



CCJBH Full Council Meeting Minutes

Friday, December 6, 2024

2:00-4:30 PM

MS Teams Meeting & In Person

I. Welcome & Introductions, Roll Call:

Councilmembers Present in Person: Secretary Macomber, Christina Edens (on behalf of Stephanie Clendenin), Brian Hanson (on behalf of Michelle Baass), Mack Jenkins, Judge Stephen Manley, and Hon. Scott Svonkin (Ret.).

Councilmembers Present Virtually:¹ Dr. Enrico Castillo, Anita Fisher, Tracey Whitney, Dr. Danitza Pantoja, and 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 Exemption²

Elizabeth Vice, *Staff Manager II, CCJBH*

Ms. Vice presented Senate Bill (SB) 544 highlights, which stipulate 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. No Councilmembers indicated a need to disclose. In addition, Section 11123.2(j)(3) stipulates 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

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.

² Councilmember Fisher was not present for this vote.



need to participate remotely. CCJBH Councilmembers must act on exemption requests at the beginning of each Council Meeting. Ms. Vice emphasized SB 544 requires there be a majority of 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 Macomber

No public comment on vote

Ayes: 9

Nays: 0

Abstains: 1

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

III. Vote: Approve September 2024 Full Council Meeting Minutes³

Motion to approve the vote: Councilmember Svonkin

Second: Councilmember Manley

No public comment on vote

Ayes: 6

Nays: 0

Abstains: 4

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

IV. Presentation: 988-Crisis Care Continuum Overview

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

Dr. Bui began her presentation by providing an overview of the [Assembly Bill 988](#) five-year implementation plan and the opportunities of implementing 988 into the Behavioral Health Crisis Care Continuum in California. She explained that the 988 call center serves as a streamlined way for Californians to connect to care and access help when needed, with a focus on avoiding unnecessary interactions with jails, prisons, or the justice system. She

³ Councilmember Fisher was not present for this vote.



emphasized the need to ensure that services are available equitably and in a timely manner across the state and addressed both challenges and opportunities in achieving this goal.

Dr. Bui explained that the 988 effort is part of broader initiatives to improve the existing care system, including prevention services for children and youth and other long-standing support programs. While the National Suicide Prevention Lifeline has existed for over 20 years, the lack of a standardized number made it difficult to connect individuals to services consistently. The 988 system, launched in September 2022, provides a single, accessible entry point for individuals in crisis or at risk, regardless of location, insurance status, or mode of contact, such as text, online support, and/or landlines. It is currently supported by phone bill surcharges, generating approximately \$44 million annually.

With each call to 988 networks, many national standards are followed to conduct an immediate safety risk assessment for the caller to determine whether the crisis can be deescalated through conversation, if medical or emergency assistance is needed, or if the person should be connected to local resources for ongoing support. Dr. Bui noted that over the past 20 years, approximately 5% of calls involved a substance use crisis, though proper data in this area remains unknown. She also highlighted the importance of considering family members who call on behalf of others and ensuring that appropriate resources are available.

Dr. Bui detailed that California has 12,988 centers covering all 58 counties. These centers, inherited from the National Suicide Prevention Lifeline, are predominantly located in urban areas, with some covering one county and others serving multiple counties. There is a total of 1,100 staff who collectively answer approximately 400,000 calls annually, making California's the highest volume in the country. Their goal is to have, at minimum, a 90% answer rate and to ensure centers are connected to local resources and can provide resources to callers within their own community. Moreover, phone calls typically last between 15-20 minutes, with most crisis resolved during the call, and follow-up conversations within three days are provided for higher-risk cases. Dr. Bui reported that 95-95% of 988 calls are resolved, where the caller explains they have been provided care they needed, and the suicide risk has deescalated to a point that it is self-manageable.

In comparison, there are 450 public answering points for 911 in California which handle approximately 27 million calls annually. Dr. Bui explained that while 911 functions primarily as a dispatch service, 988 is designed as a telehealth service. She noted that behavioral health emergencies account for 5-15% of 911 calls nationwide, and in Sacramento County, about 5% of 911 calls are behavioral health related. With this information, she explained they are exploring ways to increase the 988 system capacity to receive the behavioral health related calls that are made to 911, enabling mobile crisis response teams to handle these situations rather than law enforcement. Currently, pilots in Los Angeles County and other areas are testing this approach, with plans for broader implementation. Dr. Bui stressed that mobile crisis teams must meet federal standards, including being peer-based and minimizing law enforcement involvement with the responses. These teams also consist of at least one peer provider and one mental health professional.



