



# COMIO

THE COUNCIL ON MENTALLY ILL OFFENDERS

**BUILDING BRIDGES TO PREVENT INCARCERATION**

OVERVIEW OF ANNUAL LEGISLATIVE  
REPORT FINDINGS AND  
RECOMMENDATIONS

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# ROADMAP

## PRESENTATION OVERVIEW

- **Who is COMIO & What Do We Do**
- **Challenges, Opportunities and Key Themes**
- **Findings and Recommendations**
  - Diversion
  - Training
  - Juvenile Justice
- **What Now?**

# 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.

*“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.”*

- Stephanie Welch

# ACCOMPLISHMENTS 2016

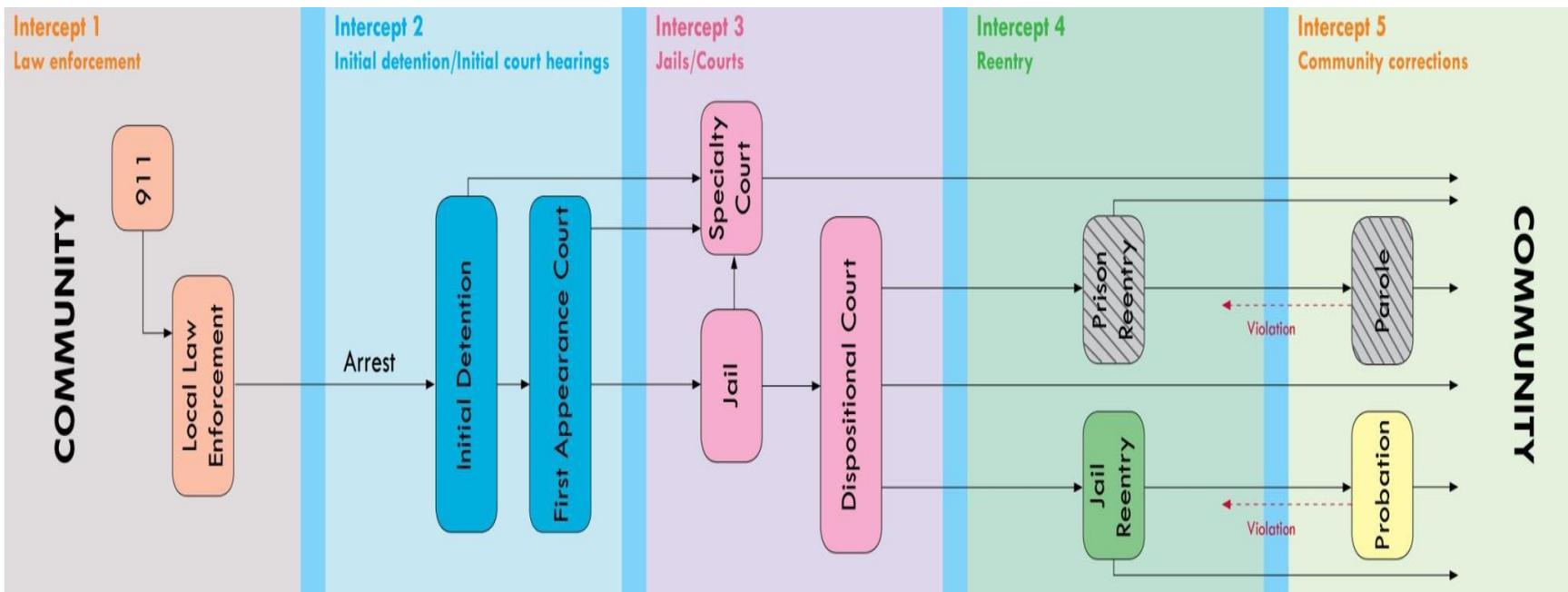


- Developed Content for Annual Legislative Report
  - Expert Testimony at 4 Full Council and 15 Committee Meetings
  - Educational Site Visits with Implementers
  - Key Informant Interviews and Secondary Research Methods
- Issued 3 COMIO Best Practices Awards
- Enhanced stakeholder engagement and communication (organizational outreach, website, newsletter, etc.)
- FY 2016-2017 Budget added 1 staff analyst and 1 research scientist to support enhanced COMIO activities and work product

# FOUNDATION OF COMIO'S WORK



## The Sequential Intercept Model:



# ROADMAP

## PRESENTATION OVERVIEW

- Challenges , Opportunities , and Key Themes
- Findings and Recommendations
  - Diversion
  - Training
  - Juvenile Justice
- What Now?

# COMPREHENSIVE SYSTEMS OF DIVERSION CHALLENGES



- 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.



# COMPREHENSIVE SYSTEMS OF DIVERSION CHALLENGES



- Roughly **5%** of the general population has a serious mental illness, and **16%** have a substance use disorder,
- 
- Those numbers are **9%** and **40%** for probationers, and **47%** of paroles have a co-occurring disorder.
- These number swell even more for those who are in jails with **72%** of the population having a co-occurring diagnosis.
- The National Alliance on Mental Illness (NAMI) estimates that between **25%** and **40%** of all Americans with mental illness will be jailed or incarcerated at some point in their lives.

# COMPREHENSIVE SYSTEMS OF DIVERSION CHALLENGES



Overall the trend at CDCR is that the population with mental health needs, particularly serious ones, is growing.

- In 2006 the Mental Health population as a percent of the total in custody population was just shy of **19%**. Currently that number is roughly 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.



# COMPREHENSIVE SYSTEMS OF DIVERSION OPPORTUNITIES

- **Reform is a National Priority**, 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, dedicating general fund resources to housing and diversion strategies and expanding substance use services (e.g. Santa Clara, Los Angeles, and many others)
- **Expanded Mental Health and Substance Use Disorders Services** through ACA
- **Emerging Research and Being Informed by Data**



# KEY CHALLENGE

## STIGMA - TENTACLES HAVE 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.”*

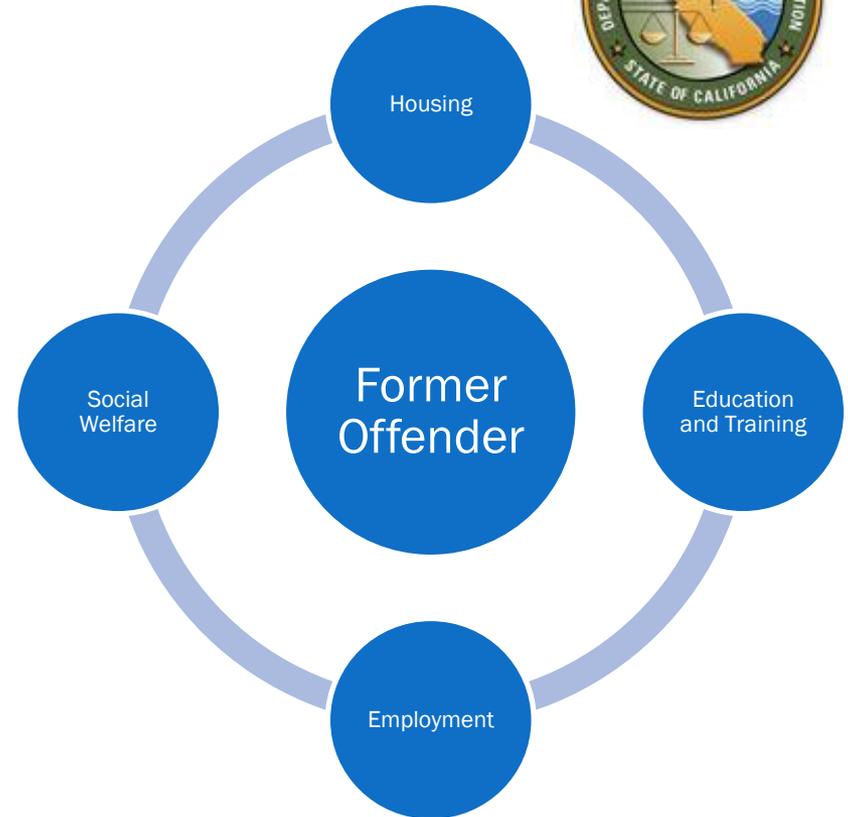
- Dr. Jennifer Skeem of the University of California Berkeley School of Social Welfare

