CCJBH

Council on Criminal Justice and Behavioral Health

Hello 20 YEARS
of building bridges to prevent incarceration

COUNCIL MEMBERS

Jeff Macomber, Chair
Secretary, California Department of Corrections and Rehabilitation

Michelle Baass
Director, California Department of 1-lealth Care Services

Diana Becton, J.D.
Contra Costa County District Attorney

Enrico Castillo, M.D.
Psychiatrist and Associate Vice Chair for Justice, !;quity, Diversion and Inclusion, University of California, Los Angeles

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Santa Clara County Superior Court Judge

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Representing Consumer/i=amily Member Perspective, San Diego County

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Behavioral 1-lealth Director, Colusa County

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Chief Probation Officer, Ret., San Diego County

DRAFT
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Overview of the Council on Criminal Justice and Behavioral Health

Established by California Penal Code Section 6044(a), the Council on Criminal Justice and Behavioral Health (CCJBH) is a 12-member council chaired by the Secretary of the California Department of Corrections and Rehabilitation (CDCR) and is comprised of the Directors of the Department of State Hospitals (DSH), the Department of Health Care Services (DHCS), and the remaining members are chosen by the Governor's Office, the State Senate and Assembly, the Attorney General and the California Chief Justice. One member must be a superior court judge, and the remaining members are required to have backgrounds in law enforcement and/or behavioral health. It is encouraged that council members have experience with the justice and health systems either personally or through familial relationships. CCJBH is responsible for identifying and promoting cost-effective strategies statewide to reduce the incarceration of youth and adults with mental illness and substance use disorders focused on prevention, diversion, and reentry strategies. The activities of the council are reported annually to the Governor and the Legislature, which must include recommendations for improving the cost-effectiveness of statewide programs for serving the behavioral health justice-involved population.

The Council on Criminal Justice and Behavioral Health Council Members

Chairperson: Jeff Macomber, *Secretary,* California Department of Corrections and Rehabilitation. The Secretary of CDCR is at times represented by Diana Toche, DDS, *Undersecretary*, California Correctional Health Care Services (CCHCS).

Co-Chair: Michelle Baass, *Director,* Department of Health Care Services. The Director of DHCS is represented by Sydney Armendariz, Chief, Justice Initiative Branch, Office of Strategic Partnership, DHCS.

Co-Chair: Stephanie Clendenin, *Director*, Department of State Hospitals. The Director of the Department of State Hospitals (DSH) is represented by Christina Edens, *Chief Deputy Director of Program Services,* DSH.

Diana Becton, J.D., Contra Costa District Attorney. Ms. Becton was appointed to CCJBH by the Senate Rules Committee in 2023.

Enrico Castillo, M.D., Psychiatrist and Associate Vice Chair for Justice, Equity, Diversion and Inclusion, University of California, Los Angeles**.** Dr. Castillo was appointed to CCJBH by the Senate Rules Committee in 2023.678

Anita Fisher, *Consumer/Family Member Representative*. Mrs. Fisher was appointed to CCJBH by Governor Gavin Newsom in 2021.

Tony Hobson, Ph.D., *Behavioral Health Director,* Colusa County. Dr. Hobson was appointed to CCJBH by Governor Edmund G. Brown, Jr., in 2018.

Mack Jenkins, *Retired Chief Probation Officer*, San Diego County Probation Department. Mr. Jenkins was appointed to CCJBH by Governor Edmund G. Brown, Jr., in 2015.

The Council on Criminal Justice and Behavioral Health Council Members

Honorable Stephen V. Manley, *Santa Clara Superior Court Judge.* Judge Manley was appointed to CCJBH by Chief Justice Ronald M. George of the California Supreme Court in 2010.

Danitza Pantoja, **Psy.D.**, *Coordinator of Psychological Services for the Antelope Valley Union High School District*. Dr. Pantoja was appointed to CCJBH by Speaker Anthony Rendon in 2019.

Honorable Scott Svonkin (Ret.), Director of Intergovernmental Relations, Los Angeles County Probation. Mr. Svonkin was appointed to CCJBH by Speaker Anthony Rendon in 2022.

Tracey Whitney, *Los Angeles County Deputy District Attorney*, Mental Health Liaison. Ms. Whitney was appointed to CCJBH by Attorney General Xavier Becerra in 2017.

Council on Criminal Justice and Behavioral Health Staff

Brenda Grealish, *Executive Officer*

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Acronyms

AB	Assembly Bill
ACT	Assertive Community Treatment
AMI	Any Mental Illness
ARC	Anti-Recidivism Coalition
ARCAID	Automated Rehabilitative Catalog and Information Discovery
BH/JI	Behavioral Health/Justice Involved Population
BH-CONNECT	Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment
BHCIP	Behavioral Health Continuum Infrastructure Project
BHIN	Behavioral Health Information Notice
BHR	Behavioral Health Reintegration
BJA	Bureau of Justice Assistance
BSCC	Board of State and Community Corrections
CAB	Community Advisory Board
CalAIM	California Advancing and Innovating Medi-Cal
CalHHS	California Health and Human Services Agency
CalHOPE	California Hope, Opportunity, Perseverance, and Empowerment
Cal ICH	California Interagency Council on Homelessness
CalMHSA	California Mental Health Services Authority
CALPIA	California Prison Industry Authority
CAP	Corrective Action Plan
CARE	Community Assistance, Recovery and Empowerment Act
CBOs	Community-Based Organizations
CBT	Cognitive Behavioral Therapy
CCC	Crisis Care Continuum
CCCMS	Correctional Clinical Case Management
CCC-P	Crisis Care Continuum Plan
CCE	Community Care Expansion
CCHCS	California Correctional Health Care Services
CCJBH	Council on Criminal Justice and Behavioral Health

CDCR	California Department of Corrections and Rehabilitation
CDCR-OR	California Department of Corrections and Rehabilitation Office of Research
CDE	California Department of Education
CDP	Community-Defined Practices
CDSS	California Department of Social Services
CHW(s)	Community Health Worker(s)
CMC	Community Medical Center
COE	County Office of Education
COMPAS	Correctional Offender Management Profiling for Alternative Sanctions
CONREP	Conditional Release Program
COVID-19	Coronavirus Disease 2019
CPOC	Chief Probation Officers of California
C-ROB	California Rehabilitation Oversight Board
CRSA	California Static Risk Assessment
CSG	Council of State Governments
CSUS	California State University, Sacramento
CY	Calendar Year
CYBHI	Children and Youth Behavioral Health Initiative
DAPO	Division of Adult Parole Operations
DEI	Diversity, Equity, and Inclusion
DHCS	California Department of Health Care Services
DJJ	CDCR Division of Juvenile Justice
DMC-ODS	Drug Medi-Cal Organized Delivery System
DOJ	California Department of Justice
DRP	Department of Rehabilitative Programs
DSH	California Department of State Hospitals
EBP	Evidence-Based Practices
ECM	Enhanced Care Management
EIS	Enterprise Information System

EOP	Enhanced Outpatient Program
FACT	Forensic Assertive Community Treatment
FIST	Felony Incompetent to Stand Trial
FTE	Full-time Equivalent
FY(s)	Fiscal Year(s)
GARE	Government Alliance on Race and Equity
HCAI	California Department of Health Care Access and Information
HCD	California Department of Housing and Community Development
HDIS	Homeless Data Integration System
HMIS	Homeless Management Information System
IA	Interagency Agreement
IST	Incompetent to Stand Trial
JIPSS	Justice-Involved Peer Support Specialist
JJCC	Juvenile Justice Coordinating Council
JRI	Justice Reinvestment Initiative
LACDMH	Los Angeles County Department of Mental Health
LACOE	Los Angeles County Office of Education
LARRP	Los Angeles Regional Reentry Partnership
LCAP	Local Control Accountability Plan
LEA	Local Education Agency
LEADERS	Leading -Engaging- Advocating-Demonstrating-Enhancing-Expanding-Reentry- Systems Program
LEP	Lived Experience Program
MCPs	Managed Care Plans
MCUP	Medi-Cal Utilization Project
Medi-Cal	California's Medicaid Program
MHP	Mental Health Plans
MHSA	Mental Health Services Act
MHSOAC	Mental Health Service Oversight and Accountability Commission
MHSSA	Mental Health Student Services Act
MIST	Misdemeanor Incompetent to Stand Trial

MTSS	Multi-Tiered System of Support
NAMI	National Alliance on Mental Illness
OC	Orange County
OYCR	Office of Youth and Community Restoration
PH/PS	Public Health Meets Public Safety
PHE	Public Health Emergency
PRCS	Post-Release Community Supervision
REDF	Roberts Enterprise Development Fund
RNR	Risk Needs Responsivity
SAMHSA	Substance Abuse and Mental Health Services Administration
SB	Senate Bill
SBHIP	DHCS' Student Behavioral Health Incentive Program
SDE	Social Development Enterprise
SMHS	Specialty Mental Health Services
SMI	Serious Mental Illness
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SUD(s)	Substance Use Disorder(s)
TCN	Transitions Clinic Network
TCMP	Transitional Case Management Program
TTA	Training and Technical Assistance
UC Berkley	University of California, Berkley
U.S.	United States
VA	Veterans Affairs
W2D	Words to Deeds

Executive Summary

In the ever-evolving landscape of criminal justice and behavioral health, and as the COVID-19 Public Health Emergency officially ended, the Council on Criminal Justice and Behavioral Health (CCJBH) continued to focus efforts throughout Calendar Year (CY) 2023 on steering progress towards a more cohesive and effective delivery of much-needed services for California's behavioral health/justice-involved (BH/JI) population. Through this lens, CCJBH proudly presents its 22nd annual report, offering a comprehensive overview of progress towards addressing the service needs of California's BH/JI population.

This year's report delineates the Council's numerous efforts, highlighting invaluable insights from Councilmembers and other system leaders and thought partners, including individuals with lived experience, state and local agency partners and researchers. It emphasizes strategies in diversion, reentry, and juvenile justice alongside updates on the 2025 systemic policy goals CCJBH is tracking for the BH/JI population. Moreover, the report showcases impactful initiatives like the CCJBH Lived Experience Projects and the innovative Public Health Meets Public Safety (PH/PS) framework, all supported by a steadfast commitment to address the diverse service needs of the BH/JI population. Highlights of this work are presented below.

CCJBH Juvenile Justice Workgroup Recommendations

Throughout CY 2023, the Juvenile Justice Workgroup conducted meetings to delve into the findings and recommendations outlined in the 2022 CCJBH Annual Legislative Report concerning at-promise and justice-involved youth who have behavioral health needs. The various presentations included restorative justice practices implemented by RYSE, a community-based organization (CBO) in Contra Costa County; an update on the Senate Bill (SB) 823 Evidence-Based and Emerging Programs and Practices Compendium by the RAND Corporation; insights on student behavioral health from the perspectives of Los Angeles County Office of Education, the Health Plan of San Joaquin, Project Youth Orange County; the implementation of SB 823 from the Office of Youth and Community Restoration (OYCR), the Chief Probation Officers of California and Shasta and Merced County; and an overview of the Mental Health Oversight and Accountability Commission's (MHSOAC) student behavioral health initiatives. Detailed recommendations from the Juvenile Justice Workgroup may be found in the body of this report, and a listing of the Juvenile Justice Workgroup findings may be found in Appendix C. A summary of CY 2023 juvenile justice recommendations are as follows:

1. To effectively utilize the SB 823 CCJBH Juvenile Justice Evidence-Based and Emerging Programs and Practices Compendium, developed by the RAND Corporation under contract with CCJBH:
    a. Probation departments and other system partners (e.g., Juvenile Justice Coordinating Council, California Health and Human Service Agency (CalHHS), Department of Health Care Services (DHCS), California Department of Education, MHSOAC, counties, CBOs) could leverage and promote use of the Juvenile Justice Evidence-Based and Emerging Programs and Practices Compendium as a resource to identify programs and practices that improve diversion and intervention practices.

b. A centralized organization, such as OYCR, could serve as a lead entity for ongoing efforts to maintain the Juvenile Justice Evidence-Based and Emerging Programs and Practices Compendium as these tools can become outdated over time.

c. Future research could focus on addressing the gaps identified in the Juvenile Justice Evidence-Based and Emerging Programs and Practices Compendium, including the need to adapt and evaluate the evidence-based programs and practices to benefit populations that are traditionally underrepresented in the available research (e.g., race, sexual orientation).

2. Services and products that are developed as part of the Children and Youth Behavioral Health Initiative (CYBHI) could be disseminated and implemented in a manner that seeks to maximize benefits to at-promise and justice-involved children/youth. For example, targeting children/youth in high needs communities such as communities with high poverty rates, high gang-involvement,[1] low California graduation rates and academic assessment test scores, etc. In particular, the following CYBHI efforts could be tailored to provide benefits for at-promise and justice-involved youth:

   - ✓ Student Behavioral Health
   - ✓ Behavioral Health Virtual Services Platform and Next Generation Digital Supports
   - ✓ Scaling Evidence-Based and Community-Defined (EBP/CDP) Practices
   - ✓ Behavioral Health Continuum Infrastructure Program (BHCIP)
   - ✓ Reducing stigma and raising awareness of the impact of trauma and toxic stress
   - ✓ Behavioral Health Workforce Expansion

3. Effective data sharing between the child welfare, health/behavioral health, education, and criminal justice systems, at a minimum, is essential to build collaborate partnerships to make sure that high-need dual status youth who are served at the county level are receiving the appropriate services and case coordination (as well as to prevent justice system involvement).

CCJBH Diversion/Reentry Workgroup Recommendations

Similar to the Juvenile Justice Workgroup, the Diversion/Reentry Workgroup held meetings throughout CY 2023 to learn about and discuss topics related to the 2022 CCJBH Annual Legislative Report findings and recommendations related to the diversion and reentry in California. The various presentations over the course of the year discussed CCJBH's Diversion and Reentry Technical Assistance contract with the Council on State Governments (CSG) Justice Center; behavioral health workforce development updates from the California Department of Health Care Access and Information (HCAI), California Mental Health Services Authority (CalMHSA), MHSOAC Data Driven Recovery Project, and CCJBH Councilmember Anita Fisher; a presentation on employment development and job placement opportunities for the BH/JI population by the California Prison Industry Authority and the Roberts Enterprise

[1] One resource for gang mapping is the CalGang database, which may be accessed by trained law enforcement personnel.

Development Fund; a discussion on efforts and resources to support the BH/JI population in accessing Supplemental Security Income and Social Security Disability Insurance from CDCR's Division of Adult Parole Operations (DAPO), the California Department of Social Services (CDSS), and the Social Security Administration (SSA); as well as a program overview of Georgia's Mental Health Consumer Network Ready for Reentry Program and updates on the CalMHSA Medi-Cal Peer Support and Justice Involved Specialty. Detailed recommendations from the Diversion/Reentry Workgroup may be found in the body of this report, and a listing of the Diversion/Reentry findings may be found in Appendix E. A summary of CY 2023 diversion/reentry recommendations are as follows:

1. Provide individuals with behavioral and behavioral health needs who are, or at-risk of being declared/found to be misdemeanor or felony Incompetent to Stand Trial with timely access to high-quality community-based treatment, particularly psychiatric inpatient services, to avoid or minimize time spent in incarcerated settings.
2. State and local agencies that support and/or serve the BH/JI population should review and address, as appropriate, the recommendations set forth by the CSG Justice Center's report, *A Statewide Look at Mental Health Diversion: Recommendations to California's Council on Criminal Justice and Behavioral Health*,[2] which was completed as part of the CCJBH Diversion and Reentry Technical Assistance contract.
3. Efforts to implement the State's workforce capacity-building investments should intentionally seek to address the shortage of qualified staff to treat individuals who suffer from acute psychoses.
4. State entities responsible for building out California's Crisis Continuum of Care, such as the California Health and Human Services Agency's 988-Crisis Policy Advisory Group and DHCS, should consider:
    a. Leveraging the CSG Justice Center's report, Introduction to Public Health Meets Public Safety Framework, to identify/adopt key crisis response indicators and measures that may be used to monitor how well the crisis response system performs with regard to preventing justice system involvement (e.g., dispatch options, crisis response options, and crisis resolution strategies).
    b. Developing and disseminating educational materials to raise community awareness on how to identify and appropriately and safely address a mental health crisis situation.
    c. Implementing evidence-based practices that reduce first responders' unnecessary involvement in behavioral health crises, including warm handoffs from 911 to 988 and/or mobile crisis teams. In crisis situations wherein first responders are involved, evidence-based practices should be explored to reduce/avoid usage of restraints.

[2] Entities mentioned in the CSG Justice Center's report include HCAI, Department of State Hospitals, Department of Health Care Services, Department of Managed Health Care, MHSOAC, Housing and Community Development, California Interagency Council on Homelessness, CDSS, Department of Justice, Judicial Council, county behavioral health departments, and Medi-Cal Managed Care Plans. CCJBH will also use the findings from this report to guide CCJBH efforts, particularly regarding CCJBH's Lived Experience Projects.

d. Exploring evidence-based practices, policies, and potentially laws/regulations, that determine when it is absolutely necessary for law enforcement staff to be present in health care settings, as well as when they may carry their firearms, tasers, or other weapons (e.g., active shooter incidents).

5. Develop Medi-Cal informing materials/campaigns tailored to the needs of citizens returning to their communities from jails and prisons, as well as those under probation/parole community supervision.
6. Provide technical assistance to assist counties, CBOs, and other partner agencies to provide an accurate understanding on how to transfer Medi-Cal eligibility in a timely manner (e.g., webinars with case examples).
7. Explore opportunities to partner with social development enterprises to foster opportunities to provide workforce development and training for the BH/JI population.
8. CCJBH could work with its State-level LEP contractor, once selected, to use products developed through the FY 2020-23 CCJBH Lived Experience Projects, as well as relevant local and national information, to develop a California-specific peer workforce development best practices toolkit.
9. Establish interagency partnerships as a foundational component for housing projects that are intended to address the needs of individuals with behavioral health conditions who are, or are at risk of becoming, justice-involved.
10. Continue to promote cross-collaboration between CDCR, CDSS, and the federal Social Security Administration (SSA) to address the income needs of the BH/JI population.
11. Expand the access to and utilization of the statewide Homeless Management Information System data for CBOs that provide care coordination for individuals who are experiencing homelessness and are justice involved.

General Recommendations

1. System partners that serve the BH/JI population should be trained in evidence-based corrections. Furthermore, cross-system coordination could be optimized through the use of Collaborative Comprehensive Case (CCC) Plans.
2. Justice system partners should begin making referrals to Medi-Cal Managed Care Plans (MCPs) for Enhanced Care Management (ECM) assessments, as appropriate.
3. MCPs and probation/parole should coordinate to make sure that the services currently delivered by probation/parole that are now available as part of the ECM and Community Supports are provided in a manner that maximizes federal reimbursement, as applicable, and prevents duplication of efforts.
4. DHCS could monitor ECM provider-to-member ratios to verify that caseloads are not so high as to render them unmanageable.

5. Suggestions related to the following could be made in preparation for the approval of DHCS' California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration include:
    a. DHCS and county behavioral health departments should help make sure that county probation and state parole are aware of the services that will be made available through BH-CONNECT.
    b. County behavioral health, child welfare and MCPs should include probation departments in efforts to implement BH-CONNECT as it pertains to serving justice-involved youth who meet BH-CONNECT criteria.
    c. CCJBH should continue tracking BH-CONNECT implementation as it relates to the BH/JI population.
6. Additional considerations for efforts related to data collection and reporting are as follows:
    a. State and local system partners should work to stratify data reporting by the justice-involved populations wherever relevant and however possible to better understand the magnitude and demographics of this population.[3]
    b. DHCS and CCJBH could explore the potential to use Medi-Cal justice-involved aid codes and ECM Populations of Focus data as a proxy to identify and expand data analyses to include those who are incarcerated at the local level.
    c. HCAI, DHCS, and CalMHSA, in collaboration with county behavioral health, could utilize a workforce estimator data tool to identify community behavioral health workforce gaps, and then use this information to identify strategies that promote recruitment and retention of behavioral health professionals.
7. The increased use of telehealth since the COVID-19 Public Health Emergency presents an opportunity to improve access to behavioral health services for the justice-involved population with behavioral health needs, but it is also important to track the quality and impact of these services.

