

Integrated Behavioral Health Action Coalition (IBHAC)



July 19, 2024 | 10:00 AM - 11:30 AM

10:00 AM	WELCOME & INTRODUCTIONS Please share your name, role, org in the chat	<i>Jen Hastings, MD, Physician Consultant SafeRx & HIP</i>
10:05 AM	FRAMING: RESTORATIVE PRINCIPLES & RESTORATIVE JUSTICE Share your questions and comments in the chat throughout	<i>Julia Feldman, Executive Director Conflict Resolution Center CRC</i>
10:15 AM	RESTORATIVE JUSTICE IN SANTA CRUZ	<i>Heather Rogers, Public Defender Santa Cruz County Office of the Public Defender</i>
10:25 AM	NEIGHBORHOOD COURTS: RESTORATIVE JUSTICE IN ACTION	<i>Eileen Jao, Assistant District Attorney Neighborhood Courts</i>
10:35 AM	COE: RESTORATIVE PRINCIPLES IN OUR SCHOOLS	<i>Farris Sabbah & Sony Guerrera Sanson County Office of Education</i>
10:45 AM	CAL AIM: PRESENT AND FUTURE	<i>Karen Kern, MPA, Deputy Director County of Santa Cruz - BH Division</i>
11:05 AM	REFLECTIONS, GROUP DISCUSSION, QUESTIONS & ANSWERS SESSION	<i>Moderators: Julia Feldman & Jen Hastings All Speakers</i>
11:25 AM	CLOSING REMARKS: NEXT STEPS Share your personal next steps in the chat	<i>Our Speakers and Jen Hastings</i>

INTEGRATED BEHAVIORAL HEALTH ACTION COALITION



RESTORATIVE JUSTICE AND RESTORATIVE PRACTICES

Friday, July 19, 2024



IBHAC Workforce Workgroup



Please join the IBHAC Workforce workgroup every
second Tuesday of the month from 10-11 AM

Next meeting is Tuesday, August 13, 2024


The workgroup is championed by Patrick Meyer, LCSW, Chair of the Human Services Program at Cabrillo College

If you are interested in attending, please email Maria at mjerezano@hipscc.org
to receive the calendar invites

Framing Restorative Justice



Presented by Julia Feldman, Executive Director
Conflict Resolution Center of Santa Cruz County



“Restorative Justice is a process that involves, to the extent possible, those who have a stake in a specific offense (victim, offender, family, community, etc.) to collectively identify and address harms, needs, and obligations in order to heal and put things as right as possible.”

~ Howard Zehr

RJ sits at the intersection of Victim, Offender and Community



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Roots of Restorative Justice



Old process integrated into modern system

RJ was not originally linked to crime. Modern-day RJ practices have their roots in Indigenous practices, drawing inspiration from Indigenous New Zealander and Native American traditions. In a process called “peacemaking,” these communities often resolved disputes by focusing on repairing relationships and finding solutions instead of assigning blame and rendering punishment.

Guiding Principles of Restorative Justice/Restorative Practice

RELATIONSHIP

RESPECT

RESPONSIBILITY

REPAIR

REINTEGRATION

Difference between Restorative Justice and Restorative Practices

- ▶ **Nature:** Restorative justice is generally reactive, while restorative practices are deliberate and proactive.
- ▶ **Focus:** Restorative justice focuses solely on reacting to harm, while restorative practices also incorporate preventing incidents from happening.
- ▶ **Related areas:** Restorative practices are related to social-emotional learning and multi-tiered systems of support.



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Two Different Lenses:

Criminal Justice

- ? What laws have been broken?
- ? Who did it?
- ? What do they deserve?
- ? Crime is a violation of the law and against the state
- ? Violations create guilt
- ? Criminal system requires the state to determine guilt and impose punishment
- ? Passive – does not require accountability
- ? Justice = Punishment

Restorative Justice

- ? Who has been hurt?
- ? What are their needs?
- ? Whose obligations are those?
- ? Crime is a violation of people and relationships
- ? Violations create obligations
- ? Justice involves the victim, offender and community to collectively determine how to repair the harm done
- ? Active – requires accountability
- ? Justice = Harm is addressed and repaired

What does Restorative Justice look like?

- ? Face to Face Dialogues
- ? Exchange of information/letters
- ? Family Conferencing
- ? Sentencing Circles
- ? **Voluntary for all participants**
- ? **Victim Centered**
- ? **Offender Accountability**
- ? **Not one-size-fits all**



GOALS



What are the goals of restorative justice?