# 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



# TACKLE STIGMA-BASED POLICIES



**Finding: Address the challenges stigma presents to building capacity and alternatives to incarceration**

- Educate the public, Board of Supervisors (BOS)/Chief Administrative Officers, and other decision-makers about people with mental health and substance use disorders who are justice-involved and the barriers they face due to their criminal background.
- Inform key partners about the behavioral health needs of parolees and probationers. Criminal justice and behavioral health systems have joint responsibilities with shared resources over this population and its diversion from incarceration.

# TACKLE STIGMA-BASED POLICIES



## Recommendations:

- COMIO to continue to support and collaborate with stakeholders to dispel myths about mental illness and justice-involvement, the prevalence of co-occurring substance use among two-thirds of this population, provide information regarding best practices in diversion, and be available to offer referrals to experts in the field.
- COMIO to use workshops, educational site visits, local outreach, website and newsletter to further disseminate effective strategies and raise awareness to combat stigma-based decision-making.



# KEY CHALLENGE: EFFECTIVE PRACTICES NOT USED

## Finding:

*“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).*

## Problems with the model

- Symptoms rarely cause crime
- Psychiatric services rarely reduce crime

# REFINING THE MODEL OF “WHAT WORKS”



Sentence to treatment or  
special program

Psychiatric services

Correctional services

Reduced recidivism

# REFINING THE MODEL OF “WHAT WORKS”



## “Risk-Need-Responsivity” (RNR) model

**Risk Principle:** Match the intensity of individuals’ treatment to their level of risk for reoffending.

**Need Principle:** Target criminogenic needs – the dynamic factors that contribute to the likelihood of reoffending (i.e. substance use).

**Responsivity Principle:** Address individuals’ barriers to learning in the design of treatment intervention (i.e. address cognitive impairments due to mental illness)

**Criminogenic risk factors are “static” or “dynamic”:** Static risk factors cannot be changed like gender or ethnicity but dynamic risk factors can be changed with interventions

# NEW MODEL OF EFFECTIVE PRACTICES



## Recommendations:

- Core competencies to provide effective integrated correctional and behavioral health services to better promote recovery and recidivism are significantly needed – both in custody and in the community.
- For resources to support necessary training and technical assistance, counties can explore the flexibility of existing funding sources or use technical assistance resources available through Mental Health Services Act (MHSA) state administration fund, as reducing incarceration is one of the primary goals of the MHSA.
- Promote the use of peers who are formerly justice-involved as an essential element of the service team. Work with counties and the Department of Health Care Service (DHCS) to support the hiring and training the formerly incarcerated. All efforts to expand the use of peers in the workforce, including strategies that support Medi-Cal reimbursable services, should include the formerly incarcerated.

# ROADMAP

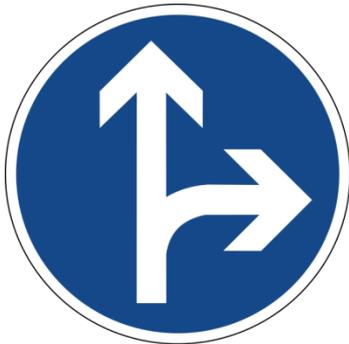
## PRESENTATION OVERVIEW

- **Findings and Recommendations**
  - *Diversion -The Honorable Stephen V. Manley, Santa Clara County Superior Court Judge*
  - *Training – Jessica Cruz, Executive Director*
  - *National Alliance on Mental Illness*
  - *Juvenile Justice – Mack Jenkins, Retired Chief Probation Officer, San Diego County*
- **What Now?**

# 2016 PRIORITY AREAS



- Identify effective capacity building strategies and resources to support diversion
- Broaden training focus beyond first responders, and
- Expand juvenile delinquency prevention to include strategies to support improved services for those who do come in contact with the juvenile justice system.



**Diversion**



**Training**



**Juvenile Justice**

# ORGANIZATION OF REPORT



**Investigate** – Study the problem and assess challenges

**Identify** – Examine the opportunities present and discover some examples of how, what, and where effective strategies are taking place

**Promote** – Acknowledge effective strategies that have demonstrated impact

**Think about where among these recommendations COMIO should focus it work in 2017**

# DIVERSION – INVESTIGATE



**Finding: More data and information is needed to support planning and effective practices**

Researchers, including the Public Policy Institute of California (PPIC) as part of the 12-county study, could include questions that are specific to behavioral health impact when investigating correctional reforms, particularly public safety realignment.

- Do counties conduct risk assessments to support diversion efforts? At what point are assessments done - booking, pretrial, upon release?
- Are we measuring the rate individuals with mental illnesses or substance use disorders returning to jail?
- Conduct a cost benefit or cost avoidance analysis to document the value of services and treatment over incarceration.



# DIVERSION – INVESTIGATE



**Finding:** Know the problem that needs to be fixed when building capacity

- Support counties to measure need. Through projects like California Forward’s Justice System Change Initiative (CA FDW’s J-SCI) counties can learn how to use data to make informed decisions about services and funding. Measuring the problem is essential in making arguments for behavioral health resources to BOS, CCP and/or MHSa stakeholder bodies.
- Riverside is focusing change efforts on what they have learned, including:
  - Examining Probation’s use of technical violations and other “side door” entries like warrants and holds,
  - Supporting courts to be more efficient and maximize appropriate pre-trial releases,
  - Developing interventions to improve mental health outcomes and reduce jail time, and
  - Working collaboratively to build capacity to address substance use.

\* Santa Clara County’s need assessment, resources mapping, gap analysis



# DIVERSION – INVESTIGATE



## Finding: Provide guidance and confidence to support data-sharing

- Some the reasoning for barriers to sharing include:
  - Not knowing when patient consent is needed to exchange mental health information
  - Lack of data systems that have interoperability
  - Not having approved policies or agreements in place to share and exchange data, and
  - Not having the training or staff capacity needed to collect, analyze or share data
- Include partners from the courts, like public defenders, in education and training
- Promote the exchange between counties of tools/protocols like sample interagency agreements. Disseminate results from the White House's Data-Driven Justice Initiative (LA, Oakland, San Diego, San Francisco, & Santa Clara)



# DIVERSION – INVESTIGATE



## Recommendations:

- The California Office of Health Information Integrity (CalOHII) is producing guidance about the use, disclosure, and protection of sensitive health data. Guidance for when and how data can be exchanged with criminal justice partners, including law enforcement, corrections and the courts should be included in the effort.
- Counties can use a standard definition of mental illness, substance abuse, and recidivism across the state in community corrections so that comparisons and trends across counties and statewide can be drawn. COMIO recommends the use of the BSCC definition of recidivism and the statutes that define mental illness (MI) and substance use disorder (SUD).



