



*Building bridges between
criminal justice & behavioral health
to prevent incarceration*

In anticipation of a new administration in 2019 the Council on Criminal Justice and Behavioral Health (CCJBH) has identified three key findings essential to understanding how community program deficiencies, the homeless crisis and inefficient data and information have adversely impacted people who are justice-involved with behavioral health challenges. CCJBH has provided recommended activities to address these issues step-by-step from a local, state and often federal standpoint.

Finding One: Failure to Meet the Needs of Individuals with Serious Mental Health and Substance Use Disorders is Caused by a Significant Lack of Resources for the Community Behavioral Health System

Individuals often only find their way into the behavioral health system through incarceration or hospitalization. These results are hardly surprising given the tasks the system has been assigned by default; eliminating poverty, solving homelessness and ending discrimination. These unreasonable expectations only serve to further overwhelm a system that must address the complex needs of individuals who may have co-occurring substance use and mental health conditions, criminogenic risk factors, major and multiple medical problems, and chronic homelessness. The all but inevitable poor outcomes attributed to this under resourced system have led to calls for greater investment in institutional care such as jails, prisons and state hospital beds. Such a move would almost certainly come at the cost of funding for community based-services, further exacerbating the very symptoms that have led to the current situation.

CCJBH urges increased investment in community-based services starting with ensuring that those with multiple needs are not left behind due to their numerous and complex challenges. . By working with partners from criminal justice to social services, the community behavioral health system can develop the capacity to serve those most in need, as well as, collaborate with partners to prevent substance use and mental health challenges from resulting in harmful individual and societal costs.

Recommendation	Local Action	State Action	Federal Action
<p><u>Step One:</u> <i>Commit to Community Alternatives to Support Prevention, Diversion and Successful Re-Entry</i></p>	<p>Counties can undergo local sequential intercept mapping which provides a framework to identify points of interception where an intervention can be made to divert individuals from falling deeper into the criminal justice system. The process can assist in balancing investments across the continuum from prevention to community corrections, targeting resources to unmet needs or to address gaps.</p> <p>In addition to Medi-Cal funds, assess how and to what extent a variety of funding sources such as Public Safety and Behavioral Health Realignment, The Mental Health Services Act (MHSA), Prop 47, County General Fund and other grants can be used to support these efforts.</p> <p>To support the success of developing and sustaining community alternatives be mindful of the necessity of education and committed to taking action to ensure equitable opportunities.</p>	<p>It is paramount to increase resources for community-based mental health and substance use treatment facilities. Infrastructure investments like the Community Services Infrastructure Grant Program, administered by the California Health Facilities Financing Authority (CHFFA), need to be substantially expanded. Success will require the State to eliminate regulatory barriers to siting and licensing.</p> <p>The State can support CCJBH to build upon existing efforts to lead agencies, departments, advisors and stakeholders to:</p> <ol style="list-style-type: none"> 1. Catalogue existing state and federal efforts in prevention, diversion and reentry, including the authority and funding provided by different entities, 2. Identify strengths and barriers in existing efforts including opportunities to improve coordination to address gaps in prevention, diversion and reentry efforts, 3. Develop a prioritized plan of legislative, regulatory, financial, educational and training and technical assistance activities for statewide action, and 	<p>In its first set of recommendations to Congress, the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) identified increasing opportunities for diversion and improving mental health care for the justice-involved as one of five priorities.</p> <p>Specifically, the ISMICC should support enhanced efforts to identify how policies in each participating federal department, such as SAMHSA, Centers for Medicare and Medicaid Services (CMS) and U.S. Department of Housing and Urban Development (HUD), may contribute to barriers to community alternatives to incarceration for individuals with serious mental illness.</p> <p>The ISMICC should analyze such identified policies and make recommendations to revise policies to better support community alternatives.</p>

