyer for Justice System Partners to reflect the implementation of the justice-involved population of focus and new Medi-Cal Managed Care Plans within each county, both of which went live on January 1, 2024. CCJBH updated the CalAIM Factsheet with relevant information from the recently submitted BH-CONNECT 1115 Demonstration Waiver and updated implementation dates in November 2024.
- **Housing/Homelessness:** CCJBH continues its collaboration with CDCR's Division of Adult Parole Operations (DAPO), Division of Adult Programs, and Office of Research. This joint effort supports the Secretary's role as an appointed member of the California Interagency Council on Homelessness (Cal ICH). We contribute by providing quarterly reports on the progress of CDCR's commitments, as outlined in Cal ICH's Action Plan for Preventing and Ending Homelessness in California.

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Legislation Tracking

- The 2023-2024 Legislative Session closed on August 31, 2024, and will reconvene on January 2, 2025.
- In FY 2023-2024, CCJBH tracked a total of 131 bills
  - ✓51 bills were signed into law by the end of September 2024.
  - ✓9 bills were vetoed
  - ✓71 bills died in committee
- The bills being tracked by CCJBH cover juvenile justice and foster care, housing security, substance use disorders and issues addressing those deemed incompetent to stand trial.
- For more information and a list of bills CCJBH is tracking please visit our website.

Upcoming Events

Juvenile Justice Workgroup
February 21, 12:45 PM – 2:45 PM (Tentative)

Diversion/Reentry Workgroup
February 21, 3:00 PM – 5:00 PM (Tentative)

CCJBH Full Council Meeting
March 14, 2:00 PM – 4:30 PM (Tentative)

Please visit our website at https://www.cdcr.ca.gov/ccjbh/
Email us at CCJBH@cdcr.ca.gov

If you would like to be added to CCJBH's listserv, click HERE.

THANK YOU!