# DIVERSION – INVESTIGATE



## Recommendations:

- Counties can understand the prevalence of mental illness in the jail population by using validated screening and assessment tools at booking including a brief screen for mental illness and substance use disorder to determine treatment needs. Tools should be gender specific but simple enough anyone can use them.
- Counties can screen for recidivism risk pre-trial to determine eligibility for diversion or alternative community supervision. Use validated assessment tools to prioritize high risk, high need, and difficult to serve populations, then the court can consider alternatives.



# DIVERSION – IDENTIFY



## Finding: Build capacity for community alternatives with effective and integrated behavioral health and correctional services

- COMO will continue to monitor the progress of the Whole Person Care (WPC) pilots, reaching out to county implementers, when appropriate, to hear about challenges that need to be addressed to support targeting the justice-involved with mental illness, particularly those with co-occurring disorders. Encourage more counties to apply and take advantage of the second round of WPC pilots.
- COMIO supports aggressive Medi-Cal enrollment strategies in jails, using assessment and screening tools to identify high need/ high risk populations like those with co-occurring behavioral health issues. Support further analysis (by universities or foundations) to identify best practices in enrollment.



# DIVERSION – IDENTIFY



**Finding: Build capacity for community alternatives with effective and integrated behavioral health and correctional services**

- COMIO will work with the County Behavioral Health Directors Association (CBHDA), Chief Probation Officers of California (CPOC), CDCR's to gather information regarding challenges with using the Drug Medi-Cal-Organized System of Delivery (DMC-ODS) to serve the justice-involved population so improvements can be made.
- Even if capacity is developed, the lack of providers and their inability to become appropriate staffed, is a significant barrier. Unless there are significant investments to address workforce shortages, new and effective interventions may not be able to reach but a fraction of the need.



# DIVERSION – IDENTIFY



## Recommendations:

- Work with CBHDA and DHCS to identify strategies to increase the number of providers who serve the reentry population to become Drug Medi-Cal certified, explore what barriers exist to licensing drug providers, identifying actionable steps to take forward to increase numbers.
- Work with partners to better understand resources at the federal, state, and local levels for workforce development. Explore whether the California Office of Statewide Health Care Planning (OSHP) has any recommendations for strategies we could be pursuing.



# DIVERSION – IDENTIFY



**Finding: Maximize every opportunity to use Medi-Cal to cover the needs of the justice involved**

- The Centers of Medicare and Medicaid Services (CMS) in State Health Official Letter 16-007 provided clarification regarding the reimbursable services for the justice involved when incarcerated or on community supervision.
- There are gaps and challenges when implementing services for the justice-involved under the current waiver, such as the twice per calendar year limit on utilizing residential substance use treatment



# DIVERSION – IDENTIFY



## Recommendations:

- California can examine this direction to consider the benefits of community supervision versus incarceration for individuals with mental illness and substance use. The faster individuals with these needs can move to the community to get treatment and services to support recovery and stabilization the better. Not only will they be in an environment where they are far more likely to get well, but federal reimbursement, in most cases, will cover the majority of the costs.
- Work with partners providing community-based services for the justice-involved, including CBHDA, to identify some of the major gaps or challenges with maximizing Medi-Cal funds. Are there alternatives to residential treatment that begin with harm reduction and engagement?



# DIVERSION – IDENTIFY



**Finding:** Support counties to address the growth in the number of offenders booked into and held in jails with mental illness and substance use disorders.

## Recommendations:

- Mental illness as a basis for diversion could be expanded. A review of which offenses could be additionally considered for authorization of diversion should be undertaken and recommendations made. As precedent, in 2015 Military Diversion was created as an option to support former military experiencing mental illness, substance use, TBI or sexual trauma to elect treatment over other action by the court. Expanding criteria for diversion could significantly help counties.
- The state and relevant stakeholders, including the counties and the Department of State Hospitals, are examining the reasons behind the growing numbers of Incompetent to Stand Trial (IST) cases. A thorough review is of critical importance, including an assessment of why more community treatment alternatives are not being utilized in the face of this growing and persistent dilemma. COMIO requests to participate in such examinations at the state level and to offer assistance in generating a list of solutions.



# DIVERSION – IDENTIFY



**Finding: Maximizing existing initiatives by leveraging resources, disseminating lessons learned, and facilitating an exchange of practices**

- Encourage counties to take advantage of the *Stepping Up Initiative* and technical assistance available through the Council on State Governments Justice Center. This opportunity to aid counties in addressing barriers and challenges to developing a comprehensive system of diversion across all 5 intercepts is unprecedented and has exponential value. As more counties participate, more lessons learned can be exchanged, tools can be shared, and barriers tackled by working together.
- Encourage the Mental Health Service Oversight and Accountability Commission (MHSOAC) to review county SB 82 reports to identify patterns/distinctions and identifying emerging models of the crisis continuum of services. Support counties to have the capacity to exchange lessons learned and strategies developed throughout this process so that promising and effective practices are widely shared and adopted.



# DIVERSION – IDENTIFY



**Finding: Maximizing existing initiatives by leveraging resources, disseminating lessons learned, and facilitating an exchange of practices**

- Support the Board of State and Community Corrections (BSCC) to have the capacity to expose all interested counties to the lessons learned from Mentally Ill Offender Crime Reduction (MIOCR) grantees. While COMIO strongly supports MIOCR grants, we also believe counties can use other funding sources to support similar programs (including Prop 47). Sharing tools and resources across participating and non-participating counties can facilitate adoption of practices.
- Maximizing opportunities with the \$67.5 million in funds awarded to California Health Facilities and Financing Authority (CHFFA) for a Community Services Infrastructure “CSI” competitive grant program to expand community alternatives to jail and prison.



# DIVERSION – IDENTIFY



## Recommendations:

- The State and/or state-level partners (e.g. associations, foundations, and universities) should support counties with resources to take advantage of the Stepping Up Initiative and its technical assistance. Resources could bring counties together and facilitate the exchange of knowledge, tools and resources. The state can listen and help address barriers to aid county level strategies and interventions. COMIO is eager to support such activities in the future.
- Applicants for the “CSI” program could be required to leverage existing efforts or enhance by additional sustainable funding for diversion efforts. Provide needed tailored assistance to smaller counties with unique challenges. Support efforts that use cost effective or evidence-based practices.



# DIVERSION – IDENTIFY



## Finding: Address building capacity challenges for housing and facilities beyond Not In My Backyard (NIMBY)

- The housing crisis has frozen capacity building efforts in many cities and counties. For capitol projects, e.g. facilities like urgent care or restoration centers, there is a lack of affordable land. If it is for supportive housing, there are not providers who can afford the market.
- For scattered site housing or multi-family housing, this is a landlords market. Vouchers must be repeatedly extended because they are not set at market rate which continues to escalate.
- While NIMBY barriers like excessive procedural requirements should still be adamantly addressed because they are discriminatory and costly, the problem is far more systemic and requires creative solutions with federal, state, and local resources.



