

El Dorado County – Assessment of Current Needs and Priorities Impacting Reentry and the Public Safety Realignment

During the Spring and Summer of 2023, Rane Community Development worked with El Dorado County (EDC) justice stakeholders to examine opportunities to improve public safety under California's Public Safety Realignment, and as implemented by EDC's Community Corrections Partnership (CCP).

The project goal is to update the local Funding and Action Plan to include the short- and long-term public safety goals to be achieved, strategies and activities to achieve these goals, resources assigned to project activities, and realistic benchmarks for success commensurate with funding and resource commitments.

This document is intended to serve as an interim report of findings to guide planning decisions. Initial findings were shared in previous submissions including: (1) a Presentation of key findings and considerations and (2) a Summary of the workshop discussion and recommendations. The first part of this report reviews prior findings and some of the major initiatives currently underway. The second half focuses on the feedback from the Key Stakeholder Interviews.

Methodology to Date

- Secondary Data Review
- Document Review
- Two-day Workshop
- Key Stakeholder Interviews

Key Stakeholder Interviews were conducted in June and July of 2023. A total of ten interviews were conducted with justice system partners, including:

- Probation Department Leadership
 - Brian Richart, Chief
 - Gary Romanko, Deputy Chief
 - Andrew Craven, Deputy Chief
- Custody Division Leadership
 - Tasha Thompson, Captain
 - Jon Eslick, Lieutenant
- Health and Human Services Agency (HHS) Leadership
 - Olivia Byron Cooper, HHS Director
 - Nicole Ebrahimi-Nuyken, Behavioral Health Director
 - Maureen Vigil, Public Health Nursing Manager
- Superior Court of El Dorado
 - Shelby Wineinger, Court Executive Officer
- County Administrator's Office
 - Alison Winter, Principal Management Analyst, Justice
- County Office of Education
 - Carey Buchanan, Director of Alternative Programs

Background

Prior Findings

Crime and safety related data were collected from various public data sets, including the California Board of State and Community Corrections (BSCC), *Performance Metrics for Community Corrections*, the California Department of Corrections and Rehabilitation (CDCR), *Offender Outcome Characteristics and Recidivism*, and the Federal Bureau of Investigation (FBI), *Uniform Crime Reports*. Additional data sources include a 2023 Report by Kevin O’Connell Research prepared for the CCP on *Justice and Mental Health in El Dorado County* and a review of all prior *Public Safety Implementation Plans* filed with the BSCC. Additionally, background research included a review of other EDC planning documents, budget reports, and other presentations on related health and justice matters.

Federal and state data for El Dorado County, from the period between 2011 and 2020, show steady declines in crimes reported by total count and rate as well as commensurate declines in both felony and misdemeanor arrests. Some researchers have attributed the declines of the last decade to criminal justice reforms, including the increased adoption of evidence-based probation practices. During this same time, the local inmate population remained relatively consistent, though that may be a factor of rated bed capacity, not the actual need for detention spaces. Some indications also suggest that the intensity of inmate needs (as measured by severity of behavioral health needs, seriousness of charges, and length of stay in custody) has increased.

More recently, previous declines in crime rates appear to be reversing. Stakeholders report a sense of increased concern for safety among EDC residents. Data from 2020 and 2021, consistent with pandemic era shutdowns, are inconclusive on their own. However new 2022 data, showing continued increases in crime rates, are suggestive of a trend reversal and not a one-time “pandemic era” spike. Recent reports from the non-partisan Public Policy Institute of California, show increases in auto theft, retail theft, and robbery across California, as well as increases in gun violence, and decreases in clearance (solve) rates for property crimes.

Further review and discussion of local trends should be ongoing. El Dorado County’s Community Corrections Partnership should review internal data and agree upon shared metrics. State and federal data shows trends for only certain types of property and violent offenses. El Dorado stakeholders should agree on local crime and safety benchmarks to measure and track on a consistent basis.

Brief Findings from the Data Review

- Public safety objectives achieved in the first decade of Realignment.
 - Lower recidivism rates
 - Lower overall crime rates
- Daily jail bed count is stable; however, the intensity of needs / acuity of the inmate population has increased.
- Public perceptions of heightened crime and safety risks may have merit.
- Shared measures to track local trends pertaining to crime and safety are recommended.