- ? Put key decisions into the hands of those most affected by a crime
- ? Make justice more healing and therefore more transformative
- ? Reduce the likelihood of future offenses
- ? **Response to harm that does not cause more harm**

How do we achieve those goals?

- ? Victims must be involved in the process and come out satisfied
- ? Offenders must take responsibility for their actions and understand how their actions have affected other people
- ? Outcomes and/or consequences help repair the harm done, as directly as possible
- ? Victim and offender gain a sense of closure and are reintegrated into the community

Who Benefits from RJ?

- ? **Victim/Survivor:** access to information, tell their story, restitution, empowerment, inclusion and choice, make sure offender does not harm others
- ? **Offender:** make right the wrong, reintegration into community, apologize, be held accountable, community support for transformation, show their humanity
- ? **Community:** safer, have a voice, included in justice process, build stronger community
- ? **The System:** reduced recidivism, less stress on court system, less expensive than court process, free up resources

Benefits of Utilizing RJ



Increased community safety- 23% lower recidivism rate for people who participated in an RJ process* Vermont Dept of Corrections study

Survivors have a greater say in the response process and a more satisfactory path to healing than that currently provided by the criminal justice system

Root causes of behavior are addressed instead of punished

Things to Consider when creating new RJ Process

No national framework on what qualifies as RJ or how it should be used

Eligibility criteria and assessment process with equitable accessibility for all people

RJ is built on relationships- court partners and providers need to have trust and transparency to build new options

Although a “voluntary” process is considered true RJ, if RJ process is done with fidelity to RJ principals, transformational outcomes/impacts occur

**victim
reparation**

**communities of care
reconciliation**



fully restorative

mostly restorative



Conflict Resolution Center

of SANTA CRUZ COUNTY

www.crcsantacruz.org

JULIA@CRCSANTACRUZ.ORG



RESTORATIVE JUSTICE IN SANTA CRUZ

Heather Rogers, Public Defender



SANTA CRUZ COUNTY OFFICE OF THE
PUBLIC DEFENDER

Courage. Compassion. Community.

Knowing Better to Do Better

Mass Incarceration, Public Health & Restorative Justice

Heather Rogers | Public Defender

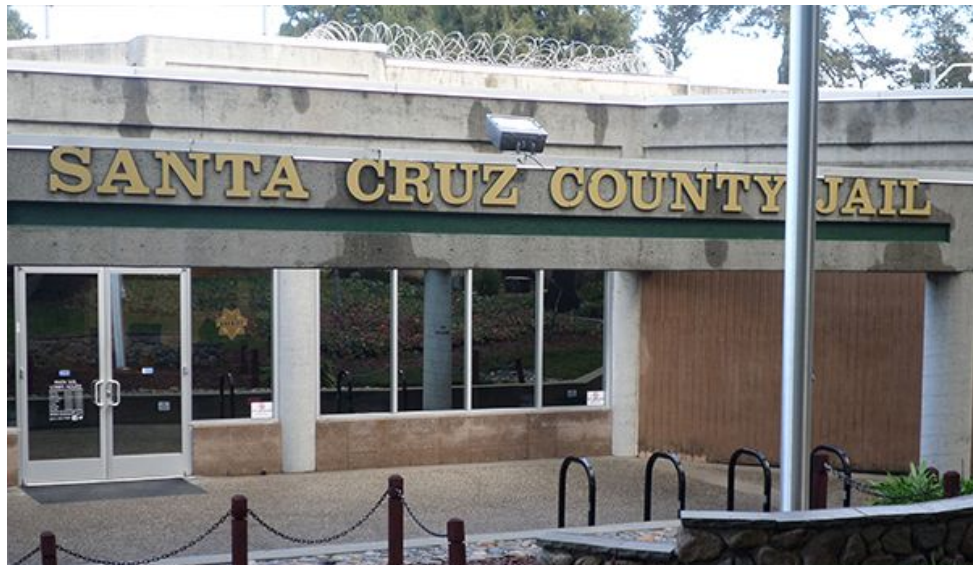
July 19, 2024

Do the best you can until
you know better.

Then when you know better,
do better.