# DIVERSION – IDENTIFY



## Finding: Use strategies to combat potential discrimination and unequal access to housing

Locals can improve access to local Public Housing Authority (PHA) resources for individuals who have convictions. Some strategies:

- Modify standards of admission/screening – e.g. shorten the length of time in which a review of a conviction or public safety concern can be considered, use individualized assessments and allow explanations for special circumstances.
- LA County eliminated all provisions screening applicants out of the Housing Choice Voucher (Section 8) and Public Housing programs due to probation or parole status.
- Direct the PHA to prioritize people who are justice involved and have a behavioral health or serious health need for Section 8 or other public housing admissions.



# DIVERSION – IDENTIFY



**Finding: Use strategies to combat potential discrimination and unequal access to housing**

- Local advocates and implementers can become more aware of recent clarifications of the application of fair housing act standards to the use of criminal records (April 4, 2016 Letter and HUD Notice 2015-10). All public housing authorities and private housing providers must comply with this guidance. Arrest records cannot be the basis for denying admission terminating assistance or evicting tenants.
- Review local policies and ensure they are consistent with the law. Californians can know their housing rights and file grievances when they are denied.



# DIVERSION – IDENTIFY



## Recommendations:

- Opportunities for Housing First under the No Place like Home (NPLH) Initiative must not exclude people based on justice status, explicitly or implicitly. The CA Department of Housing and Community Development (HCD) use of the definition of “chronic homelessness” needs flexibility to not unintentionally exclude those exiting incarceration into homelessness. Having to meet the criteria of homelessness prior to incarceration would be a significant barrier for many of the justice-involved with mental illness because during incarceration many people lose their independent housing.
- HCD could consider exempting the restriction on parolees for NPLH placements, and rather focus on screening for “fit” for supportive housing due to mental illness to determine eligibility.
- HCD could consider streamlining zoning procedural requirements as part of the implementation of NPLH in part to help ease the burden on interested providers who already will be having to operate in an extremely expensive market.



# DIVERSION – IDENTIFY



## Recommendations:

- Administrators of housing programs can prioritize housing for the most vulnerable – high risk/high need individuals with mental illness, substance use and justice involvement. Many counties use the Vulnerability Index: Service Prioritization Decision Assistance Tool (VI-SPDAT) to prioritize justice status as part of this tool.
- Housing and service providers to explore the use of group housing in addition to single family units.
- COMIO to monitor and participate with SB 1380 implementation – The Homeless Coordinating and Financing Council - who will oversee the implementation of Housing First Initiatives. Ensure priority for high risk/high need individuals which includes those with behavioral health needs who are justice-involved or who are at risk of justice involvement.

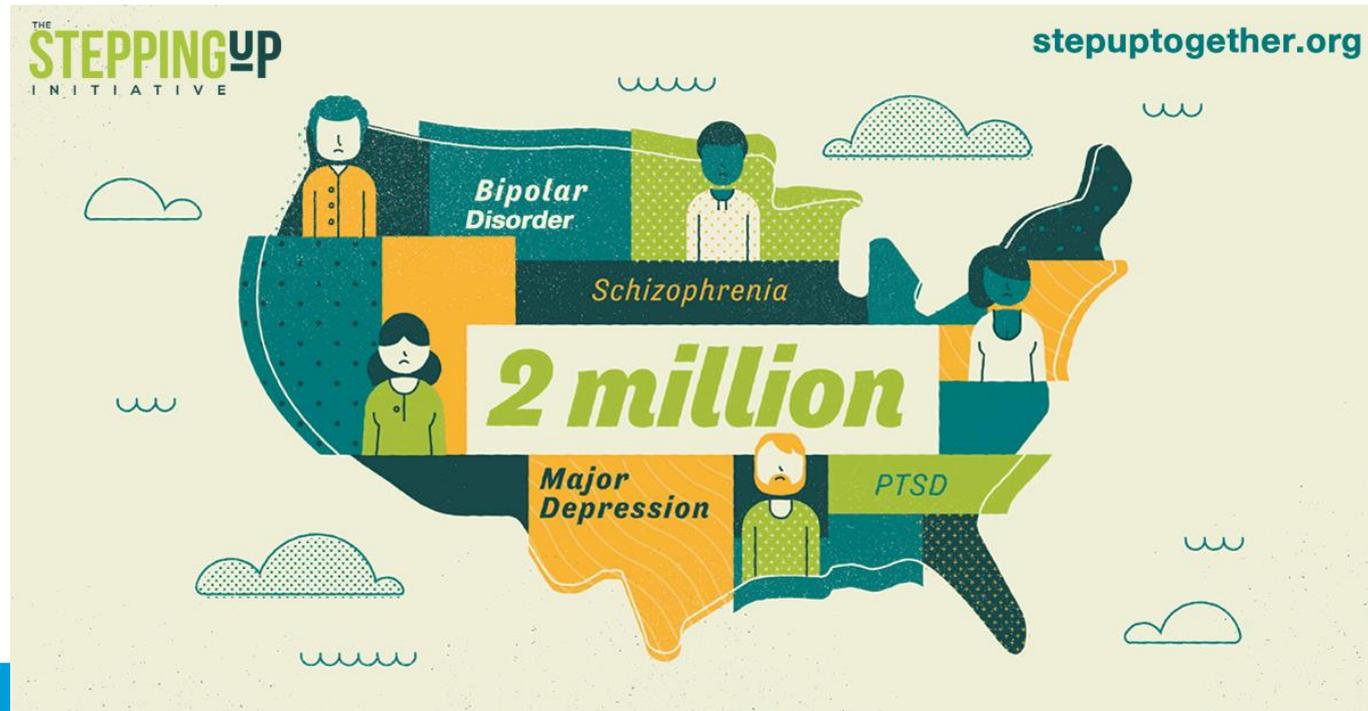


# DIVERSION - PROMOTE



## Stepping Up Initiative

<https://stepuptogether.org/toolkit>





# DIVERSION – PROMOTE

## Santa Clara County's creativity to develop needed housing & facilities

- Added flex funds to fill gaps in housing subsidies for Criminal Justice populations in Full Service Partnerships (AB 109 Funds).
- Established the Permanent Supportive Housing (PSH) program that will aggressive aim to leverage Medi-Cal funds while working to address land use and neighborhood NIMBY issues.
- BOS put a county housing multi-million bond issue on the November ballot to build and subsidize housing for the homeless or at-risk of homelessness.
- Explored using county land because the cost of land for new projects is not affordable.