Fifteen justice partners participated in a two-day workshop to review key findings and discuss directions and opportunities to strengthen public safety efforts through Realignment. Generally, participants agreed that meeting the pace and scope of several new state initiatives is challenging. They reiterated the importance of working strategically and collaboratively to meet mandates and achieve desired outcomes. However, participants were also optimistic that by building on mutual respect, and strong existing relationships, EDC programs partners can jointly develop clear agreements describing roles, coordinated activities, and shared measures of success.

Simultaneously, workshop participants were sensitive to the importance of going beyond areas of practice or competency. For many, especially among the departmental leaders participating, this dichotomy is a source of tension. On the one hand, department leaders are looking closely at their own responsibilities, limitations, and program objectives and are apt to discuss how other programs or Departments can assist their own efforts. However, they are much less familiar with the limiting mandates or priorities of other Departments.

Workshop participants expressed frustration, with staff stretched too thin, turnover, and a limited capacity to keep-up with everything that is happening. Others also articulated uncertainty (and some skepticism) on how state mandates and practice changes will help achieve shared safety objectives.

Workshop Recommendations

- **Coordinate Training**
Promote more cross-department staff training that focus on the experience of clients moving through the justice system and the various roles justice, health, and community partners play at different stages to promote rehabilitation and increase public safety. Include more clarity on mandated roles and responsibilities including when and how information can be shared, and to what purpose. Provide joint and clear expectations regarding coordination and reporting.
- **Share Data**
Build towards the twin goals of better data sharing for the purposes of individual case coordination, as well as public reporting and messaging around public safety. Recognize current staff and capacity limitations to robust back-end data sharing and focus on areas of feasibility. Consider increasing data entry and analytic capacity for reporting within and across programs. Clerical support may be critical.
- **Expand Service Capacity**
Too many programs are reliant on public agencies. Additional programs are required to meet the needs of those with more moderate behavioral health concerns including recovery from substance use disorders, overcoming trauma, and dual diagnosis. Too many treatment opportunities are located outside EDC. There is a critical need for a range of residential programs within the community. There is also broad support for more investments in employment and job training to provide long-term stability for reentry clients.

Major Health and Behavioral Health Related Initiatives

California has mandated several changes for the care and treatment of justice-involved individuals with behavioral health concerns that address when and how mentally ill individuals may be supervised by the courts, placed on conservatorship, provided treatment within locked facilities, and maintained safely in the community. These changes are intended to address three broad challenges contributing to the “revolving door” to the criminal justice system.

Challenge 1: Access to Treatment Services	
Challenge: Realignment has meant that more people in local jails need higher levels of health and behavioral health services and stay in custody for longer periods of time. Intensive care coordination needs for re-entry exceed mandated custody responsibilities.	CalAIM Initiative: Under a federal Medicaid waiver, custody inmates with MediCal can receive pre- and post- release treatments, including prescriptions, from local providers. Coordinated Care plans for continued treatment in the community are funded for qualifying individuals.
Challenge 2: Engagement with Services	
Challenge: Individual reluctance to engage in treatment is a barrier to recovery. Effective strategies, such as intensive case management and medication assisted treatment are costly, difficult to acquire, and may be discontinued due to difficulties keeping people engaged.	Care Courts: Starting in 2024, the most severely impaired individuals may be engaged into a court-ordered CARE plan to address untreated mental health and substance use disorders through short-term court ordered community-based care with supportive decision making (12-24 months).
Challenge 3: Access to Stable Housing	
Challenge: The state’s patchwork collection of private group homes, SROs, and other housing opportunities for people with behavioral health challenges is shrinking in the face of low reimbursements rates and market incentives to convert units to other uses.	Bridge Housing: Local behavioral health departments are tasked with the development and management of more permanent supportive housing units for people with the most serious mental illnesses, including Care Court program participants.

How New Initiatives Support County Realignment Efforts

Expanded service capacity was one of the biggest needs identified through the Workshop, with the largest emphasis being on addressing mental health and substance use disorder treatment needs and finding safe effective places to live for people to complete treatment, recover, and stay out of trouble.