Dr. Bui emphasized the importance of providing equitable treatment to callers, including linguistic and culturally responsive care. She also mentioned that efforts are underway to better integrate crisis services with the broader continuum of care services, such as primary care, outpatient behavioral health services, schools, and other social services. Dr. Bui acknowledged that gaps in service delivery leave some individuals without the support they need and noted that ongoing efforts are underway to address these challenges.

At the end of December 2024, Dr. Bui's team will submit its five-year implementation plan to the state legislature. The process has involved input from a wide range of stakeholders, including a policy advisory group, a technical advisory group, and other task forces and departments. They have held seven public meetings with the advisory groups, comprised of 43 members, as well as 21 additional public meetings and seven workgroups, which engaged approximately 140 members from various sectors, including peer and family representatives, community-based organizations, schools, law enforcement, and behavioral health experts. Additionally, they conducted 13 focus groups with 90 participants with lived experience. Feedback from these discussions informed the development of the statewide plan to develop a plan to ensure equitable, timely, and appropriate care.

The five-year implementation plan includes strategies to increase public awareness and trust in the 988 system. The California Department of Public Health is leading efforts to identify target audiences for a communication strategy, focusing on populations that are underserved, have historically mistrusted emergency services, or are at higher risk of suicide or behavioral health crises. Additional efforts are being made to provide linguistically and culturally tailored support. For example, there is a dedicated 988 Tribal Team that works closely with Native American communities that experience disproportionately high rates of suicide and opioid related deaths.

Dr. Bui concluded by sharing data from the Department of Health Care Services (DHCS) on emergency rescues. She reiterated that 95-98% of 988 calls are resolved during the call, while 2-4% of calls result in referrals for a mobile crisis response referral, and about 2% require emergency rescues. She added approximately 1% of calls necessitate a 911 response due to public safety or imminent risk concerns. In these cases, it's determined that someone may be actively hurting themselves or there's some kind of safety risk involved where emergency rescuers often involve law enforcement. Dr. Bui explained that these cases are not the same as some areas lack robust mobile crisis response teams; therefore, law enforcement is the default responder to all crises.

Dr. Bui outlined next steps for the five-year 988 implementation plan, which includes a second round of public comment on the revised plan, which incorporates over 30 written comments from the initial review. The final plan will be submitted to the state legislature before the end of 2024. The implementation phase will begin in the next fiscal year, on July 1, 2025, with California Health and Human Services required to release annual progress reports on implementation activities.

Q&A with Councilmembers

Q: Councilmember Castillo inquired about best practices around the country for diverting 911 mental health related calls to 988 without overwhelming the system or emergency rescue services and other strategies California can adopt to improve these efforts.

A: Dr. Bui acknowledged that 911 partners often feel overwhelmed for reasons, such as understaffing of dispatchers to answer the call, as well as the rapid handoff of turning calls over quickly (within seconds), which does not allow for the 15-20 minutes needed to descale a behavioral health crisis. She explained that the standards from the National Emergency Number Association for diverting suicide-related 911 calls to 988 are still in development and highlighted possible efforts to establish cross-training and collaboration between 911 and 988 systems, particularly in rural northern or underserved areas.

Q: Councilmember Svonkin asked about plans to expand 988's capacity in response to increased public awareness of 988 services. He also emphasized the importance of cross-training with 911 and expressed a desire to ensure law enforcement is not taken out of the picture, but receives better training to respond effectively in behavioral health crises. He explained wanting law enforcement to be framed as the best first responder for a mental health crisis in the absence of a mobile crisis team.

A: Dr. Bui clarified that the absence of law enforcement in mobile crisis responses is rare as most behavioral health crises are currently addressed within the 911 system. She explained that the aim is not to replace law enforcement, but to provide a supplemental response that complements existing systems. While workforce challenges remain a barrier, she expressed optimism about the growing interest among professionals across EMS, 911, and behavioral health fields in working collaboratively to expand capacity and improve outcomes.

Q: Councilmember Jenkins inquired about the core functions of 988 Crisis Centers, asking whether resolving 95-98% of calls means that key interventions—such as safety planning, risk assessment, de-escalation, and active rescue—have been effectively provided. He also sought clarification on the proportion of callers seeking help for themselves versus those calling on behalf of someone else and asked about strategies to encourage more individuals to utilize 988 services for others in crisis.