# DIVERSION – PROMOTE



## LA County's Urgent Care Centers

- Provide crisis stabilization services and linkage to community-based services for individuals aged 13+ who otherwise would be taken to the emergency room (ER) or incarcerated.
- Available 24/7
- 4 of the 5 UCC's are working with the LA Office of Diversion and Reentry to support jail diversion strategies and to reduce recidivism.
- 4 additional UCCs are under-development
- Police and other law enforcement noted the UCCs as being the most effective investment in reducing their wall and wait-time





# DIVERSION – PROMOTE

## The Restoration Center at the Center for Health Care Services (Bexar County, TX)

- Residential detoxification, sobering, outpatient substance abuse treatment, and in-house recovery treatment
- Partnership with law enforcement through outreach crisis intervention teams has resulted in a reported 17,000 jail diversions and a saving of \$10 million per year

## Safe Haven - Transformational Campus

- Adjunct service to the Restoration center offering housing, multiple services from counseling to job training, education, legal services, etc.
- Nearly 900 women, men, and children served daily
- Since 2010 they estimate \$2 Million per year savings by reduced jail beds and homelessness with increased time with officers back on the streets





# DIVERSION – PROMOTE

## San Bernardino County Department of Public Health:

- Bridges Pilot Program uses peer providers who are formerly incarcerated and living in recovery from mental illness or substance use disorder to act as a “bridge” from jails to the community, supporting discharge planning and navigating the system – including probation and behavioral health
- Program achieved a **11.5%** recidivism rate for program participants, that is **45%** less than the county baseline

## Sacramento County – Triage Navigator Program

- Transforming Lives, Cultivating Success (TLCS) uses trained peers to offer support and engage individuals into using community services at critical points – like in ERs, Jails, and Homeless Services/Shelters





# DIVERSION – PROMOTE

## San Diego Reentry Program:

- Recognizing that successful reentry is one of the best methods to prevent recidivism
- Partnership between probation, sheriff's department, and the health and human services agency to aggressively enroll individuals in Medi-Cal and other supports, like social security
- Uses individualized case plans to support justice-involved individuals in getting the kind of community services they need, addressing both the behavioral health risks and recidivism risks





# TRAINING – INVESTIGATE

**Finding: Seize opportunities to expand crisis intervention training (CIT) beyond law enforcement and learn more about what works**

- In California there is an existing commitment to improving interactions with individuals, and often their families and loved ones, who are experiencing a mental health crisis due to new requirements for training
- While crisis training is becoming more accessible, it is imperative to better understand what elements of the training are working to achieve what outcomes. Are there key ingredients to ensuring a successful model?



# TRAINING – INVESTIGATE



**Finding: Seize opportunities to expand crisis intervention training (CIT) beyond law enforcement and learn more about what works**

- Crisis response programs are not just about training police officers and law enforcement but building effective Police-Mental Health collaborations.
- These include crisis intervention teams, co-responder models, mobile crisis response teams, case management teams and hybrid models (combinations of the models).
- Counties across California are investing in many of these; some just very recently under the Investment in Mental Wellness Act. Do we know what is working?



# TRAINING – INVESTIGATE



Finding: Seize opportunities to expand crisis intervention training (CIT) beyond law enforcement and learn more about what works

- Current events have called attention to the stress and trauma that officers and law enforcement face on a daily basis.
- What is being done to support Officer Wellness, and more importantly to COMIO when we consider effective practices, what role does officer wellness play in outcomes associated with the individual in crisis or under custodial supervision?
- Does a mentally healthy officer equate to a better interaction and outcomes for the justice-involved individual with mental illness?



# TRAINING – INVESTIGATE



## Recommendations:

- Encourage the UC Center for Behavioral Excellence, who has already begun to assess the effectiveness of Crisis Intervention Training (CIT), to identify what are the critical ingredients for a measurable impact? This analysis could help direct investments.
- Invest in a comprehensive review of best practices in Officer Wellness and Peer Support Programs, including models from Canada supporting mental readiness and responsibility. Investigate whether there is evidence to suggest that Officer Wellness is linked to improved outcomes for the justice-involved, like reduced critical incidents and improved behavior.



# TRAINING – INVESTIGATE



## Finding: Create needed alternatives to “CIT”

- While the full 40-hour CIT might not be plausible or relevant for every group, training should be more than just crisis management and de-escalation techniques.
- Additional critical elements to training include addressing stigma and bias and teaching empathy and respect towards individuals experiencing a mental health crisis or illness.
- Such training could include dispatchers, emergency medical personnel, firefighters, correctional officers and probation.



# TRAINING – INVESTIGATE



## Recommendation:

- COMIO can work with partners in the field and researchers to develop recommendations regarding what competencies are critically needed for which populations (i.e. dispatcher vs emergency room technician) and how they can be resourced.





# TRAINING – IDENTIFY

**Finding: Build relationships and provide resources to achieve outcomes for training efforts for law enforcement and community corrections**

- Local law enforcement agencies can partner with county behavioral health providers, administrators, and advocates to seek additional training on understanding cultural and generational difference, working with families, accessing community resources, and above all responding with empathy.
- Law enforcement can visit treatment and service locations and vice versa for behavioral health stakeholders. Doing so can build relationships based on a better understanding of each other's perspective. COMIO can work with criminal justice and behavioral health partners to help facilitate such opportunities.





# TRAINING – IDENTIFY

**Finding: Build relationships and provide resources to achieve outcomes for training efforts for law enforcement and community corrections**

- Community correctional professionals are eager for additional competencies to effectively supervise and support individuals with mental illness who are justice-involved.
- More opportunities with financial resources are needed to ease the burden of sending staff to training rather than the field.





# TRAINING – IDENTIFY

**Finding:** Invest in the criminal justice and behavioral health workforce, especially the nexus between the two

- Curriculum for skill building should be available through continuing education credits for licensed professionals from both the behavioral health and criminal justice systems.
- Educational institutions that are training and producing these professionals should be adding modules about working with justice involved individuals into core curriculum and/or offer criminal justice as an area of elective concentrated study.

**Recommendation:** COMIO to share findings with key professional guilds and educational institutions, request further dialogue about skill building opportunities.





# TRAINING – IDENTIFY

## Recommendations:

- Request that CDCR share lessons learned from the Commission on Correctional Peace Officer Standards and Training (C-POST) revision of curriculum to include 24 hours of crisis de-escalation into existing training with Board of State and Community Corrections (BSCC) or other community correctional systems that are in the process of strengthening this type of training.
- Encourage C-POST and/or BSCC to explore the using an application process for cost reimbursement to law enforcement and community correctional entities for enhanced crisis intervention and mental health training that can document a need and commitment to maximizing training opportunities.



# TRAINING – PROMOTE

## California HWY Patrol's Mental Illness Response Program

- The MIRP unit coordinates and is responsible for the Crisis Intervention Behavioral Health training to both uniformed and non-uniformed CHP employees.
- The MIRP unit draws its knowledge from a partnership between law enforcement officers, mental health advocates and consumers.
- To meet departmental training needs, the MIRP unit has developed a 4-phase approach to training:
  - 8-hr training for all CHP employees
  - Additional 4-hr training for all uniformed managers
  - Additional 12-hr training at local level for Sergeants and Officers
  - Additional 20-hr advanced skill training for Sergeants and Officers





# TRAINING – PROMOTE

## LA Police Department / LA Department of Mental Health – Mental Evaluation Unit (MEU) and Various Components

- Prevent unnecessary incarceration and/or hospitalization of individuals with mental illness
- Provide alternate care in the least restrictive environment through a coordinated and comprehensive system-wide approach
- Prevent the duplication of mental health services
- Facilitate the speedy return of police patrol units to patrol activities

How: CIT 40 Hrs, System wide Mental Assessment Response Team (SMART) Case Assessment Management Program (CASE), and MEU Triage





# TRAINING – PROMOTE

## San Diego County Psychiatric Emergency Services Response Team (PERT)

- The mobile crisis team and training department are within the same division, which provides more opportunity for the training to be quickly altered to response to the needs of the community.
- Working to adapt strategies to be more culturally responsive and provide skills to officers and behavioral health staff about working with different cultures under crisis. Working with the community to help develop this kind of training.
- Continue to strength partnerships with emergency medical services and paramedics – this could assist in reducing the number of unnecessary referrals to the ER when the person in crisis could be assisted at home or diverted to a necessary MH service.