2025 System Policy Goals

In an effort to influence system-level changes, in the 18th Annual CCJBH Legislative Report, CCJBH identified four visionary, measurable goals that CCJBH could track to assess the overarching impact of the investments made in California to meet the unique needs of justice-involved individuals. While CCJBH is not directly responsible for these goals, the Council holds an important role in using data to identify and highlight successes, as well as target areas for improvement. Updates on the measures established to track these goals are as follows:

[3] Also see *A Statewide Look at Mental Health Diversion: Recommendations to California's Council on Criminal Justice and Behavioral Health*,[3] which was completed as part of the CCJBH Diversion and Reentry Technical Assistance contract.

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

Goal #1 Update:

Upon review of various data sources that reflect the current prevalence rates for behavioral health conditions, as shown in Figure 1 and reported in previous CCJBH legislative reports, there continues to be pervasive overrepresentation of individuals with mental health and/or SUD health conditions in custody settings, with SUD(s) being most overrepresented. Interestingly, while most of these prevalence measures remained stable, there has been a slight increase in the jail and prison rates for "any" mental illness, which CCJBH first documented in the 2020 Annual Legislative Report as it related the COVID-19 PHE releases (p. 20).[4]

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

Goal #2 Updates:

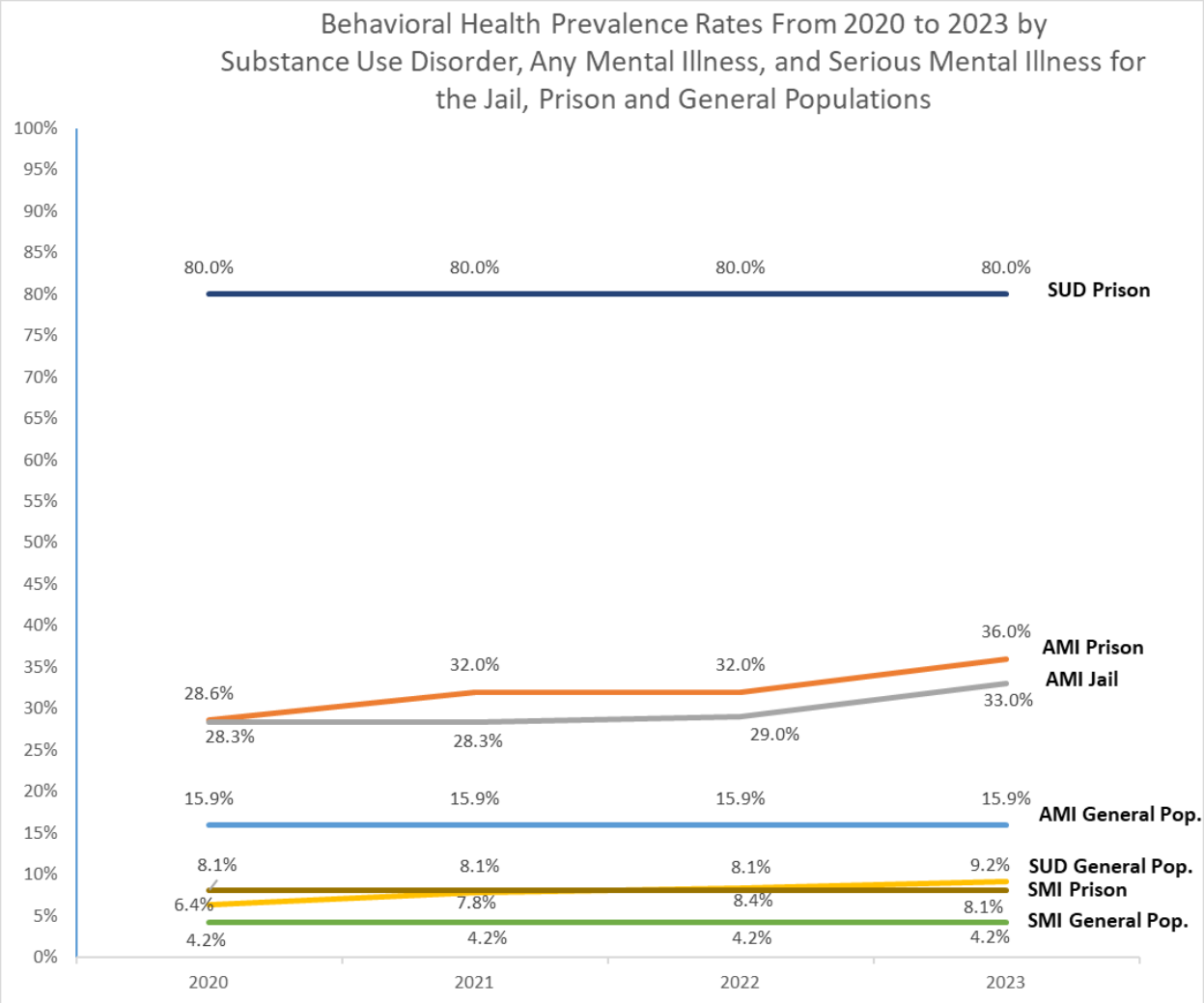
As evidenced by the DHCS 2022 Federal Network Certification Reports, both MCP and Specialty Mental Health Plans overall have sufficient capacity for non-specialty mental health services and specialty mental health services, respectively, including outpatient and psychiatry services. Additionally, 65 percent of Drug Medi-Cal Organized Delivery System (DMC-ODS) were able to meet the standards for capacity by May 2023, which was an improvement from the previous year when the majority DMC-ODS had a conditional pass.

CCJBH's analyses of the 2022 Evidence-based Practice Annual Assessment (also known as the Judicial Council's SB 678 data) revealed that most entities engaged in community supervision (i.e., adult felony probation, Mandatory Supervision, and Post-Release Community Supervision) are performing risk and needs assessments for returning community members.

The majority of Medi-Cal applications were approved for parolees prior to release; however, for Social Security Income (SSI) applications that are submitted for parolees prior to release, the majority are pending due to the need to verify applicant medical or mental health disabilities (data are not available for individuals on probation). CDCR DAPO' s Transitional Case Management Program, Behavioral Health Reintegration and the Social Security Administration have been working collaboratively to establish a direct path and process for obtaining the necessary documentation, as well as addressing other issues such as the need to update addresses. It is also anticipated that these numbers will improve as DHCS' California Advancing and Innovating Medi-Cal (CalAIM) initiative is implemented.

[4] Please see the CDCR-Office of Research Data Dashboard for prevalence rates of Any Mental Illness (AMI) and Serious Mental Illness (SMI) in Prison populations. A California Correctional Health Care Services report noted that "[a]lthough currently there are not official validated data regarding the prevalence of SUD…in CDCR, it has been estimated that the prevalence of SUD among the CDCR population is approximately 80 percent…". Additionally, a report submitted to the Department of Health Care Services represents the AMI and SMI prevalence rates for Medi-Cal members statewide. The AMI prevalence rates for jail population were obtained from Board of State and Community Corrections' Jail Profile Survey (JPS) data repository.

Figure 1



Goal #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.

Goal #3 Update:

CCJBH utilized DHCS Network Adequacy Certification Provider Network Capacity data to track the trends in Behavioral Health Workforce expansion and evidence-based training. The analyses revealed that systems of care continue to struggle with maintaining sufficient providers to meet the BH needs of the State.

- Approximately 91 percent of Mental Health Plans (MHPs) were initially found deficient with regard to standards to ensure a sufficient number of providers; the MHPs made a concerted effort to address these deficiencies, specifically with regard to outpatient

specialty mental health service providers for children. As of May 2023, 57 percent of MHPs were compliant with all Network Adequacy standards.

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

Goal #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.

Goal #4 Update:

CCJBH partnered with the CSG Justice Center to launch the Public Health Meets Public Safety (PH/PS) Data Framework and Visualization, which reflects socio-economic factors and justice involvement per county. The visualization was well received by internal and external partners. CCJBH also facilitated meetings to address the availability and quality of felony and misdemeanor Incompetent to Stand Trial (IST) data reported to the Department of Justice, which are needed to examine historical trends and outcomes. Finally, CCJBH conducted data analysis and reporting through the CDCR/DHCS Medi-Cal Utilization Project (MCUP).

CCJBH Project Updates

Detailed updates on CCJBH's projects are provided in this report. Throughout 2023, CCJBH continued to make progress on the following:

- PH/PS Data Framework and Visualization
- MCUP
- Diversity, Equity, and Inclusion
- Lived Experience Project (LEP) Contracts
- Justice-Involved Peer Support Specialists
- CalAIM
- IST Data Project
- Pre-Trial Diversion Training and Technical Assistance
- Juvenile Justice Compendium and Toolkit
- Housing/Homelessness
- Mental Health, Suicide and Recovery Awareness Activities
- Ad Hoc Projects, as needed.

Looking Ahead

In 2024, CCJBH will continue to convene local and state level stakeholders, and individuals with lived experience, to develop recommendations around maximizing state investments, strengthening treatment and supportive services, addressing housing needs, improving the workforce, data integrity, and increasing community involvement, as reflected in the CCJBH Strategic Framework for Calendar 2024.

I. Introduction

Throughout 5 Full Council and 12 Workgroup Meetings, the Council on Criminal Justice and Behavioral Health (CCJBH or Council) delved into multifaceted subjects at the nexus of behavioral health and justice involvement, spanning crisis care continuum planning, data visualization tools, and initiatives for community assistance and recovery. This report expounds on the insights garnered from these convenings, emphasizing investments in youth behavioral health aligned with the Governor's Master Plan for Kids' Mental Health, evidence-based programs, workforce expansion, data sharing improvements, and collaborative efforts bridging justice, health/behavioral health social services and housing systems. The following serves as a comprehensive snapshot of the Council's dynamic activities, reaffirming its commitment to advancing policies and strategies for the betterment of California's behavioral health (BH)/justice-involved (JI) population.

II. CCJBH Full Council Meetings and 2023 Policy Focus

A. Council Membership

On April 19, 2023, Senate President Pro Tempore, Toni Atkins, appointed Enrico Castillo, M.D., and Diana Becton, J.D., to the Council. Dr. Castillo is a community psychiatrist and researcher at UCLA, who brings expertise in mental health, with a specific focus on unhoused populations. He leads a study funded by the National Institute of Mental Health on the jail-to-homelessness pipeline and is recognized for developing national medical curricula on health equity and advocacy. District Attorney Diana Becton, selected for her criminal justice perspective, is currently serving as the 25th District Attorney for Contra Costa County and adds over two decades of legal experience to the Council. With these appointments, the Council is fully populated for the first time in several years.

B. CCJBH Full Council Meetings

In 2023, as organizations resumed in-person meetings following the COVID-19 Public Health Emergency, CCJBH embraced a "hybrid" meeting model, accommodating both teleconference and in-person participation. Senate Bill (SB) 189, effective beginning on June 30, 2022, continued to authorize teleconferencing for boards and commissions and allowed CCJBH to maintain virtual meetings until July 1, 2023. Thereafter, SB 143, signed by the Governor on September 13, 2023, amended Section 11133 of the Government Code, suspending specific teleconference meeting requirements until December 31, 2023. As such, CCJBH held virtual meetings during the last quarter of Calendar Year (CY) 2023.

C. CCJBH Calendar Year 2023 Policy Focus

CCJBH maintained a comprehensive policy focus for 2023, holding five Full Council Meetings:

- **January 27, 2023** – Council members were provided an update of the California Health and Human Services (CalHHS) Agency's Crisis Care Continuum Plan (CCC-P) that integrates various prevention initiatives, such as warmlines, peer support services, 988 suicide and crisis call centers, mobile crisis response, and community-based crisis care. The Office of Legal Affairs at the California Department of Corrections and Rehabilitation (CDCR) provided an overview training to Councilmembers on the Bagley-Keene Act, governing public hearings.
- **April 21, 2023** – The Council of State Governments (CSG) Justice Center presented an overview of the Public Health Meets Public Safety (PH/PS) Data Framework and Visualization. This data dashboard, published on CCJBH's website, utilizes publicly available data, and is designed for use by various behavioral health and BH/JI stakeholders. The tool aims to support these stakeholders in making informed decisions for the development of sound BH/JI policies. For more details on the project, refer to the PH/PS Landing Page.
- **July 28, 2023** – The Council heard from CalHHS and the Riverside University Health System, Behavioral Health team on the statewide perspective and localized efforts to advance Community Assistance, Recovery and Empowerment (CARE) Act objectives.
- **October 27, 2023** – The Department of Health Care Services (DHCS), presented an update on the California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved Initiative, including plans for the implementation of 90-day Pre-Release Services and a brief overview of the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) 1115 waiver.
- **December 8, 2023** – The Department of State Hospitals (DSH) provided an update on the DSH Diversion Pilot Program, as well as the implementation of other IST solutions programs and strategies, including early stabilization services, community care coordination, expansion of community-based restoration and diversion, and increased placements to the Conditional Release Program (CONREP).

CCJBH registration and attendance tracking for the Full Council and Workgroup meetings, as well as special events and Mental Health Awareness activities, may be found in Appendix A. Overall, attendance rates for the Full Council and Workgroup meetings ranged from 53 to 94 percent. In terms of the number of participants, Full Council Meeting participation ranged from 53 to 132 attendees, Juvenile Justice workgroup participation ranged from 37 to 57 attendees and Diversion/Reentry Workgroup participation ranged from 42 to 67 attendees. Overall, attendance in CY 2023 was greater than in CY 2022, with the largest increase occurring for Full Council meetings (70 percent increase in the Full Council meeting that had the highest attendance). The top three topics that drew the highest attendance pertained to a presentation on the California Crisis Care Continuum of Care and Bagley-Keene training, a DHCS presentation on the CalAIM justice-involved planning and implementation efforts, and a presentation on the

behavioral health workforce and successful programs that serve individuals with behavioral health needs who are involved with the justice system.

a. Juvenile Justice Workgroup

CCJBH used information gathered from Full Council and Juvenile Justice workgroup meetings, along with the Fiscal Year (FY) 2023-24 Enacted Budget and updates on statewide initiatives established in prior FYs, to develop recommendations for the children and youth BH/JI population. Notably, the Governor's Master Plan for Kids' Mental Health invested $4.6 billion in youth behavioral health, including the Children and Youth Behavioral Health Initiative (CYBHI),[5] to ensure every Californian aged 0-25 has increased access to mental health and substance use supports by creating a more proactive and responsive system of care and building out the necessary workforce to sustain the programs. Furthermore, California invested $5 billion in the CalAIM initiative to better integrate health and behavioral health services for low-income children/youth. Additional efforts in the FY 2023-24 Enacted Budget include $194 million General Fund in FY 2023-24, per SB 823, for the Juvenile Justice Realignment Block Grant to provide funding to counties to deliver appropriate rehabilitative housing and supervision services for realigned youth[6] and $4.1 million on a community schools' strategy to connect children/youth and families to essential services.

Based on the 2022 Annual Legislative Report recommendations, CCJBH dedicated the CY 2023 Juvenile Justice Workgroup meetings to exploring programs and services that effectively serve the justice-involved population with behavioral health needs, including restorative justice, programs and practices for high-needs youth, and school-based services. Led by Councilmember advisors with subject matter expertise in probation and education, Mack Jenkins and Danitza Pantoja, CCJBH held Juvenile Justice Workgroup meetings in February, May, July, September, and November of 2023 (see Appendix B for Juvenile Justice Workgroup Participant information). Using findings from the Juvenile Justice Workgroup (see Appendix C), and considering the current juvenile justice landscape in California and past CCJBH Annual Legislative Reports, CCJBH recommends the following:

1. To effectively utilize the SB 823 and the CCJBH Juvenile Justice Evidence-Based and Emerging Programs and Practices Compendium, developed by the RAND Corporation under contract with CCJBH, the following recommendations should be considered when serving justice-involved children and youth:

[5] The CYBHI is a multiyear investment that began in 2021 and engages five CalHHS Departments and Offices to oversee workstreams focusing on workforce training and capacity, behavioral health ecosystem infrastructure, coverage, and public awareness.

[6] SB 823 also created the Office of Youth and Community Restoration (OYCR) in July 2020, which has since embarked on several initiatives to assist counties in serving the high-needs youth who would have traditionally been served at the Division of Juvenile Justice (DJJ) and are now served at the county level. These initiatives include a project with the Vera Institute to end girls' incarceration, education-focused work to support youth in long-term facilities through the "Building Higher Education Pathways for Youth in Secure Treatment Facilities in California: A Call to Action" report authored by Forward Change, listening sessions and trainings with California Tribal Families Coalition, and family engagement services for youth a Pine Grove Conservation Camp.

a. **Probation departments and other system partners (e.g., Juvenile Justice Coordinating Council (JJCC),[7] CalHHS, DHCS, California Department of Education (CDE), Mental Health Services Oversight and Accountability Commission (MHSOAC), counties, community-based organizations (CBOs)) could leverage and promote use of the Juvenile Justice Evidence-Based and Emerging Programs and Practices Compendium as a resource to identify programs and practices that improve diversion and intervention practices.** Available resources should be carefully considered when deciding which programs to implement. For example, county probation, Medi-Cal Managed Care Plans (MCPs) and county behavioral health departments should work closely to coordinate to optimize available behavioral health resources (e.g., mental health providers, service delivery) and avoid duplication of efforts to maximize time spent with justice- involved children/youth and their families.

b. **A centralized organization, such as the Office of Youth and Community Restoration (OYCR), could serve as a lead entity for ongoing efforts to maintain the Juvenile Justice Evidence-Based and Emerging Programs and Practices Compendium as these tools can become outdated over time.** In addition, OYCR could support county probation departments with the related implementation efforts.

c. **Future research could focus on addressing the gaps identified in the Juvenile Justice Evidence-Based and Emerging Programs and Practices Compendium, including the need to adapt and evaluate the evidence-based programs and practices to benefit populations that are traditionally underrepresented in the available research (e.g., race, sexual orientation)**. If research is not available to serve a specific group, counties should lean on the local expertise of communities to adapt and evaluate the programs and/or implement Community-Defined Practices.[8]

2. **Services and products that are developed as part of the Children and Youth Behavioral Health Initiative (CYBHI) could be disseminated and implemented in a manner that seeks to maximize benefits to at-promise and justice-involved children/youth.** For example, targeting children/youth in high needs communities such as communities with high poverty rates, high gang-involvement,[9] low California graduation rates and academic assessment test scores, etc. In addition, and more specifically, the following could also be considered:

[7] The JJCC was established by the Juvenile Justice Crime Prevention Act, with the purpose of developing and implementing a continuum of county-based responses to juvenile crime and to set priorities for grant funds.

[8] The Community-Defined Programs and Practices grant opportunity through the CYBHI will open in 2024 and could be a source of funding for these programs.

[9] One resource for gang mapping is the CalGang database, which may be accessed by trained law enforcement personnel.

a. **Student Behavioral Health.** To maximize benefits for at-promise and justice-involved children/youth with regard to student behavioral health within traditional schools, including alternative schools and program of choice, as well as Juvenile Court and County Community schools, the following should be considered:

i. Through the Transforming Together project,[10] CDE and CalHHS, with input from DHCS, the MHSOAC, OYCR and CCJBH, could develop and provide to County Offices of Education (COEs) / Local Education Agencies (LEAs) / school districts training and technical assistance (e.g., toolkits, learning collaboratives) on California's recent school and health care initiatives, tailored to the unique and specific needs of at-promise and justice-involved youth. This effort would help to ensure a comprehensive approach to appropriate and available services and supports within the educational environment (e.g., Multi-Tiered System of Support, Positive Behavioral Interventions and Supports, Social Emotional Learning).[11,12]

> *"RYSE has a theory of liberation because it is important for the program to create a healing center space. Thinking about liberation is about changing the behavior of different systems, such as health care, education and justice. It is important to advocate for youth and build their capacity so they can be the navigators of their own liberation."*
>
> Stephanie Medley at CCJBH's Juvenile Justice Workgroup on February 10, 2023

ii. Efforts derived from recent student behavioral health system investments that can increase the delivery of upstream deflection/diversion services for at-promise youth should be included in school Local Control Accountability Plans (LCAPs) so that they are funded by the school and are subject to data tracking, including stratifications that reflect the at-promise and justice-involved youth sub-populations (e.g., improved behaviors, attendance, mental health).

