



**COMIO**  
THE COUNCIL ON MENTALLY ILL OFFENDERS  
**BUILDING BRIDGES TO PREVENT INCARCERATION**

NACBHDD  
2017 LEGISLATIVE AND POLICY  
CONFERENCE

Stephanie Welch, MSW  
Executive Officer, COMIO  
Office the Secretary, Scott Kernan  
California Department of Corrections and Rehabilitation  
(CDCR)

# 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, the Council on Mentally Ill Offenders was created by the Legislature in 2001.
- 12-Member appointed council, chaired by the Secretary of the California Department of Corrections and Rehabilitation (CDCR) with representation from the Department of Health Care Services (DHCS), the Department of State Hospitals (DSH), and local experts from both criminal justice and behavioral health systems (e.g. Behavioral Health Directors, Judges, Probation, Law Enforcement).





# 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.

*“We want to investigate and promote cost-effective approaches to address the mental health needs of at-risk adults and juveniles who are likely to offend or have a history of offending.”*

Secretary Scott Kernan



# CA CRIMINAL JUSTICE REFORMS

- **2009 Senate Bill 678** - Provided financial incentives to counties to reduce the number of felony offenders sent to state prison for probation failures.
- **2011 Public Safety Realignment** – Shifted low level felons (non-serious & non-violent) to probation and county jail systems (*many have behavioral health needs w/ only a small fraction of \$\$\$ is dedicated to treatment*)
- **2012 Proposition 36** – Revised the ‘three strikes law’ so that a life sentence was only imposed with a NEW serious and violent crime
- **2014 Proposition 47** – Reduced penalties associated with certain lower-level drug and property offenses (*provides \$\$\$ for community SUD/MH programs*)
- **2016 Proposition 57** - Increases the number of inmates eligible for parole consideration by awarding sentencing credits to inmates for positive behavior such as participating in rehabilitative programming. The measure also makes changes to state law to require that youths have a hearing in juvenile court before they can be transferred to adult court.



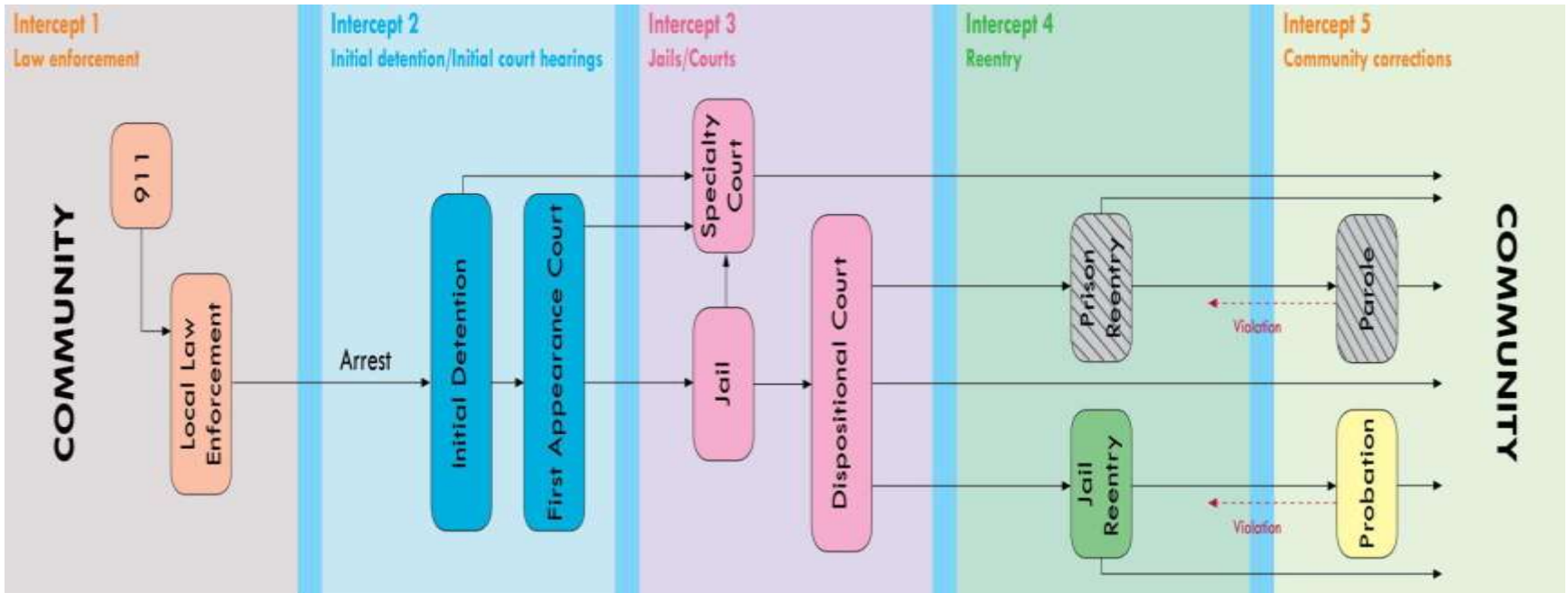
# CA HEALTH CARE REFORMS

- **1991 and 2011 Realignment and the Mental Health Services Act (MHSA)** supported a behavioral healthcare system in California that was county-driven but tax revenue reliant. One of the goals of the MHSA is to reduce incarceration.
- The **financial crisis of the mid to late 2000s** disseminated the state's health care safety net, including behavioral health services despite revenue from the MHSA.
- The **2011 collision of Public Safety Realignment and Federal Health Care Reform**, *particularly the inclusion of essential health benefits and the availability of never before health care for low income, childless adults under expanded Medi-Cal (CA's Medicaid Program)*, offered significant opportunities and challenges
  - Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver to expand substance use benefits – including to the justice-involved
  - Whole Person Care Pilots to provide comprehensive and coordinated care for high utilizing Medi-Cal recipients