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		<p>4. Create a reasonable structure to measure the progress and impact.</p> <p>CCJBH can collaborate with other necessary state and local partners to conduct a thorough analysis of the supply and demand for the variety of residential options, including safe and affordable housing, needed to support the substantial demand for community based behavioral health alternatives to incarceration.</p> <p>CCJBH will provide technical assistance to local partners to support community alternatives for individuals identified for pre-trial mental health felony diversion.</p> <p>CCJBH will analyze and provide recommendations on the implications of Bail Reform for people with serious behavioral health disorders (i.e. identifying strategies to deliver services post-release/pre-trial, risk assessment tools and bias, adequate resources for probation and courts).</p>	
<p><u>Step Two:</u> <i>Preserve California's Expansion of Medi-Cal and Improve</i></p>	<p>Locals, with support from mental health advocates, can collect stories from individuals about how access to mental health and</p>	<p>Analysis from CCJBH's Medi-Cal Utilization Project will document and provide evidence that individually who have been formerly incarcerated are</p>	<p>Support the stability and success of the Affordable Care Act (ACA), protect California's health care reform policies including Medi-Cal</p>

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<p><i>how Mental Health and Substance Use Services are delivered as Essential Health Benefits</i></p>	<p>substance use services through Medi-Cal has led to positive outcomes in their lives including employment, secured housing, and family reunification.</p>	<p>using the new Medi-Cal benefit available due to the expansion and examine if and how mental health and substance use services are being accessed.</p> <p>CCJBH can track progress in California prevalence rates in the community for serious mental illness mental health conditions, illicit drug abuse, alcohol abuse and general substance use including pain medication with prevalence rates in jails and prisons. The prevalence rates while incarcerated should not be higher and should trend downwards.</p>	<p>Expansion and providing substance use and mental health services as essential health benefits.</p>
<p><u>Step Three:</u> Make Medi-Cal More Effective by Maximizing Federal Reimbursement and Retaining State and Local Resources for Non-Federally Reimbursable Services</p>	<p>Enroll Individuals in Medi-Cal. Local jails can screen for eligibility for health care coverage and other benefits at intake either by custody staff or in partnership/ contract with county health and social services staff. Efforts should be consistent with local eligibility screening and determination processes and protocols.</p> <p>Maximize Public Safety Realignment (AB 109) funds for evidenced-based community correctional practices, including</p>	<p>CCJBH can research and disseminate other state strategies to expedite Medicaid eligibility and enrollment such as the use of peer educators to support managed care plan selection prior to release.</p> <p>CCJBH can explore strategies where Medi-Cal plan selection could be completed simultaneously with eligibility and enrollment processes in small counties that have one plan option. For multi-plan counties, prior to release individuals can receive information to choose a specific provider within the</p>	<p>Congress should pass legislation to ease and/ or undo the federal Medicaid inmate exclusion and require states to suspend, instead of terminate, Medicaid coverage for justice involved individuals.</p> <p>The Centers for Medicaid and Medicare Services (CMS) should amend State Official Letter 16-007 to clarify that Medicaid can be used to support inmates who are in alternative custody programs in community-based reentry centers that are not located in prisons.</p>

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	<p>substance-used and mental health treatment. While these individuals may be eligible for Medi-Cal, some may not be and many may need housing, transportation, vocational and correctional services to support their participation in Medi-Cal services.</p> <p>Counties can assess how AB 109 funds and MHSA funds are adequately investing in treatment services for the justice-involved or at-risk of justice involvement to reduce incarceration as well as improve behavioral health outcomes. This should include strategies such as crisis services, alternative custody and behavioral health courts.</p> <p>Counties can participate with CCJBH and other stakeholders like Probation to identify effective payment models (AB 109, MHSA, Medi-Cal) for the justice-involved with behavioral health issues. These models should be disseminated to all counties.</p>	<p>network of the plan selected upon release. Health navigators can assist with activation and the first appointment post-release.</p> <p>DHCS, in consultation with behavioral health and criminal justice stakeholders, can clarify and provide guidance to counties on when and to what extent Medi-Cal and Mental Health Services Act (MHSA) funds can be used for the justice-involved, including parolees who are now Medi-Cal beneficiaries. Issues to clarify:</p> <ol style="list-style-type: none"> 1. Can MHSA funds under WIC 5813 (f) support appropriate jail-based services such as discharge planning? 2. How can MHSA funds be used for individuals on parole and probation? 3. Is the MHSA parolee exclusion out of date and keeping individuals who are Medi-Cal beneficiaries from equal access to services? <p>Investigate if and to what extent State General Fund (SGF) resources that support Parole Outpatient Clinics are paying for Medi-Cal reimbursable services. Assess how State and County resources can be leveraged so that SGF can be used for much needed non Medi-</p>	<p>The U.S. Department of Health and Human Services (HHS) should exercise existing authority to provide additional state flexibility in the Medicaid program to cover justice-involved individuals such as:</p> <ol style="list-style-type: none"> 1. Identifying patients in county jails who are receiving community-based care and then maintaining their treatment protocols; 2. Developing treatment and continuity of care plans for released or diverted individuals; 3. Initiating medication-assisted treatment (MAT) or other forms of medically necessary and appropriate intervention for jailed individuals with opiate addiction whose release is anticipated within 7 to 10 days; and 4. Reimbursing peer counselors to facilitate reentry and increase jailed individuals' health literacy.