-Maya Angelou





2 million + people in prison

4 million + people under criminal supervision

Black people 5x as likely to be incarcerated

Latinx people 1.3x as likely to be incarcerated

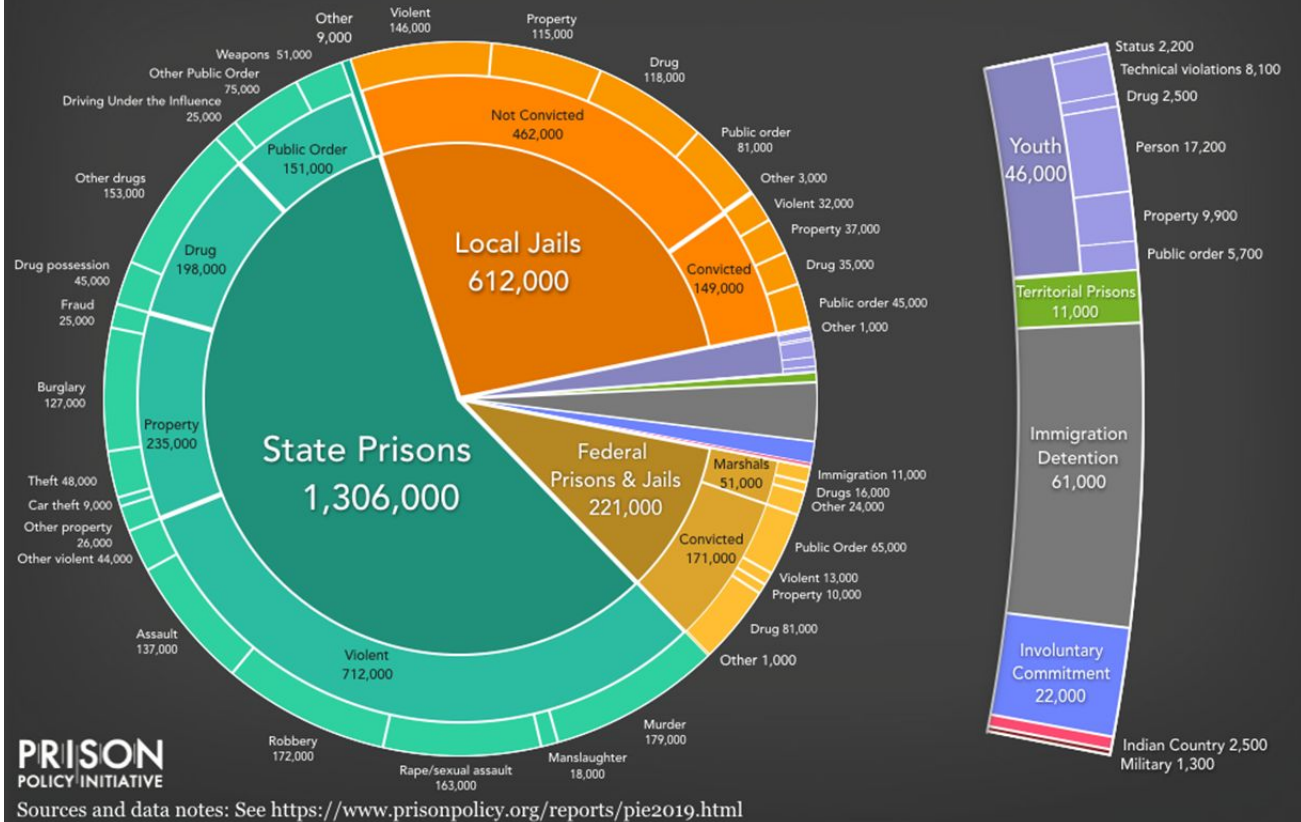
Native American people 2x as likely to be incarcerated

1 in 3 arrested or convicted

1 in 10 incarcerated

How many people are locked up in the United States?

The U.S. locks up more people per capita than any other nation, at the staggering rate of 698 per 100,000 residents. But to end mass incarceration, we must first consider *where* and *why* 2.3 million people are confined nationwide.



“[Incarceration] is “an expensive way to achieve less public safety.”

— *Vera Institute of Justice*

Costs trillions of dollars at \$100+ per person/day

62% of people return to prison within 10 years

Reduces employment opportunities / earnings

Limits economic mobility

Increases chance that children will live in poverty and become system involved

May actually INCREASE crime!

Creates deep & lasting resentment



Mass incarceration is a public health crisis

40% suffer from mental health & substance use disorders

Less than 15% get appropriate treatment.