# TRAINING – PROMOTE

## CDCR Peer Support Program (PSP)

- Ensures staff involved in critical incidents are provided with support and resources to cope with trauma
- Trained custody and non-custody peers listen, answer questions and can share referrals
- Over 900 PSP peers Statewide

## LA Sheriff's Department, Bureau of Psychological Services

- Provide “in-house” voluntary psychological services to staff and their families to enhance peer programs and EAP services
- About 7,000 hours of therapy are provided each year.

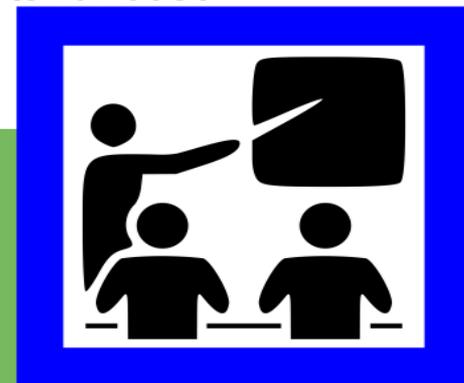




# TRAINING – PROMOTE

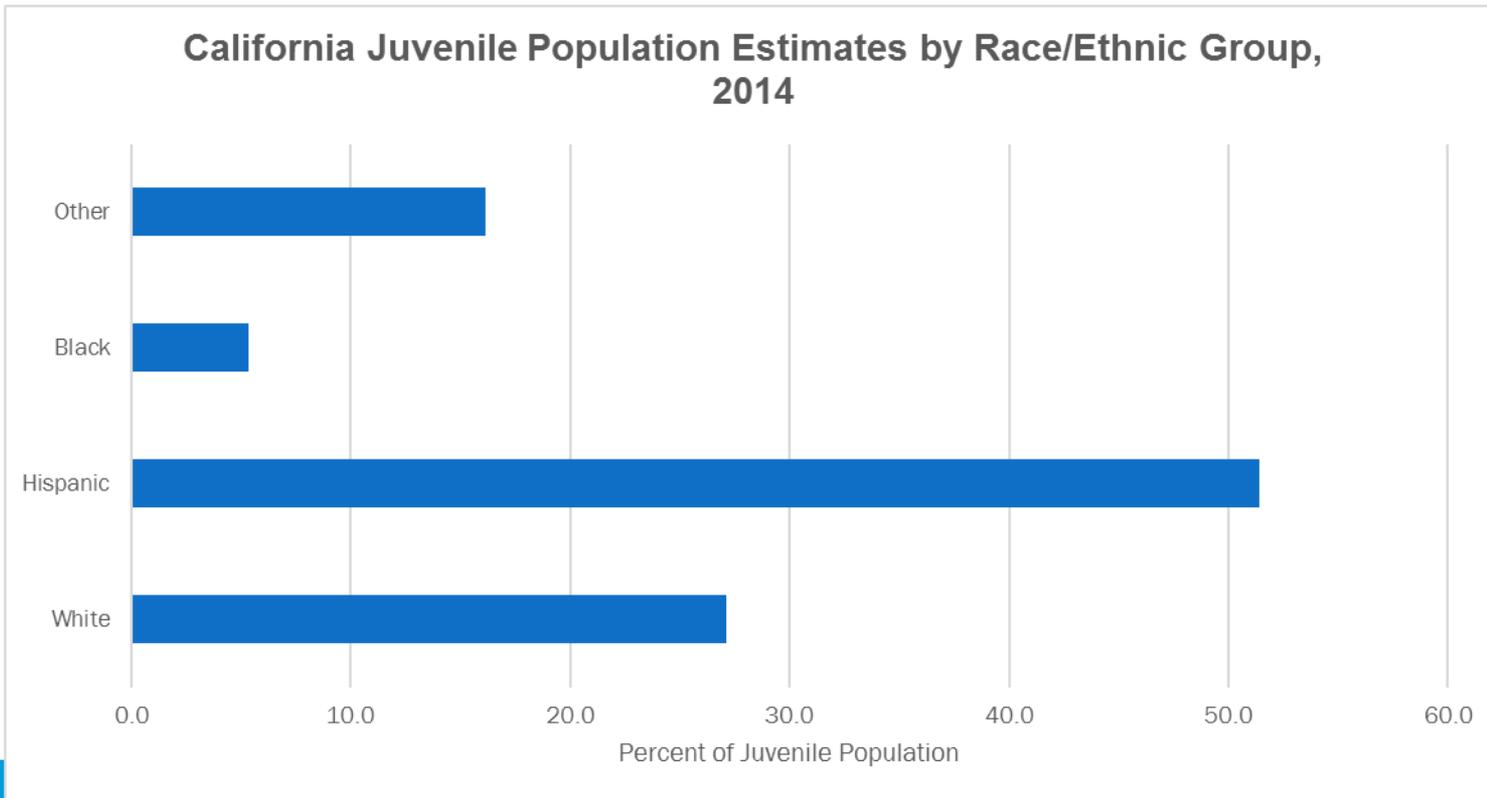
Road to Mental Readiness (R2MR) for law enforcement, first responders, and correctional staff – The Mental Health Commission of Canada

- Unique in that the focus of the program is to reduce stigma of mental illness, increase awareness of mental health, and offer resources to maintain positive mental health on the job.
- R2M2 is focused on creating health workers and health workplaces where staff and supervisors are trained not only to monitor their own wellness but identify behaviors in others who might be in need of further support.
- R2M2 uses cognitive behavioral techniques to help manage stress and resiliency – a healthy worker = healthy approach to crisis intervention
- R2M2 is currently being evaluated by health economists for cost effectiveness