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	<p>Explore recent recommendations on improving Realignment policy by the LAO regarding making counties responsible for all forensic court commitments in exchange for reducing counties' In-Home Supportive Services (IHSS) costs to improve incentives to provide effective community-based services for this population.</p>	<p>Cal reimbursable services such as rental assistance.</p>	
<p><u>Step Four:</u> <i>Use Available Evidence-Based Practices to Serve Individuals with Complex Needs with Integrated Services</i> <i>(i.e. criminogenic risk factors, co-occurring substance use and mental health disorders, major medical conditions)</i></p>	<p>Conduct universal screenings with reliable and validated tools for mental illness, substance use and/or co-occurring disorders (COD) and criminogenic risk at jail intake. Doing so will provide valuable information to support diversion, needed services and improved connections to necessary care.</p> <p>Use the "Risk-Need-Responsivity" model to identify and categorize risks and needs and cognitive behavioral health therapy with a documented evidence base including Thinking for Change and Moral Recognition Therapy.</p>	<p>CCJBH can promote the adoption of the Criminogenic Risk and Behavioral Health Needs Framework to ensure that resources are directed towards those with high behavioral health and criminogenic risk needs.</p> <p>CCJBH will collaborate with other entities in 2019 to investigate programmatic, regulatory or financial barriers to integrated care (correctional, substance use, mental and physical health). Identify if there are state solutions that can be proposed as part of the 2020 Medi-Cal waiver renewal.</p> <p>To address the high risk of overdose post-release, direct DHCS to use new Opioid Federal funds to supply correctional providers (State and Local) with naloxone</p>	<p>Congress should consider how to use resources within the Department of Justice to support the wider adoption of programs identified by the U.S. Government Accountability Office (GAO) as demonstrating higher rates of recidivism reduction for individuals with mental illness. Such programs include multiple support services, most notably extensive community supervision, substance use treatment and housing.</p> <p>Monitor the implementation of key elements of the federal opioid package (H.R. 6) for impacts to justice-involved individuals with SUD and COD. Ensure that California is appropriately represented in the HHS Secretary's stakeholder group that</p>

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	<p>Use COD treatment programs across all different settings in the justice system from Integrated Dual Disorders Treatment in drug and mental health courts to MAT in jails and during reentry to forensic community assertive treatment while on community supervision.</p> <p>Document lessons learned from the California Health Care Foundation’s study of 20 counties who are expanding MAT in county jails and drug courts.</p>	<p>to offer upon release to those identified with an Opioid Use Disorder (OUD) treatment need.</p> <p>CCJBH will collaborate with other state partners to raise awareness and tackle the stigma associated with substance use disorders (SUD). Support California’s public education campaign efforts regarding opioid safety and treatment.</p>	<p>will develop a report on best practices in health care related transitions for incarcerated individuals.</p>
<p><u>Step Five:</u> <i>Follow Individuals Home and Continue the Investments Made During Institutionalization</i></p>	<p>Public safety entities and county Mental Health Plans should collaborate to identify optimal strategies to engage individuals who are being released from jail or prison into appropriate health or behavioral health care. This may include pre-release discharge planning and/or transition to community-based services.</p> <p>For participating counties, services under the Drug Medi-Cal-Organized System of Delivery (DMC-ODS) can work to both</p>	<p>CCJBH will monitor the progress of the Whole Person Care pilots and the roll out of the DMC-ODS reaching out to county implementers, when appropriate, to hear about challenges to be address to target the justice-involved with mental illness, particularly those with co-occurring disorders.</p> <p>CCJBH is well-positioned to improve service coordination among state and local partners. CCJBH can identify referral and care coordination pathways for a sample size of counties, identifying strengths and weaknesses as well as</p>	<p>U.S. Department of Justice’s Office of Justice Programs can expand funding available through Second Chance Act Grants and Innovation Grants to provide more assistance to individuals returning to the community following incarceration with significant needs who are at the most risk of negative health and public safety outcomes.</p> <p>Consider how to apply recommendations provided to the Administration from the Council on Economic Advisors (CEA) into</p>