# CAN THESE REFORMS ASSIST US WITH COMPREHENSIVE DIVERSION?



## The Sequential Intercept Model: Spreading Across Counties



# 2016 ANNUAL LEGISLATIVE REPORT



*Building bridges between criminal justice and behavioral health to prevent incarceration.*

 About

 Meetings

 News

## Publications

### 15th Annual Report

(December 2016)

#### Full Report and Executive Summary

- Full Report (PDF / 5.38MB)
- Executive Summary (PDF / 307KB)

#### Sections and Appendices

- Introduction (PDF / 650KB)
- Diversion (PDF / 986KB)
- Training (PDF / 568KB)
- Juvenile Justice (PDF / 516KB)
- Appendix A: Opportunities and Challenges (PDF / 243KB)
- Appendix B: 2016 COMIO Stakeholder Engagement Log (PDF / 407KB)
- Appendix C: Breaking Down the Barriers of Having a Criminal Background (PDF / 985KB)
- Glossary (PDF / 203KB)

### COMIO Links

- [COMIO Home](#)
- [Publications](#)
- [Honors Best Practices](#)
- [External Resources](#)
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<http://www.cdcr.ca.gov/COMIO/Publications.html>

# 2016 ANNUAL LEGISLATIVE REPORT

## KEY THEMES



- **The number and overall percentage of individuals with serious mental illness in jails and prisons is increasing significantly.**
  - In 2006, almost 19% of the general population at CDCR had a Mental Health issue, that number is now roughly 30%.
- **Addressing stigma and discrimination is essential to ensuring more equitable practices in both the criminal justice and behavioral health systems.**
  - The stigma of justice-involvement, with or without behavioral health challenges, negatively impacts all life domains (health, housing, education/employment, family and social welfare)
- **Effective practices are not used.**
  - “The ‘direct cause’ model that calls for building more capacity for community mental health services to support reduced recidivism has little evidence as ‘untreated mental illness’ is, at best, a weak predictor of recidivism among criminal offenders” (Skeem et al 2013).



# 2017 POLICY PRIORITIES



- **Preserve and Protect California's Expansion of Health Care Services for the Justice Involved – It is a Public Safety Issue!!**
  - **Essential Health Benefits**
    - SUD benefits are critical to the 40% of probationers and parolees in our communities who have an SUD needs
  - **Preserve and Maximize Medi-Cal (Medicaid) Expansion**
    - States must argue that healthcare service, not just access, is essential to reducing incarceration, homelessness, and emergency room usage
- **Prevent Crisis Don't Just Respond to It**
  - Training first responders is only part of the solution and having enough community alternatives is not likely ever possible
  - Without a concerted effort to prevent crisis our system cannot be expected to absolve itself of the rare tragedies that occur between people in crisis and responding law enforcement officers
  - Prevent crisis by empowering peers, families, suicide prevention hotlines, and other community members to do outreach and engagement

# 2017 POLICY PRIORITIES



- **Remain Vigilant in Eradicating Discriminatory Policies Impacting the Justice-Involved**
  - Barriers to successful community integration are evident from bail and pretrial detention systems, to employment and education, to housing and health care access, and as part of land use and zoning laws that make it extremely difficult and unnecessarily costly to develop community behavioral health care services
  - Such policies should be reviewed and addressed
- **Integrate Data Systems Among Partners in Criminal Justice and Behavioral Health**
  - Individuals who are justice-involved are among the most costly healthcare users so it is necessary to develop strategies for systems to share information to target limited resources and monitor outcomes
  - State guidance and technical assistance for when and how health care data can be exchanged with criminal justice partners, including law enforcement, corrections, and the courts should be provided

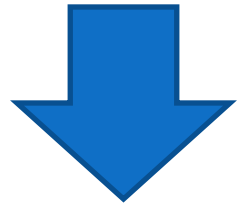
**Ensure that \$\$\$ are allocated to the 21<sup>st</sup> Century Cures Act!!!!**

# COMIO'S HEALTH CARE UTILIZATION STUDY



## Core Project Goals:

- Inform and increase understanding among policymakers and program administrators regarding health care utilization by former offenders and its implications
- Provide information to state and county administrators to support decision-making and improve service delivery to the formerly incarcerated with complex health needs, including behavioral health
- For the sub-population of individuals who use a significant amount of resources (e.g. super-utilizers) within this cohort, seek to bend the cost curve by targeting them with interventions

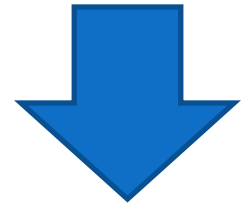


# COMIO'S HEALTH CARE UTILIZATION STUDY



## Potential Future Project Goals:

- Partner with other entities interested in studying this subject and population to measure the effects of health care usage on recidivism.
- In partnership with state and county administrators, provide tools to support improved outcomes such as:
  - identifying patterns of utilization
  - identifying models of effective interventions
  - identifying payment sources for effective interventions
  - providing guidance on data sharing



# HOPE – CALIFORNIA IS COMMITTED TO WORKING TOGETHER



## Stepping Up Initiative



# THANK YOU



[Stephanie.welch@cdcr.ca.gov](mailto:Stephanie.welch@cdcr.ca.gov)

<http://www.cdcr.ca.gov/COMIO/>

<http://www.comionews.blogspot.com>

**Thank You!**