40%+ of people incarcerated at local jail take psychotropic medication

15% are victims of prison violence

1 in 5 in solitary confinement in the past year

30 percent of deaths in prison are suicides

Each year of incarceration reduces life expectancy by 2 years

Children of incarcerated parents 5x more likely to be jailed themselves

50%+ children in juvenile system have 1 or more incarcerated parent



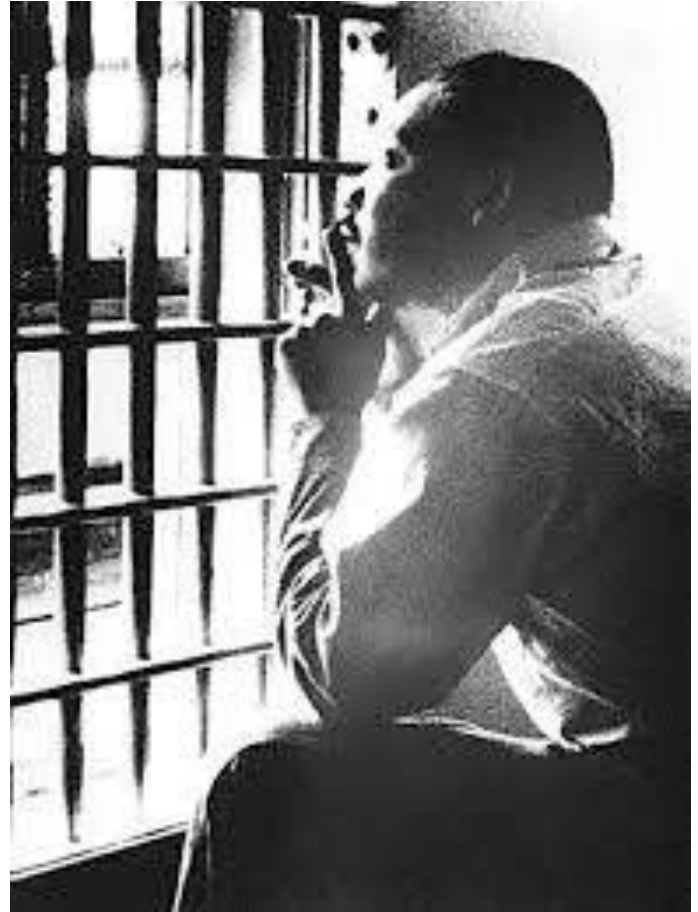
A photograph of a prison cell block. The room is filled with rows of metal bunk beds. Several inmates are lying on the beds, some covered with blankets. The room has a high ceiling with recessed lighting and a balcony with a metal railing above. A large white pillar with the letter 'F' is visible on the right. The floor is a reddish-brown color. The text 'Mass incarceration is a choice' is overlaid in large black font across the center of the image.

Mass incarceration is a choice



“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.”

— *Martin Luther King Jr.*





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#CruzDefenders

NEIGHBORHOOD COURTS: RESTORATIVE JUSTICE IN ACTION



*Eileen Jao, Assistant District Attorney
Neighborhood Courts*

Neighborhood Courts (NHC)



What is Neighborhood Courts (NHC)

- Community-driven diversion program
- Prevent recidivism by addressing harms with first-time offenders and take them out of the criminal system
- Take responsibility, repair harm through restorative justice principles



Eligibility Requirements

- No criminal record
- Willing to take responsibility for their actions



ILLUSTRATION BY JAMES HEIMER

Illustration from Harvard Magazine article “Restoring Justice”
(<https://www.harvardmagazine.com/2021/06/features-restorative-justice>)

NHC is based on RJ Principles



- Volunteers
- Harm
- Victim-Centered
- Restitution

Program Details – Where we started

- Official Start date (with conferences) December 2020
 - # of offenses – 12 (all misdemeanors)
 - # of volunteers – 24
 - # of conferences a week – 1
 - Conferences on Zoom (thanks, COVID-19)

Program Details – Where we are now

- # of offenses – 60 (both misdemeanor and low-level felonies)
- # of volunteers – 50 active (8 of which are bilingual), 66 trained overall
 - # of conferences a week – up to 3
 - Conferences either in-person or Zoom
- Utilizing libraries and neutral community spaces for conferences

Program Stats – Show Me the Numbers! (as of Feb 2024)

- **Cases referred – 506**
- **Number of Conferences – 223 (around 15 in Spanish)** (Additionally, 15 ABC sting, 2 vehicle-related)
- **Number of Successful Completions – 198** (9 ABC sting, 2 vehicle-related); Some participants/conferences are still pending completion at time of data pull
- **Number of Failures – 10** (people who do not complete their agreement items or who end up with a new arrest/citation)
- **Recidivism Rate – 1%** (from 2020 to Dec 2022 - defined as no criminal convictions – this number goes up with people who have had law enforcement contact after they finish the conference and program.)