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	<p>prevent incarceration of those with SUDs as well as to serve the justice-involved population upon reentry.</p> <p>Grassroots community organizations can apply for resources to support the warm hand-off from the Board of State and Community Corrections (BSCC) Adult Reentry Grant Program.</p>	<p>barriers. Recommendations to address gaps through training, technical assistance or policy change could be provided.</p> <p>CCJBH will consider how future stakeholder contracts can best inform policy makers and program providers on effective practices upon reentry and during community supervision.</p>	<p>priorities for federal programming. The CEA identified that investments in substance use and mental health reentry programs that use cognitive behavioral practices are most likely to reduce recidivism and result in reduced incarceration spending over time.</p> <p>(See recommendations to make Medicaid more effective for justice-involved populations)</p>
<p>Step Six: <i>Sustain and Grow Community Alternatives by Investments in Workforce, Education and Training</i></p>	<p>Expand the use of peers who are formerly justice-involved as an essential element of the service team, especially when providing COD services, including strategies that support Medi-Cal reimbursable services.</p> <p>Invest in curriculum for the new workforce, as well as training for the existing workforce, on core competencies to provide effective integrated correctional and behavioral health services to better promote recovery and recidivism in custody and community settings.</p>	<p>Create statewide certification with standardized curriculum for Peer Support Specialists who provide quality services allowing this workforce to be considered qualified providers for Medi-Cal reimbursement through Medi-Cal Specialty Mental Health Services</p> <p>Investigate how peers, Community Health Worker (CHW)s, and SUD counselors can work to serve people with co-occurring disorders. Strengthen collaborative relationships by cross-training Peer Support Specialists, CHWs, and SUD Counselors. CCJBH will work with policy and community partners to address barriers to employment for Peer Support Specialists, Forensic Peer</p>	<p>Provide federal guidance on consistency in scope of practice, qualifications, and quality of services provided by Peer Support Specialists.</p> <p>Federal agencies like the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute for Corrections can increase efforts, including grants to local agencies for training and technically assistance on best practices in integrated care for the justice-involved with behavioral health challenges. Doing so is critical to supporting effective criminal justice reform policies.</p>

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	<p>Provide opportunities for cross professional training between various criminal justice, behavioral health and primary care systems. These efforts could be supported by a learning collaborative funded by MHS Innovation funds.</p> <p>Beyond supporting crisis intervention training for law enforcement and first responders, invest in Officer Wellness and Peer Support programs to promote wellness, reduce critical incidents and use of force, and improve behaviors and community relationships.</p>	<p>Specialist, Consumer Peer Specialist, Veteran Health Peer Specialist, and Mental Health Peer Specialist.</p> <p>Consider a California counterpart for elements of the federal opioid package (H.R. 6) to support workforce, education and training. For example, expand first responder training regarding opioid safety and develop a student loan repayment program to increase the substance use treatment workforce.</p> <p>CCJBH will establish a center of excellence in diversion on the website with webinars and featured tools from experts in the field but focus more on what individuals are doing in CA. The purpose is not to re-create expertise/ tools but to methodically identify it, and bring it to all 58 counties in a user-friendly, relevant and timely matter.</p>	<p>A significant majority of individuals who work with the justice-involved with behavioral health problems have incurred student loan debt and are working in public service employment or for non-profit agencies.</p> <p>Congress should adequately resource the Department of Education to ensure the responsible administration of the Public Service Student Loan Forgiveness Program. Congress should provide oversight of the program to confirm borrowers' complaints are addressed and that the complicated process of applying for the program is corrected.</p>

Finding Two: California’s Homeless and Housing Crisis has Undermined the Success of Community Alternatives to Incarceration for People with Behavioral Health Challenges

From chronic homelessness to housing insecurity, the lack of safe and affordable housing impacts the delivery of much needed mental health and substance use treatment services. From individuals who slipped into incarceration due to crimes of poverty, substance use and untreated mental illness to those whose reentry is compromised because there is no place to call home, the deficiency of housing options is putting individuals at great risk of health care emergencies, recidivism or more likely both.