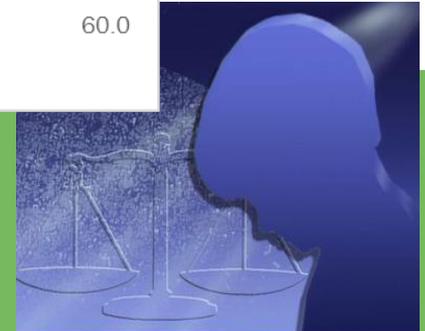


# JUVENILE JUSTICE - INVESTIGATE

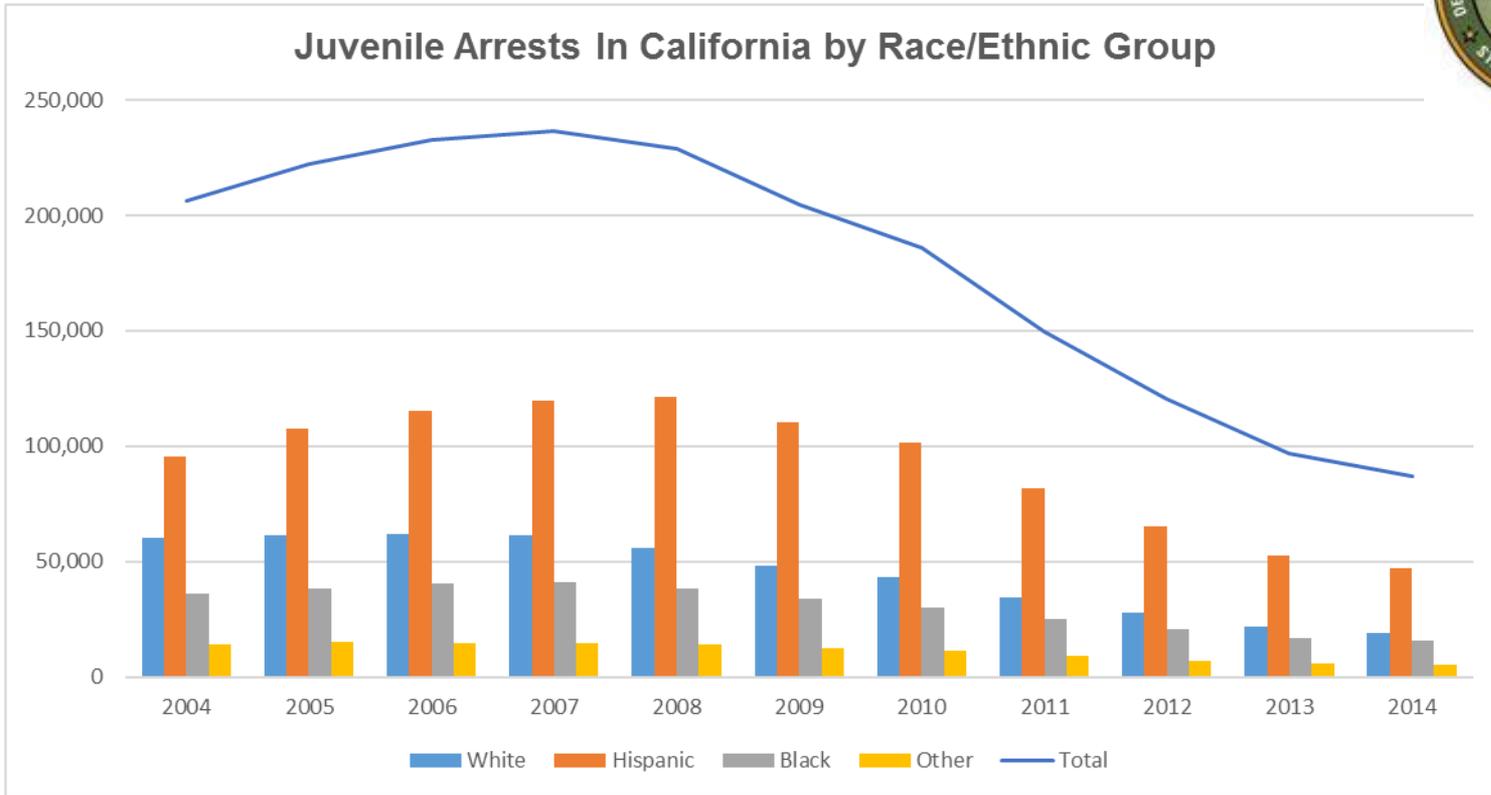
Finding: The juvenile justice population has changed significantly over the last decade



Source: California Department of Justice, Juvenile Justice in California, 2014



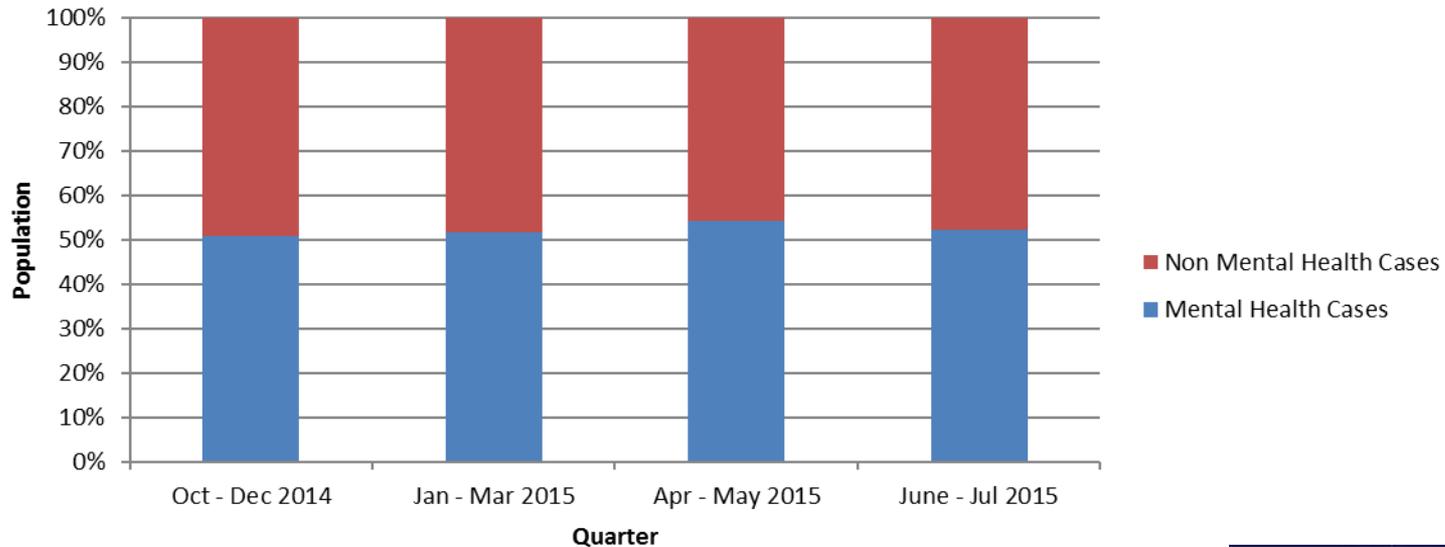
# JUVENILE JUSTICE - INVESTIGATE



# JUVENILE JUSTICE - INVESTIGATE



## Average Number of Open Mental Health Cases Amongst Juveniles in Detention on Dates of Highest System Population



Source: Juvenile Detention Profile Survey, Board of State and Community Corrections





# JUVENILE JUSTICE – INVESTIGATE

## Finding: Current reforms underway will impact justice-involved youth

- Children in the juvenile justice system are over-represented in the child welfare system, and vice versa
- Continuum of Care Reform is intended “*to improve the experience and outcomes of children and youth in foster care*”, but the needs of probation youth in this system can be significant and challenging.
- Existing services will be replaced with 2 levels of service – Home-Based Family Care (HBFC) and Short-Term Residential Treatment (STRTC)
- Absent adequate stabilization services for youth they may remain in juvenile detention with an inability to draw down federal reimbursement for treatment.





# JUVENILE JUSTICE – INVESTIGATE

## Finding: Current reforms underway that will impact justice-involved youth

- Without adequate planning and support when taking away group home care as an alternative to incarceration the number of these children incarcerated could increase.
- Careful planning and thought needs to be directed towards this population of hard to place delinquent wards because they are the most difficult to serve and the most likely to fail in a STRTC without well thought out programming and support.
- Rural Counties will need additional thought and planning due to significant distances, as well as, reduced numbers of youth in population centers that will challenge the STRTC/Foster Care operational model.





# JUVENILE JUSTICE – INVESTIGATE

## Recommendations:

- Continue to investigate the root cause of increased severity and acuity of mental illness in juvenile detention in partnership with CPOC, CBHDA and Judicial Council. Specifically explore how best to address competency for juveniles in the justice system.
- COMIO will continue to monitor the implementation of CCR supporting that the alternative for high risk and high need justice-involved youth are adequate for this unique population including strengthening training, support and resources that are available to both service levels - (HBFC) and (STRTC).





