

Building bridges between criminal justice & behavioral health to prevent incarceration

November 13, 2017

TO: Commissioner and Sheriff Bill Brown, Chair of the Criminal Justice and Mental Health Project Subcommittee of the Mental Health Services Oversight and Accountability Commission (MHSOAC) and Honorable Commissioners

FROM: Stephanie Welch, Executive Officer, Council on Mentally III Offenders (COMIO), California Department of Corrections and Rehabilitation (CDCR)

SUBJECT: Together We Can: Reducing Criminal Justice Involvement for People with Mental Illness

On behalf of the Council on Mentally III Offenders (COMIO) we want to thank the Mental Health Services Oversight and Accountability Commission (MHSOAC) for investing the resources and energy required to produce an extremely thoughtful report and set of recommendations regarding the intersection of the criminal justice and behavioral health systems. Together We Can: Reducing Criminal Justice Involvement for People with Mental Illness could not be timelier as our state contends with a changing federal landscape while working to capitalize on the opportunities that recent criminal justice and health care reforms offer to reduce incarceration and expand behavioral health services. Furthermore, COMIO recommends that the Commission support this report and its contents.

We appreciate the consideration of suggestions that we provided during the September 29th subcommittee meeting, as well as written comments submitted in October. In particular, the revisions to Recommendation Two adding enhanced training opportunities for custody staff and the inclusion of information on pages 51-52 regarding the standards required of jails to provide mental health services and the training supplied to those working in jail settings. Additionally, the report acknowledges the link between increased demand for jail mental health services, increased need for quality mental health training for staff, and ultimately how both may impact staff mental wellness and ability to perform duties optimally. Improved mental health outcomes in jails require not only the delivery of quality mental health services, but training regarding how to supervise individuals with mental health issues in custody. Providing such a skill set will support staff wellness and reduce the likelihood of related stress and other avoidable negative outcomes.

We also recognize the significant scope of this report and how challenging it is to cover all the critical issues thoughtfully and with sufficient specificity. Quite frankly, the Council faces similar challenges in the work we do. There are so many essential issues to investigate, especially related to individuals from diverse ethnic, racial and cultural groups who have been repeatedly marginalized and are significantly

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overrepresented in the justice system. We would suggest that additional analysis be conducted in this area, particularly among children, youth and young adults because the complex subject matter cannot be adequately examined and understood in this report. Considering the MHSOAC's role in reviewing Prevention and Early Intervention and approving Innovation county plans under the MHSA, it seems appropriate to further explore effective strategies and resolutions in collaboration with community experts and stakeholders. We would be ready to join and support the Commission in any such efforts.

Finally and above all we encourage that the report send a strong message that <u>leadership is needed</u> at the state and local level to ensure that creating community alternatives to incarceration is the primary objective of investments in prevention strategies and diversion programs. Doing so includes expanding services but also housing options ranging from crisis residential, to permanent supportive housing, to rental assistance. This will be hard to do without a focused effort on changing beliefs, attitudes, and practices that are rooted in the myths and misperceptions associated with mental illness, substance use disorders and criminal justice involvement. Individuals challenged by behavioral health issues, regardless of any criminal justice involvement, are our family members, friends, and coworkers and they deserve to get the help they need in the communities we share.

We thank the MHSOAC for developing a user-friendly and succinct resource on prevention, diversion and reentry strategies that can be used for several years to come with decision-makers who might not be familiar with the diversity of variables that contribute to high numbers of individuals with mental illness in our jails and prisons. While we support the approval of this report, we urge the MHSOAC to clearly state that solutions eloquently articulated in this report cannot be achieved without ardent efforts to address systemic stigma and resulting discrimination faced daily by this population.

Cc: Diane Cummins, Special Advisor to the Governor, State Department of Finance Kirsten Barlow, Executive Director, County Behavioral Health Directors Associate Kiyomi Burchill, Assistant Secretary, California Health and Human Services Agency

Public comment on the *Agenda Item 2: Criminal Justice and Mental Health Report* received via email on November 14, 2017.