A: Dr. Bui explained that 988 centers are expected to perform one or more core functions during every call, with call resolution often involving a significant reduction in suicidal intent as measured from the beginning to the end of the call. She noted that most 988 callers seek help for themselves, but will provide exact percentages in follow-up. While 988 counselors may not always have specialized knowledge of certain conditions, they have access to resource directories for quick referrals. She emphasized the importance of encouraging family members and others to call on behalf of individuals in crisis and acknowledged the need to explore expanded training for 988 counselors to address a



broader range of behavioral health crises, including substance use challenges, in the future.

Q: Councilmember Fisher mentioned that she participated in a workgroup in California regarding the electronic Psychiatric Advance Directive (PAD), a pilot program. She asked if 988 could integrate PADs to better support individuals in crisis who may not be able to communicate their needs or provide important context.

A: Dr. Bui acknowledged the potential benefits of integrating PADs into 988 services, however, she also noted the importance of the privacy and confidentiality of the caller and that only the caller could reveal their identity as a way to build trust during the call. She also stated that this integration would be explored and require careful planning and collaboration.

Q: Councilmember Judge Manley asked for clarification on what constitutes a “resolved” crisis in the context of 988 services. He also expressed his concern about ensuring individuals, particularly those with Serious Mental Illness (SMI), receive tangible next steps rather than being left without adequate follow-ups, as texting or talking to someone on the phone may not be adequate.

A: Dr. Bui explained that a resolved crisis typically involves a mutual decision between the caller and the counselor, where the individual reports feeling better or sufficiently supported to conclude the call. In some cases, follow-up calls are arranged. Resolution also involves a significant reduction in the caller’s suicide intent rating scale or the provision of appropriate referrals and resources.

Q: Councilmember Pantoja commented that AB 2122 proposes that requires 988 to be on every student ID card in California and that parents and families are provided this resource for their children.

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

Q: A public participant expressed gratitude for having a place to share her story. She described the frustration and challenges of being involuntarily hospitalized by 988 a year ago. Despite speaking with various stakeholders, she feels they lack the ability to advocate for her within the system. Many have cited jurisdictional limitations as a reason for their inaction. She also stated that 988 violated confidentiality, leading to a 5150 hold. The participant praised the peer-run organization *Wildflower Alliance* in Massachusetts for providing her with a \$500 *Recovery from Force* fund after she was charged over \$3,000 for the involuntary hospitalization. She conveyed a deep sense of betrayal by the system, emphasizing that during her crisis, she was not treated with dignity or spoken to as a human being in need of support.



V. CCJBH Business Meeting

A. Vote: Adopt the priorities outlined in the CCJBH Calendar Year 2025 Work Plan

Ms. Grealish introduced CCJBH's proposed 2025 priorities and work plan, emphasizing continuity with previous initiatives while sharpening the Council's focus on supporting priority populations. She began by noting that the 2025 plan aligns closely with CCJBH's ongoing efforts, maintaining a multi-sector approach that extends beyond the criminal justice and behavioral health systems to include housing, workforce development, and community-based services.

She highlighted that CCJBH will continue its focus on behavioral health and housing investments, building on recent funding initiatives that have advanced services for justice-involved individuals. In particular, she underscored the importance of tracking the implementation of California Advancing and Innovating Medi-Cal (CalAIM) and the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT), both of which play a critical role in linking justice-involved individuals to care. Ms. Grealish noted that the transitional rent waiver, a key component of BH-CONNECT, will be essential in providing stable housing for individuals reentering the community. Additionally, she stated that CCJBH will monitor the implementation of Proposition 1, which passed in Spring 2024, enabling the DHCS to roll out the new Behavioral Health Services Act (BDSA).

Continuing with program tracking, Ms. Grealish emphasized CCJBH's commitment to monitoring initiatives such as the Children and Youth Behavioral Health Initiative (CYBHI) and the CARE Act, both of which are essential for early intervention and justice diversion strategies. She added that crisis response would remain a key area of focus through the Public Health Meets Public Safety (PH/PS) framework, which seeks to improve outcomes for individuals experiencing behavioral health crises.

Ms. Grealish also discussed CCJBH's partnerships and advocacy work, highlighting the Council's ongoing collaboration with the California Interagency Council on Homelessness (Cal ICH), which the Secretary of CDCR is a member of and CCJBH assists in coordination. She emphasized that housing would remain a top priority and that CCJBH will advocate for justice-involved populations within statewide housing initiatives.