➤ **The CCP should take an active role in Initiative implementation,** as together these efforts result in:

- (1) Better engagement into treatment services and continuation of care plans upon release. Newly approved medications can also more effectively address substance use disorders and speed recovery.
- (2) Improved engagement into treatment for individuals with psychotic disorders and a pattern of unmanaged behaviors. Family, community partners, and law enforcement can make referrals.
- (3) Greater access to residential programming for clients cycling in the justice system.
- (4) Increased revenue capture through billable services.

Additional details on these Initiatives are included below.

Statewide Initiatives

CalAIM's Justice-Involved Initiative aims to connect eligible members (Medi-Cal beneficiaries) in custody to community-based care; offering services up to 90 days before release to stabilize health conditions and establish a plan for community-based care (collectively referred to as "pre-release services").

Pre-release services include:

- Reentry care 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 care managers' development of a post-release treatment plan and discharge planning.
- Laboratory and radiology services. Medications and medication administration.

Pre-release prescriptions include:

- Medication Assisted Therapy for all Food and Drug Administration-approved medications, including coverage for counseling.
- Outpatient prescribed medications and over-the-counter (OTC) drugs and durable medical equipment (DME) upon release.

SB 844 Correctional Facilities Financing Act: Enacted in 2016, to address jail overcrowding, aging facilities, and to expand program and treatment space as anticipated under Realignment. Through SB 844, EDC's planned Placerville Jail renovations will result in the same bed capacity, but significantly expand facilities to meet the medical, behavioral health, and treatment needs of inmates. Upgrades are also slated to increase the number of housing units suitable for people with serious mental illnesses who require specialty treatment or segregation from the general population and for the growing population of female inmates. Groundbreaking is anticipated by 2025.

CARE Courts: Community Assistance, Recovery, and Empowerment Courts are a new framework to get those with unmanaged mental health and substance use disorders the care they need through a court-ordered care plan.

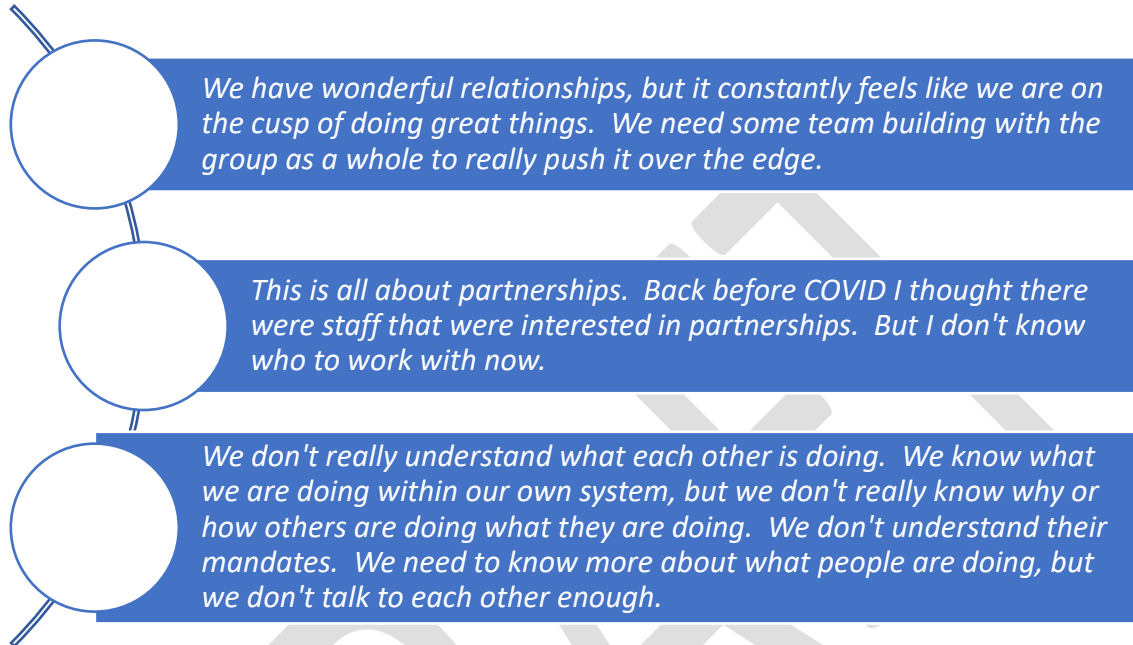
- Anticipated participants are individuals with psychotic disorders, including those on the schizophrenia spectrum, who lack medical decision-making capacity.
- Referrals may be made by county and community providers or first responders.
- Plans cover a period from 12-24 months with ongoing review and monitoring.
- Care teams include behavioral health professionals as well as a public defender and client defined support person to assist in making self-directed care decisions.
- Participants who do not successfully complete Care Plans may be referred for hospitalizations or conservatorship.