Thank you!

Questions?

Contact info -

Email:

neighborhoodcourts@santacruzcountyca.gov

Monica Carrillo: 831-454-2534

Dany Torres: 831-454-3588





RESTORATIVE PRINCIPLES IN OUR SCHOOLS



Farris Sabbah & Sony Guerrera Sanson
County Office of Education



SANTA CRUZ
COUNTY OFFICE OF
EDUCATION

DR. FARIS SABBAH • SUPERINTENDENT OF SCHOOLS

Restorative Principles in Our Schools

July 19, 2024

Integrated Behavioral Health Action Coalition

Restorative Practices in Schools

- Effort and legislation to reduce Suspensions and Expulsions (AB420, AB419) especially for BIPOC, disadvantaged communities
- Many times justice involvement starts in our schools
- Breaking the cycle of behaviors and punishment and Moving towards repairing harm
- Restorative Practices Improve School Climate: Promote a sense of community and responsibility, improving relationships among students, and between students and staff



Restorative Practices

The restorative practices movement seeks to develop good relationships and restore a sense of community in an increasingly disconnected world.

Restorative Practices Handbook, IIRP 2019



Restorative Practices - an approach



Scope: Extends beyond the criminal justice system to various settings such as schools, workplaces, and communities.

Application- ongoing: Encompasses a wide range of practices and principles aimed at building relationships, fostering community, and resolving conflicts. This can include restorative circles, peer mediation, and collaborative problem-solving techniques.

Goal: To proactively build a sense of community and prevent conflicts, **as well as** to address and resolve conflicts when they occur, promoting a culture of mutual respect and accountability. (need both in a school setting)



Restorative Principles in Action

- Reactive punitive approaches are “easier”
- RP takes more time
- Requires buy in and commitment
- Consistent follow through and accountability

Social Discipline Window

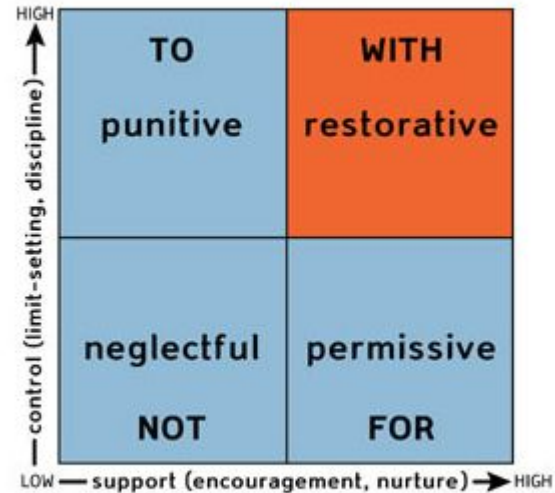


Figure 1. Social Discipline Window

<https://www.iirp.edu/>



DR. FARIS SABBAAH
SUPERINTENDENT OF SCHOOLS

How do we build spaces where students feel they belong?

We focus on relationships, respect, and accountability.

Some key elements:

Classroom circles	Restorative circles	Welcoming students	Check ins (informal)
Parent/family meetings	Supervision/safety	Dialogue	Engagement
Open ended questions	Self-awareness	Modeling	Clear expectations
Admitting Mistakes	Many chances	Community Building	Honoring identity
Vulnerability	Including students	Acknowledging progress	Agreements
Values	Space for healing	Student Activities	Homeroom/looping