[10] The Transforming Together project aims to improve student behavioral health and well-being by coordinating the implementation of the CYBHI and California's Community Schools Partnership Program.

[11] See the MHSOAC's California Student Mental Health Implementation Guide for additional information on programs.

[12] This could include information on how to access stable behavioral health services funding streams through initiatives including, but not limited to, the Mental Health Student Services Act and CYBHI Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services. It could also include compiling and sharing with all LEAs/school districts the resources and lessons learned from the school districts that participated in the Student Behavioral Health Incentive Program so they may better understand the role of the MCP, billing processes, data sharing requirements, etc., to position schools to establish and maintain similar services/infrastructure.

iii. Members of the statewide Social Emotional Learning (SELC) Community of Particle in each of the 58 COEs should consider sharing the training and evidence-based practices provided through the California Hope, Opportunity, Perseverance, and Empowerment (CalHOPE) Student Support training, or at least the lessons learned and/or resulting work products from these efforts, with educators in court schools to engage in building out SEL to implement early identification strategies to identify signs of early academic/social emotional challenges and promote early assessment and intervention to prevent justice-involvement.

iv. All classified school staff who regularly interact with students could be provided with foundational behavioral health trainings (e.g., Mental Health First Aid, Safe Spaces, Wellness Education Lab).

v. LEAs/school districts could utilize peer-led efforts to support youth mental health and improve opportunities for youth to connect and heal with members of their own communities and identities (e.g., National Alliance on Mental Illness on Campus, Letters to Strangers, Out of the Darkness, CYBHI Youth Peer-to-Peer Support Program).

b. **Behavioral Health Virtual Services Platform and Next Generation Digital Supports**. The ability for youth to have access to a cell phone, tablet or computer with internet access will be essential in the success of CYBHI Virtual Services Platform, in general, and for at-promise and justice-involved youth, in particular. To maximize access, California county LEAs and probation departments, individually or through partnerships, as appropriate, could consider:

i. Adding the Behavioral Health Virtual Services Platform to devices that are accessible to youth who are in correctional facilities (e.g., tablets, restricted access computers, kiosks).

ii. Providing safe, specialized, restricted-use electronic devices that allow at-promise youth and youth exiting youth correctional facilities to have access to the Behavioral Health Virtual Services Platform. At a minimum, these youth should be made aware of these new behavioral health resources.

c. **Scaling Evidence-Based and Community-Defined (EBP/CDP) Practices.** County probation departments, with support from the OYCR, could review the list of DHCS' awardees for the EBPs grants to identify partnership opportunities in order to maximize access to these programs for justice-involved youth, as well as to plan to apply for the community-defined practices grants, which are anticipated to be released in winter 2024 (note that these CDP grants could be used to addressed the gaps identified in RAND's efforts to develop the Juvenile Justice Evidence-Based and Emerging Programs and Practices Compendium).

d. **Behavioral Health Continuum Infrastructure Program (BHCIP).** Similar to CCJBH's 2022 Legislative Report recommendations for diversion and reentry, local jurisdictions seeking or awarded BHCIP funds should consider addressing, as part of their program development and implementation, the unique needs of at-promise and justice-involved

children/youth, including collaborating with county probation departments and county offices of education (court schools)/LEAs, as well as adopting best practices when supporting the behavioral and behavioral health needs of justice-involved youth.

e. **Reducing stigma and raising awareness of the impact of trauma and toxic stress.** The trainings and toolkits developed as part of the Office of the California Surgeon General's Safe Spaces project and the Adverse Childhood Experiences and Toxic Stress Campaign could be taken by all staff who work with at-promise and justice-involved youth including, but not limited to, probation departments/youth correctional facilities, county behavioral health departments, schools, primary care, etc.

f. **Behavioral Health Workforce Expansion.** The organizations selected for the Justice-System Involvement Youth: Behavioral Health Pipeline grant, funded through Health Care Access and Information (HCAI) and OYCR, should ensure that, in addition to considerations for those who have justice system experience, individuals with serious mental illness(es) and/or substance use disorder (SUDs) are specifically targeted for the available training and employment opportunities, to ensure an appropriate, diverse workforce to serve the BH/JI population.

3. **Effective data sharing between the child welfare, health/behavioral health, education, and criminal justice systems, at a minimum, is essential to build collaborate partnerships to ensure that high-need dual status youth who are served at the county level are receiving the appropriate services and case coordination.** System partners could follow the recommendations outlined in the Dual-Status Youth Data Standards (AB 1911) 2017 Report to the Legislature and the Robert F. Kennedy Children's Action Corps' Dual Status Youth - Technical Assistance Workbook, which seeks to enhance system performance through juvenile justice and child welfare system coordination and integration,[13] as well as DHCS' CalAIM Data Sharing Authorization Guidance.

b. Diversion and Reentry Workgroup

California continues to invest in statewide initiatives that focus on health, behavioral health, housing, and equity that enable opportunities to support the rehabilitation and reentry needs of the justice involved population with behavioral health conditions. The FY 2023-24 Budget Act allocated funding to support the expansion of health care access and services, including the CARE Act, IST Solutions, BH-CONNECT, and other initiatives that can be used to improve outcomes for the BH/JI population. These investments will allow counties to strengthen their system capacity, including increasing behavioral health professional workforce and expanding available housing options. By addressing the social drivers of health (e.g., basic necessities, housing, and transportation) and providing consistent and continuous high-quality treatment that is both culturally and linguistically appropriate, it is expected that the number of individuals who have serious behavioral health issues in California's jails, prisons, hospitals, and those experiencing homelessness, will be reduced. That said, these expectations should be tempered with the fact that commensurate changes are not being made to the laws that often

[13] For additional information, see the Guidebook for Juvenile Justice and Child Welfare System Coordination and Integration: A Framework for Improved Outcomes, 3rd Edition.

result in the incarceration of individuals who have behavioral health needs (e.g., possession of an illegal substance, property offenses, disorderly conduct), so it is unclear as to what extent criminal justice system practices will shift towards community-based behavioral health services and community supports systems as they become more robust, particularly regarding a willingness to employ deflection and diversion strategies as alternatives to incarceration.

CCJBH continues to examine these efforts as they apply to those who have behavioral health needs who are, or at risk of becoming, justice-involved, seeking to ensuring that this vulnerable population benefits from available services and supports in their communities. Throughout CY 2023, CCJBH's Diversion and Reentry workgroup focused on further exploring the 2022 CCJBH Annual Legislative Report findings, including mental health diversion, expansion of behavioral health workforce at the state and local levels, and employment opportunities for individuals who are justice involved. Using findings from the Diversion/Reentry Workgroup (see Appendix E) and considering the current diversion/reentry landscape, CCJBH developed the following recommendations:

1. **Provide individuals with behavioral and behavioral health needs who are, or at-risk of being, declared/found to be misdemeanor or felony IST have timely access to high-quality community-based treatment, particularly psychiatric inpatient services, to avoid or minimize time spent in incarcerated settings**. To prevent missed opportunities for mental health diversion, when appropriate, CCJBH should continue to work with relevant system partners, such as DSH, DHCS, relevant associations and psychiatric inpatient hospital representatives, to explore the reasons why there are instances when justice-involved individuals are denied admission to psychiatric inpatient hospitals, as well as to identify solutions on how to address this critical system access/capacity issue (e.g., education and training, identification of best practices, BHCIP Round 6 , Part I: Unmet Needs funding).
2. **State and local agencies that support and/or serve the BH/JI population should review and address, as appropriate, the recommendations set forth by the CSG Justice Center's report, *A Statewide Look at Mental Health Diversion: Recommendations to California's Council on Criminal Justice and Behavioral Health*, which was completed as part of the CCJBH Diversion and Reentry Technical Assistance contract.**[14] Addressing these recommendations would strengthen and/or expand the use of mental health diversion practices, thereby resulting in an increased reliance on community-based treatment and supports and commensurate decreased prevalence of individuals in jails in prisons who suffer from serious mental illness(es).
3. **Efforts to implement the State's workforce capacity-building investments should intentionally seek to address the shortage of qualified staff to treat individuals who suffer from acute psychoses**. These include, but are not limited to, the education, training and technical assistance opportunities being offered by HCAI, California Mental Health Services Administration (CalMHSA), DSH, and DHCS. Specifically, training programs, including

[14] Entities mentioned in the CSG Justice Center's report include HCAI, DSH, DHCS, DMHC, MHSOAC, HCD, CalICH, CDSS, DOJ, Judicial Council, county behavioral health departments, and Medi-Cal Managed Care Plans. CCJBH will also use the findings from this report to guide CCJBH efforts, particularly regarding CCJBH's Lived Experience Projects.

certificate and degree programs offered by universities that benefit from these investments, should ensure that students receive high-quality training to build competency to treat individuals who suffer from serious mental illness(es), particularly acute psychoses. Addressing how to support individuals with behavioral and behavioral health needs will help to build capacity to prevent/intervene in crisis situations that too often necessitates law enforcement response, thus leading to emergency department utilization or incarceration.

4. **State entities responsible for building out California's Crisis Continuum of Care, such as CalHHS' 988-Crisis Policy Advisory Group, should consider the following:**
    a. **Leverage the CSG Justice Center's report, Introduction to Public Health Meets Public Safety (PH/PS) Framework, to identify/adopt key crisis response indicators and measures that may be used to monitor how well the crisis response system performs with regard to preventing justice system involvement (e.g., dispatch options, crisis response options, and crisis resolution strategies).** System partners can benefit from the CSG Justice Center's work to identify crisis response measures to evaluate crisis system performance, which was performed as part of its contract with CCJBH to develop the PH/PS Data Visualization. This approach would not only maximize resources, but also would bring the perspectives of individuals with lived experience to inform the crisis response efforts since CSG's employed in-depth lived experience focus groups as a key component of their project approach.
    b. **Develop and disseminate educational materials to raise community awareness on how to identify and appropriately and safely address a mental health crisis situation**, including the use of the newly implemented 988 Suicide and Crisis Hotline (e.g., informational materials, media campaign), as a stigma-reduction strategy, as well as a way to empower communities to know how to respond to crisis situations.
    c. **Implement evidence-based practices that can reduce first responders' unnecessary involvement in behavioral health crises, including warm handoffs from 911 to 988 and/or mobile crisis teams or, in cases where first responders are involved, explore evidence-based practices to reduce/avoid usage of restraints.** Further exploration and research can be done by academic institutions to identify and compile evidence-based practices and policies that state agencies may disseminate to health/behavioral health and criminal justice system partners.
    d. **Explore evidence-based practices, policies, and potentially laws/regulations, that determine when it is absolutely necessary for law enforcement staff to be present in health care settings, as well as when they may carry their firearms, tasers, or other weapons (e.g., active shooter incidents).** This can be accomplished through collaborations between academic institutions and law enforcement departments to identify and compile evidence-based policies and practices that can be potentially implemented by criminal justice systems at the state and local levels.
5. **Provide technical assistance to assist counties, CBOs, and other partner agencies with to ensure an accurate understanding on how to transfer Medi-Cal eligibility in a timely manner (e.g., webinars with case examples).** DHCS is working on a Behavioral Health

Information Notice (BHIN) (Link BHIN if released before leg report is published) to outline the process for transferring Medi-Cal eligibility across counties. Once this BHIN is released, DHCS, with support from justice system partners, including CCJBH, could work together to identify strategies to support local level implementation of this BHIN. This would help to improve timely access to community-based behavioral health services and decrease negative outcomes, such as individuals being detained in jails for longer than necessary.

6. **Explore opportunities to partner with social development enterprises (SDEs) to foster opportunities to provide workforce development and training for the BH/JI population.** Agencies that serve the BH/JI population, particularly criminal justice, and behavioral health, should seek to identify, and collaborate with SDEs to increase access to employment services for individuals who are transitioning from incarceration into their community (e.g., trainings and mentorship). This approach could help transitioning citizens gain employment, thereby reducing their likelihood for recidivism.[15] Ideally, the SDEs will offer services, preferably on-site, such as behavioral health counseling, substance abuse treatment programs, ongoing case management, and mentoring supplemented with supportive services (e.g., subsidies for transportation and other necessities).[16]
7. **CCJBH could work with its State-level Lived Experience Project (LEP) contractor, once selected, to use products developed through the FY 2020-23 CCJBH LEP, as well as relevant local and national information, to develop a California-specific peer workforce development best practices toolkit.** This type

> *"Twenty-one of the leaders with whom REDF partners [were justice-involved] and started their own businesses upon release when they couldn't find work...and are committed to hiring individuals from similar backgrounds, thereby giving back to their community, and striving to spare others from the challenges they encountered when seeking employment."*
>
> - Ms. Galina Fajardo, Robert's Enterprise Development Fund (REDF) at CCJBH's July 14, 2023, Diversion/Reentry Workgroup

[15] CCJBH received a presentation from the Roberts Enterprise Development Fund at the July 2023 Diversion/Reentry Workgroup Meeting, and there are also additional SDEs, such as those funded by the Employment Development Department's Workforce Innovation and Opportunity Act (WIOA) Governor's Discretionary funds.

[16] See the Social Policy Research Associates Article: Advancing Employment Opportunities for Justice-Involved Individuals through Work-Based Learning: Experiences from Reentry Grantees (September 2022).

> *"A recent study between CALPIA in collaboration with UC Irvine, showed that 85% of CALPIA program participants did not return to prison within 3 years after release…[one of the Career Technical Education program graduates], was able to join a union and secure a job opportunity immediately upon release. These success stories are ongoing and exemplify the positive impact of the program."*
>
> - Mr. Rusty Bechtold, California Prison Industry Authority at CCJBH's July 14, 2023, Diversion/Reentry Workgroup

of resource could be used by organizations that serve the BH/JI population to integrate into their workforce individuals with BH/JI lived experience who are peer-certified, including strategies to navigate background checks.[17] Having a best-practices compendium can provide resources on organizational readiness and policies, as well as best practices in hiring and retaining peers.

8. **Consider establishing interagency partnerships as a foundational component for housing projects that are intended to address the needs individuals with behavioral health needs who are, or at risk of becoming, justice-involved.** Leveraging interagency partnerships for housing projects will optimize the chances for successful housing development, as well as for sustaining tenancy within those developments. Specifically, entities such as local housing authorities could serve as lead on housing development and financing alongside systems that serve the BH/JI population, which would serve as lead on identifying and addressing their ongoing needs (e.g., primary care, behavioral health, criminal justice, employment/education). One such example is the recent partnership between the California Department of Housing and Community Development (HCD) and CDCR, as reflected in the HOME Investment Partnership Program-American Rescue Plan, which allocates housing funds for Reentry Housing Pilot Project(s), coupling HCD expertise in housing development and financing and CDCR's expertise on the needs of returning citizens, to ensure that the new housing capacity successfully addresses the needs of formerly incarcerated individuals.

9. **Promote cross-collaboration between CDCR, California Department of Social Services (CDSS), and the federal Social Security Administration (SSA) to address the income needs of the BH/JI population** (e.g., access to Supplemental Security Income / Social Security Disability Insurance (SSI/SSDI) and housing). Having more collaboration between CDCR, CDSS, and SSA, can assist with the identification and quality improvement of the application process and approvals for SSI/SSDI benefits. As part of this effort, the possibility of leveraging existing programs, such as the Housing and Disability Advocacy Program (HDAP) to assist justice-involved eligible individuals who are experiencing or at risk of homelessness with accessing disability benefits, housing supports, and other wraparound supportive

[17] During the April 2023 Full CCJBH Council Meeting, CCJBH Councilmembers voted to establish one state-level contract, which is expected to commence during the summer of 2024.

services, could be explored.[18] Housing and Disability Advocacy Program (HDAP) specially supports individuals who are likely eligible for disability benefits with disability benefits advocacy, as well as housing-related financial assistance and wraparound supportive services including, but not limited to: interim shelter assistance, rental assistance, housing navigation, case management, security deposits, utility payments, moving costs, legal services, and credit repair. The result of these efforts could serve as a model for other system partners, including Medi-Cal MCPs (for Enhanced Care Management (ECM)), county probation, and behavioral health.

10. **Expand the access to and utilization of the statewide Homeless Management Information System (HMIS) data for community-based organizations that provide care coordination for individuals who are experiencing homelessness and are justice involved.** To better understand the needs of the BH/JI population who are or at-risk for homelessness, California Interagency Council on Homelessness (CalICH), in partnership with local Continuums of Care, could offer HMIS trainings and technical assistance to CBOs, which could improve service coordination through cross-collaboration between governmental and non-governmental entities that leads to better housing outcomes. One example of training a large network of agencies and community-based organizations in HMIS data entry is the Houston-based "The Way Home's Partner Agency Portal."[19]

c. General Recommendations

In addition to the above, CCJBH also offers the following recommendations that apply across the lifespan to ensure that current efforts by system partners that serve the BH/JI population including, but not limited to MCPs, behavioral health, criminal justice, and CBOs, will achieve maximum benefits for the BH/JI population:

1. **System partners that serve the BH/JI population should be trained in evidence-based corrections. Furthermore, cross-system coordination could be optimized through the use of Collaborative Comprehensive Case (CCC) Plans.** As mentioned in previous legislative reports, and is reiterated again for emphasis, BH/JI system partners should have a working knowledge of evidence-based corrections techniques (e.g., the Risk-Needs-Responsivity Model) and CCC Plans could be used to comprehensively coordinate ECM and Community Supports,[20] health and behavioral health services,[21] criminogenic interventions, restorative justice practices, employment/educational opportunities, etc. System partners should be mindful that the BH/JI population is often engaged with several different and siloed systems. As such, it is important for case workers within each of these systems to

[18] See the California Health Policy Strategies Policy Brief Improving Effectiveness of SSI/SSDI Advocacy Programs for Jail-Incarcerated Populations (2019).

[19] Also see the Coalition for the Homeless of Houston/Harris County Homeless Management Information System Brochure.

[20] Specifically, justice system partners should explain to transitioning citizens the role of the 90-day in-reach care coordinator/ECM Lead Care Manager, the latter of which could instill trust by employing peers or other credible messengers as part of the care team.

[21] These include prosocial activities (activity stipends) for at-promise and justice-involved youth in the child welfare system that meet criteria as per the BH-CONNECT waiver.

understand and be able to clearly explain the different roles of these systems and how all work together to provide comprehensive care.