CCJBH urges that any effort to address homelessness and the housing crisis must consider critical factors that uniquely impact people with justice involvement and behavioral health challenges.

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<p><u>Step One:</u> <i>Prioritize Housing for the Most Vulnerable and the Most in Need</i></p>	<p>Local Coordinated Entry Systems (CES) are used to assess strengths and needs quickly. Jails and prisons can explore if and how individuals exiting can be entered into CES prior to release. Partners included in CES should widely vary and include criminal justice.</p> <p>Administrators of local housing programs can prioritize housing for the most vulnerable, high risk and high need individuals with mental illness, substance use and justice involvement. Counties who use the Vulnerability Index: Service Prioritization Decision Assistance Tool should include justice status as part of this tool.</p>	<p>CCJBH can identify and disseminate best practices in the application of CES with criminal justice referral entities.</p> <p>The Homeless Coordinating and Financing Council (HCFC) can consider how to apply the definition of <i>at-risk of chronic homelessness</i> to various state homeless programs. As defined by the California Department of Housing and Community Development (HCD) at-risk of chronic homelessness includes persons who are at high risk of long-term or intermittent homelessness, including persons with mental illness exiting institutionalized settings with a history of homelessness prior to institutionalization, and transition age youth experiencing homelessness or with significant barriers to housing stability.</p>	<p>Provide information to HUD regarding the negative unintended consequences of the revised 2015 definition chronic homelessness. This definition determines program eligibility and remains a clear barrier for the justice-involved.</p> <p>USICH can work with HUD to update the definition of chronic homelessness to include individuals exiting an institution (including jails, prisons and state hospitals) to homelessness after 90 days and with a history of homelessness.</p>

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<p><u>Step Two:</u> <i>Support the Expansion of Housing and Housing Assistance Options</i></p>	<p>If viable, counties and cities can go directly to the voters to get more resources to develop affordable housing and to address homelessness either through additional local taxes or bond measures.</p> <p>Local Continuums of Care (CoCs) can use funds provided by the Homeless Emergency Aid Program to address the complex housing needs of justice involved individuals (youth and adults) with behavioral health challenges.</p> <p>Counties can apply for No Place Like Home (NPLH) Funds to develop permanent supportive housing for people with mental illness who are homeless or at risk of chronic homelessness.</p>	<p>CCJBH can provide guidance to maximize the use of Medi-Cal so that resources saved on healthcare, including by parole and probation, can be directed towards housing for the reentry population ranging from rental assistance to transitional and permanent supportive housing. This can be based on guidance provided by the Centers for Medicare and Medicaid Services (CMS) in 2015.</p> <p>CCJBH in collaboration with other state departments can provide guidance on how funding sources like Public Safety Realignment, the Mental Health Services Act (MHSA), Proposition 47 and other non-Medi-Cal resources can be used for housing options for the justice-involved with behavioral health challenges.</p> <p>Support housing and service providers to explore opportunities to expand group housing options as an alternative to single family units.</p>	<p>National criminal justice reform efforts can include recommendations from the U.S. Interagency Council on Homelessness (USICH) which call for criminal justice systems to be resourced to support immediate housing options like short-term rental assistance & rapid re-housing.</p>
<p><u>Step Three:</u> <i>Support Housing Best Practices</i></p>	<p>CCJBH can reach out to CoCs to learn more about how various housing first models (i.e. emergency shelters, rapid rehousing, transitional housing, permanent supportive housing and residential treatment) are including</p>	<p>CCJBH can work with the HCFC to ensure that required conditions of parole and probation can co-exists with <i>Housing First</i> requirements and best practices.</p>	<p>Provide information to the U.S. Department of Housing and Urban Development (HUD) and the U.S. Interagency Council on Homelessness (USICH)</p>