Bridge Housing: Behavioral Health Care Services currently manages twelve permanent supportive housing units for people with serious mental illnesses. Behavioral Health Bridge Housing (BHBH) addresses the immediate housing and treatment needs of people experiencing unsheltered homelessness with serious behavioral health conditions, along with the sustainability of these ongoing supports, through locally designated options, including tiny homes, interim housing, rental assistance models, and assisted living settings. El Dorado County was granted \$3.3 million in the first round of funding.

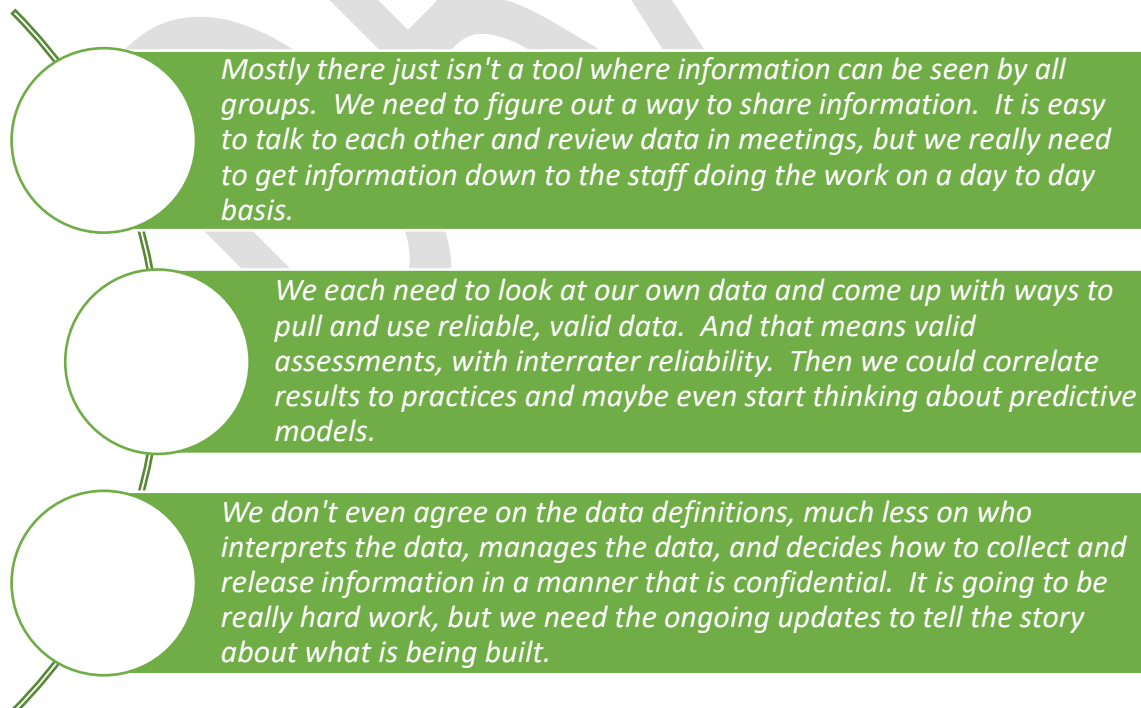
Interview Findings

Stakeholder Feedback by Key Themes

Communication and Partnerships



Data Sharing



Assets, Challenges, and Recommendations

Assets

- **Partnerships**

Interviewees consistently praised program partners and service providers. Many expressed appreciations for the work of Behavioral Health Care Services and the County Office of Education to expand services in recent years. Both agencies were identified as valuable community resources, and many expressed an interest in seeing the growth of various services already available in parts of the County. Job training programs were identified as a critical area of need.

