



COMIO

THE COUNCIL ON MENTALLY ILL OFFENDERS

BUILDING BRIDGES BETWEEN
CRIMINAL JUSTICE AND BEHAVIORAL
HEALTH TO PREVENT
INCARCERATION

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(CDCR)

ROADMAP

PRESENTATION OVERVIEW

- Who is COMIO
- COMIO Priority Work Areas
- Challenges and Opportunities
- How Can the State Support Local Efforts

WHO IS COMIO?

- With a growing recognition that youth and adults with unmet mental health needs were at high risk of becoming criminally involved without services, SB 1058 (Perata) was signed into law by former Governor Davis in 2001. The bill is codified as Penal Code Section 6044.
- Former Governor Schwarzenegger signed SB 1422 (Margett) in 2006 eliminating COMIO's sunset date.
- We are a 12-Member appointed council, chaired by the Secretary of the California Department of Corrections and Rehabilitation (CDCR). In addition to representation from the Department of Health Care Services (DHCS) and the Department of State Hospitals (DSH) members are a mix of local experts from both criminal justice and behavioral health systems.



PRIMARY GOALS



Through an annual legislative report and monthly activities, COMIO **investigates, identifies, and promotes** cost-effective strategies for youth and adults with mental health needs that:

- **Prevent** criminal involvement (initial and recidivism)
- **Improve** behavioral health services
- **Identify incentives** to encourage state and local criminal justice, juvenile justice, and mental health programs to adopt approaches that work

“Our mission at COMIO might seem daunting, but it is critically important. We aim to build bridges between partners in criminal justice and mental health so that we can tackle this challenge collaboratively.”

-Secretary Scott Kernan

ACHIEVEMENTS



- Issued 14 Annual [Legislative Reports](#)
- 3 Special Issue Publications:
 - [Mentally Ill Juveniles in Local Custody: Issues and Analysis](#) (2011)
 - [Jails and the Mentally Ill: Issues and Analysis](#) (2009)
 - [Costs of Incarcerating Youth with Mental Illness](#) (2007)
- Issued 7 COMIO Best Practices Awards
- Involved with Word to Deeds Executive Planning Committee
- November 2014 Governor Brown appointed 1st Executive Officer, located within the executive management team of CDCR reporting directly to the Secretary
- Enhanced stakeholder engagement and communication (committee structure, website, newsletter, etc.)
- FY 2016-2017 Budget added 1 staff analyst and 1 research scientist to support enhanced COMIO activities and work product

COUNCIL MEMBER COMMENTS



ROADMAP

PRESENTATION OVERVIEW

**COMIO Priority
Work Areas**

WHAT IS COMIO WORKING ON NOW?



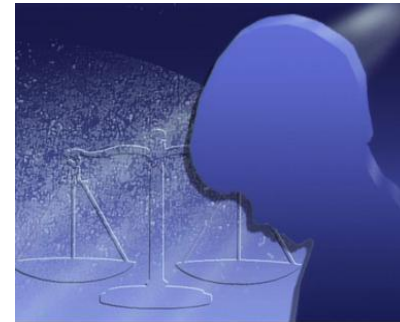
We recognize there is a window of opportunity to advocate for what is best for individuals with mental illness at risk of incarceration:



Diversion



Training



Juvenile Justice

DIVERSION



A portion of our 2016 Legislative Report will:

- **Investigate** strategies to develop the service and housing capacity to keep individuals from incarceration
- **Identify** the unique additional needs of the justice involved - addressing needed behavioral health issues but also risk factors of recidivism
- **Identify** how existing federal, state, and local policies can be interpreted to provide the least harmful impact (unintended or intended) on the justice-involved living with mental health challenges
- **Promote** examples of exemplary and solution-oriented efforts



DIVERSION



In July 2016, COMIO honored the leadership of Jackie Lacey, the Los Angeles District Attorney's Office and the Mental Health Advisory Board with a Best Practices Award (Diversion) for the *Blueprint for Change* - a comprehensive system of diversion from incarceration for people with mental illness



LA Site Visit during Best Practice Award Presentation.