Shifting to workforce development, Ms. Grealish acknowledged that increasing treatment capacity requires more than just expanding facilities—it also demands a highly skilled workforce. She stated that CCJBH will increase its focus on advising on a need to build a pipeline of trained providers capable of serving individuals with complex behavioral health needs. She stressed that the success of initiatives such as BH-CONNECT and CalAIM depends on having a robust and specialized workforce to staff expanded treatment settings.

The Executive Officer will ask for a 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.

Noting that both the PH/PS project and the Medi-Cal Utilization Project (MCUP) will continue to offer valuable insights into service utilization trends for justice-involved individuals, Ms. Grealish emphasized that these data initiatives remain central to CCJBH's mission. She added that CCJBH will continue its Lived Experience Project (LEP), ensuring that individuals with lived experience contribute to policy discussions and implementation efforts. LEP contractors will advance their work both statewide and within specified regions, bringing community voices into CCJBH's broader initiatives.

In addition to these projects, Ms. Grealish highlighted CCJBH's ongoing public education campaigns, including May Mental Health Awareness Month, and September Suicide Prevention and Substance Use Disorder (SUD) Recovery Awareness Month, as essential opportunities to raise awareness and promote behavioral health equity within justice-involved populations.

Shifting to CCJBH's multi-sector focus for 2025, Ms. Grealish stated that, while the Council has always worked across sectors, 2025 will emphasize cross-system collaboration for justice-involved individuals with SMI and/or severe SUD. She observed that current behavioral health systems often address broad population needs, but often overlook the unique needs and challenges faced by justice-involved individuals. She stressed that, although recent investments in treatment capacity and workforce development are vital, there remains a critical need to assess whether these efforts are meeting the needs of justice-involved populations. To address this gap, Ms. Grealish proposed that CCJBH conduct a targeted, in-depth analysis of service gaps and workforce capacity for individuals with SMI, severe SUD, and co-occurring SMI/SUD conditions. She emphasized that this population requires tailored interventions that align with their complex behavioral health and justice involvement needs.

Ms. Grealish also discussed CCJBH's continued role in advocating for housing solutions for justice-involved individuals. She highlighted the Council's strong relationship with Cal ICH and reiterated CCJBH's commitment to advocating for this population within broader statewide housing initiatives. She stressed that housing stability is a cornerstone of successful reentry and recovery, especially for those with behavioral health needs.

Ms. Grealish then reviewed CCJBH's approach to data collection and system monitoring, highlighting that ongoing projects such as PH/PS and MCUP will continue to be critical sources of insight. Additionally, she stressed that CCJBH will advocate for data collection practices that disaggregate justice-involved populations within behavioral health data sets, ensuring that system reforms are informed by a comprehensive understanding of these populations' experiences and needs.

Ms. Grealish then outlined the proposed 2025 meeting schedule, stating that the Council will continue its quarterly Full Council Meetings on Fridays from 2:00 PM to 4:30 PM and its Juvenile Justice and Diversion Reentry Workgroups will continue to meet on Fridays from



12:45 PM- 2:45 PM and 3:00 PM- 5:00 PM, respectively, as this cadence has been effective and well-received by Councilmembers. Each meeting will focus on one of CCJBH's three priority populations—individuals with SMI, severe SUD, and co-occurring SMI/SUD conditions. She reaffirmed that the overarching goal of the 2025 work plan is to drive system improvements that close gaps in services and outcomes for justice-involved individuals with complex behavioral health needs.

The Executive Officer called a vote 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.

Council Questions/Discussion

The Council engaged in a comprehensive discussion on the 2025 priorities, emphasizing the impacts of Proposition 36, workforce readiness, treatment capacity, and the importance of coordinated system reforms for justice-involved individuals with SMI and severe SUD. The conversation opened with concerns about the implementation of Proposition 36, highlighting an anticipated surge in demand for treatment services as individuals choose treatment over incarceration. The Council warned that the current system is unprepared to handle this increase, which could leave courts in the difficult position of mandating treatment without sufficient capacity. They stressed the urgency of expanding treatment capacity and housing resources, emphasizing that fulfilling the voters' mandate under Proposition 36 is not optional but a critical obligation that requires immediate action.