- **Shared Values**

Everyone interviewed expressed a refined and nuanced approach to public safety: advocating for fair and consistent applications of justice while providing differential responses for some individuals, including veterans, people with behavioral health challenges, and transitional age youth. Within this framework there was a consistent call for more written protocols, clarity on roles and responsibilities, and clearly defined pathways for services that were not stymied by capacity bottlenecks.

- **New Funding Resources**

People were cautiously optimistic for public safety benefits through new resources such as the Opioid Settlement funds and CalAIM. Additional funding opportunities through upcoming State housing and facilities grants are also on the table. However, this optimism was tempered by an understanding that the draw down and utilization of these resources will require significant effort as well as practice changes.

- **PATH / Technical Assistance**

The State has launched a 5-year \$1.85 billion dollar effort to support local jurisdictions, as they collaboratively plan and build capacity for expanded in-custody treatment services prior to release and other enhanced care management benefits (ECM) for Medi-Cal beneficiaries. Locally, managed care health partners are also investing in capacity building efforts and assisting HHSA in training providers and establishing protocols for successful billing practices.

Challenges

- **Staff Capacity/Vacancies**

Staffing and programmatic vacancies continue to hinder collaborative efforts. Several Departments expressed challenges filling all available positions making it hard for them to consider new practices outside of core mandates. These sentiments were frequently raised regarding data sharing and the IT team's bandwidth to support a dashboard or other platform.

- **Divergent Strategy Approaches**

While all partners agree that there should be a range of approaches to address and maintain public safety, there are differing opinions on funding priorities and practice standards. In considering approaches to rehabilitation, most partners agree that there is a balance between program interventions to facilitate behavior changes, and monitoring or other deterrence strategies to prevent relapse and recidivism. Interviewees noted that while one-on-one people work well on some of the bigger initiatives there is a lack of shared vision or trust that leads to fractured conversations and missing partners at the table. Partners recommended more clarity

and agreement on overall objectives, as well as when and why different approaches are used and how they are applied.

- **Increasing Cost of Business**

The new funding resources come with complex challenges, including the heavy lift needed to set up billable services and lower than anticipated reimbursement rates for services. Together these considerations are making it difficult to recruit private sector partners. Further, there are increasing challenges with housing instability. Finding stability is critical to reentry success, but costs for rent, acquisition, and construction have risen exponentially in the past few years limiting the expansion of needed residential programs. In March 2024, CA voters will consider an initiative to refocus existing MHSA funds to address a broader range of housing and substance use disorder treatment needs, but potentially pulling funds away from other prevention and early intervention approaches.

- **Custody Health Care and Reentry**

Wellpath, the County's contracted correctional health partner, and HHSA are continuing discussions on medication management and re-entry transitions to maintain continuity of care. Additionally, ongoing work remains regarding the implementation of the *Justice Involved Initiative* under CalAIM, including how to identify and enroll inmates into Medi-Cal managed care plans, provide newly covered services (including medication assisted therapy and counseling services for substance use disorder treatment) and manage reimbursable payments for care and medications. However, significant work remains.

Stakeholder Recommendations

The following recommendations are synthesized from the discussions with Stakeholders and are indicative of the consensus on how to move forward with the initial strategy areas that emerged through workshop discussions.

- **Coordinated Trainings/Project Work**

The County should select one or two local priorities for cross agency convenings, training and information sharing. Ongoing discussions should cover distinct roles, responsibilities, and mandates across the response continuum. Thematic areas suggested by workshop participants include (1) early interventions via pre-trial, pre-release in custody programming, or jail diversion, and (2) rehabilitation for the high-risk re-entry population.

Management personnel also need more information on the respective practice or licensure requirements, state mandates, and major initiatives affecting each other's departments and across the broader continuum of justice agencies and related programming. Examples include, but are not limited to:

- Best practices around terms, conditions, and responses to violations.
- Defining service pathways and making effective service referrals.
- Information sharing under DOJ and HIPPA regulations.
- Medi-Cal billing requirements for service providers.

Cross agency convenings should not be strictly informational. Convenings should result in new agreements regarding coordinated activities, shared measures of success, and ongoing reporting practices. Convenings may also need to include critical community and health partners. One

component of the work may be to define the scope and purpose of joint data collection and reporting efforts, as described below.