CAL-AIM: PRESENT AND FUTURE

Cal-Aim Justice Involved Initiative



*Karen Kern, MPA, Deputy Director
Health Services Agency - Behavioral Health*

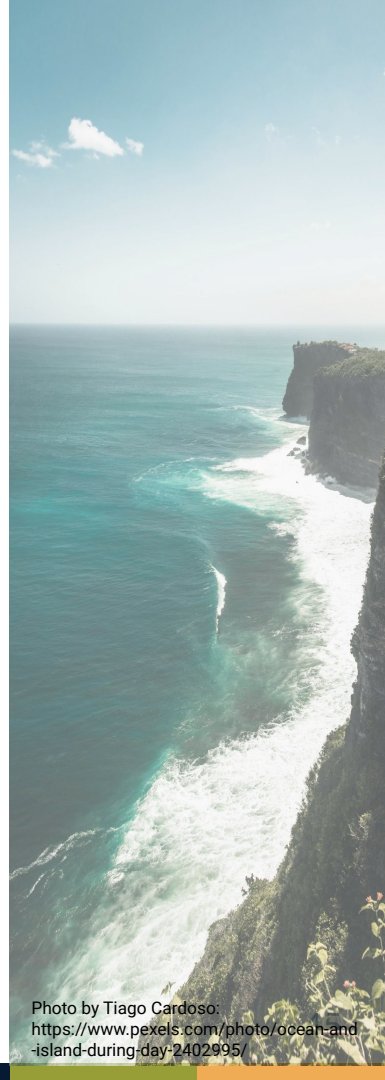


Photo by Tiago Cardoso:
<https://www.pexels.com/photo/ocean-and-island-during-day-2402995/>



COUNTY OF SANTA CRUZ
HUMAN
SERVICES
DEPARTMENT



Integrated Behavioral Health Action Coalition
July 19, 2024

Santa Cruz County Cal-AIM Justice Involved Initiative

Karen Kern, MPA, Deputy Director
Health Services Agency – Behavioral Health

Background

What is CalAIM?

California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory.

Address the state's physical and mental health needs

Improve and integrate care

Be a catalyst for equity and justice

Work together to build a healthier state

The Issue

TRANSFORMATION OF MEDI-CAL: JUSTICE-INVOLVED
CalAIM JI Policy and Operations Guide_FINAL_October 2023_updated

Incarcerated people with an active mental health case increased by 63% between 2009 and 2019

66% of Californians in jails or prisons have moderate to high need for SUD treatment (2019)

Overdose death rates are more than 100x higher for people recently released from incarceration

People in California jails or prisons have an overdose rate >3x the national overdose rate