The discussion shifted to MCUP, where the Council called for deeper analysis to identify service gaps for justice-involved populations. They underscored the importance of understanding who accesses services, who is left out, and why gaps persist despite expanded access. The Council emphasized that simply expanding capacity without data-informed insights would be ineffective, urging a focus on identifying patterns of service utilization among justice-involved individuals.

The Council also examined the impact of Behavioral Health Continuum Infrastructure Program (BHCIP) investments and raised concerns about provider readiness. They noted a recurring challenge of providers refusing to serve justice-involved populations due to a lack of training or experience with high-needs individuals. Frustrated by ongoing provider resistance, the Council identified provider education and interdisciplinary training as key strategies to break down misconceptions and ensure that expanded services reach justice-involved individuals with SMI and/or severe SUD.

A significant part of the discussion addressed workforce shortages as a major barrier to expanding services. The Council observed that many providers lack both the workforce and the appropriate environments to effectively support justice-involved individuals. They proposed collaborating with the Healthcare Access and Information (HCAI) department and the Board of Behavioral Sciences (BBS) to define essential competencies for working with this population and identify gaps in workforce development. Additionally, they stressed the



need for interdisciplinary training to build provider capacity and prepare them to deliver effective services.

The Council also emphasized the importance of aligning ongoing initiatives such as CalAIM, BH-CONNECT, BHCIP, and MCUP to ensure that investments are connected and directly benefit justice-involved populations. They highlighted the need for stronger coordination with the Department of State Hospitals (DSH) and counties to ensure that justice-involved individuals are included in new service expansions.

The conversation expanded to address the implementation of Senate Bill (SB) 43, which broadens eligibility for Lanterman-Petris-Short (LPS) conservatorships to include individuals with severe SUD. The Council flagged this as a critical issue, warning that counties would need additional capacity to effectively divert individuals from the justice system under this new law. They agreed that diversion strategies would only be effective if supported by adequate treatment capacity and a properly trained workforce.

In addition to diversion efforts, the Council reiterated their commitment to deflection strategies to reduce justice-system contact for individuals with behavioral health needs. They aligned this focus with the mission of the Deflection, Diversion, and Reentry Workgroup, emphasizing the importance of early intervention to reduce law enforcement interactions and prevent escalation into the criminal justice system.

The Council proposed structuring their quarterly meetings around these priority topics, ensuring that each session advances their key objectives. They suggested dedicating the March 21st meeting to reviewing Proposition 36 implementation and assessing whether current capacity expansions, such as BHCIP-funded projects, would meet the needs of justice-involved individuals with SMI and/or severe SUD. Subsequent meetings would focus on reviewing data insights from the MCUP, tracking BHCIP outcomes, addressing workforce capacity issues, and monitoring SB 43 implementation. They also welcomed suggestions from members for additional topics and agreed to invite external presenters and experts to support their discussions.

The Council collectively agreed to focus on the following key priorities for 2025:

- Proposition 36 Implementation: Advocate for increased treatment capacity and housing to meet the anticipated demand from justice-involved individuals.
- Medi-Cal Utilization Analysis: Leverage data from MCUP to identify service gaps and ensure services reach justice-involved populations.
- Provider Readiness and Education: Address provider readiness through interdisciplinary training and public education campaigns to build capacity for serving high-needs populations.
- Workforce Development: Collaborate with HCAI and BBS to promote core competencies for providers and address workforce gaps in behavioral health and substance use treatment.
- BHCIP Monitoring: Track infrastructure investments to ensure they support justice-involved populations and address system capacity needs.



- SB 43 Implementation: Support counties in expanding capacity for diversion and conservatorship placements under the new law.
- Deflection and Early Intervention: Promote strategies that reduce justice-system involvement through pre-arrest and community-based interventions.
- Structured Quarterly Meetings: Align meeting content with priority areas and invite expert contributors to inform the Council's decision-making.

The Executive Officer asked for a motion to 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.

Motion to approve the vote: Councilmember Svonkin

Second: Councilmember Manley

***PUBLIC COMMENT**

A public participant expressed gratitude for having a place to share her story. She described the frustration and challenges of being involuntarily hospitalized by 988 a year ago. Despite speaking with various stakeholders, she feels they lack the ability to advocate for her within the system. Many have cited jurisdictional limitations as a reason for their inaction. She also stated that 988 violated confidentialities, leading to a 5150 hold. The participant praised the peer-run organization Wildflower Alliance in Massachusetts for providing her with a \$500 Recovery from Force fund after she was charged over \$3,000 for the involuntary hospitalization. She conveyed a deep sense of betrayal by the system, emphasizing that during her crisis, she was not treated with dignity or spoken to as a human being in need of support.