- **Data Sharing**

Most partners expressed concern with the County's ability to quickly move to a true data sharing platform due to various capacity and approach concerns. In general, participants articulated a belief that other priorities must be implemented first and that real-time data sharing is too big a lift at this time. Instead, partners recommended a multi-phase approach to data sharing which culminates in a request for additional IT support:

Short Term: Define Scope and Purpose of Data Sharing

- Define shared metrics for joint strategies and program activities.
- Set realistic goals and expectations, and establish baseline thresholds, expectations for individual failures (relapse, recidivism, violations, etc.).
- Adopt uniform consent and release of information protocols.

Mid Term: Build Justice System Capacity

- Hire administrative or analytic support to enter, run, and compile data.
- Establish regular data meetings. Meet regularly to review metrics and discuss practice implications.
- Establish joint case review practices. Develop pathways to track services and incidents for individuals over time and across departments. Document how pathways articulate with different data sets and standardized reports.
- Disseminate positive findings (aggregate data) paired with ongoing information about work and approach.

Longer Term: Create Data System Capacity

- Create data sharing agreements between partners (and consistent with client consent).
- Secure support for additional resources to manage (or contract for) a back-end data sharing project.

- **Expanding Reentry Services and Pathways**

Interview participants agreed that expanding services will require (1) shared agreements on service delivery models and (2) additional funding allocated to programming. The greatest need expressed was for programs providing residential treatment opportunities, though this work may be outside the purview of the CCP.

Strengthen Service Coordination for Existing Programs

One of the biggest challenges raised by partners is a lack of clarity on what services are available, how they work in practice, who is eligible, what outcomes are expected, and what will occur if treatment services or interventions do not lead to desired client results. Numerous interviewees suggested additional clarification and communication is needed – both on what happens on the front-end regarding referral decisions as well as on-going decisions by providers to tailor interventions to client needs and behaviors. Finally, some participants expressed frustration that service bottlenecks or capacity issues limit access to needed services for some, but not others. Some participants recommended developing working groups to ensure practices are responsive

to different justice experiences depending on time in custody (e.g., pre-trial release vs. re-entry following a lengthier time in custody, etc.). Work group tasks may include:

- Clarifying service opportunities and referral criteria.
- Streamlining assessment and referral processes. Ensure that referring parties are kept notified of capacity considerations through routine program reports.
- Convening periodic and randomized case conferencing to review timely assessments and referrals, supervision (or monitoring) activities, and suitable escalation of treatment.
- Documenting joint practice guidelines around service coordination. Consider formalized agreements as needed.

Fill Critical Service Gaps and Expand Successful Programs

Many of those interviewed expressed an interest in realizing benefits from the new state initiatives and recommended targeting service expansion to increase revenue capture. Some participants recommended blending CalAIM and Realignment funds to implement desired services. However, recommendations for service expansions were tempered by a need to have more messaging on approach and purpose to better integrate any new services within existing practice models. Again, participants recommended training and communication in conjunction with program roll-out and ongoing messaging on impacts.

- Provide more pre-release interventions and re-entry case planning in custody.
- Develop MAT treatment pathways in custody and continuity of care plans.
- Expand job training opportunities and pathways to employment for re-entry. Consider expanded certification programs.
- Incorporate Medi-Cal benefit eligibility and renewal into Probation operations.

Plan for 24/7 Recovery Programs

Effective residential treatment programming is limited and primarily out of the county. New state grant funds are available for facility expansion. Expanded ECM and community support billable service categories are intended to cover program staffing. However, there is significant concern that these funds may be insufficient to (1) meet start-up costs and (2) fully sustain operations – including critical administrative resources for training, operations management, and coordination. Stakeholders indicated that significant systemic changes are required to launch new residential programming, including but not limited to:

- More county agencies need to adopt a revenue generating mindset.
- Partners operating detention facilities (including the Probation Department) must be ready to support new practices for pre-release services and behavioral health linkages.
- New shared risk and financing models to attract community providers willing to operate and manage residential treatment, recovery, and long-term housing programs for justice involved people with behavioral health conditions.
- Recognition that concerns regarding continuity of care, availability, or completion of treatment are major barriers to building support for new program practices.