I'd like to re-introduce myself. I was at the meeting on October 26, 2017 at the LA Law Library for the MHSOAC, for approval of the revised Draft Criminal Justice and Mental Health Project Final Report. Unfortunately, the day got away quicker than the approval.

I know a lot of commissioners had left by the time I was able to speak, as an extremely concerned citizen and parent in the County of Los Angeles. But those of you who remember me and allowed me to stumble upon my words and many tears, I thank you kindly. Tears as I type this email to where I am nearly blinded and shake from sadness and the loss of humanity, it seems. I lost my first born son on September 30, 2013 to Mental Illness. He had just turned 23. His younger brother now asks who will be the best man at his wedding? Who will be the uncle to his kids? We raised our two sons to know they only had each other once we were gone. That's not true anymore. My son, who is a law enforcement officer, has no one. But he can't talk about it. He doesn't fit the part. So he helps others while he hurts for his only brother.

My story is very different from most as we are a law enforcement family. A family of first responders. We don't look like the "normal" family members of someone suffering from severe mental illness. Yet, we couldn't save our own son. We listened to doctors and therapists, anyone in authority. But as a mother, I should've listened to my own heart. I will never forgive the choice that I made for my son. I will never forget the last time I looked in his big brown eyes. Or heard his voice on the phone. I had him arrested so he could get a bed at a dual diagnosis center in the county of LA. He was begging for help. He said he just wanted to be normal again. Instead, of being able to sleep better at night as I was told, our son, who was on suicide watch was placed in a one-man cell. Alone, with a sheet. And an air purifier pipe with the mesh screen on the inside, instead of outside as it is now. Why did it take my son? He was begging the voices in his head to stop. He didn't want to die. He wanted the voices to stop.

Now, rewind and you can my son, who was an EMT right out of high school. Our son, who was on the honor roll, in AP classes, played football, made A's in his sleep. At age 11, he collected over \$10,000 for a deputy sheriff's family whose brother was killed in the line of duty. Yet our son was too afraid to talk to us about what was crippling him. He was ashamed of carrying a label if he asked for help. I have learned the hardest way possible that Mental Illness is just that, an Illness. Just as heart disease and cancer are illnesses. People suffer in silence to their deaths because it's been decided it should be a Stigma. Hearing that you can't heal from this illness is deadly. And FALSE. It's just the opposite. Many people who have received proper treatment recover and live life just a you and I. They look no differently. Except the people who have no one to be their voice. It is a fact, that when people speak out their voices are now finally being heard. One in five people suffers from some type of mental illness. From Depression to Schizophrenia to eating disorders and anxiety, or addictive behaviors, as a few examples. Count the people in the room. Mental Illness is hidden in every family. But it's the worst kept secret. It follows no race, no religion, no age, no class. According to the WHO, by 2020, every twenty seconds someone will take their life and every twenty-one seconds family members lives will be shattered. Like mine. Today it is one death every 40 seconds. It will double in two years. People who take their life, suffer from mental health disorders. Usually undiagnosed and untreated.

Since losing my son, it has been mandated that all first responders must take a mental evaluation training class. If our family had the resources now available, our son would be here. I am angered, not at the system who failed our family, but at the people who came before us, the people I will never meet, the family members who never spoke out for their loved one. Together WE CAN. Alone we fail. People are listening. Mental Illness has become more understood and therefore, treated and accepted for what it is..... 'REAL'. There is an explosion of mentally ill in California. Every single county of CA. I'm begging you for the sake of my son and others who need a voice to PLEASE approve the recommendations. And please know that to change the name of what it is, and understood to be...a Mental Illness.....is legitimizing an already deadly stigma.

I can tell you with all my heart, a mother's love for their child is beyond imaginable. It took losing my son to know. It only takes the power of one to make a difference. We are all the power of one. We are ALL first responders. All it takes is two ears and a heart, minus our ego. Please understand that this can't wait any longer. Every forty seconds that you wait, or debate, we have lost a loved one. There are no redo's.

Thank you for allowing me to be present through an email.

Phyllis