2. **Develop Medi-Cal informing materials/campaigns tailored to the needs of youth and adults returning to their communities from juvenile detention facilities, jails, and prisons, as well as those under probation/parole community supervision.** To increase utilization of Medi-Cal services for the BH/JI population, DHCS could work with justice system partners to develop/disseminate information, such as how to select MCPs, what services are available, and how to access/navigate those services, that could be provided to transitioning youth and adults prior to, upon, and after release from incarceration. Ideally, peers, community health workers (CHWs), and other "trusted" individuals and community-based organizations that serve the reentry population would provide support throughout the transition to community, with the goal of raising member awareness of and increasing member engagement in Medi-Cal services.
3. **Justice system partners should begin making referrals to Medi-Cal MCPs for ECM assessments, as appropriate.** CCJBH's ECM Referral Informational Flyer can be disseminated widely to raise awareness and provide guidance to justice system partners to better understand the ECM services, applicable populations of focus and steps to make ECM referrals.
4. **MCPs and probation/parole should coordinate to ensure that the services currently delivered by probation/parole that are now available as part of ECM and Community Supports are provided in a manner that maximizes federal reimbursement, as applicable, and prevents duplication of efforts.** The 2024 MCP Contract requires that MCPs establish Memorandums of Understanding (MOUs) with third party entities. The MOUs are intended to ensure responsibility for care coordination of all members, particularly across carved-out services, establish data sharing requirements between MCPs and entities to support care coordination and enable robust monitoring; and provide mechanisms for the parties to resolve disputes and ensure overall oversight and accountability. Ultimately, the MOUs are intended to be vehicles to clarify roles and responsibilities among parties, and support local engagement, care coordination, information exchange, mutual accountability, and transparency. Effective January 1, 2025, MCPs will be required to establish MOUs with county jails and youth correctional facilities.
5. **DHCS could monitor ECM provider-to-member ratios to ensure that caseloads are not so high as to render them unmanageable**, thus potentially adversely impacting service quality.
6. The following considerations could be made in preparation for the approval of DHCS' BH-CONNECT Demonstration to address the unique and often complex needs of justice-involved youth who are also actively involved in the child welfare system:
    a. **DHCS and county behavioral health departments should help make sure that county probation and state parole is aware of the services that will be made available through BH-CONNECT**, clarifying how they relate to the existing services provided by MCPs (e.g., ECM, Community Supports, non-specialty mental health services) and by county behavioral health departments, as well as new pre-release behavioral health

links and 90-day in-reach services that will become available under the CalAIM Justice Involved Initiative, once implemented. This will allow state parole and county probation to understand the comprehensive array of available Medi-Cal-funded services to appropriately incorporate them into case plans for the BH/JI population.

b. County behavioral health, child welfare and MCPs should include probation departments in efforts to implement BH-CONNECT as it pertains to serving justice-involved youth who meet BH-CONNECT criteria to fully identify, understand and address their unique service needs.

c. CCJBH should continue tracking BH-CONNECT to determine how best to optimize the services for the BH/JI population (children/youth and adults).

7. The following considerations should be made by system partners to examine service utilization, outcomes and system capacity as related to the justice-involved population:

   a. **State and local system partners should work to stratify data reporting by the justice-involved populations wherever relevant and however possible to better understand the magnitude and demographics of this population (CDSS' AB 2083 multi-departmental data matching, DHCS' Population Health Management, BH-CONNECT, HCAI's behavioral health workforce efforts, Employment Development Department,[22] etc.).** Resulting information from these data reporting efforts should then be used to ensure that current or planned resource allocations will benefit the BH/JI population, as applicable.

   b. **DHCS and CCJBH could explore the potential to use Medi-Cal justice-involved aid codes and ECM Populations of Focus data as a proxy to identify and expand data analyses to include those who are incarcerated at the local level** as there currently is no statewide repository for individual-level jail or probation facility data for adults or youth, respectively. DHCS is establishing new Medi-Cal enrollment program aid codes for justice-involved populations, as well as capturing Medi-Cal MCP ECM data that identifies the justice-involved population of focus. Collectively, these data could allow for future Medi-Cal data analyses that are specific to justice-involved individuals, including examining timely access to ECM, Community Supports, and behavioral health services.

   c. **HCAI, DHCS, and CalMHSA, in collaboration with county behavioral health, could utilize a workforce estimator data tool to identify behavioral health workforce gaps, and then use this information to identify strategies that promote recruitment and retention of behavioral health professionals**. In particular, DHCS network certification data could be used to identify behavioral health shortages across different counties, and then workforce estimator tool could be used to model how different strategies could

[22] HCAI and the Employment Development Department could collect aggregate data on employment rates, trainings, and completion of programs (e.g., apprenticeships and internships) on formerly incarcerated individuals, which would allow for the evaluation of program outcomes, identify areas of need, and inform future investments that promote the workforce development for the BH/JI population.

help address these shortages, including leveraging the recent workforce expansion opportunities (e.g., HCAI).

8. **The increased use of telehealth since the COVID-19 Public Health Emergency presents an opportunity to improve access to behavioral health services for the justice-involved population with behavioral health needs, but it is also important to track the quality and impact of these services**.[23]

9. **Identify and promote/disseminate best-practices that reduce the use of restraints and handcuffs on individuals experiencing behavioral health conditions.** Individuals with behavioral health conditions who are arrested or incarcerated may be placed in restraints while receiving clinical care in hospital settings (e.g., leg and waist restraints, handcuffs), which can potentially deter them from seeking care in the future. Exploring best practices that reduce the use of restraints, analogous to Penal Code 3407, which limits the use of restraints and handcuffs in individuals who are pregnant, can help to minimize use of restraints and prevent the disengagement of services among the BH/JI population.

III. Update on 2025 Policy Goals

CCJBH has continued to monitor the progress of four broad policy goals related to the BH/JI population: 1) behavioral health prevalence rates; 2) the continuum of available behavioral health, criminal justice, and social services (including housing); 3) workforce to support this continuum; and 4) the practice of using data to guide policy and program efforts. While CCJBH is not directly responsible for these goals, nor is any single entity responsible for achieving them, the Council holds an important role in using data to identify and highlighting successes, as well as target areas for improvement. Ideally, in addition to anchoring and guiding CCJBH Full Council and workgroup discussions, this information is used to inform and shape relevant policy and programmatic decisions. Updates on these indicators are as follows:

***Goal #1*:**

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

***2023 Update*:**

Since 2020, in the Annual Legislative Report, CCJBH has compiled and shared the prevalence rates of individuals with behavioral health conditions in custody settings compared to those of the general population as a key (if not "the" key) performance measure. As shown in Figure 1, an examination of these data has consistently revealed a pervasive overrepresentation of individuals with mental health and/or substance use disorder health conditions in custody settings, with SUD(s) being most overrepresented. Interestingly, while most of these prevalence measures remained stable, there has been a slight increase in the

[23] Los Angeles County is currently customizing a model to increase data exchange between the Los Angeles County Department of Mental Health (LACDMH), the COE and MCP that mirrors the data collected by LACDMH to allow for effective comparison. This model should be reviewed by DHCS and other counties as an effective model of tracking program outcomes and the effectiveness of warm handoffs.

jail and prison rates for "any" mental illness, which CCJBH first documented in the 2020 Annual Legislative Report as it related the COVID-19 PHE releases (p. 20).[24] It is critical for CCJBH to continue reporting on and monitoring these data[25], particularly given the recent investments in behavioral health care and housing in California, which collectively is expected to result in reductions BH/JI population's incarceration rates. For more detailed table regarding Goal #1 prevalence data, see Appendix F.

***Goal #2*:**

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

***2023 Update*:**

For Goal 2, CCJBH continues to monitor four public systems that are critical to meet the unique and complex needs of the BH/JI population: behavioral health, criminal justice, social services, and housing. As documented in the 20th Annual CCJBH Legislative Report, the measures identified for each of these systems is based on relevant, available data that can be monitored at the state-level. While detailed results on the updated data for the Goal #2 measures may be found in Appendix F, overall findings based for each system is as follows:

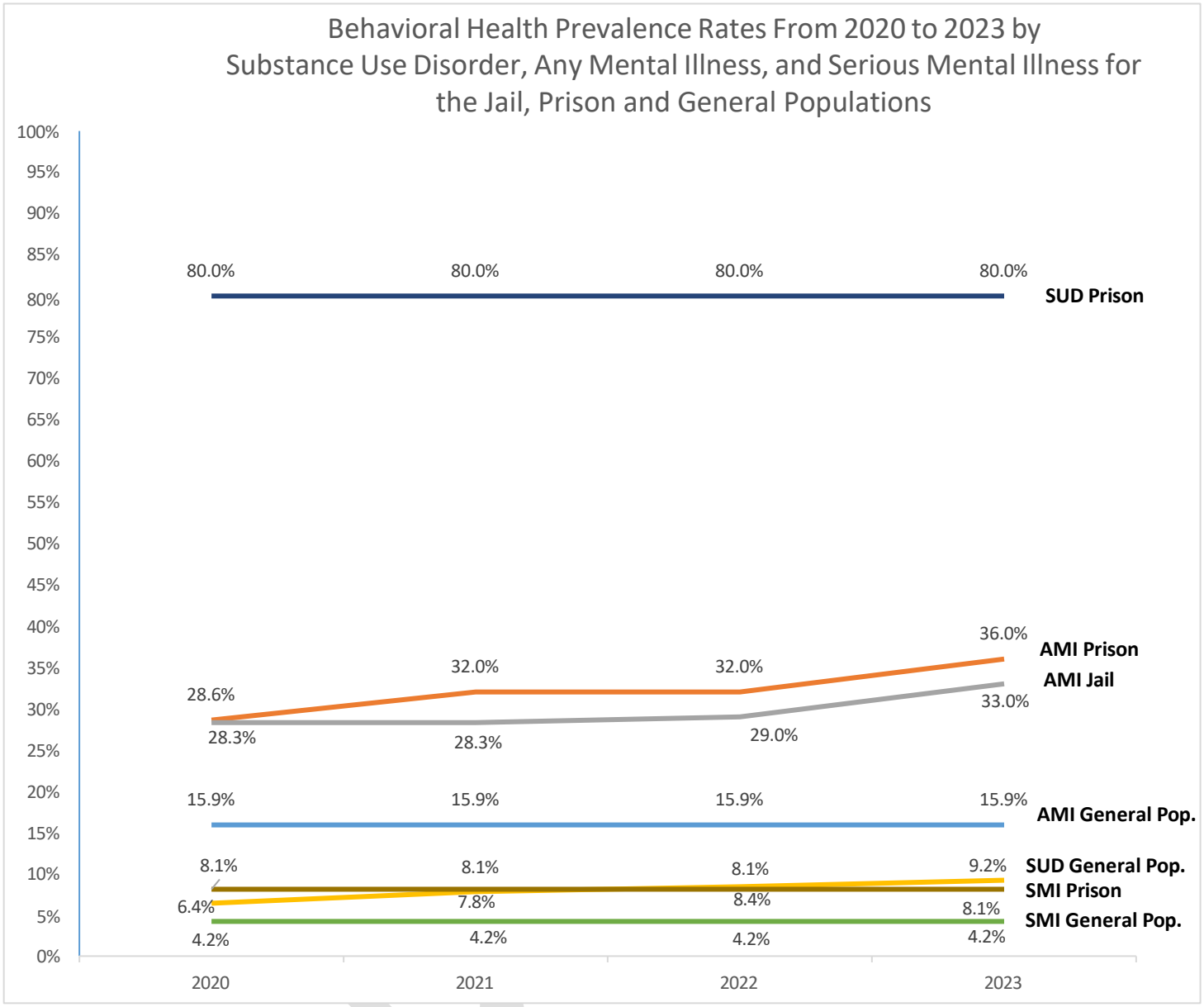
Public Behavioral Health System

Services to meet behavioral health needs are provided across multiple Medi-Cal delivery systems. To document the degree to which the community behavioral health system adequately meets beneficiary needs, DHCS produces annual Medi-Cal Network Certifications, which certify that each delivery system meets established network adequacy standards, such as time and distance, and timely access to care. The 2022 certification findings regarding the capacity of these systems, as reported in May 2023 (the most recent reporting period for which information for the resulting corrective action plans (CAP) is available), were as follows:

[24] An October 2023 article published by the Public Policy institute of California (PPIC) reported that the prevalence rate of mental illness in Jails has grown from 20 percent in January 2010 to 53 percent in June 2023. *Note: PPIC's prevalence rate was determined by using the Board of State and Community Corrections' Jail Profile Survey (JPS) "mental health cases opened last day of month"' data whereas CCJBH uses the JPS "inmates receiving psych medication, last day of month"* data. Though different, both show increases in the prevalence of individuals with mental illness in California jails.

[25] The CDCR-Office of Research Data Dashboard for prevalence rates of Any Mental Illness (AMI) and Serious Mental Illness (SMI) in Prison populations. A California Correctional Health Care Services report noted that "]although currently there are not official validated data regarding the prevalence of SUD…in CDCR, it has been estimated that the prevalence of SUD among the CDCR population is approximately 80 percent…". Additionally, a report submitted to the Department of Health Care Services represents the AMI and SMI prevalence rates for Medi-Cal members statewide. The AMI prevalence rates for the jail population were obtained from Board of State and Community Corrections' Jail Profile Survey (JPS) data repository.

Figure 1. Behavioral Health Prevalence Rates in California: Jail and Prison Compared to the General Population



- All 26 MCPs met the provider-to-member ratios and time or distance standards.
- Out of 56 county Mental Health Plans (MHPs), 51 (91 percent) received a conditional pass for compliance with network adequacy standards subject to resolution of a CAP, [26] while 5 MHPs fully complied with network adequacy standards. Of the 51 MHPs that received a conditional pass, 23 (45 percent) resolved their CAP by May 2023.
- Out of 31 Drug Medi-Cal Organized Delivery System (DMC-ODS),[27] 24 (80 percent) received a conditional pass for compliance with network adequacy standards subject to resolution of a CAP, while 7 DMC-ODS fully complied with network adequacy standards. By May 2023, 13 (54 percent) of the DMC-ODS counties (with a conditional pass) had resolved their CAP.[28]

When comparing the 2022 Network Adequacy Certifications to the previous year, the number of MHPs that received a conditional pass on their Network Adequacy standards increased (91 percent in 2022 versus 32 percent in 2021), which indicates that MHPs continue to struggle with meeting the standards, especially for children/youth psychiatry services. Per DHCS, one reason that the number of plans in compliance with network standards following initial certification in 2022 was significantly lower than in 2021 was county administrative data reporting errors that prevented DHCS from conducting analyses for capacity and composition and time or distance (plans with these errors were given conditional passes). Additionally, DHCS increased the compliance threshold for timely access, as well as added psychiatry services to timely access compliance; these were new standards in 2022. Increased non-compliance with network adequacy standards may also be attributable to recruitment challenges, as well as continued effects of the pandemic. Notably, 7 DMC-ODS counties met all network adequacy standards, which was an improvement from the previous year when all DMC-ODS had a conditional pass. Additionally, 65 percent of the DMC-ODS counties were network adequacy compliant within 6 months of the original findings.

[26] A "conditional pass" designation means the MHP did not meet all of the network adequacy requirements and/or that ongoing monitoring and corrective actions are required to improve access to Specialty Mental Health Services for beneficiaries. A conditional pass designation can also result from any deficiency in the requisite supporting documentation that each plan submits as part of the certification process. This designation also applies to the DMC-ODS.

[27] The 31 DMC-ODS consists of includes 30 individual plans and 1 regional model that represents 7 counties.

[28] Counties that have not opted into the DMC-ODS are not subject to the provider ratios or timeliness standards but will be subject to the time and distance standards in future certifications.

Criminal Justice System

- In FY2022-23, as stated in the 2023 California Rehabilitation and Oversight Board Annual Report, the parolee population increased by 2.7 percent. As of June 30, 2023, 93.9 percent of parolees received a Reentry Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment, which is a slight decrease since 2021.The department uses the results of the California Static Risk Assessment (CSRA) tool to assess an incarcerated person's risk to reoffend. The CSRA is completed during the start of an individual's incarceration. Of the released population with a CSRA and COMPAS assessment complete, 89.4 percent had a moderate to high CSRA risk and at least one moderate to high COMPAS reentry need. Additionally, 42.5 percent of parolees that were designated as moderate to high risk (by CSRA), with at least one need participated in at least one program consistent with their need within their first year of release. The percentage increased by almost seven percentage points compared with the prior fiscal year. The total percentage of individuals with both a risk and need who participated in any program within one year increased from 35.8 percent to 43 percent.
- In accordance with SB 678, an EBP Annual Assessment Survey is administered for probation departments to meet their statutory obligations under Penal Code Sections 1231 and 1233, and to track progress over time. Based on the CY 2022 survey administration, responding counties (49 total) represent a large portion of California's total population and data are self-reported by each probation department.[29] Analyses of data from the 2022 EBPs Annual Assessment Survey indicate that the majority of supervised individuals received a validated risk assessment to identify criminogenic needs (approximately 90 percent of medium/moderate risk and 96 percent of high-risk individuals) and that the majority of supervised individuals were referred to programming, treatment, and/or services based on one or more of their assessed top criminogenic needs (approximately
84 percent of medium/moderate risk and 90 percent of high-risk individuals)). Additionally, most probation departments utilized EBPs that were responsive to criminogenic needs assessment (e.g., supervision plan, services, supervision conditions, rewards) for moderate to high-risk individuals.

[29] Responses are not independently verified after submission. In addition, survey responses likely undercount the implementation of EBPs as probation departments may contract some practices or EBP components out to third parties. Further, the EBP Annual Assessment asks probation departments about their use of evidence-based practices in supervising all felony populations, including individuals on adult felony probation, mandatory supervision and post release community supervision (PRCS).

Social Services System

- As reflected in the C-ROB September 2023 Report for FY 2022-23, and similar to the prior year, the majority (83 percent) of Medi-Cal applications were approved by the time of release, with approximately 16 percent pending an outcome.[30] The status of most SSA/SSI and Veterans Affairs (VA) applications remain pending (approximately 70 percent); however, of those applications that were processed, approximately 77 and 71 percent were approved, respectively.

Housing System

- Point-in-time data from CDCR indicate that, of the 25,371 individuals who were on parole on June 30, 2023, 84 percent (n=21,393) were not homeless or residing in a shelter (i.e., transient).[31] That said, 16 percent (n=3,978) were transient.[32] Furthermore, 73 percent (n=2,920) of this transient parolee population had an identified behavioral health need at the time of their release. Specifically, of those who were transient:
  - 33 percent (n=1,327) left prison with a SUD ***only.***
  - 27 percent (n=1,066), had a co-occurring mental health and SUD and within that group:
    - 75 percent (n=795) had a Correctional Clinical Case Management System (CCCMS) designation.
    - 22 percent (n=232) had an Enhanced Outpatient Program (EOP) designation.
  - 13 percent (n=527), had a mental health designation ***only*** and within that group:
    - 79 percent (n=417) were CCCMS.
    - 17 percent (n=92) were EOP.[33]
  - 27 percent (n=1,058) had no identified behavioral health need.

In summary, an examination of the available data from these four public systems indicates that:

- Behavioral health provider shortages in areas such as children/youth psychiatric care are pervasive; however (as demonstrated below), counties are working diligently to

[30] The number of individuals releasing from CDCR who are enrolled into Medi-Cal is expected to improve given the recent Medi-Cal expansion to extend full scope Medi-Cal coverage to individuals who are 26 through and including 49 years of age, regardless of their immigration status, as well as the upcoming implementation of CalAIM 90-day in-reach and pre-release services.

[31] Data were provided to CCJBH from the CDCR Office of Research (CDCR-OR).

[32] Please note, homeless parolee data should not be compared to the 2021 Legislative report due to a change in the CDCR-OR methodology for reporting data regarding the homeless parolee population.

[33] SUD designations are based on results from the COMPAS assessment.

increase workforce capacity and have grown their networks each year as evidenced by DHCS Network Adequacy reports.

- The criminal justice system agencies continue to demonstrate a concerted effort to assess needs and risks of the probation and parole populations and apply the evidence-based practice of pairing these individuals with criminogenic interventions that are tailored to their needs.
- CDCR continues to ensure that individuals released from CDCR are enrolled into Medi-Cal upon release, and it is expected that the connection to Medi-Cal services will improve as DHCS CalAIM Justice Involved initiative, and Medi-Cal population expansion efforts, are fully implemented.
- There continues to be a need to connect parolees to and help them maintain housing, particularly with the appropriate services and supports to address their behavioral health needs.
- Significant opportunities for improvement remain to ensure that the SSI/SSDI applications initiated by CDCR prior to release from prison complete processing post-release, particularly given the fact that the vast majority of those that do get processed are ultimately approved.

Goal #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 (i.e., criminogenic needs interventions) and behavioral health services to achieve recovery and reduced recidivism.

2023 Update:

To shed light on BH/JI workforce capacity and training that is necessary to support the systems specified in Goal #2, given the extremely limited availability workforce data, CCJBH continues to examine data using the DHCS' Network Adequacy Certifications and SB 678 EBP Annual Assessment Survey. Updated results from each are as follows:

DHCS - 2022 Network Adequacy Certifications

To measure BH workforce development and State investment in the provision of technical assistance for expanding capacity that meets estimated need for Specialty Mental Health Services (SMHS), CCJBH utilized DHCS's Network Adequacy Certification Findings Reports to evaluate overall SMHS and psychiatry provider capacity (calculated by number full time equivalent providers). The findings indicate that counties struggled the most with children/youth psychiatry services. Overall, 32 counties were deficient in provider capacity standards. Table 1 shows a detailed breakdown of deficiencies, which could have varied across multiple provider capacity standards, for each provider type.