Building bridges to prevent incarceration

TRAINING



A portion of our 2016 Legislative Report will:

- **Investigate** ways to support officer mental health with tools and tailored support
- **Identify** opportunities for access to crisis intervention training, recognizing that training is only part of a needed culture/policy shift
- **Identify** emerging needs and solutions to enhance competencies for community corrections because there are more individuals with serious mental illness in these settings today
- **Promote** best practices in crisis response, de-escalation, and communications skills

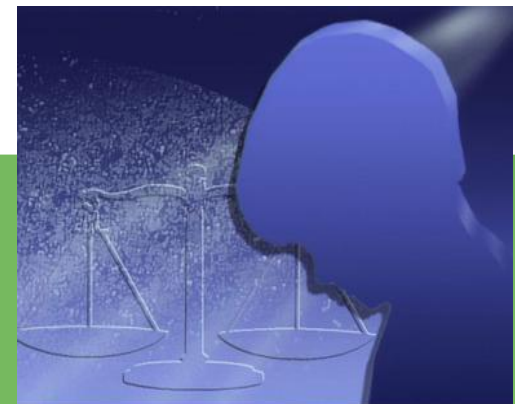


JUVENILE JUSTICE



A portion of our 2016 Legislative Report will:

- **Investigate** how the local population in custody, or at risk of it, is changing and what can be done to address their mental health needs prior to custody and upon reentry
- **Identify** effective strategies for youth with mental health needs who either are, or are at risk of, being justice-involved in the wake of significant reforms taking place in the foster care system. It is imperative that we ensure that youth with serious emotional and mental health needs get specialized services to prevent incarceration
- **Promote** effective services for high risk probation youth with mental health needs



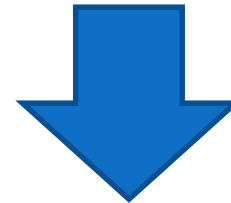
MEDI-CAL/ CDCR DATA PROJECT

FIRST REPORT DUE JUNE 2017



Project: Look at patterns of health care service utilization among former offenders now eligible for mental health and substance use services as part of implementing the Affordable Care Act (ACA)

Prediction: This data could assist counties in their planning for those who are interested in targeting services for former offenders who are Medi-Cal “super-utilizers”



ROADMAP

PRESENTATION OVERVIEW

**Challenges and
Opportunities**

CHALLENGES

Tackling Stigma – Tentacles with a Far Reach

“One of the things that we have been recommending for a long time either at the officer or judicial level is having people ask themselves ‘would I be making this decision if not for the mental illness?’ If the answer to that question is ‘no,’ then that means it is time to start unpacking some alternative solutions to the problem.”

“Anybody that is making critical decisions about those facing mental health and/or substance use challenges should be targeted.”

- Dr. Jennifer Skeem of the University California Berkeley School of Social Welfare

CHALLENGE: STIGMA = BARRIER TO COMMUNITY-BASED ALTERNATIVES



There are effective community-based alternatives to incarceration but they are not adequately funded or well-known:

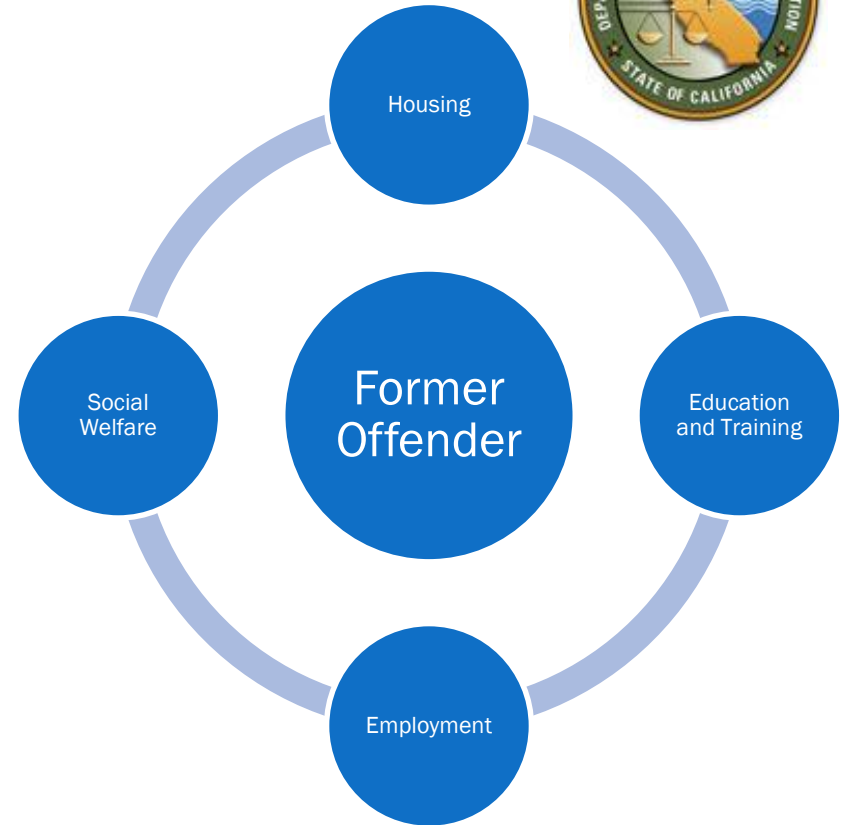
- Arraignment Diversion (pre-trial or post-disposition)
- Jail-Based Diversion
- Specialty Courts (Behavioral Health Courts)
- Specialty Probation/Compassionate Supervision

CHALLENGE: STIGMA = BARRIER TO OPPORTUNITY



Addressing stigma is essential to ensure more equitable practices in both the criminal justice and behavioral health systems.

- Stigma has become a cultural norm
- Because of stigma towards the justice-involved, former offenders reentering society face major challenges in each of the realms located to the side in this visual
- For the justice-involved person with mental illness, reintegration and a reduction in recidivism is only possible if we begin to remove the layers of stigma which collectively are debilitating



CHALLENGE: INCARCERATION = INITIAL ACCESS TO CARE



- Each year, an estimated **2 million** people with serious mental illnesses are admitted to jails nationally
- Almost **3/4** of these adults also have drug and alcohol use problems
- Once incarcerated, these individuals stay **longer** in jail and upon release are at a **higher risk** of returning to incarceration than those without these illnesses



CHALLENGE RE-ENTRY, REINTEGRATION, RECIDIVISM



Overall the trend at CDCR is that the population with mental health needs, particularly serious ones, is growing. **According to the CDCR Outcome Evaluation Report, August 2016:**

- In 2006 the Mental Health population as a percent of the total in custody population was just shy of **19%**. Currently that number is up to **30%**
- On average, the three-year return-to-prison rate for offenders released in Fiscal Year 2010-11 is **44.6%**, a **9.7** percentage point decrease from the Fiscal Year 2009-10 rate
- However, **60.3%** of Enhanced Outpatient Program (EOP) offenders, **58%** of offenders assigned to Mental Health Crisis Beds, and **50.8%** of Correctional Clinical Case Management System (CCCMS) offenders returned to prison in 3 years

OPPORTUNITY - “DECARCERATION” IS ALL THE POLITICAL BUZZ



- **President Obama** wants to make **prison reform** one of his last achievements in office. Due to the costs associated with mass incarceration, it is a rare issue that has **national bipartisan support**. (i.e. Federal Interagency Re-Entry Council)
- The **National Association of Counties, Behavioral Health, and Law Enforcement Leaders** have made it a policy priority for 2016. (i.e. [*Stepping Up Initiative*](#)) **California State Legislature** and the **Administration** have allocated state budget resources to community correctional facilities, re-entry and rehabilitation programs, law enforcement training, tackling NIMBYism, developing supportive housing and investments in addressing poverty (i.e. SSI COLAs)
- **County Boards of Supervisors** are exploring strategies locally, dedicating general fund resources to housing and diversion strategies and expanding substance use services