Ayes: 11

Nays: 0

Abstains: 0

The motion to approve the priorities outlined in the CCJBH Calendar Year 2025 Work Plan was approved.



B. Vote: Establish a CCJBH Finance Workgroup

The Executive Officer asked for a 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.

Council Questions/Discussion

During the discussion, the Council explored the potential benefits of creating a finance workgroup to support decision-making and maintain transparency. Councilmember Whitney raised a question about whether the proposed approach would indeed help move things along more quickly, rather than extending the process across additional meetings and months. They asked if this approach would result in a more efficient process.

In response, Ms. Grealish, affirmed that the aim of the workgroup is to ensure efficiency while upholding transparency. She explained that the finance workgroup would review proposals—such as contracts and funding allocations—before presenting them to the full Council. The subgroup's meetings would follow the same transparent process as other workgroups, with publicized meetings and opportunities for stakeholder participation. By the time recommendations reach the full Council, the proposals would be well-vetted, allowing for faster decision-making without compromising public input.

Councilmember Jenkins mentioned that the approach seemed like a strong method to keep the process transparent while maintaining momentum through established deadlines. A question was then raised regarding the composition of the workgroup—whether it would include councilmembers or staff. Ms. Grealish suggested that they could decide on the spot if any councilmembers were interested in participating. She added that having at least one councilmember serve as an advisor would be sufficient, though no more than two would be preferred.

Councilmember Svonkin volunteered to participate in the workgroup, providing an advisory presence from the Council. Ms. Grealish acknowledged the volunteer and confirmed that having one councilmember advisor would be appropriate for the group's composition.

Motion to approve the vote: Councilmember Svonkin

Second: Councilmember Hobson

No public comment on vote

Ayes: 11

Nays: 0

Abstains: 0

The motion to approve the establishment of a CCJBH Finance Workgroup was approved.



C. Vote: Adopt Robert Rules of Order

The Executive Officer asked for a 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.

Motion to approve the vote: Councilmember Svonkin

Second: Councilmember Hobson

No public comment on vote

Ayes: 11

Nays: 0

Abstains: 0

The motion to approve the adoption of Robert Rules of Order was approved.

D. Vote: Adopt the 2025 Goals Reframed

Ms. Grelish introduced a proposal to rename CCJBH's goals as part of a year-end review and cleanup process. She reflected on how the 2025 goals, set six or seven years prior, had guided the Council's work. Despite the passage of time, the goals remain foundational to CCJBH's efforts: reducing the overrepresentation of individuals with behavioral health needs in jails and prisons, ensuring a robust continuum of care across systems, supporting a workforce capable of staffing those systems, and promoting the use of data-driven decision-making.

Ms. Grelish acknowledged her personal attachment to these goals, citing them frequently in CCJBH's work. However, she emphasized a critical distinction: while these goals have shaped CCJBH's focus, the Council does not directly administer programs or hold oversight authority. Instead, their role is to monitor systems and provide recommendations to the legislature and administration on system improvements.

The proposed change would maintain the essence of the four goals, but restructure them into a tracking framework rather than an oversight framework. Ms. Grelish suggested renaming them as Justice and Behavioral Health System Indicators (JBHSI) to better align with CCJBH's role in system monitoring and reporting.

The Executive Officer asked for a motion to approve JBHSI.

Motion to approve the vote: Councilmember Svonkin

Second: Councilmember Manley

No public comment on vote

Ayes: 11

Nays: 0

Abstains: 0



The motion to approve the reframing of the 2025 Goals was approved.

E. Vote: Renaming the Diversion/Reentry Workgroup

The Executive Officer asked for a motion to approve the renaming of the Diversion Reentry Workgroup to the “Deflection, Diversion, Reentry Workgroup.”

Motion to approve the vote: Councilmember Svonkin

Second: Councilmember Manley

No public comment on vote

Ayes: 11

Nays: 0

Abstains: 0

The motion to approve the renaming of the Diversion/Reentry Workgroup was approved.

F. CCJBH Year in Review

Ms. Grealish presented the CCJBH 2024 Year-in-Review, highlighting significant milestones and achievements throughout the year. She noted that 2024 saw a substantial increase in participation for both Full Council and Workgroup meetings. The most notable increase occurred during the Full Council meetings, which experienced a 70% rise in attendance compared to 2023. The highest turnout, with 180 participants, was at the September meeting focused on the local-level implementation of CalAIM 90-Day Pre-Release Services and Behavioral Health Links.