Table 1 2022 Network Adequacy Certification – Initial Findings County Mental Health Plan Deficiency by Provider Type and Age Group		
Provider Type	**# of Counties**	**Total /deficient FTE**
Adult Outpatient SMHS	25	841.93
Children/Youth Outpatient SMHS	28	1583.19
Adult Psychiatry	20	61.43
Children/Youth Psychiatry	21	41.62

By May 2023, 23 out of the 32 deficient counties resolved their provider network deficiencies by submitting data, indicating that approximately 1,282 Outpatient SMHS provider full-time equivalent (FTEs) and 75 Psychiatry provider FTEs were added to support the SMHS needs of their Medi-Cal members[34]. Table 2 shows a detailed breakdown of FTE added by provider type.

Table 2 DHCS 2022 Network Adequacy Certifications County Mental Health Plan After Corrective Action Plan Submission FTE Added by provider type		
Provider Type	**# of Counties**	**FTE Added by May 2023**
Adult Outpatient SMHS	20	646.63
Children/Youth Outpatient SMHS	19	634.87
Adult Psychiatry	15	52.49
Children/Youth Psychiatry	15	22.10

SB 678 EBP Annual Assessment Survey

There are measures within the SB 678 EBP Annual Assessment that target correctional workforce training on specific EBPs (e.g., criminogenic needs assessment, motivational interviewing, cognitive therapy, positive reinforcement). Analyses of these data showed that:

- 100 percent of counties trained officers to focus on criminogenic needs when meeting with medium-risk and high-risk offenders.

[34] The Plans were allowed to submit alternative access standard requests and timelines for expected resolution to DHCS (subject to approval) for SMHS and Psychiatry service provider shortages by age group (Adult and Children/Youth) and provider/service type detailing proposed expansion to systems of care to meet DHCS's calculation of estimated needs for services. CCJBH then utilized the DHCS Findings Reports (i.e., data regarding the resolution of CAPs) to calculate provider capacity growth within the identified, deficient networks.

- 98 percent of counties trained officers in intrinsic motivational skills, such as Motivational Interviewing for medium-risk and high-risk offenders.
- 82 percent of counties trained officers in the use of Cognitive Behavioral Therapy techniques for medium-risk and high-risk offenders.
- 98 percent of counties trained officers to frequently give verbal positive reinforcement for prosocial behaviors when meeting with medium-risk and high-risk offenders.

In addition to continuing to report on these data, CCJBH will continue to monitor HCAI's efforts to enhance the training of the behavioral health workforce to serve justice and system-involved youth (through the CYBHI) and adults, as well as their plans to develop data visualizations on workforce growth and expansion. For more details regarding Goal #3 measures, please see Appendix F.

***Goal #4*:**

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

2023 Update:

- *PH/PS Data Visualization* – CCJBH launched the PH/PS Framework and Visualization which presents publicly available data on socio-economic factors and criminal justice involvement per county. CCJBH will be expanding this visualization to include additional data, as specified in the framework, and informed by stakeholders.
- *Medi-Cal Utilization Project (MCUP)* – CCJBH continues to examine data regarding individuals released from CDCR facilities in relation to their Medi-Cal enrollment and utilization of Medi-Cal physical and behavioral health care services. CCJBH also partnered with the California State University, Sacramento (CSUS), to conduct listening sessions for individuals with behavioral health needs and lived experience in the justice system. The qualitative data obtained from those listening sessions was compiled and analyzed to inform the findings from the quantitative MCUP analyses. The final reports from both the MCUP data analyses and Listening Sessions are posted to the CCJBH website.
- MHSOAC's Data-Driven Recovery Project continues to support criminal justice and behavioral health data linkage at the local level.

IV. Reflection on 2022 CCJBH Legislative Report Recommendations

Annually, CCJBH makes recommendations to help improve services for the BH/JI population in hopes of minimizing justice system involvement for this population. CCJBH's recommendations promote partnership and assist in bridging the knowledge gap between systems that have not traditionally interacted to create a comprehensive system of care that effectively meets the needs of the BH/JI population. Recommendations are focused on the effective implementation of current State initiatives and bring to light barriers faced by the BH/JI population in accessing traditional services and potential solutions on how this population can be included.

The Juvenile Justice Recommendations made in 2022 primarily focused on information sharing and collaboration. With the unprecedented investment in behavioral health over the past few years, there has been ample opportunity for CCJBH to provide feedback on the implementation of new initiatives, including the CYBHI, DHCS' Student Behavioral Health Incentive Program, MHSOAC's Student Mental Health Services Act, and many others outlined in the 2022 Legislative Report Recommendations. Of the 13 recommendations made in 2022, 11 are either ongoing or in progress, with work being done through promoting partnerships, providing feedback, or highlighting best-practices at Juvenile Justice Workgroup Meetings. Two recommendations are closed as the suggested information has been relayed to the appropriate organizations.[35]

In 2022, CCJBH developed Diversion and Reentry recommendations. Of the 22 Diversion and Reentry recommendations that focused on strengthening system capacity, housing and homelessness, and research/evaluation and data, 85 percent are being addressed in some capacity, whether through the Diversion and Reentry Workgroups, deliverables included in the technical assistance contract with CSG Justice Center, recent state investments, or work performed by other State agencies. Five recommendations were fully addressed and considered "closed" by either relaying information to the appropriate organizations or being incorporated into the implementation of statewide initiatives by partner agencies.[36]

V. CCJBH Project Updates

In addition to supporting the Council, CCJBH staff also work on a variety of projects related to the BH/JI population. Updates on each of these projects, including completed deliverables, are provided below.

[35] These include the recommendation to CDE to provide guidance and/or technical assistance to inform system partners that justice-involved youth are included under the Perkins V special population category, as well as the recommendation to County Probation Departments to consider establishing partnerships with legal service organizations experienced with educational advocacy to ensure a timely and smooth transition to the youth's home school district following release from an institutional setting.

[36] These include the focus on deflection to prevent jail bookings, the implementation of the Medi-Cal ECM and Community Supports benefits for specified populations of focus, workforce expansion efforts, and the passage and implementation of the CARE Act, thereby providing a new court-supported process to assist people living with untreated schizophrenia or other psychotic disorders by providing clinically appropriate community-based services and supports.

A. Public Health Meets Public Safety

CCJBH's PH/PS project seeks to marshal data to inform policy and programmatic decisions that focus on reducing the overrepresentation of adults and young people with behavioral health needs who are overrepresented in California's justice system. It was initiated through a contract with the CSG Justice Center that began in June 2020 and ended on December 31, 2022. In 2023, the CSG Justice Center provided CCJBH with the final contract deliverables, which included the Introduction to Public Health Meets Public Safety Framework and Public Health Meets Public Safety Final Report, as well as an initial version of the PH/PS Data Visualization.[37] Collectively, this information may be used by a variety of BH/JI stakeholders to inform relevant state and local efforts.[38]

To continue building the PH/PS Framework, in 2023, CCJBH also sought and was awarded a one-year analyst position as part of the Justice Reinvestment Initiative (JRI), funded by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA). The analyst position, referred to as the Resident Corrections Analyst, will work with CCJBH and stakeholders through August 2024 to develop a structured process to:

- ✓ Analyze and interpret data from the PH/PS Data Visualization to develop fact sheets, informational briefs, and use case scenarios to support the development of policies, programs, and services to improve outcomes for the BH/JI population.
- ✓ Assist CCJBH in updating and maintaining the PH/PS Data Visualization.
- ✓ Produce documentation of protocols for retrieving, cleaning, and standardizing PH/PS Data Visualization data (documenting the data sources, the frequency of and process for updating the data, etc.).

During the April 21, 2023, Full Council meeting, CCJBH Councilmembers renewed their commitment to identifying data supporting evidence by voting to approve an interagency agreement (IA) with the University of California, Berkeley (UC Berkeley), which ended on August 30, 2023, to expand the Treatment Domain of the PH/PS Data Visualization. Similarly, during the July 28th Full Council meeting, CCJBH Councilmembers voted to approve a new IA with UC Berkeley's the Possibility Lab for FY 2023-25 to continue developing the PH/PS Data Visualization.

B. Medi-Cal Utilization Project (MCUP)

The 2021 CCJBH Legislative Report included a summary of MCUP findings and tables, showing trends in Medi-Cal enrollment rates for individuals transitioning from CDCR in FY 2018-19, as well as mental health and SUD service utilization for those who had CDCR behavioral health designations. In 2023, CCJBH prepared a stand-alone report for the analysis of FY 2019-20 CDCR releases. The *Medi-Cal Utilization Project: A Report on the Medi-Cal Enrollment and Behavioral Health*

[37] The CSG Justice Center also developed an Open Datasets Inventory that serves as a compilation of current publicly available data related to the justice and behavioral health systems, and produced an analysis of applicable privacy law and technological considerations to guide CCJBH's PH/PS efforts.

[38] Full background information on the PH/PS Framework and Data Visualization may be found on the PH/PS landing page.

Services Utilization for Individuals Released from the California Department of Corrections and Rehabilitation in Fiscal Year 2019-20 serves as the reporting template moving forward. In 2024, CCJBH plans to report on CDCR releases for FYs 2020-21 and 2021-22.

C. Diversity, Equity, and Inclusion (DEI) - Government Alliance for Race and Equity (GARE)

CCJBH places a strong emphasis on cultural proficiency for its staff, understanding its significance in providing effective behavioral health services to diverse populations. They have adopted the CDCR/CCHCS training program, ensuring that all staff, including leadership, acquire cultural competence skills. Additionally, CCJBH has a representative involved with the GARE committee, which promotes inclusivity and diversity in the workplace as part of CDCR/CCHCS objectives. This investment in cultural proficiency not only elevates the quality of care for diverse individuals but also aligns with broader efforts in behavioral health to advance equity and reduce health disparities. CCJBH's commitment to scrutinize policy issues and implement initiatives through a lens of DEI ensures that services are provided throughout the state with cultural sensitivity, honoring diverse traditions and perspectives.

D. Lived Experience Projects (LEP)

In 2023, CCJBH completed the five Regional LEP Contracts with four community-based organizations to increase local and State advocacy capacity of individuals with lived experience, as well as one contract with CSUS, to determine how best to engage individuals with lived experience in statewide public outreach efforts regarding the behavioral health and criminal justice systems, all of which were funded using ongoing Mental Health Services Act funds that were initially allocated in 2020. Activities and deliverables accomplished through these contracts are discussed below.

a. Regional LEP Contracts

On June 30, 2023, CCJBH completed the LEP project contracts with Anti-Recidivism Coalition (ARC), Cal Voices, Los Angeles Regional Reentry Partnership (LARRP), and Transitions Clinic Network (TCN). During the LEP Showcase that was held virtually in June 2023, each organization presented their project deliverables to CCJBH Councilmembers and stakeholders, highlighting successes, challenges, and lessons learned throughout the duration of the projects. The following is an overview of the work accomplished by each LEP contractor:

ARC (Central Region)

- Developed an ARC workforce development department for the Sacramento Region.
- Provided career readiness workshops and opportunities to individuals with lived experience.
- Provided weekly policy and advocacy trainings, as well as therapy sessions and life coaching for ARC members.
- Developed social media content and released publications.
- Fostered and developed collaborations with social services, education, employment, and justice-involved organizations and agencies.
- Hosted community events for ARC members.
- Participated in a local juvenile justice subcommittee.

- Sent newsletters to people who are currently incarcerated.
- Conducted groups inside multiple facilities in greater Sacramento area.

Cal Voices (Superior and Southern Regions)

- Recruited 2-3 Ambassadors for Superior Region and 2-3 Ambassadors for Southern Region.
- Developed and provided Ambassador Boot Camp trainings.
- Facilitated Community Activation Advisory meetings.
- Developed and disseminated a Community Needs Assessment Survey.
- Developed and disseminated social media posts and quarterly email blasts.
- Hosted community activation workshops.
- Provided technical assistance and trainings to Ambassadors.
- Developed a Peer Provider Toolkit, Voices of Opportunity Podcasts, and Priority Populations/Approaches Podcasts.
- Participated in advocacy activities.
- Provided Peer Provider workshops.

LARRP (Los Angeles Region)

- Developed the LEADERS Academy.
- Engaged 24 individuals to participate and complete the LEADERS Academy.
- Provided leadership and advocacy training to LEADERS Academy cohorts.
- Organized and participated in community events, workshops, and forums.
- Developed and implemented educational and media campaigns to promote fair chance policies, address stigmas associated with reentry, and highlight success stories of individuals with lived experience.
- Established partnerships with educational institutions to provide free college courses to LEADER Academy cohort members.
- Provided skill development workshops.

TCN (Bay Area Region)

- Developed the TCN Site Advisory Committee for Bay Area clinics.
- Developed and provided trainings for CHWs.
- Enhanced and supported partnerships between CDCR and community-based services.
- Provided technical assistance and mentorship to CHWs with lived experience.
- Increased capacity of clinics to enhance their practices related to behavioral health.
- Developed testimonial videos to increase awareness of behavioral health issues affecting patients who are justice involved.

In addition to these individual contractor efforts, throughout the year, CCJBH continued to host quarterly state LEP Advisory Team meetings, which were comprised of representatives from each of the Regional LEP Projects. Through this state LEP Advisory Team process, LEP contractors provided feedback and recommendations to CDCR's Enterprise Information Systems (EIS) section as they develop the Automated Rehabilitative Catalog and Information Discovery (ARCAID) application, which assists incarcerated or paroled individuals with their

search for local services as they are transitioning from incarceration and reintegrating into their communities. In addition, LEP contractors gathered feedback from individuals with LE to provide recommendations to CalMHSA as they developed core competencies for the SB 803 Justice Involved Peer Support Specialty and assisted with outreach and recruitment support for CCJBH activities (e.g., lunch-and-learns, participant recruitment for focus groups, and recruitment for panel presenters). Additional information about the LEP contractors and their areas of focus is located on the CCJBH website.

During the April 2023 Full CCJBH Council Meeting, CCJBH Councilmembers voted to fund one state-level and three local-level LEP contracts for FY 2023-26. CCJBH will be releasing requests for proposals in the winter of 2023 and contracts are expected to start summer of next year.

b. CSUS Lived Experience Project

As recent as 2021, and consistent with previous CCJBH findings, CCJBH reported through MCUP that individuals transitioning from incarceration (transitioning citizens) to the community who have identified mental health and/or SUD(s) underutilize Medi-Cal behavioral health services within one year upon release.[39] In an effort to better understand the reasons behind this underutilization, CCJBH worked with CSUS to host a series of listening sessions in 2023 with members of the broad BH/JI population and providers who serve them.

CSUS partnered with community-based agencies across the state who helped to inform the participant engagement and listening session design process for their specific location, conducted outreach to participants, hosted sessions at their site (when in-person), and provided incentives for beneficiary participation. A total of seven in-person listening sessions were hosted in partnership with Community Medical Centers (CMC), Indigenous Justice, and Contra Costa County Probation Department. A total of 68 beneficiary participants were engaged throughout this process. Feedback from the listening sessions was gathered by the CSUS facilitation team and analyzed by CCJBH to develop the *Barriers to and Strategies to Improve Utilization of Medi-Cal Services Among Individuals Transitioning from Incarceration: A Summary of Beneficiary and Provider Listening Sessions*, a report that provides recommendations for system and program changes that can improve services for the BH/JI population and increase their participation in Medi-Cal programs.

E. Justice-Involved Peer Support Specialists

CCJBH continues to track DHCS and CalMHSA's implementation of the SB 803 Medi-Cal Peer Support Certification[40] by participating in the bi-monthly CalMHSA Medi-Cal Peer Certification Advisory Committee meetings. CCJBH and LEP contractors gathered feedback from individuals with LE and provided CalMHSA with recommendations for the core competencies for the SB 803 Justice Involved Peer Support Specialty. In addition, CCJBH participated in stakeholder listening sessions facilitated by HCAI that focused on gathering stakeholder input to inform the

[39] See the 2021 CCJBH Annual Legislative Report.

[40] In California, the approval of SB 803 created an opportunity to formerly recognize and utilize Peer Support Specialists throughout the state. SB 803 requires that the DHCS in collaboration with the CalMHSA to develop a Peer Support Specialist certification program, which would allow for participating counties to utilize Medi-Cal funding to support and fund the utilization of peer support services.

development process of a statewide certification process for CHWs. Lastly, CCJBH continues to advocate for the use of peers and CHWs within and across the multiple public sectors that serve the BH/JI population (e.g., primary care, criminal justice, housing, and social services).

F. CalAIM

CCJBH remains actively committed to supporting the DHCS' CalAIM initiative, a multi-year effort to improve the quality of life and health outcomes of the Medi-Cal population by implementing broad delivery system, program, and payment reforms. Since 2021, CCJBH has supported DHCS' CalAIM efforts by participating in a number of DHCS CalAIM workgroups. In 2023, CCJBH, in collaboration with DHCS and other system partners, developed a number of resources to better support justice system partners in the implementation of CalAIM, including a CalAIM Factsheet with updated information per the recently approved waiver; a CalAIM 101 overview webinar presented by DHCS; and an informational flyer to instruct justice system partners on how to make a referral to request an ECM Assessment for BH/JI individuals who are under community supervision.

G. Pre-Trial Diversion Training and Technical Assistance

On June 30,2023 the contract with the CSG Justice Center that provided on-going subject matter expert specialty consultation and technical assistance to support county diversion planning and implementation ended. As part of this one-year contract, the CSG Justice accomplished the following:

- Conducted a statewide survey for local stakeholders with implementation roles in diversion including questions on current diversion practices, challenges, and impact of COVID-19;
- Facilitated six (6) peer learning communities;
- Developed Training & Technical Assistance (TTA) plans based on survey results;
- Facilitated four (4) quarterly meetings to collaborate with state officials/state - wide association on policies and TTA relevant for diversion implementation;
- Facilitated five Virtual Regional Listening Sessions (Central Valley, Southern California, Bay Area, Superior, Sacramento) to meet with stakeholders, including diversion participants and families, to identify implementation successes and challenges;
- Facilitated three (3) Topical Work - Through Sessions with stakeholders and subject matter experts on "tough" topics identified through survey, learning communities, and other collaboration meetings; and
- Developed *A Statewide Look at Mental Health Diversion: Recommendations to California's Council on Criminal Justice and Behavioral Health Report*, which summarizes the effectiveness of existing mental health diversion policies and practices, and providing recommendations on what changes must be made (and how) to advance mental health diversion programs to ensure their success throughout California.

Although CCJBH currently does not have an executed contract for FY 2023-2024 that predominately focuses on diversion efforts, CCJBH plans to disseminate CSG's report with

partner agencies and stakeholders. In addition, CCJBH will continue to engage diversion and reentry stakeholders through their Diversion and Reentry Workgroup.

H. Juvenile Justice Compendium and Toolkit

CCJBH and the RAND Corporation entered into a contract in 2022 to develop a compendium, toolkit and training plan to support youth who have been traditionally remanded to DJJ but will now remain at the county level under the jurisdiction of county probation as a result of SB 823. In 2023, the RAND Corporation completed the *Evidence-Based and Emerging Practices and Programs Compendium*, that explores 234 evidence-based, emerging, exploratory, and harmful programs and practices by providing information on the program/practice characteristics and outcomes. The information in the compendium is displayed through Tableau and includes filtering capabilities to search for the programs/practices that meet certain criteria. The *System Capacity Development Toolkit* was completed in December 2023 and builds off the information in the compendium to provide counties with the necessary infrastructure and capacity information to implement the program/practice, including cost, necessary staff, and potential funding sources. The *Training and Technical Assistance Plan* will be due in April 2024, and will serve as a resource that counties may use to secure the relevant training and technical assistance to implement the programs/practices outlined in the compendium and toolkit.