# JUVENILE JUSTICE – IDENTIFY

**Finding:** There are lots of examples of what works to both prevent entanglement in the juvenile justice system

- Last year COMIO identified 5 models of Prevention and Early Intervention Programs that have a positive impact of reduced delinquency
  - *Nurse-Family Partnerships*
  - *Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)*
  - *The Incredible Years*
  - *Triple P Positive Parenting Program*

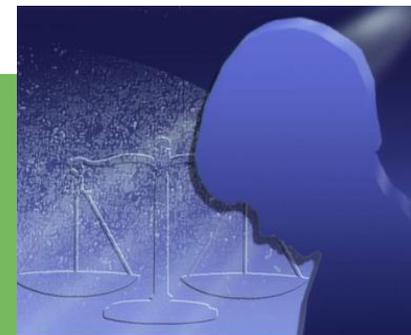




# JUVENILE JUSTICE – INVESTIGATE

## Finding: Strengthen Efforts to Support On-going Prevention and Early Intervention Program Investments with Policy Changes

- Positive Youth Development (PYD) is a policy perspective that emphasizes providing services and opportunities to support all young people in developing a sense of competence, usefulness, belonging and empowerment. Example key elements –
  - Youth are valued, policies and programs are designed to meet developmental need, families, schools, and communities are engaged in creating environments that support youth
- Cross system collaboration enhances the impact of PYD





# JUVENILE JUSTICE – INVESTIGATE

**Finding:** Sufficient data collection, performance measures, and outcomes are needed to monitor effective programs

- Collect only the data that is needed to monitor performance, which could support local capacity to retain the ability to do further research and evaluation on best practices.
- Support data infrastructure that can monitor trends and patterns to inform policies and practices.





# JUVENILE JUSTICE – INVESTIGATE

## Recommendations:

- COMIO to promote primary prevention programs with an evidence-base to prevent delinquency in the future and increase opportunities for cross collaboration between education, child welfare, criminal justice and behavioral health. The BSCC, through its State Advisory Committee on Juvenile Justice and Delinquency Prevention, could be an effective venue for fostering this collaboration.
- Through the website and newsletter, COMIO can promote examples of cross-system collaboration (Probation, Behavioral Health, Education, Child Welfare, Juvenile Courts) that are grounded in shared resources and outcomes. Such partnerships can blend resources to be responsive to emerging issues like the need for a trauma informed systems of care.





# JUVENILE JUSTICE – INVESTIGATE

## Recommendations:

- Support the work of the BSCC and the Juvenile Justice Data Working Group to improve data collection, performance measures, and outcomes.
- Monitor and promote opportunities for youth diversion programs and interventions under Prop 47 and promote the use of evidence-based prevention and early intervention programs for youth who are justice involved or at risk of justice involvement.





# JUVENILE JUSTICE – PROMOTE

## The Hayward Burns Institute for Juvenile Justice, Fairness and Equity:

- The Burns Institute seeks to eliminate racial and ethnic disparity by building a community-centered response to youthful misbehavior that is equitable and restorative.
- Promote the Burns Institute’s resources, including training and technical assistance.
- Reach out to the BSCC’s Reducing Racial and Ethnic Disparities subcommittee to learn more about resources and support their dissemination.





# JUVENILE JUSTICE – PROMOTE

## San Diego County Probation – Trauma Responsive Unit (TRU)

- Unit was developed in response to growing numbers of medium to high risk youth in detention and that youth with significant trauma were over-represented in the justice-system
- TRU is a cross system collaborate effort – Probation, Education, Health and Human Services, and Correctional Counselors
- All youth are screened for trauma and those with high rates with high risk of interaction with juvenile justice system participate in TRU
- Improvements in behavioral incidents and mood systems are significantly larger than standard treatment
- Strong commitment to quality assurance and fidelity monitoring



# ROADMAP

PRESENTATION OVERVIEW

## What Now?

# NEW PROJECT WITH THE DEPARTMENT OF HEALTH CARE SERVICES

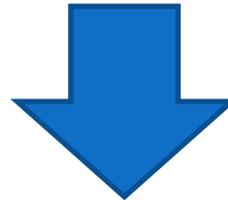
FIRST REPORT DUE JUN 2017



**Project:** COMIO will be looking at patterns of health care service utilization among former offenders who are released from CDCR now that they are eligible for services such as mental health and substance use as part of implementing the Affordable Care Act (ACA).

**Goal:** Capture health care utilization, especially since a substantial number have significant behavioral and physical health care needs.

**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.”



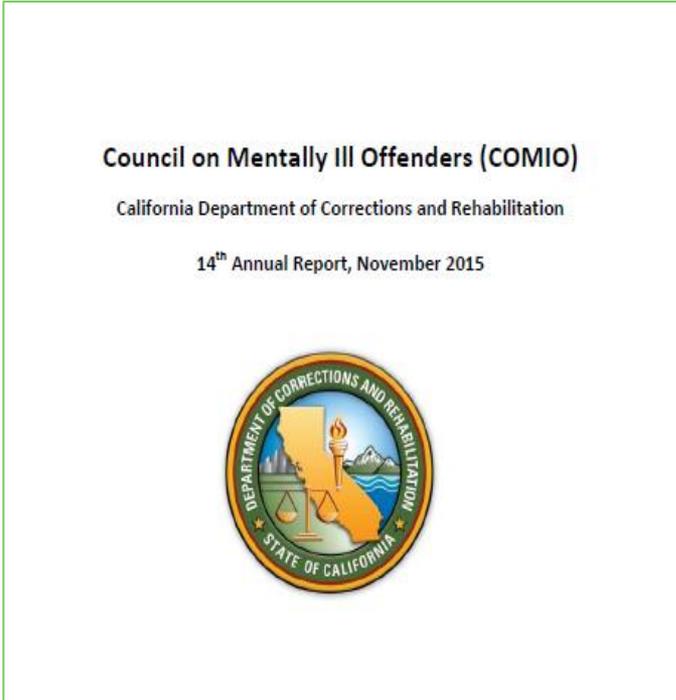
# LEGISLATIVE REPORT

**Motion: Approve recommendations and designate final Annual Report review to committee chairs and chair**

**Final Full Report will be Submitted in December**

## **Next Year:**

- Focus on a few recommendations more intensely
- Focus on 4 Outcomes ...
  - Reduce number of MI in jail booking
  - Reduce length of time in jail
  - Increase connections to services
  - Reduce recidivism



# COMIO MEETING SCHEDULE 2017

COMIO meetings consist of an optional ½ day (1pm to 5pm) issue-specific workshop that encourages participation from stakeholders and partners followed by a full day Council meeting (9am to 3pm)

- February 1, 2017 (Sacramento): Issue-Specific Workshop
- February 2, 2017 (Sacramento): Council Meeting
- April 5, 2017 (Sacramento): Issue-Specific Workshop
- April 6, 2017 (Sacramento): Council Meeting
- July 19-20 (Educational Site Visit/On the Road TBD)
- September 20, 2017 (Sacramento): Issue-Specific Workshop
- September 21, 2017 (Sacramento): Council Meeting
- November 8, 2017 (State Capitol): Legislative Recommendations Presented)

# PUBLIC COMMENT AND VOTE



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

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

**Thank You!**