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	<p>equal opportunities for those being released from institutions like jails, prisons and state hospitals.</p> <p>Understand how local screening criteria are used so that justice status is not an exclusionary but rather inclusionary factor.</p>	<p>CCJBH can identify, in collaboration with CoCs, what additional guidance or training and technical assistance can support the adoption of <i>Housing First</i> practices for individuals who have to comply with supervision requirements.</p>	<p>regarding support for <i>Housing First</i> practices that can be adopted within a framework that takes into consideration the needs of individuals on community supervision and protects public safety.</p>
<p><u>Step Four:</u> <i>Create Equitable Housing Assistance Opportunities and Combat Housing Discrimination</i></p>	<p>Without understanding who is homeless and why, communities cannot prioritize limited resources. Local CoCs need guidance and support to collect appropriate information about justice status (i.e. probation vs parole, recently released from jail vs prison, etc.) to equitably plan and provide assistance.</p> <p>Communities must be adequately resourced to coordinate a comprehensive set of strategies that collect information and data from places who work with people who are homeless including jails, prisons, state hospitals and juvenile detention facilities.</p> <p>Homeless management information systems and other data sources must</p>	<p>CCJBH will participate in the development of the Statewide Homeless Information Management System to ensure that justice status is being collected with appropriate specificity so that it can be considered as a variable in increased access to housing and housing assistance.</p> <p>CCJBH can review local policies and ensure they are consistent with federal law, and consider ways to support Californians to know their housing rights and how to file grievances when they are denied.</p> <p>CCJBH will explore if and how the Medi-Cal Utilization Program can include homelessness and housing insecurity in analyses.</p> <p>CCJBH can monitor local and state efforts that reduce the criminalization of homelessness for people with behavioral</p>	<p>Federal partners can educate advocates and implementers about the 2016 clarifications of the application of fair housing act standards to the use of criminal records (April 4, 2016 Letter, HUD Notice 2015-10). All public housing authorities and private housing providers must comply with this guidance. Arrest records cannot be the basis for denying admission, terminating assistance, or evicting tenants.</p>

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	<p>build and maintain information about people experiencing homelessness and their outcomes.</p> <p>Improve access to local Public Housing Authority (PHA) resources for individuals who have convictions by modifying standards of admission/screening – e.g. shorten the length of time in which a review of a conviction or public safety concern can be considered, use individualized assessments and allow explanations for special circumstances, eliminating all provisions screening applicants out of the Housing Choice Voucher (Section 8) and Public Housing programs due to probation or parole status, and direct the PHA to prioritize people who are justice involved and have a behavioral health or serious health need for Section 8 or other public housing.</p>	<p>health issues, report on trends and identify best practices.</p> <p>HCD should consider streamlining zoning procedural requirements as part of the implementation of NPLH in part of help ease the burden on interested providers who already will be operating in an extremely expensive market and burdensome regulatory environment.</p> <p>Strengthen state-level efforts to combat Not in My Backyard community responses for housing for individuals with behavioral health needs and/or individuals who have been formerly incarcerated.</p> <p>Explore how the <i>Housing Accountability Act</i> can enforce the development of appropriate housing for special needs populations who may be experiencing discrimination.</p>	

Finding Three: Data and Information is not Systematically Collected to Inform Policymaking and Program Investments or to Support Accountability and Quality Improvement

Barriers to data-sharing, whether real or perceived, are keeping criminal justice and behavioral health care systems from supporting continuity of care and monitoring whether interventions and strategies are successfully reducing recidivism. Determining when and how data can be exchanged for program improvements or desired health or public safety outcomes, is critical to supporting integrated service delivery that is effective for the individual and accountable to the taxpayer.

CCJBH urges state leadership to support data-driven practices and policy-making among criminal justice and behavioral health systems to ensure continuity of care and achieve desired public safety and health outcomes.