The development of the compendium and toolkit has been informed by two Community Advisory Boards (CABs), one of which is comprised of system-level representatives and the other of individuals with lived experience. OYCR has been an essential partner throughout the duration of the contract and provided feedback on the development of the work products.

I. Housing/Homelessness

Throughout 2023, CCJBH continued to collaborate closely with multiple state entities addressing housing and homelessness issues. Specifically, CCJBH has been working with DAPO and DRP to report on the progress of CDCR's commitments outlined in the CalICH Action Plan for Preventing and Ending Homelessness in California. Additionally, CCJBH has been monitoring housing efforts led by HCD, CDSS, DHCS, and Cal ICH to advocate for opportunities ensuring that the BH/JI population benefits from the state's historic housing investments. Finally, CCJBH is continuing to facilitate/coordinate efforts with HCD and CDCR's DAPO and the Division of Rehabilitative Programs (DRP), which was approved by HUD in April 2023.

J. Words 2 Deeds

Since its inception in 2003, Words 2 Deeds (W2D) has been a beacon of progress and innovation in the realm of criminal justice and mental health. This exceptional initiative has grown to become the gold standard for effecting a profound transformation in the relationship between these two critical sectors. By fostering enduring partnerships among courts, criminal justice agencies, mental health professionals, and governmental and nongovernmental organizations, W2D has consistently championed the cause of individuals with mental illness in our communities.

In a significant stance towards advancing their level of support, CCJBH allocated approximately $166,000 to further the cause of W2D, in accordance with their longstanding commitment to the program and this new investment will support the 2024 annual conference, provide CCJBH with technical assistance and support the upcoming changes to the Mental Health Service Act (MHSA) based on SB 326, the Governor's plan to modernize the way mental health care is delivered in California.

VI. Mental Health, Suicide and Recovery Awareness Activities

CCJBH continued to promote mental health awareness, suicide prevention, and recovery resources. During Mental Health Awareness Month, CCJBH held a featuring the Happier Life Project, to raise awareness about behavioral health issues for the BH/JI population, including the benefits of peer support throughout the process from transitioning from incarceration to community. Furthermore, CCJBH promoted Suicide Awareness by providing resources on a weekly basis through informative blasts, highlighting relevant webinars and resources available within the community.

VII. Additional CCJBH Efforts

A. Weekly Newsletters

CCJBH continued to disseminate Weekly Newsletters focus on project updates, announcements, Full Council and Workgroup Meeting dates, and upcoming events related to the BH/JI population via a listserv that includes approximately 1,000 stakeholders representing diverse populations across California (e.g., behavioral health and criminal justice system partners, advocates, other individuals interested in CCJBH's efforts). CCJBH will continue to provide current updates on the CCJBH News and Events website.

B. California Budget Summaries

To ensure Councilmembers and stakeholders have efficient access to the California budget information relevant to the BH/JI population CCJBH continued to produce budget summaries after the release of the Governor's Proposed Budget, the May Revision, and the Enacted Budget. Specifically, the relevant categories included in these budget summaries are for Health and Human Services, Housing and Homelessness, Judicial Branch, and Criminal Justice.

VIII. Conclusion

CCJBH remains committed to improving the well-being of the BH/JI population through a multitude of projects and initiatives. In 2024, CCJBH will continue to convene local and state level stakeholders, and individuals with lived experience, to develop recommendations around maximizing state investments, strengthening treatment and supportive services, addressing housing needs, improving the workforce, data integrity, and increasing community involvement, as reflected in the CCJBH Strategic Framework for Calendar 2024.

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Appendix A
Summary of 2023 Full Council/Workgroup Meetings and Webinars

2023 FULL COUNCIL MEETINGS					
Date	**Format**	**Number Registered**	**Number Attended**	**Focus**	**Meeting Highlights**
January 27, 2023	Zoom	142	132	California Crisis Care Continuum of Care	Featured a presentation on the California Crisis Care Continuum of Care and Bagley-Keene training was provided to Councilmembers.
April 21, 2023	Zoom	97	57	Council on State Governments (CSG) Justice Center on the Public Health Meets Public Safety (PH/PS) data visualization	Featured a presentation from the CSG Justice Center on the Public Health Meets Public Safety data visualization, a data dashboard using publicly available data that will be published on CCJBH's website that can be used by a variety of behavioral health and justice-involved (BH/JI) stakeholders to help inform their policy- and decision-making.
June 23, 2023	Zoom	62	53	Lived Experience (LE) Showcase	CCJBH's Lived Experience Contractors reflected on the challenges and successes over the past three years of their contract with Council on Criminal Justice and Behavioral Health (CCJBH).
July 28, 2023	Microsoft Teams	57	53	Community Assistance, Recovery and Empowerment (CARE) Act and Mental Health Services Act (MHSA) Funds	Featured a presentation by the California Health and Human Services Agency; Riverside University Health System, Behavioral Health; and Sutter Health Mental Health & Addiction Care on State and local efforts and strategies to prepare for the upcoming implementation of the CARE Act. CCJBH Councilmembers will also continue their discussion on the remaining CCJBH MHSA Funding.
October 27, 2023	Microsoft Teams	196	103	California Advancing and Innovating Medi-Cal (CalAIM) Justice Involved Initiative	Department of Health Care Services (DHCS) presented on the CalAIM justice-involved planning and implementation efforts.
December 8, 2023	Microsoft Teams	82	39	Department of State Hospitals (DSH) Diversion Program and Incompetent to Stand Trial (IST) Solutions projects	DSH provided an update on the DSH Diversion Pilot Program, as well as the implementation of other IST solutions programs and strategies, including early stabilization services, community care coordination, expansion of community-based restoration and diversion, and increased placements to the Conditional Release Program (CONREP)

2023 WORKGROUP MEETINGS						
Workgroup	**Meeting Dates**	**Number Registered**	**Number Attended**	**Format**	**Focus**	**Highlights**
Diversion/Reentry	February 10, 2023	74	62	Zoom	CCJBH provided an overview of the 2022 Annual Legislative Report findings and recommendations related to Diversion and Reentry in California.	The CSG Justice Center provided an overview of the recommendations presented in their final report from the CSG Justice Center *Mental Health Diversion: Consultation, Technical Assistance and Policy Recommendations Contract.*
Juvenile Justice	February 10, 2023	39	37	Zoom	The CCJBH team provided an update on the Juvenile Justice Compendium and Toolkit contract with the RAND Corporation. CCJBH provided an overview of the 2022 Annual Legislative Report findings and recommendations related to the juvenile justice system in California.	RYSE, which creates safe spaces grounded in social justice that build youth power for young people to love, learn, educate, heal and transform lives and communities, presented on the R.E.S.T.O.R program, a youth restorative justice diversion program in Contra Costa County.
Diversion/Reentry	May 12, 2023	86	67	Zoom	The Workgroup featured a presentation on the behavioral health workforce and successful programs that serve individuals with behavioral health needs who are involved with the justice system.	CCJBH Councilmember Anita Fisher presented from a lived experience perspective on the needs of the behavioral health workforce. The California Department of Health Care Access and Information presented on the current state-level initiatives to strengthen the behavioral health workforce. The California Mental Health Services

2023 WORKGROUP MEETINGS						
Workgroup	**Meeting Dates**	**Number Registered**	**Number Attended**	**Format**	**Focus**	**Highlights**
						Administration (CalMHSA) presented on their work with peer certification.
Juvenile Justice	May 12, 2023	76	57	Zoom	The RAND Corporation provided an update on the Juvenile Justice Compendium and Toolkit contract, funded by CCJBH.	The presentation included a detailed overview of the Evidence-Based and Emerging Practices and Programs Compendium, a compilation of current, relevant information regarding the established practices and programs designed to serve the youth population realigned per SB 823. The RAND Corporation also provided comprehensive instructions on how the compendium can be used to support justice system partners.
Diversion/Reentry	July 14, 2023	78	49	Microsoft Teams	The workgroup highlighted initiatives and programs that are supporting workforce development opportunities for individuals who are justice-involved.	The California Prison Industry Authority (CALPIA) provided an overview of the services they offer and present on the recent programs implemented by the Workforce Development Branch, such as the accredited certification programs and the Transition to Employment Program, both of which focus on reducing incarcerated individuals' recidivism. The Robert's Enterprise Development Fund presented on the support they provide to the reentry population and their strategies for hiring justice-involved individuals with behavioral health needs.

2023 WORKGROUP MEETINGS						
Workgroup	**Meeting Dates**	**Number Registered**	**Number Attended**	**Format**	**Focus**	**Highlights**
Juvenile Justice	July 14, 2023	62	56	Microsoft Teams	The workgroup highlighted current efforts that are underway to improve student behavioral health, particularly regarding at-promise and justice involved youth.	The Los Angeles County Office of Education (LACOE) shared insight into the Student Behavioral Health Incentive Program (SBHIP) in Los Angeles County, including the details of the implementation plan. Jeanette Lucht shared insight into the implementation of SBHIP in San Joaquin County, including the relationship between school districts and Medi-Cal Managed Care Plans, the infrastructure necessary for SBHIP, and the unique needs of at-promise and justice-involve students. Project Youth Orange County presented on their programs that create a comprehensive family-centered system of care that are tailored specifically for low-income, at-risk (promise) and minority youth. Their programs include Academic and Career Development, Juvenile Diversion and Health Education.

2023 WORKGROUP MEETINGS						
Workgroup	**Meeting Dates**	**Number Registered**	**Number Attended**	**Format**	**Focus**	**Highlights**
Diversion/Reentry	September 15, 2023	66	52	Microsoft Teams	Supplemental Security Income / Social Security Disability Insurance (SSI/SSDI)	Efforts and resources to support the BH/JI population in getting streamlined access to SSI and SSDI were discussed. Presentations included an overview of Division of Adult Parole Operations' (DAPO) Transitional Case Management Program (TCMP) and the Behavioral Health Reintegration (BHR) program; CDSS provided an overview of the assessment and decision process for qualifying for SSI/SSDI in the state of California; and SSA provided a step-by step overview of the process for an individual to request and receive SSI/SSDI from the federal government as well as shared resources.
Juvenile Justice	September 15, 2023	64	46	Microsoft Teams	Senate Bill (SB) 823	Implementation of SB 823 from a State- and local-level was presented.
Diversion/Reentry	November 17, 2023	76	42	Microsoft Teams	Workforce Development	The webinar highlighted initiatives and programs that are supporting workforce development opportunities for individuals who are justice involved.
Juvenile Justice	November 17, 2023	67	39	Microsoft Teams	Juvenile Justice Evidence-Based and Emerging Practices and Programs Compendium	The webinar featured a walkthrough by the RAND Corporation on the recently released Juvenile Justice Evidence-Based and Emerging Practices and Programs Compendium. Additionally, the Mental Health Oversight and Accountability Commission (MHSOAC) provided a presentation on the initiatives underway for student behavioral health.

May is Mental Health Awareness Month				
Date	**Format**	**Number Registered**	**Number Attended**	**Focus**
May 31, 2023	Zoom	66	44	The Happier Life Project presented on mental health resources for the justice-involved population.

Appendix B
Juvenile Justice Workgroup Participants

On February 10th, May 12th, July 14th, September 15th, and November 17th, the Council on Criminal Justice and Behavioral Health (CCJBH) convened the Juvenile Justice Workgroup to discuss creative and effective strategies in Juvenile Justice Realignment, as well as to focus on new investments and partnerships between primary care, behavioral health, and education. Workgroup participants are listed below.

Councilmember Workgroup Leads:

Mack Jenkins, Chief Probation Officer (Retired), San Diego County Probation, Council member, CCJBH

Danitza Pantoja, Psy.D, School Psychologist, Antelope Valley Union High School, Council member, CCJBH

CCJBH Staff Workgroup Leads:

Brenda Grealish, Executive Officer

Emily Grichuhin, Associate Governmental Program Analyst

Participating Organizations/Perspectives:

- Alameda county Behavioral Health Department
- Alameda County Probation Department
- Amelia Ann Adams Whole Life Center
- Beacon Health Options
- Black Youth Leadership Project
- Bonterra Tech
- Cal Voices
- California Alliance of Child and Family Services
- California Behavioral Health Directors Association
- California Behavioral Health Planning Council
- California Department of Education
- California Department of Finance
- California Department of Health Care Access and Information
- California Department of Health Care Services
- California Department of Justice
- California State Association of Counties
- Carelon Behavioral Health
- Chief Probation Officers of California
- Contra Costa County Probation Department
- Fresno County
- Glenn County
- Happier Life Project
- Health Plan of San Joaquin

- Hurdle Life Coach Foundation
- Indigenous Justice
- Madera County
- Marin County
- Mental Health Services Oversight and Accountability Commission
- Merced County
- Midtown Family Services
- Napa County
- National Health Law Program
- Niroga Institute
- Office of Youth and Community Restoration
- Orange County Behavioral Health Advisory Board
- Project Youth Orange County
- Riverside University Health System
- RMS Legal Services
- RYSE Center
- Sacramento County
- San Joaquin County Behavioral Health Services
- Santa Barbara County Behavioral Health Department
- Shasta County
- Sonoma County Behavioral Health
- South Sacramento Mental Health Collaborative
- Stanford Sierra Youth and Families
- StarVista
- The RAND Corporation
- Ventura County
- Wellpoint
- Wentzel Mental Health
- Youth Law Center

Appendix C
Summary of Juvenile Justice Workgroup Discussions, Presentations and Workgroup Findings

The findings and recommendations related to the juvenile justice population were based on the Council on Criminal Justice and Behavioral Health (CCJBH) staff research and discussions that occurred at the February, May, July, September, and November 2023 Juvenile Justice Workgroups, all of which are summarized below.

The February 2023 Juvenile Justice Workgroup focused on restorative justice and featured a presentation from RYSE, a community-based organization in Contra Costa County that creates safe spaces grounded in social justice that build youth power for young people to love, learn, educate, heal, and transform lives and communities. RYSE includes five departments: Health Justice, Media Arts and Culture, Youth Power Building, Youth Justice, and Education and Economic Justice. These departments focus on what youth want for their development and what they feel like they need to achieve their personal and professional development goals. The R.E.S.T.O.R. (which stands for, repairing harm, elevating voices, supporting communities, transforming lives, opening minds, and restoring justice) program looks at utilizing alternatives to incarceration and specifically using restorative practices and diversion is a solution. This pre-charge, pre-filing diversion program started in 2020 and has provided evidence that diversion does work, while having a positive and affirming experience on members of the community. Restorative practices benefit the whole community and hold individuals accountable while creating a positive alternative to traditional practices. It also creates a support system for both the person harmed and the person who did the harm.

The May 2023 Juvenile Justice Workgroup featured a presentation from the RAND Corporation on the Evidence-Based and Emerging Practices and Programs Compendium which is a compilation of current, relevant information regarding the established practices and programs designed to serve the youth population realigned per Senate Bill (SB) 823. The RAND Corporation provided background on the need for the project and shared that the goal is to provide a resource with options that highlight the characteristics and strengths of evidence-based programs and practices that could be the best fit for counties. To begin the project, RAND completed a comprehensive literature search to identify programs and practices that would be appropriate for at-promise and justice-involved youth, synthesizing the publications to build a searchable interface (compendium) through Tableau. The compendium displays information about the characteristics and outcomes of the programs and practices. An implementation toolkit will be developed that is an extension of the compendium and will have information on finding resources to support implementation and training, including organization information, cost, potential funding sources, etc. A training and technical assistance plan is the final deliverable to guide counties' application of these resources through training and technical assistance.

The July 2023 Juvenile Justice Workgroup highlighted current efforts underway to improve student behavioral health, particularly regarding at-promise and justice involved youth, and featured presentations from the Los Angeles County Office of Education (LACOE), the Health Plan of San Joaquin, and Project Youth Orange County (OC). LACOE presented on the Student Behavioral Health Incentive Program (SBHIP), an initiative through the Children and Youth Behavioral Health Initiative (CYBHI). Los Angeles County is one of the pilot counties to implement SBHIP, with the goal of transitioning to a community school model, where schools transform to the hub of the community. SBHIP provides incentive payments to Medi-Cal Managed Care Plans (MCPs); e.g., Health Plan of San Joaquin) to build sustainable partnerships with education to increase access to preventative care through early intervention to behavioral health services for students in public schools. The Health Plan of San Joaquin presented on opportunities to develop relationships with County Offices of Education and school districts through SBHIP and other initiatives under the CYBHI that will increase care coordination and impact the delivery of services to the behavioral health and justice-involved (BH/JI) population, including the Virtual Services Platform for Children and Youth and the Dyadic Services and Family Therapy Benefit. Project Youth OC is a community-based organization in Santa Ana, California, that aims to keep at-risk youth in school, healthy and drug free through education, counseling, mentoring, and family strengthening. Through the programs and services offered at Project Youth OC, they have become a leader in the field of juvenile crime diversion, substance abuse prevention, health education, and promoting the pursuit of higher education.

The September 2023 Juvenile Justice Workgroup provided an update on the implementation on SB 823 from the State- and local-perspective. The Office of Youth and Community Restoration (OYCR) provided an overview of the growth of the organization since its inception with the passing of SB 823 in July 2021, including the structure of OYCR and the major initiatives they are undertaking. Additionally, the presentation included information on the 45 Secure Youth Treatment Facilities throughout the State and their role in serving youth who would have traditionally been remanded to the Division of Juvenile Justice prior to the passing of SB 823. The Chief Probation Officers of California (CPOC) provided information on their new role serving the approximately 250 high need youth who were transferred from the Division of Juvenile Justice to the county-level and their continued plan to serve this population. The presentation included historic information on the evolution of juvenile justice in California from 2000 to now, and statistics on the youth who will be or are being served by the counties, including average length of stay, offense type, and treatment needs. The workgroup then heard from two counties – Shasta and Merced County –on their SB 823 implementation experiences. Each county shared their process for developing a continuum to serve youth with high criminogenic and behavioral health needs, the facilities that are currently available, future infrastructure needs, and programs that are proving successful in serving this population.

The November 2023 Juvenile Justice Workgroup included a walk-through of the Juvenile Justice Evidence-Based and Emerging Practices and Programs Compendium on the Tableau platform by the RAND Corporation. Additionally, the Mental Health Oversight and Accountability Commission (MHSOAC) presenter on the student behavioral health initiatives underway, including the Mental Health Student Services Act (MHSSA) and the K-12 Student Advocacy Initiative. MHSSA is a partnership between County Mental Health or Behavioral Health

Departments and educational entities that the MHSOAC awards grants to deliver school-based mental health services to young people and their families. The K-12 Student Advocacy Initiative funds organizations to advocate on behalf of underserved populations in California, including clients and consumers, immigrants and refugees, parents and caregivers, diverse racial and ethnic communities, K-12 students, transition age youth, families, LGBTQ populations, and veteran populations.

Juvenile Justice Workgroup Findings

SB 823 and the Juvenile Justice Evidence-Based and Emerging Programs and Practices Compendium

1. In a comparison between rural and urban delinquency, the significant predictors of juvenile justice contact were male gender, previously failing a grade, receiving free lunch (a proxy for socioeconomic status), and previous expulsion. Research has traditionally been done on urban populations and adopted for the rural population; however, recent research has shown that method to be ineffective, hypothesizing the rural youth would have increased delinquency factors if properly researched.[41]
2. Research on sexual and gender minority groups is limited, overall. For ethic groups, American Indian and Native American populations are extremely underrepresented due to the specific terms used to define gender in Tribes not aligning with the traditional English-language terms.[42]

Leveraging State Investments for the At-Promise and Justice-Involved Children/Youth

1. CYBHI
    a. Treatment courts that use virtual platforms to provide services have better engagement with their target populations and see positive results in both service engagement and program outcomes.[43]
    b. The landscape of youth in the juvenile justice system has changed dramatically, from an emphasis on punitive policies in the early 1990s to a series of policy and funding measures to incentivize and support probation departments in promoting diversion, rehabilitative programming, and positive youth development in the late 2010s.[44] Certain interventions have been found to be ineffective with new research and it is essential to implement current programs and practices that have proven positive results for the target population.

