

EXPLORING THE CRIMINAL JUSTICE/MENTAL HEALTH INTERSECTION

Project Framework

Goal

Develop an action agenda for the Commission, supported by key partners and stakeholders, which will reduce the number of individuals with mental illness involved with the criminal justice system, and improve outcomes for mentally ill individuals in custody and upon release from custody into the community.

Objectives

1. Document the intersections between the mental health and criminal justice systems.
2. Explore best practices and strategies for alternatives to criminal justice involvement and incarceration (i.e., diversion), treatment and programming for those in law enforcement custody, and transitioning out of custody into the community.
3. Identify challenges to reducing the number of individuals with mental illness in the criminal justice system, and improving treatment for those who must remain in custody and those released into the community, including “warm hand-off” to community-based services.
4. Explore models or strategies for improving outcomes for individuals with mental illness involved in the criminal justice system, including prevention, intervention, treatment addressing both psychiatric need and factors that contribute to criminal offending (i.e., criminogenic factors), discharge planning, and other service approaches.
5. Identify incentives, and other opportunities, such as training and technical assistance, to improve the use of best practices, innovations, and model approaches to reducing the number of individuals with mental illness involved with the criminal justice system, and improve outcomes for mentally ill individuals in custody and upon release from custody into the community.

These objectives will be integrated to advance the overall goal via the project’s four elements: Project structure, public engagement, research and policy development, and communications and drafting.

Project Structure

The project’s structure is designed to facilitate public involvement and provide transparency, incorporate information and develop a common understanding of issues and opportunities, and to inform and build integrity into the Commission’s conclusions and final work product.

MHSOAC. The project is designed for the Commission and key partners to develop a shared common understanding of the options and opportunities to improve outcomes for mental health consumers involved with the criminal justice system.

MHSOAC Subcommittee. To ensure this project is consistent with the direction of the MHSOAC, a subcommittee of the Commission, chaired by Sheriff Bill Brown, will guide the project. The Subcommittee will formulate action-oriented recommendations for consideration by the Commission.

Public Engagement

Public Hearings. Public hearings before the full Commission will support the Commission’s understanding of challenges and identification of opportunities for addressing those challenges. Hearings including individuals with lived experience, subject matter experts, policy leaders, and members of the public will provide additional foundational knowledge and first-person experiences supported by a discussion of existing challenges and potential opportunities for improvement. Sufficient time will be scheduled during public hearings to allow for an in-depth discussion between presenters and the Commission.

Public hearings will be designed to explore the following questions and others related to the criminal justice and mental health systems intersection:

1. What is the current structure of the criminal justice system, and at what points does this system intersect with the community-based mental health system and its consumers? Where is this intersection working well? Where is it not? How could it be improved?
2. How could community-based services be expanded to support better coordination between law enforcement or first responders and the mental health delivery system? How can mental health needs be met before criminal activity/history occurs or prior to involvement with the criminal justice system?
3. How do social determinants of crime (e.g., housing, employment, and education) and co-occurring disorders (e.g., substance use disorders, developmental disability, traumatic brain injury) impact the service delivery system’s ability to effectively treat mental illness and prevent criminal justice contact?
4. What mechanisms are currently in place in the criminal justice or mental health system to identify individuals with mental health needs and divert them into appropriate services instead of the criminal justice system, or to services within the criminal justice system and in the community upon release? How do these mechanisms support reductions in recidivism and increases in wellness and recovery?
5. How are programs and services addressing both the psychiatric and criminogenic needs of this population to achieve better outcomes? What are the current alternative placement options for individuals with mental illness who commit low-level offenses? What is working and what is not working with regard to how crisis intervention/stabilization services and crisis residential programs are being deployed with this population?
6. What are the barriers or potential obstacles to expanding or replicating successful models across the state, and what are the opportunities or recommendations for overcoming those obstacles?

Subcommittee Public Engagement Meetings. The MHSOAC Subcommittee will conduct a series of meetings to engage stakeholders and subject matter experts to explore topics in-depth. These meetings will include subject matter experts from behavioral health, public safety, social services, and those with lived experience, representing state and county leaders, service providers, community members and others impacted by this issue. All meetings will be open to the public and will strive to incorporate a broad range of perspectives and experiences to support the development of shared knowledge, ensuring that any proposed recommendations address the needs and interests of diverse communities throughout California.

Community Forum. A community forum may be organized to engage clients, family members, professionals and other stakeholders in a dialogue about the criminal justice and mental health systems intersection. Presentations will be organized around local challenges and barriers, as well as solutions and innovative strategies.

Research and Policy Development

Data Linkage. The Commission will explore opportunities to conduct data analysis, such as matching criminal history data from the Department of Justice to mental health data to describe criminal justice involvement among those receiving mental health services, validate the arrest data within the Data Collection Reporting (DCR) database, and other analyses.

Literature Review. A thorough review of available written materials including academic articles, white papers, and public sector reports will shape and focus the project scope, support the development of problem definitions, and identify potential service delivery, models, or system improvement efforts. Information gleaned from the literature review will be summarized and provided to the Subcommittee, and stakeholders to support a shared understanding and develop recommendations.

Model Program Exploration. The Commission may explore opportunities to learn from national models in Florida, Texas and elsewhere. This exploration will highlight innovative strategies to reduce the number of people with mental illness in the criminal justice system, and develop alternative approaches to treatment in custody and upon release.

Site Visits. The Commission will organize site visits to support the development of foundational knowledge regarding the criminal justice/mental health intersection. Site visits may include county jails/correctional facilities, community-based service providers, mental health courts or other locations.

Communications and Drafting

To support the public engagement and policy development activities, the project will communicate all aspects of the project, including the status of public engagement activities, emerging descriptions of challenges and possible solutions, and ultimately the Commission's conclusions.

The final work product will be available on the Commission's website, with summaries of the activities and information gathering and as ongoing resource for implementation efforts. The final product, adopted by the Commission, should include the following three elements:

1. What can be done (policies, best practices; delivery systems).
2. How to get there (lowering barriers, building capacity, developing incentives).
3. The mechanisms for adoption and implementation (county plan proposals; legislation, learning collaboratives).

Project Schedule

This project is expected to last 15 months with projected completion by July 2017.