OPPORTUNITY – EXPANDED MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES

Design Programs and Services for Justice-Involved Offenders with Mental Health and Substance Use Needs

- Whole Person Care Pilots
- Drug Medi-Cal Organized Delivery System (DMC-ODS)
- Certified Community Behavioral Health Clinics

Implement Best Practices in Reducing Risk for Psychiatric Symptoms and Recidivism

Address “Social Needs” like Housing and Employment

OPPORTUNITY – BECOMING INFORMED BY RESEARCH AND DATA



- Public Policy Institute of California - 12 County Study
- [Board of State and Community Corrections \(BCSS\) Fourth Annual Report on the Implementation of Community Corrections](#)
- Emerging County/Local level efforts through programs supported by AB 109, MHSA, Mentally Ill Offender Crime Reduction Grants (MIOCR), or others
- Partner with University and Foundation Supported Research Institutes
 - [Public Policy Institute of California \(PPIC\)](#)
 - [RAND Corporation](#)
 - [Stanford Criminal Justice Center](#)
 - [UCI Center for Evidence-Based Corrections](#)
 - [UC Berkeley School of Social Welfare](#)



ROADMAP

PRESENTATION OVERVIEW

**How Can the State
Support Local
Efforts**



STATE SUPPORT FOR LOCAL EFFORTS?

Tackle Stigma and Stigma-Based Decision-Making

** Ensure that Opportunities Do Not Exclude the Justice-Involved with Mental Health and Substance Use Needs*

** Access to Services and Supports should be Based on Level of Need, Not Justice Status*

Areas to Review the Impact:

- Housing (Public Housing Authorities, No Place like Home Initiative)
- Employment
- Community Corrections Supervision
- Sentencing
- Bail
- Training (Behavioral Health and Criminal Justice Partners)
- Educational and Vocational Opportunities



STATE SUPPORT FOR LOCAL EFFORTS?



Maximize Federal, State, and Local Resources while there is Political Will

- Prioritize high risk, high need, and difficult to serve populations (i.e. justice involved with behavioral health needs)
- Support adoption of data driven strategies by providing clarification around barriers to data sharing and promotion of validated screening and assessment tools (i.e. Risk-Need-Responsivity Model)
- Provide incentives to design programs specific to the justice involved with behavioral health needs (programs can be supported by AB109, MHSA, Medi-Cal, Federal and State Grants, Local General Fund)
- Make Medi-Cal, SSI and other benefits as simple as possible to activate or re-instate (i.e. use suspension policies that last longer than 1 year)





STATE SUPPORT FOR LOCAL EFFORTS?

- Various State Entities (Agencies, Departments, Associations, etc.) can model the cross collaboration needed to solve system issues
- Provide leadership on Juvenile Diversion and Prevention of Juvenile Delinquency-Community Alternatives that work for adults also work for youth
- Support the development of a crisis continuum of services – which may call for state or regional strategies for smaller communities. Capture information about implementation challenges across the state from current SB 82 grantees
- Provide opportunities for local innovators to learn from each others work - “brag, borrow, and steal”
- Continue to support workforce pipeline needs – there are simply not enough trained professionals to work with this unique population



COMIO AND MHSOAC WORKING TOGETHER



- Build Bridges between Community Behavioral Health & Criminal Justice to Prevent Incarceration
- Inform Key Decision-Makers about the Unique Needs of Individuals with Behavioral Health Needs who are Justice-Involved and Strategies to Effectively Address them

Ideas? – Let's Discuss

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Thank You!