CalAIM Justice Involved Initiative – Mandates & Opportunities

Mandates

HSA

County
Mental
Health Plan

DMC-ODS

Data Sharing

HSD

Medi-Cal
enrollment in
corrections

Medi-Cal
retention in
corrections

Data Sharing

Sheriff

Medi-Cal
screening and
support

Medi-Cal
utilization 90
days pre-release

Data sharing

Probation

Medi-Cal
screening and
support

Medi-Cal
utilization 90
days pre-release

Data Sharing

Opportunities

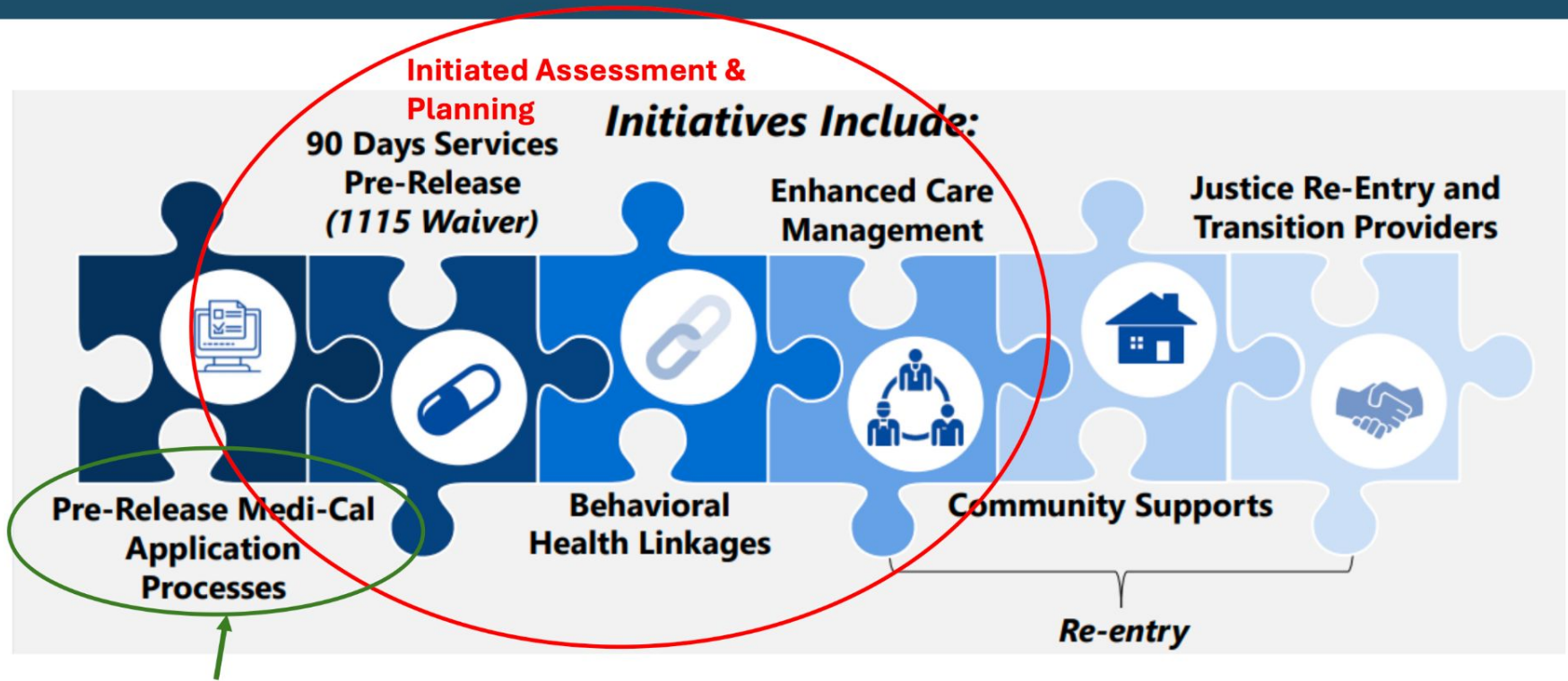
Countywide

Improved care
coordination

Improved client
outcomes

Improved data
systems

CalAIM Justice-Involvement Initiative



Planning/Implementation

<https://www.dhcs.ca.gov/CalAIM/Pages/Justice.aspx>

CalAIM Justice-Involved Initiative

Pre-Release Medi-Cal Application - Update

Current Past Practice	Future Emerging Practice	Impact
<p>Medi-Cal may be terminated upon incarceration and needs to be reinstated upon release</p> <p>No health coverage screening through jails or probation</p> <p>No coordination or data sharing between correctional facilities and HSD</p>	<p>Medi-Cal shall remain active for the initial 28 days, then only be suspended for the duration of incarceration (or until eligible to receive services)</p> <p>Health coverage screening integrated in jail intake and Probation pre-trial program</p> <p>Mandated data sharing between corrections and HSD; HSD collaborating with corrections for MC enrollment</p>	<p>Ensuring high-risk, eligible populations have access to Medi-Cal as they transition into/out of custody.</p> <p>Necessary for the 90-day pre-release services initiative</p>

CalAIM Justice-Involved Initiative

90-Day Services Pre Release – Update

Current Practice	Future Practice (between 10/1/24 – 9/30/26)	Impact
<p>Medi-Cal services not rendered in carceral settings.</p> <p>Federal reimbursement not allowable, per “inmate exclusion”. No Medi-Cal billing</p> <p>No requirement for coordination of BH linkages and data sharing</p> <p>Correctional agencies are legally responsible for the health and safety of the people in their custody.</p>	<p>High-risk populations will be eligible for certain Medi-Cal services while incarcerated, 90-days pre-release.</p> <p>Federal Medicaid reimbursement is allowed, per the approved 1115 waiver. Fee-for-service billing (not through MCP)</p> <p>Required data sharing and coordination with BH system to facilitate referrals and linkages.</p> <p>No change</p>	<p>Improved health outcomes for people as they transition from custody to community settings, including: reduced post-release acute care utilizations, improved “reentry” connections for health and social needs, reduced recidivism</p> <p>Law enforcement and Probation still responsible for funding healthcare services for correctional facilities, per Title 15 mandate</p>

Eligibility Criteria for Pre-Release Services

Medi-Cal-eligible individuals who meet the pre-release access screening criteria may receive targeted Medi-Cal pre-release services in the 90-day period prior to release from correctional facilities. DHCS developed detailed definitions for qualifying criteria, based on extensive stakeholder feedback (See Appendix).