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<p><u>Step One:</u> <i>Systemically collect data so that the target population is accurately identified and informed decisions can be made system wide</i></p>	<p>Counties can use a standard definition of mental illness, substance abuse and recidivism across the state in community corrections so that comparisons and trends across counties and statewide can be drawn. CCJBH recommends the use of the BSCC definition of recidivism and the Welfare and Institutions statutory definition of mental illness and SUD as guidance for inclusion in Medi-Cal programs.</p> <p>Counties can explore to the extent possible resources from various funding streams such as the Mental Health Services Act (MHSA) and Public Safety Realignment could be dedicated to data improvement practices.</p>	<p>CCJBH can explore with the Council on State Governments (CSG) Justice Center and other state-level partners representing local constituencies, such as the California State Sheriffs Association, the CBHDA and the Chief Probation Officers of California, where shared definitions beyond mental illness could be agreed upon. The more shared definitions that can be agreed upon, the more likely statewide trends in incarceration can be identified.</p> <p>Improved understanding of length of stay in jail for individuals with behavioral health challenges could also aid in understanding statewide trends. The state could consider ways to better support local law enforcement to begin early data collection efforts and to update data collection systems.</p>
<p><u>Step Two:</u></p>	<p>Counties can better understand the prevalence of mental illness in the jail</p>	<p>CCBJH can promote easy to use validated screening tools for jails such as the brief justice mental health screen (BJMHS),</p>

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<p>Support Counties in Getting to Know their Target Population</p>	<p>population by using validated screening and assessment tools at booking, including a brief screen for MI and SUD to determine treatment needs. Tools should be gender specific but simple enough that anyone can administer them.</p> <p>Counties can partner with organizations studying issues of recidivism such as the Public Policy Institute of California (PPIC) and the 12 County Study of AB 109 implementation or California Forward’s Justice System Change Initiative. Both initiatives assist counties with establishing baseline data to better understand who is coming in and out of jail and why. This approach assists counties to develop projections on what kinds of service alternatives to create to reduce incarceration.</p>	<p>correctional mental health screen for men (CMHS-M), correctional mental health screen for women (CMHS-W) and the jail screening assessment tool (JSAT).</p> <p>CCJBH can share with counties, when appropriate, information regarding how individuals exiting state incarceration may or may not be using their Medi-Cal benefit for health and behavioral health services. This can help inform local policies and practices.</p> <p>Considering the elevated rates and dangers associated with opioid use, CCJBH further recommends that all incoming detainees be screened with reliable and validated tools that provide clinically useful data in the treatment of opioid use and other SUDs. Moreover, to successfully tackle the crisis it is a critical to understand how many individuals suffering from opioid use disorders are entering jails and prisons.</p>
<p>Step Three: Provide guidance and confidence to support data sharing</p>	<p>Counties are creating local adaptations and solutions to sharing data across criminal justice and behavioral health systems such as best practices in contracting for jail-based behavioral health services to support continuity of care.</p> <p>Counties can share those strategies with each other through a learning collaborative supported by MHSA Innovation funds.</p>	<p>The state can consider expanding guidance on the appropriate exchange of personal health and criminal justice information. The California Office of Health Information Integrity, within the California Health and Human Services Agency, is responsible for ensuring compliance with HIPAA and other privacy laws. While the agency published guidance in 2017 to clarify laws and regulations including those for the justice-involved population with behavioral health needs, users want more in-depth direction, training and technical assistance.</p>

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		<p>CCJBH can partner with CSG to investigate how other states (i.e. Texas, Oregon, & Michigan) have developed models to support data-sharing as well as statewide databases to facilitate data-sharing.</p> <p>CCJBH can help identify and provide tools and resources to address common concerns from counties including:</p> <ol style="list-style-type: none"> 1. Lack of knowledge when patient consent is needed to exchange criminal justice or behavioral health information 2. Lack of data systems with required interoperability 3. Lack of approved policies or agreements in place to share and exchange data 4. Lack of staff capacity or training to collect, analyze, or share data.
<p><u>Step Four:</u> <i>Invest in quality data evaluation and research to improve outcomes</i></p>	<p>Counties can explore shared costs to develop or improve existing systems that have the capacity to support required interoperability.</p> <p>Counties can explore strategies to leverage resources through administrative costs in partnership with local educational institutions and universities offering in-kind support for evaluation and research.</p>	<p>State agencies and departments have a significant amount of data and can identify ways to make administrative de-identified data more available to research and evaluation entities eager to study best practices to achieve positive public safety and health outcomes.</p> <p>CCJBH can work with evaluation experts to develop a statewide monitoring system for diversion to track trends in incarceration for state policymaking and accountability to taxpayers. The system could assess indicators available in existing datasets like the California Health Interview Survey and the Jail and Juvenile Detention profile surveys to track activities associated with the reduced incarceration of youth and adults with substance use and mental health disorders.</p>