[41] See Examining the Influence of Risk Factors Across Rural and Urban Communities (Winter 2016).
[42] See Measuring Sex, Gender Identity, and Sexual Orientation (2022).
[43] Treatment Courts and COVID-19: Adapting Operations Bureau of Justice Assistance, U.S. Department of Justice and NPC Research (December 2020).
[44] See the Children's Advocacy Institute University of San Diego School of Law's The Evolution of Juvenile Justice and Probation Practices in California (2022).

c. An educational forum hosted by the Prison Education Program, CPOC, and OYCR, exemplifies the effectiveness of collaborating with probation departments and county offices of education to implement best practices. The forum shared how programs can partner with probation to access community college for youth in juvenile detention facilities and financial support resources available for county juvenile youth who want to pursue a vocation.

d. LACOE is leveraging existing resources, not only within training and technical assistance, but also making sure universal supports are solidified to ensure the success of SBHIP. School districts are easily able to identity the available supports for children and Tier 2 and 3 of Multi-Tier System of Support, but it becomes more difficult to identify the available supports at the foundational level.

e. The current targeted populations for the Justice-System Involvement Youth: Behavioral Health Pipeline program includes individuals age 0 through 25 who are from historically underrepresented groups and regions, including persons with lived experience, economically/environmentally disadvantaged, first-generation college students, those residing in health professional shortage areas and those who are, or at risk of, justice involvement, experienced homelessness and child welfare involvement (including foster care).

f. The Advancing Diversity in Law Enforcement Initiative led by the U.S. Department of Justice and the U.S. Equal Employment Opportunity Commission aims to make law enforcement agencies more open to reform, more willing to initiate cultural and systemic changes, and more responsive to the residents they serve.

2. Student Behavioral Health

   a. Per the requirements outlined in Education Code 49428.5, the California Department of Education is mandated to identify evidence-based or evidence-informed training programs for use by local educational agencies to train school staff or pupils.

   b. Some school districts are hesitant to participant in new behavioral health initiatives because of data sharing requirements and complying with Family Educational Rights and Privacy Act and Health Insurance Portability and Accountability Act.

   c. An information assessment done by LACOE found that peer groups are often used on school campuses and this information will be shared with the school districts participating in SBHIP in Los Angeles and could encourage them to increase the available of peer-led groups on campus.

   d. Offenses for which the youth is charged are not the best indicator of need. Rather, robust assessments should be used to identify the youth's needs.

   e. The earlier at-promise children are identified and served, the more likely prevention and intervention will divert, and even deflect, them away from the justice system.

f. Once an assessment is completed, the intervention must align with the individual's unique needs to yield positive results. It is not desirable to underserve someone who needs a higher level of intervention and, conversely, to overserve someone who would benefit from a lower level of intervention (as per the risk-needs-responsivity model[45]).

g. Examining the source of referrals (e.g., law enforcement, academic contact) could improve the effectiveness of implementing prevention strategies by identifying where the child's needs originated and the most effective strategies for early intervention. Probation departments are able to note where referrals originated and thus pinpoint the unique needs of the youth.

h. The LACOE brought into conversations their Accountability, Support and Monitoring Division to assess how SBHIP may be best integrated into their local control accountability plan. Currently, data are tracked through the California Healthy Kids Survey, but additional data collection methods can be explored.

Data Considerations

1. A high percentage (averaging 61 percent across the three sites studied) of youth who penetrate deeply into the juvenile justice system were originally in the child welfare system and are known as crossover youth.[46]

3. Telehealth has become more widely used since the COVID-19 Public Health Emergency and though a partnership between LACOE, LA Care Health Plan, health Net, and the LA County Department of Mental Health, 1 million students now have access to mental health services either at school or in their home in Los Angeles County through a partnership with school-based telehealth company Hazel Health.[47]

4. It is speculated that the shortage of school mental health staff could be due to low salaries, low reimbursement rates for services, and competition among systems for a limited number of clinicians (e.g., county behavioral health, schools, MCPs).

5. There is an essential need to increase the behavioral health workforce. Counties should consider incentivizing interns with stipends to increase the workforce and leverage programs made available through the California Department of Health Care Access and Information (e.g., Justice-System Involved Youth: Behavioral Health Pipeline, Health Professions Pathways Program, Behavioral Health Scholarship Program)

6. The lack of data gathered for the justice-involved population leads to these children/youth being excluded or overlooked in the current and planned system initiatives.

[45] See the National Institute of Corrections, Module 5: Section 2. The Risk-Need-Responsivity Model for Assessment and Rehabilitation.

[46] See the Office of Juvenile Justice and Delinquency Prevention's Literature Review: Intersection of Juvenile Justice and Child Welfare Systems (May 2021).

[47] See LACOE's Los Angeles County Addresses the Youth Mental Health Crisis Through a Groundbreaking, School-Based Telehealth Collaboration.

Appendix D
Diversion and Reentry Workgroup Participants

On February 10th, May 12th, July 14th, September 15th, and November 17th, 2023, the Council on Criminal Justice and Behavioral Health (CCJBH) convened the Diversion and Reentry Workgroup to discuss creative and effective strategies to expand the application of deflection/diversion, as well as to optimize reentry. Workgroup participants are listed below.

Councilmember Workgroup Leads:

- Mack Jenkins, Chief Probation Officer, Ret. San Diego County
- Stephen Manley, Santa Clara County Superior Court Judge
- Tony Hobson, PhD, Behavioral Health Director, Colusa County

CCJBH Staff Workgroup Leads:

- Brenda Grealish, Executive Officer
- Jessica Camacho Duran, Health Program Specialist II
- Catherine Hickinbotham, Health Program Specialist I

Participating Organizations/Perspectives

- Amelia Ann Adams Whole Life Center
- National Alliance on Mental Illness (NAMI) Member
- California Alliance of Child and Family Services
- California Prison Industry Authority
- California Department of Corrections and Rehabilitation
- California Department of Finance
- California Department of Health Care Access and Information
- California Department of Health Care Services
- California Department of Social Services
- California Department of State Hospitals
- California Division of Adult Parole Operations
- California Division of Justice
- Civic Mapping
- Community Behavioral Health Services
- Contra Costa County
- County Behavioral Health Directors Association of California
- Council on State Governments Justice Center
- Everwell Health
- Fresno County
- Immanuel House
- Indigenous Justice
- Inyo County
- Liberty Health

- Los Angeles County
- Marin County
- Merced County
- Monterey County
- NAMI
- Orange County Health Care Agency
- Our Road Prison Project
- Roberts Enterprise Development Fund
- Sacramento County
- Santa Barbara County
- Santa Clara County
- Shasta County
- Social Security Administration
- Sonoma County
- Successful Reentry
- University of California, San Francisco
- Ventura County
- Yolo County

Appendix E
Summary of Diversion/Reentry Workgroup Discussions, Presentations and Workgroup Findings

The findings and recommendations related to the justice population were based on the Council on Criminal Justice and Behavioral Health (CCJBH) staff research and discussions that occurred at the February, May, July, September, and November 2023 Diversion/Reentry Workgroup, all of which are summarized below.

The February 2023 Diversion and Reentry Workgroup focused on recommendations for diversion and reentry and featured a presentation from CCJBH staff on the 2022 CCJBH Annual Legislative recommendations, which addressed state investments, workforce, housing/homelessness, research/evaluation/data, and additional recommendations. Also featured was The Council on State Governments (CSG) Justice Center, who presented findings and recommendations based on work they performed under contract with CCJBH regarding mental health diversion. Specifically, the CSG Justice Center provided subject matter expert specialty consultation and technical assistance through learning communities and listening sessions to sustain and expand local capacity for diversion. During their presentation, the CSG Justice Center provided an overview of identified strengths and challenges and draft recommendations, which were later finalized and documented in their report, *A Statewide Look at Mental Health Diversion: Recommendations to California's Council on Criminal Justice and Behavioral Health*.

The May 2023 Diversion and Reentry Workgroup featured presentations from the system, community, and individual levels of the behavioral health workforce, highlighting specific programs that serve individuals with behavioral health needs who are involved with the justice system. Kevin O'Connell, Project Director for the Data Driven Recovery Project, presented a workforce estimator tool that can be used by counties and regions to estimate current demand and workforce, drivers of staffing changes, and future hiring needs for 12 specific behavioral health occupations.[48] Councilmember Anita Fisher presented on expanding the behavioral health workforce from a family member's perspective, including the benefits of utilizing peers to engage consumers, their role and responsibilities, and shared successes, challenges, and lessons learned from implementing peer support services in San Diego. The California Department of Health Care Access and Information (HCAI) presented an overview of statewide behavioral health workforce initiatives that focus on the expansion of educational and fellowship programs, grant opportunities, the development of new workforce role (e.g., wellness coach), recruitment and retention programs for behavioral health professionals, and an update on Assembly Bill (AB) 133, which established the Health Workforce Research

[48] The following behavioral health occupations were identified by the workforce estimator tool: clinical and counseling psychologists, community health workers, marriage and family therapists, mental health and substance abuse social workers, nurse practitioners, physician assistants, psychiatric technicians, registered nurses, school psychologists, social and human service assistants, and substance abuse, behavioral disorder, and mental health counselors.

Data Center to serve as the state's central source of health workforce data within HCAI.[49] Lastly, the California Mental Health Services Authority (CalMHSA) presented on their Senate Bill (SB) 803 Peer Certification efforts, sharing updates on the application process for peers seeking certification, as well as the approved training providers for the general Peer Support Certification 's core competencies and the Parent, Caregiver, Family Member Peer Specialization.

The July 2023 Diversion and Reentry Workgroup featured presentations from the California Prison Industry Authority (CALPIA) and the Roberts Enterprise Development Fund (REDF) on workforce/employment opportunities for individuals who are justice-involved. CALPIA is a self-supporting, customer-focused business that reduces recidivism, increases prison safety, and enhances public safety by providing incarcerated individuals productive work and training opportunities. In addition to sharing highlights from their 2021 recidivism study, CALPIA provided an overview of the following services and programs they offer:

- Industry Employment Program (IEP): operates, validates, and maintains critical training credentials for all CALPIA incarcerated workforce. CALPIA developed the IEP in 2001 to enhance the ability of CALPIA participants to obtain meaningful jobs upon release, thus reducing recidivism and contributing to safer communities. CALPIA supervisors prepare and evaluate job skills, experience, education, and work habits acquired by participants assigned to enterprises. IEP provides over 126 professional and industry recognized certifications plus 22 Apprenticeships with California Department of Industrial Relations – Division of Apprenticeship Standards (DAS).
- Joint Venture Program: partners with private employers to set-up businesses inside institutions that provide incarcerated individuals with job skills and employment at comparable wages. The Joint Venture Program partners with private employers to set-up businesses inside institutions that provide incarcerated individuals with job skills and employment at comparable wages and focuses on providing on the job skill training with private business partners that provide real world training to incarcerated individuals.
- Career Technical Education Program (CTE): CALPIA's CTE provides "On the job" skill training program partnering with trade unions and private business. The partnerships provide real world training with professional certifications and true pre-apprenticeships. CalPIA partner examples are construction trade unions, professional and nonprofit organizations, and community colleges. Available Courses include Underwater Dive/marine/offshore services, Carpentry, Laborer, Roofing, Ironworkers, AutoCAD/Inventor/Revit, Computer Coding, and Audio/Visual Engineers. These partnerships provide direct employment opportunity to those who graduate and are released. Time and experience are applied to becoming a full Apprentice upon release.

[49] The HCAI Research Data Center is responsible for collecting, analyzing, and distributing information on the supply, demand, demographic, educational, and employment trends of health care professionals and their distribution throughout the state. HCAI's Research Data Center has released its first four data products to help highlight trends in California's Health Workforce. To view visit, Health Workforce Data - HCAI. Please also visit the Data & Reports page to view data products.

CALPIA CTE graduates have the lowest recidivism rate at 93% that do not return to prison.

REDF then presented on their employment model, which invests in businesses that reveal and reinforce the talent of people who have experienced the trauma of homelessness, incarceration, and other steep barriers to employment with the goal of breaking through barriers to employment. REDF has Employment Social Enterprises and initiatives across the United States that employ justice involved individuals, such as the Fire & Forestry Recruitment Program; Opportunity Construction, LLC; Urban Alchemy; and others.

The September 2023 Diversion and Reentry Workgroup featured presentations from the CDCR Division of Adult Parole (DAPO), the California Department of Social Services (CDSS) and the United States Social Security Administration (SSA). DAPO provided an overview of their Transitional Case Management Program (TCMP) and the Behavioral Health Reintegration (BHR) program. The TCMP provides pre-release benefit application assistance to all eligible incarcerated individuals releasing to Parole or Post-Release Community Supervision, as well as those who are directly discharged from prison. The program has a total of 63 benefits workers located throughout all CDCR institutions who assist incarcerated individuals with the application process for Medi-Cal, Social Security Income and Social Security Disability Insurance (SSI/SSDI), and Veterans Administration benefits. The Behavioral Health Reintegration (BHR) program is available to provide clinical case management services to individuals under parole supervision, including follow-up on benefits applications, and is a safety net to provide quick and reactive response when needed, including:

- ✓ in-reach services
- ✓ psychological assessments
- ✓ individualized reintegration plans/ needs assessments
- ✓ re-entry case management services
- ✓ community referrals and benefit assistance
- ✓ interwoven clinical screenings and brief therapeutic interventions.
- ✓ group therapy
- ✓ family reunification support
- ✓ psychiatric medication management and telemed psychiatry
- ✓ medication assistance treatment support
- ✓ mental health crisis intervention
- ✓ interdisciplinary treatment team meetings/ case management collaboration

CDSS provided an overview of the assessment and decision process for qualifying for SSI/SSDI in the state of California. This included sharing an overview of how a disability is defined under Social Security, as well as providing a step-by-step overview of the disability determination process. Lastly, the SSA presentation provided a step-by-step overview of the process for an individual to request and receive SSI/SSDI from the federal government. In addition, SSA provided resources on the pre-release procedure and reentry resource map.

The November 2023 Diversion and Reentry Workgroup featured presentations from the Georgia Mental Health Consumer Network (GMHCN) and the California Mental Health Services

Authority (CalMHSA). GMHCN's presentation highlighted their Ready 4 Reentry program, a Georgia-specific Forensic Peer Mentoring Training Program that supports Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD), the Department of Corrections (GDC), and the Department of Community Supervision (DCS). Concepts and principles of crime desistance, pro-social identity, and belonging development are used to train peers. In addition, trainings are facilitated by representatives from State Board of Pardons and Paroles, DBHDD, GDC, DCS, and the Georgia Justice Project. GMHCN has trained and certified 3,300 peers that work and provide services in the state prisons and transition centers, day reporting centers, and mental health accountability courts. CalMHSA during their presentation provided an update on the implementation of the Medi-Cal Peer Support Specialist certification process and an overview of the general Medi-Cal Justice Involved Peer Support Specialty (JIPS). CalMHSA shared that there are currently 25 approved training providers for the general Medi-Cal Peer Support Specialist and are currently in the process of reviewing training curriculum for the Justice Involved Specialty providers. Currently there are 7 organizations that have been approved by CalMHSA to provide the certification training for the JIPS.[50] In addition, CalMHSA is collaborating with CDCR to identify a process that would allow access to individuals within CDCR's institutions to receive training and certification for the general Medi-Cal Peer Support Specialist. Since the implementation of the certification program, a total of 2,357 applicants have been certified as Medi-Cal Peer Support Specialists and a total of 1,066 individuals have completed the CalMHSA training for supervising peer workers.[51] CalMHSA plans to continue their efforts in maximizing scholarship distribution, finalizing the training providers application to provide applicants with a variety of training providers, and continuing their collaboration with CDCR to be able to bring the certification exam to CDCR's institutions.

Diversion and Reentry Workgroup Findings

Strengthening System Capacity

1. There are instances wherein the BH/JI population is unable to access community-based services to address their behavioral health needs. Reasons to date that have been identified, thus far, pertain to fear/stigma; risk mitigation/management; programs using lists of exclusionary factors; the fact that that justice involvement and incarceration status are not protected categories under California laws that prohibit discrimination; for psychiatric inpatient hospitals, a heightened obligation to admit patients on Lanterman Petris Short holds who are being transferred from emergency departments, possibly making it less likely that they will admit incarcerated people being transferred directly from jail; and administrative issues (e.g., differing contractual requirements across counties, insufficient reimbursement rates).
2. Under contract with CCJBH, the CSG Justice Center provided a final report to CCJBH that reflected what is working well in California regarding mental health diversion, as well as what could be improved. The CSG Justice Center made numerous recommendations for

[50] Emotional Health Association/ SHARE!, Crestwood Behavioral Health Inc., Painted Brain, Riverside University Health System, RTime Co., Sterling Solutions, and Tarzana Treatment Centers Inc. are the organizations that have been approved by CalMHSA to provide trainings for the JIPS certification.

[51] Numbers retrieved from the CalMHSA Peer Certification Program Dashboard on December 15, 2023.

the latter in the areas building capacity and clarity for scaling up diversion; developing and implementing housing interventions; increasing health insurance enrollment; and evaluation, training, and technical assistance.

3. While there have been many investments in the expansion of behavioral health workforce, it is unclear as to whether these efforts will result in the addition of staff who have expertise in serving individuals with serious mental illness, particularly regarding psychoses. While it is acknowledged that California has an overall behavioral health workforce shortage, it is unclear as to what extent the shortage pertains to staffing to treat individuals with "mild/moderate" or "serious" mental illness(es) as there is no known source of statewide data to determine whether the skillsets/qualifications of the behavioral health workforce align to address this spectrum of behavioral health needs.
4. The lack of a behavioral health workforce has created an emergency situation as California does not have sufficient capacity to provide behavioral health treatment to those in need. Regarding the CARE Act, the supporter position is not funded. As such, it is important to identify funding sources that could be used to ensure that the position(s) are filled by people with lived experience. Engagement is critical in all these programs.
5. There is a need for technical assistance in correctional agencies and behavioral health providers with the implementation of the "responsivity" component of the Risk-Need-Responsivity (RNR) model. The RNR model seeks to provide a framework for correctional agencies to provide appropriate treatment to offenders; however, many agencies focus primarily on risk management strategy and do not allocate sufficient resources/ planning to address criminogenic risk and responsivity factors.[52] It is important for behavioral health departments to learn how to work with criminal justice partners, such as probation departments and correctional institutions. Recruitment for employment is a huge issue.
6. There is a need for a statewide repository for California's crisis response system data that tracks how many calls are received and responded, caller demographics, and the type of referrals made.
7. Some individuals with behavioral health conditions who are arrested or incarcerated experience clinical care in hospital settings while in restraints (e.g., leg and waist restraints, handcuffs). The experience of clinical care while restrained can deter individuals from seeking care in the future. Research has shown lasting negative effects of experiencing care while handcuffed.
8. Individuals with behavioral health disorders have lost their lives to law enforcement during incidents that occurred while hospitalized due to officers carrying guns, tasers, or other weapons into hospital settings. Research has described negative consequences of police presence in hospital settings for both clinical teams and patients.
9. People with mental illness are over ten times more likely to experience use of force interactions with law enforcement than those without mental illness. Similarly, interactions

[52] See the Criminal Justice and Behavior, The Need-Risk-Responsivity Model: How Do Probation Officers Implement the Principles of Effective Intervention (2019).

between law enforcement and individuals with mental illness can often escalate because a person experiencing a mental health crisis may have symptoms that appear threatening or impact their ability to follow police commands.[53] These incidents not only have a negative impact on an individual, parent/caregiver, or family's willingness to seek help during a crisis, but also deter law enforcement from responding to calls due to liability concerns.