Interview Notes

Below are the chart notes documenting the discussion and themes that emerged through the interviews. Items with check marks were expressed multiple times.

<p><u>Assets</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Relationships / Partners (info structure) <input type="checkbox"/> HHSA Staff Collocated at CCC → Behav. Health → Public Health <input type="checkbox"/> Improved MHSA Plan, care delivery system <input type="checkbox"/> Flexible ready partners (EPOE / HHSA) <input type="checkbox"/> Teachers are on site, can teach anything w/ curriculum and training, ready for MAT, job readiness, etc. ↳ Challenge: utilization; clinical, assessment, interest ↳ Background: clinicians are time consuming <input type="checkbox"/> General readiness for work that focuses on TAY / Trauma <p>Also leadership is an opportunity County administrator HHSA director Sheriff / custody Reading judge</p>	<p><u>Challenges</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Sensitive to Roles / staying within lanes <input checked="" type="checkbox"/> Leadership / Staff turnover <input type="checkbox"/> Solo approaches lead to duplication / redundancy <input checked="" type="checkbox"/> Local skepticism re: impact of supervision re: lowering crime, increasing safety, reducing recidivism <input checked="" type="checkbox"/> Increasing costs to custody, re: older, sicker, more serious population. New Jail mandates movement of built facility <input checked="" type="checkbox"/> Housing / homelessness <input checked="" type="checkbox"/> Cal-Arm Reimbursement Rates <input checked="" type="checkbox"/> Wellpath Medical Oversight / Audit / Compliance of Standards of care <input type="checkbox"/> IT is stretched thin, unlikely to lead a data-sharing solution; esp. of reports to HIRAP + DOJ compliance <input type="checkbox"/> Maintaining Dedicated Staffing → solution for more resources / community w/ those staff to pick up flex <input type="checkbox"/> Well path is not Med-Cal certified, so not drawing down allowable cost reimbursements <input type="checkbox"/> Communication & reporting pathways, roles, responsibilities re: med. mgmt., violations, urinalysis <input checked="" type="checkbox"/> General lack of services to meet needs in community ↳ re: reentry & rehabilitation, beyond county walls <input type="checkbox"/> Well path coordination, med. mgmt., need shared metrics <input type="checkbox"/> IOT → Tx & Care or rehab = restoration to compliance
<p><u>Recommendations</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Timely Assessment / Referral process <input checked="" type="checkbox"/> Start w/ low stakes areas of practice e.g. electronic monitoring / pretrial, → define criteria & expectations <input type="checkbox"/> More messaging on approach, including theories of relapse, relapse, sanctions, change <input type="checkbox"/> Better leverage EPOE → MAT, Johanning, etc. in custody & in community <input type="checkbox"/> Use Data, if not data sharing, create process for regular routine reporting on key metrics ↳ Look into building long term → share, disseminate! DOJ News <input type="checkbox"/> Engage more CBOs into discussions, for civil groups ↳ Education of local justice system works <input checked="" type="checkbox"/> Convert training to SBs & CBOs on making referrals include expected outcomes / impact of referrals <input type="checkbox"/> JPAR MAT in custody → w/ transition plan / procedures ↳ develop med. mgmt. transfer protocols <input type="checkbox"/> Plan for 24/7 recovery based programs. PHE, Reson Res, S-LR ↳ needs: Facilities, start up funds, operation plan ↳ Long term, some duplication / need to become revenue generating <input type="checkbox"/> More Clarity on System Mandates, where / why of State & Federal Funds <input type="checkbox"/> More team building, Trust when we offer need or expansion re: where offer is coming from, results intended. <input type="checkbox"/> Social Workers in custody to meet Cal Arm / Mandates + partner w/ Probation, etc. <input type="checkbox"/> Incorporate Med-Cal / benefit eligibility into Probation Operations capture all claimable costs 	<p><u>External Forces</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Grand Jury Report → Jail programming <input type="checkbox"/> Cal-Arm, ECM, Jail based <input type="checkbox"/> PATH R3 (plus R1+R2) <input type="checkbox"/> Jail / custody Standards, State mandates <input type="checkbox"/> Care Court <input type="checkbox"/> Opioid Settlement Funds <input type="checkbox"/> Jail Expansion, Construction