Medi-Cal Eligible:

- Adults
- Parents
- Youth under 19
- Pregnant or postpartum
- Aged
- Blind
- Disabled
- Current children and youth in foster care
- Former foster care youth up to age 26

CHIP Eligible:

- Youth under 19
- Pregnant or postpartum



Criteria for Pre-Release Medi-Cal Services

Incarcerated individuals must meet the following criteria to receive in-reach services:

- ✓ Be part of a **Medicaid or CHIP Eligibility Group**, and
- ✓ Meet **one** of the following health care need criteria (Adults)
 - Mental Illness
 - Substance Use Disorder (SUD)
 - Chronic Condition/Significant Clinical Condition
 - Intellectual or Developmental Disability (I/DD)
 - Traumatic Brain Injury
 - HIV/AIDS
 - Pregnant or Postpartum

Note: *All incarcerated youth are able to receive pre-release services and do not need to demonstrate a health care need.*

Covered Pre-Release Services

The pre-release services authorized under the Justice-Involved Reentry Initiative include the following services currently covered under DHCS's Medicaid and CHIP State Plans. DHCS worked extensively with stakeholders to develop definitions for each of the covered services (See Appendix).

- Reentry case management services;
- Physical and behavioral health clinical consultation services provided through telehealth or in-person, as needed, to diagnose health conditions, provide treatment, as appropriate, and support pre-release case managers' development of a post-release treatment plan and discharge planning;
- Laboratory and radiology services;
- Medications and medication administration;
- Medications for addiction treatment (MAT), for all Food and Drug Administration-approved medications, including coverage for counseling; and
- Services provided by community health workers with lived experience.



In addition to the pre-release services specified above, qualifying members will also receive **covered outpatient prescribed medications and over-the-counter drugs** (a minimum 30-day supply as clinically appropriate, consistent with the approved Medicaid State Plan) and **durable medical equipment (DME)** upon release, consistent with approved state plan coverage authority and policy.

MAT in Jail

**Jail MAT services
launched in 2021**

**MAT Grant through
Board of State and
Community
Corrections supports
counseling staff**

**Increased Discharged
planning for MAT
Patients**

**Expand Injectable
Medicine Program and
additional groups**

**Utilization of Sobering
Center for Warm
handoffs to CBO**

**CaAIM JI allows us to
support re-entry with
a 30-day supply of
medication**

Pre- and Post-Release Care Management to Support Re-Entry

Correctional facilities and community-based care managers will play a key role in re-entry planning and coordination, including notifying implementation partners* of release date, if known, supporting pre-release warm handoffs, facilitating behavioral health linkages, and dispensing medications and/or DME upon reentry.

Enhanced Care Management (ECM)

Individuals who meet the CalAIM pre-release service access criteria will qualify for ECM Justice Involved Population of Focus and **will be automatically eligible for ECM** until a reassessment is conducted by the managed care plan (MCP), which may occur up to six months after release.

Behavioral Health Linkages

To achieve continuity of treatment for individuals who receive behavioral health services while incarcerated, DHCS will require correctional facilities to:

- » **Facilitate referrals/linkages to post-release behavioral health providers** (e.g., non-specialty mental health, specialty mental health, and SUD).
- » **Share information with the individual's health plan** (e.g., MCPs, SMHS, DMC-ODS) or program (i.e., DMC).

Warm Handoff Requirement

Prior to release, the pre-release care manager must do the following:

- » **Share transitional care plan** with the post-release care manager and MCP.
- » **Schedule and conduct a pre-release care management meeting** (in-person or virtual) with the member and pre- and post-release care managers (if different) to:
 - » Establish a trusted relationship.
 - » Develop and review care plan with member.
 - » Identify outstanding service needs.

*Implementation partners include social services departments, post-release care manager (if different from pre-release care manager, MCPs, and county behavioral health agencies

CalAIM Justice-Involved Initiative

90-Day Services Pre Release – Update

Strategic Planning: February 2024 – Fall 2024

Implementation: Oct 2024-Sept 2026

Assessment

- **How is the system currently organized?**
- System mapping
- Stakeholder feedback
- CBO inventory and engagement

Planning

- **Develop a new system**
- Identify solutions
- Determine Go-Live date
- Multi-stakeholder community engagement

Implementation

- **Get resources and start services**
- Assurance measures and evaluation plan
- BH implements by Oct 2024
- Full implementation of pre-release services

County CalAIM Justice-Involvement Initiative

Feedback or Questions?





REFLECTIONS





GROUP DISCUSSION

—

QUESTIONS AND ANSWERS





Share your intentions, inspirations or next steps in the chat

THANK YOU!

Please email pbacio@hipscc.org or share in the chat, *your flyers, registration links, or resources* you would like to share with *IBHAC, SafeRx, and or MAT Advisory Group Members*