10. There is a need for increased awareness and education for the reentry population regarding Medi-Cal behavioral health services (e.g., how to access services, how to transfer eligibility, and how to navigate the healthcare system).
11. Judges are less likely to release from jails individuals who suffer from serious mental illness(es) when it is known that there will be no access to the mental health treatment and community supports that are necessary to protect public safety. One barrier to treatment that has been identified is due to misunderstandings regarding the transfer of Medi-Cal eligibility for individuals who are detained in a county that is different from their Medi-Cal County of Responsibility, which results in a lack of clarity as to which county will provide the behavioral health treatment (i.e., pay for the behavioral health services). In these instances, the individual remains in jail while the systems try to sort out the Medi-Cal transfer. As such, there is a need for clear guidance on how Medi-Cal services are transferred from one county to another in a timely manner.
12. CALPIA is a self-supporting, customer-focused business that reduces recidivism, increases prison safety, and enhances public safety by providing incarcerated individuals productive work and training opportunities.
13. REDF is a social entrepreneur organization that invest in businesses that reveal and reinforce the talent of people breaking through barriers to employment. REDF is a social enterprise model that has the potential to be adapted and implemented statewide. In addition, partnerships between criminal justice partners, such as probation officers and parole agents, can help increase the referrals to social enterprises.
14. It is crucial to engage individuals on parole who lack motivation within their reentry programs. While some programs offer daily pay incentives for training, effective strategies should be devised to motivate and incentivize those who are content with government benefits or hesitant to alter their pre-incarceration lifestyles.
15. It is important to track job placement rates for individuals who have completed employment programs. Having such data would further enhance the tracking of recidivism rates, evaluate the effectiveness of programs, and identify gaps in services, as well as potential areas for program funding.
16. There is a need for workforce training best practices. For example, some trainings should be conducted by stakeholders (e.g., peers and community-based organizations/ social services agencies that use a peer model) who have lived experience expertise and work directly with the behavioral health and justice-involved (BH/JI) population.

[53] National Alliance on Mental Illness. Police Use of Force.

17. Individuals with lived experience in the behavioral health and criminal justice systems are crucial for the successful engagement of the BH/JI population in services. However, peers with a history of incarceration often face multiple barriers in obtaining and maintaining such employment.
18. Background checks continue to be a barrier for hiring individuals with lived experience. Despite having initiatives such as the Fair Chance Act, agencies (e.g., counties, community-based organizations, and social services agencies) continue to have challenges with navigating background checks and integrating an individual with lived experience into their work setting.
19. Through the lived experience workforce, there are numerous opportunities for peers to assist individuals with engaging with their parole/probation officers, accompany them to appointments, and provide support with their reentry process (e.g., finding employment, securing housing, and accessing social services).
20. In June 2023, the University of California, San Francisco, released a report, Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness, which includes an examination of individuals involved with the justice system, as well as individuals with behavioral health needs.
21. Historically, given the sparse resources for housing in California, systems that serve the BH/JI population (or those at-risk) have attempted to address housing needs within existing resources despite not having in-house or access to external expertise in housing development and financing. Recent significant investments in housing present opportunities for new or strengthened state and local system collaborations.
22. Individuals experiencing homelessness may receive outreach and services from multiple health care, housing, social service, criminal justice, and other agencies, as well as community-based organizations. Services and outreach to this population is fragmented in part due to a lack of integrated electronic record systems. Counties are underutilizing the potential of the Homeless Management Information System (HMIS), which includes case management software to allow for communication across agencies and with non-governmental community-based organizations. Currently, counties typically limit access to HMIS data entry to only a few government agencies. By contrast, Houston and other cities train a large network of agencies and community-based organizations in HMIS data entry.[54]
23. There is a need for guidance on the appropriate Enhanced Case Manager to caseload rate. Currently, the Enhanced Care Management (ECM) Policy Guide does not provide staffing ratios for the number of members who can be served by each care manager.
24. In Fiscal year 2022-23, the California Rehabilitation Oversight Board report indicated that approximately 11 percent of SSI applications were approved and 83 percent are pending for individuals with an Enhanced Outpatient Program (EOP) designation. As a result, there is a need to improve the review and approval process of applications submitted by individuals with EOP and other mental health designations.

[54] Coalition for the Homeless of Houston/ Harris County HMIS Brochure (2023).

Appendix F
2025 Policy Goals Metrics and Findings

Table F.1. & F.2.

Goal #1: Prevalence of Mental Illness and Substance Use Disorder

Table F.1. – United States

	2020			2021			2022			2023		
	General	**Prison**	**Jail**	**General**	**Prison**	**Jail**	**General**	**Prison**	**Jail**	**General**	**Prison**	**Jail**
Any Mental Illness (AMI)	20%	37%	44%	22.8%	37%	44%	19.9%	41%	44%	**Data not Available*	41%	44%
Serious Mental Illness (SMI)	5.2%	14%	26%	5.5%	14%	26%	4.9%	14%	26%	**Data not Available*	14%	26%
Substance Use Disorder (SUD)	7.7%	58%	63%	7.7%	58%	63%	17%	64%	63%	**Data not Available*	64%	63%

* Mental Illness (AMI and SMI) and SUD Prevalence data for the general population of the United States in 2020 and 2021 was obtained from the National Institute on Mental Health and the Substance Abuse and Mental Health Services Authority-National Survey on Drug Use and Health survey; 2022 statistics on the prevalence of Mental Illness and SUD in the United States were obtained from the Mental Health America Dashboard. 2023 reporting was not available at the time of publishing.

Table F.2. – California[55]

	2020			2021			2022			2023		
	General	**Prison**	**Jail**	**General**	**Prison**	**Jail**	**General**	**Prison**	**Jail**	**General**	**Prison**	**Jail**
AMI	15.9%	28.6%	28.3%	15.9%	32%	28.3	15.9%	32%	29	15.9%	36%	33%
SMI	4.2%	6.4%	***Data not Available*	4.2%	7.8%	***Data not Available*	4.2%	8.4%	***Data not Available*	4.2%	9.2%	***Data not Available*
SUD	8.1%	*80%	***Data not Available*	8.1%	*80%	***Data not Available*	8.1%	*80%	***Data not Available*	8.1%	*80%	***Data not Available*

* Correctional Health Care Services report noted that "though currently there are not official validated data regarding the prevalence of SUD…in CDCR, it has been estimated that the prevalence of SUD among the CDCR population is approximately 80 percent or 100,000 patients."

**No statewide data are available to identify the prevalence of SUDs in California jails.

[55] Please see the CDCR-Office of Research Data Dashboard for prevalence rates of Any Mental Illness (AMI) and Serious Mental Illness (SMI) in Prison populations. A California Correctional Health Care Services report noted that "[a]lthough currently there are not official validated data regarding the prevalence of SUD…in CDCR, it has been estimated that the prevalence of SUD among the CDCR population is approximately 80 percent…". Additionally, a report submitted to the Department of Health Care Services represents the AMI and SMI prevalence rates for Medi-Cal members statewide. The AMI prevalence rates for Jail population were obtained from Board of State and Community Corrections' Jail Profile Survey (JPS) data repository.

Table F.3.
Goal #2: Multi-Sector System Capacity to Serve the BH/JI Population

#	Sector/System Type Measure (Source)	Description	Findings
2.1	**Health Care** Network Adequacy (Department of Health Care Services (DHCS)	DHCS Network Adequacy measure is calculated annually for federal reporting purposes and indicates whether the California's Medicaid Program (Medi-Cal) delivery system meets timeliness, time-and-distance and provider-to-member ratio standards.[56] • For Managed Care Plans (MCPs), outpatient psychiatry is the behavioral health service included in network adequacy requirements. • For Mental Health Plans (MHPs), outpatient psychiatry and outpatient Specialty Mental Health Services (SMHS) are included in network adequacy requirements.[57] • For Drug Medi-Cal Organized Delivery System (DHC-ODS), both outpatient (including intensive outpatient) treatment and residential treatment, as well as	As of May 2023: • Out of 26 MCPs, • Out of 56 county MHPs, 51 (91 percent) received a conditional pass for compliance with network adequacy standards subject to resolution of a Corrective Action Plan (CAP), while 5 MHP fully complied with network adequacy standards. Of the 55 MHPs that received a conditional pass, 23 (45 percent) resolved their CAP by May 2023 • Out of 31 DMC-ODS counties, 24 received a conditional pass for compliance with network adequacy standards, subject to resolution of a CAP. By May 2023, 13 (54 percent) of these DMC-ODS counties had resolved their CAP.

[56] These data only reflect service capacity of the public behavioral health system. As such, these data likely accurately describe health care service capacity for justice-involved adults, but may be less accurate for justice-involved youth since youth may be served by commercial plans rather than Medi-Cal.

[57] Mental health inpatient and psychiatric residential services are not captured in the network adequacy measures. However, the new BHCIP will award competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets to expand the community continuum of behavioral health treatment resources.

#	Sector/System Type Measure (Source)	Description	Findings
		narcotic treatment programs, are included in the network adequacy measure.	
2.2	**Income Support** Supplemental Security Income (SSI) Applications (California Department of Corrections and Rehabilitation (CDCR)	Individuals transitioning from incarceration may qualify for SSI benefits if they meet age and disability criteria and have limited income and other financial resources. Information on benefits applications is reported to the California Rehabilitation Oversight Board (C-ROB). *Note: Data on the receipt of SSI benefits is not available at this time. As a result, this metric consists of outcomes for those SSI applications that were submitted prior to release from CDCR.*	As Reflected in the C-ROB's September 2023 Report for Fiscal Year (FY) 2022-23 • 2,952 applications for SSA/SSI were submitted prior to the individual's release from CDCR. • 25 percent (736) of applications were approved, while 71 percent (2,086) were pending at the time of reporting (an approximately 1 percent increase from FY 2020-21). • Comparisons to the prior year (FY 2020-21) Benefits Application Outcomes data showed a reduction for application denials (from 7 to 4 percent). However, as noted in the previous year, this may not reflect a true reduction in denials as there was also an increase in pending applications (by approximately 1 percent). SSI/SSA application approvals increased by 2 percent (from 23 percent to 25 percent in FY 2022-23).

#	Sector/System Type Measure (Source)	Description	Findings
2.3	**Community Corrections** Parole and Probation Support and Implementation of Evidence-Based Practices (EBPs) (CDCR and Judicial Council)[58]	Information about Evidence-Based Programs (EBPs) administered to the parole population is reported to C-ROB. The SB 678 Annual Assessment is administered for probation departments to meet their statutory obligations under Penal Code Sections 1231 and 1233, and to track progress over time.	CDCR indicated that: • Most individuals (between 90 percent to 96 percent) on parole with a moderate to high California Static Risk Assessment (CSRA) score received a reentry Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment. • About 42.5 percent of parolees with at least one need participated in at least one program consistent with their risk and need within their first year of release. The percentage increased by almost seven percentage points compared with the prior fiscal year (2021-22)[59]. The total percentage of individuals with a risk and need who participated in any program within one year increased from 35.8 percent to 43 percent. Responding California probation departments indicated that:

[58] The Judicial Council already does ongoing reporting on the implementation of EBPs based on the SB 678 Annual Assessment, which provides information about probation departments' implementation of EBPs, and this reporting indicates substantial progress over time in the last two decades. Data are self-reported by each probation department, and responses are not independently verified after submission. Survey responses likely undercount the implementation of EBPs as probation departments may contract some practices or EBP components out to third parties.

[59] Data cited from the Office of the Inspector General's 2022 California Rehabilitation and Oversight Board Report.

#	Sector/System Type Measure (Source)	Description	Findings
			• 90 percent of medium-risk individuals (6 percent increase from the previous year's report) and 96 percent of high-risk individuals (2 percent decrease) were assessed with a validated tool to identify their criminogenic needs. • All or nearly all of probation departments supported and monitored the implementation of EBPs to address criminogenic risks/needs, but this was not uniform across different types of practices or individuals on supervision. Further details are presented in Tables J.3, J.4 and Chart J.1 below.
2.4	**Housing**	Point-in-time data request on transient parolees from the CDCR Office of Research.	• Point-in-time data from CDCR[60] indicate that, of the 25,371 individuals who were on parole on June 30, 2023, 84 percent (n=21,393) were not homeless or residing in a shelter (i.e., transient). That said, 16 percent (n=3,978) were transient.[61] Furthermore, 73 percent (n=2,920) of this transient parolee population had an identified behavioral health need at the

[60] Data were provided to CCJBH from the CDCR Office of Research.

[61] Please note, homeless parolee data should not be compared to the 2021 Legislative report due to a change in the CDCR-OR methodology for reporting data regarding the homeless parolee population.

#	Sector/System Type Measure (Source)	Description	Findings
			time of their release. Specifically, of those who were transient: ○ 33 percent (n=1,327) left prison with a SUD *only.* ○ 27 percent (n=1,066), had a co-occurring mental health and SUD and within that group: ▪ 75 percent (n=795) had a Correctional Clinical Case Management (CCCMS) designation. ▪ 22 percent (n=232) had an Enhanced Outpatient Program (EOP) designation. ○ 13 percent (n=527), had a mental health designation *only* and within that group: ▪ 79 percent (n=417) were CCCMS. ▪ 17 percent (n=92) were EOP.[62]

[62] SUD designations are based on results from the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment.

Table F.4 – F.5

Goal #2 (Cont'd): County Probation Department Capacity to Implement EBPs

Implementation of Services Based on Identified Risks and Needs

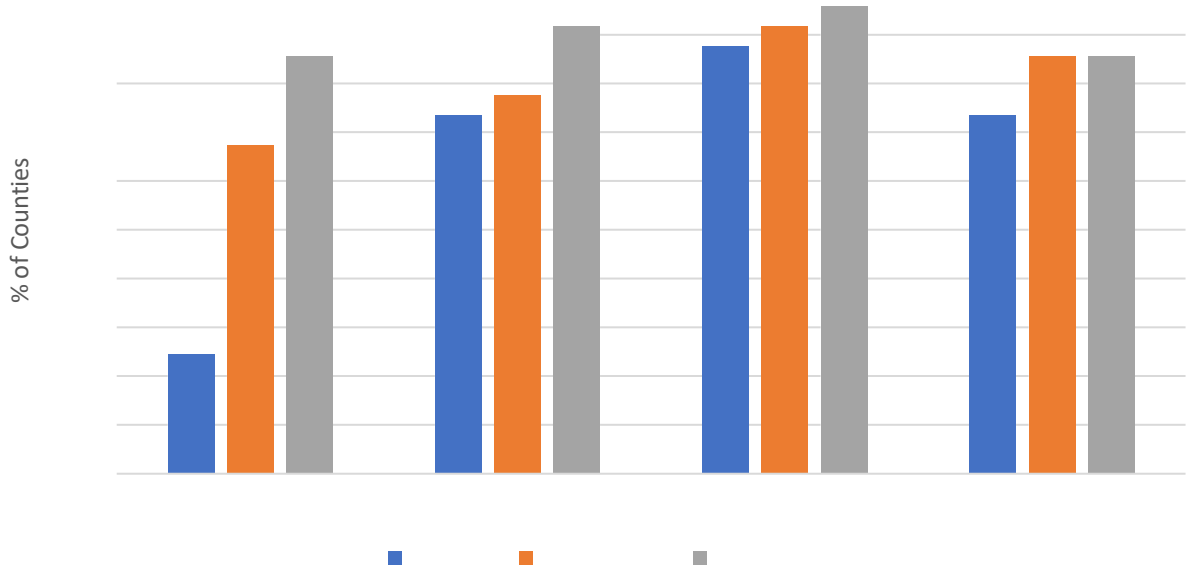
Table F.4 and Chart F.1 display information about the implementation of services based on identified risks and needs for all actively supervised individuals identified as low, medium, and high-risk. The service component with the highest rates of implementation across all risk levels is found for Supervision Conditions, ranging between 88 (low-risk) to 96 (high-risk) percent of responding probation departments, whereas the service component with the lowest rates of implementation is for Rewards, ranging between 73 (low-risk) and 86 (high-risk) percent. The greatest variation in the implementation between risk levels is found for the Services and Supervision Plan service components. For Services, the implementation rate for probation departments is 73 percent for low-risk, 78 percent for medium-risk and 92 percent for high-risk. The variation is even greater for the Supervision Plan component, with 24 percent of county probation departments implementing the practice for low-risk, 67 percent for medium-risk, and 86 percent for high-risk.

Table F.4: Implementation of Services Based on Identified Risks and Needs

	Low-Risk Yes	Low-Risk Total	Low-Risk %	Med-Risk Yes	Med-Risk Total	Med-Risk %	High-Risk Yes	High-Risk Total	High-Risk %
Individuals are supervised in accordance with a written supervision plan.	12	49	24%	33	49	67%	42	49	86%
Individuals receive the appropriate level of supervision, monitoring, services, and treatment.	36	49	73%	38	49	78%	45	49	92%
Individuals receive appropriate sanctions and conditions based on the individual's current risk level.	43	49	88%	45	49	92%	47	49	96%

	Low-Risk Yes	Low-Risk Total	Low-Risk %	Med-Risk Yes	Med-Risk Total	Med-Risk %	High-Risk Yes	High-Risk Total	High-Risk %
Individuals receive appropriate incentives and rewards based on the individual's current risk level.	39	49	73%	42	49	86%	42	49	86%

Chart F.1: Implementation of Services Based on Identified Risks and Needs



Departmental Support and Monitoring of Evidence Based Practices (EBP)

Senate Bill (SB)678 Annual Assessment asks county probation departments if they support and monitor the use of risk and needs assessment, motivational interviewing (i.e., a collaborative, goal-oriented style of communication with particular attention to the language of change) and Cognitive Behavioral Therapy (CBT) (i.e., techniques to identify unhelpful ways of thinking and associated behaviors) using the following methods:

- ✓ Follow up basic training with booster training;
- ✓ Observe case-carrying officers using EBPs; and/or
- ✓ Provide feedback to case-carrying officers on the successful use of EBPs.

Table F.5 indicates the percentage of county probation departments that monitored and evaluated the implementation of these EBPs for all adults on probation supervision who were convicted of felony offenses. Nearly all of responding probation departments utilized at least one of the methods mentioned above to support and monitor risk/needs assessments, motivational interviewing, and CBT.

Table F.5 Number of Methods Used to Support and Monitor the Use of EBPs

	0 n	0 %	1+ n	1+ %	2+ n	2+ %	All 3 n	All 3 %	Total N	Total %
The department supports and monitors the use of risk/needs assessment.	0	0%	4	8%	18	37%	27	55%	49	100%
The department supports and monitors the development of intrinsic motivation skills such as Motivational Interviewing.	0	0%	9	18%	17	35%	23	47%	49	100%
The department supports and monitors the use of CBT techniques, which could include addressing thinking errors, modeling and reinforcing prosocial behavior, and focusing on problem solving.	4	8%	10	20%	16	33%	19	39%	49	100%

Table F.6 – F.7

Goal #3: Workforce and Preliminary Metrics Established to Track Workforce Training

Table F.6 presents a detailed breakdown of FTE Added by provider type from the DHCS 2022 Network Adequacy Certifications.

Table F.7 and Chart F.2 present the findings of measures within the SB 678 EBP Annual Assessment targeting Correctional Workforce Training on specific EBP (e.g., criminogenic needs assessment, motivational interviewing, cognitive therapy, positive reinforcement).

Table F.6: DHCS 2022 Network Adequacy Certifications - FTE Added by provider type

Provider Type	# of Counties	FTE Added by May 2023
Adult Outpatient SMHS	20	646.63
Children/Youth Outpatient SMHS	19	634.87
Adult Psychiatry	15	52.49
Children/Youth Psychiatry	15	22.10

Table F.7: SB 678 EBP Annual Assessment Survey- Correctional Workforce Training on specific EBP

Goal 3 Reporting	Medium/Moderate-Risk Individuals			High-Risk Individuals		
	# of Counties that Implemented EBP	# of Counties Responding	%	# of Counties that Implemented EBP	# of Counties Responding	%
Have officers been trained to focus on top criminogenic needs when meeting with individuals?	49	49	100%	49	49	100%
Have officers been trained in intrinsic motivational skills such as Motivational Interviewing?	48	49	98%	48	49	98%
Have officers been trained in the use of CBT techniques?	40	49	82%	40	49	82%
Have officers been trained to frequently give verbal positive reinforcement for prosocial behaviors?	48	49	98%	48	49	98%

Chart F.2: SB 678 EBP Annual Assessment Survey- Correctional Workforce Training on specific EBP