Ms. Grealish outlined the topics covered in the four Full Council meetings held throughout the year, which addressed critical issues such as the California Statewide Study of People Experiencing Homelessness, innovations in SUD, local implementation of CalAIM pre-release services, and the Crisis Continuum of Care under AB 988.

Additionally, she reviewed the council's workgroup activities, which included five Juvenile Justice Workgroup meetings focusing on topics such as restorative justice the Juvenile Justice Toolkit contract close-out with RAND, residential care for youth with SMI and SUD, the CYBHI, and behavioral health and criminal justice school collaborations. The five Diversion/Reentry Workgroup meetings covered key areas such as addressing hiring barriers for individuals with lived experience, integrating peer support into SUD treatment and reentry services, implementing evidence-based practices across criminal justice systems, and the CARE Act implementation.

Ms. Grealish also highlighted special outreach events, including four webinars in May for Mental Health Awareness Month, which featured discussions on empowering justice-involved youth in higher education, wellness support, CARE Act policy impacts, and promoting equity in behavioral health. In September, four additional webinars for Suicide Prevention and Substance Use Recovery Awareness Month addressed topics



such as suicide prevention strategies across the lifespan, the 988 hotline's connection to the BH/JI population, SUD issues in tribal communities, and a contingency management pilot for stimulant use disorder.

The presentation included details of legislative engagement efforts, such as two "Lunch and Learn" briefings on the 2022 and 2023 Annual Legislative Reports. The July session covered findings and recommendations from juvenile justice initiatives, while the September session focused on diversion and reentry efforts. Ms. Grealish noted that CCJBH provided a legislative briefing to staff on CCJBH's Annual Legislative Report and maintained consistent communication with stakeholders, sending 49 weekly newsletters to the CCJBH listserv throughout the year.

Regarding key deliverables, Ms. Grealish reported that CCJBH produced several significant products in 2024, including completing the 2023 Legislative Report and collaborating with RAND to develop the California Juvenile Justice Toolkit. The council also drafted and awarded Request for Proposals for Lived Experience Project (LEP) contracts for FY 2023–2026, awarding contracts to Third Sector Capital Partners, San Francisco Public Health Foundation/TCN, Beyond Us and Them, and Root & Rebound. Additionally, the council successfully executed a new two-year PH/PS contract with the UC Berkeley Possibility Lab and established an interagency agreement with the Mental Health Services Oversight & Accountability Commission to support the Words 2 Deeds initiative.

Ms. Grealish emphasized CCJBH's active role in public policy discussions, noting that the council provided input on several key public comment opportunities, including DHCS' BH-CONNECT Demonstration Addendum, the Transitional Rent Concept Paper, and the Behavioral Health Transformation Policy Manual Model 1. CCJBH also contributed feedback on HUD's efforts to reduce barriers to assisted housing and CalHHS' 988 Crisis Five-Year Implementation Plan. Furthermore, the council developed FY 2024–25 Budget Summaries for both the Governor's and Enacted Budgets and continued to monitor legislative developments through ongoing tracking.

In closing, Ms. Grealish reflected on the breadth of work accomplished in 2024, underscoring CCJBH's continued commitment to its mission of advancing behavioral health and justice initiatives through meaningful engagement, productive collaborations, and policy contributions.

Councilmember Comments:

Q: Councilmember Svonkin highlighted his opportunity to brief the legislature and praised Ms. Grealish's ability to effectively present CCJBH's issues in a way that engaged legislators and encouraged further discussion. He noted that, with the support of CDCR's legislative team, there could be more frequent opportunities, such as legislative briefings, to enhance engagement. He also expressed hope that more Councilmembers would participate in future briefings, emphasizing the importance of



understanding CCJBH's work and its connection to legislative efforts to inform policy development.

A: Ms. Grelish acknowledged the dedication of her team, emphasizing that their ability to adapt and contribute across multiple projects reflects their passion for the work. She also expressed gratitude to the councilmembers for their expertise and commitment. Additionally, she extended her appreciation to participants and family members for their involvement and support.

Upcoming Events

The next Full Council Meeting will be held on March 21, 2024, from 2:00 PM – 4:30 PM.

VI. Adjourn