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I didn't realize that we needed to email our solutions for this week. I have one solution for now, pending responses to some of my questions.

An important caveat is that most of the most meaningful solutions to solving California's IST waitlist crisis involve building out more robust community behavioral health systems that support the long-term needs of people at risk of becoming IST. I have limited my proposed solution today to the issue of stabilizing people as soon as possible upon their entry to jail, but want to go on the record as saying that I firmly believe that quick stabilization of people with acute psychotic symptoms is meaningless without more adequate community systems to support them when they are released from jail or DSH.

Solution: Provide counties with funding to hire peer specialists to support the treatment engagement of county jail inmates with mental illness.

- According to SAMHSA, the use of forensic peer specialists is a "promising practice" in mental health treatment for justice-involved people.
- Potential roles for peer specialists, related to treatment engagement in the jail setting:
 - Meet the inmate at booking, or as soon as possible after placement on a housing unit à find out if the inmate has any special concerns or needs related to their mental health treatment in jail; assist with communicating those needs to jail clinical and correctional staff
 - Facilitate recovery-oriented groups focused on building skills to be able to comply with conditions of release and stay out of the criminal justice system when released
 - Assist individual inmates with developing WRAP plans
 - Assist individual inmates with self-advocacy regarding their mental health treatment
 - Assist with relationship/trust building between the inmate and jail clinical and correctional staff; assist with communicating inmate needs to jail clinical and correctional staff
 - In situations where the inmate is refusing prescribed medications, the peer specialist may be able to form an alliance based on shared experience. Through this alliance, the peer specialist can help navigate the inmate's reasons for refusing medications and help identify a path forward to treatment engagement and quicker stabilization.
 - Assist individual inmates with focusing on long-term recovery, not just immediate crisis of being in jail à encourage the inmate to think about what can be done now to set oneself up for acceptance to and success in a diversion program or community-based restoration

- Due to the narrow focus of this working group, this specific suggestion is limited to the use of peers to assist with treatment engagement inside of jails. However, the State should consider funding counties to hire peer specialists to support the needs of justice-involved people with mental illness at all points along the sequential intercept model. See Policy Research Associates, Peer Support Roles Across the Sequential Intercept Model (https://www.prainc.com/wp-content/uploads/2020/08/PeersAcrossSim_PRA-508.pdf). Currently, some mental health peer support provided in the community may be billed as Medi-Cal Specialty Mental Health services. See DHCS BHIN 20-056, (https://www.dhcs.ca.gov/Documents/CSD_YV/BHIN/BHIN-20-056-Peer-Support-Services-Funding.pdf). Hopefully, at some point in 2022, counties that have opted in to implement SB 803 peer support specialist certification will be able to bill Medi-Cal for a broader range of peer support services.
- Resources:
 - SAMHSA, “Principles of Community-Based Behavioral Health Services for Justice-Involved Individuals: A Research-Based Guide.” (2019)
 - SAMHSA, “Value of Peers.” (2017) https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf