



*Building bridges between
criminal justice & behavioral health
to prevent incarceration*

Policy Priorities for 2017

Preserve and Protect California's Expansion of Health Care Services for the Justice Involved: The success of public safety realignment and criminal justice reforms in California is significantly reliant on expanded Medi-Cal eligibility and services, especially behavioral health services. Protecting this expansion is paramount to address overcrowded jails and prisons, but more importantly, to serve people with behavioral health needs before they are in crisis or at-risk of incarceration.

Several studies have shown worsening health status and risk of death among individuals recently released from incarceration. Justice-involved individuals are also more likely to use emergency rooms and to be homeless. One California county identified that nearly two-thirds of the chronically homeless population had some sort of criminal justice background, of which 80 percent had a behavioral health need. It is estimated that 9 percent of parolees and probationers living in our communities have mental health needs and 40 percent have substance use needs. Many, if not most, did not have access to services prior to health care reforms so it was accessed through an emergency room or jail. If we are to reduce incarceration, homelessness, and emergency room usage we must preserve and protect California's expansion of health care services to the justice-involved.

Prevent Crisis Don't Just Respond to It: While it is important to train law enforcement officers in crisis response and for service alternatives to jail booking to be available, 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. There are other options and human resources that can be tapped to actively work to prevent and de-escalate crisis such as trained peers and others with lived experience who can do outreach and engagement. In addition, informing and empowering the public to call suicide prevention hotlines rather than 911, or for such calls to be re-routed to alternatives to 911 that are well equipped to provide crisis prevention and stabilization, should be explored.

Remain Vigilant in Eradicating Discriminatory Policies Impacting the Justice-Involved: The stigma associated with mental illness, substance use disorder, and justice status - and resulting discrimination - must be recognized and not tolerated to ensure that inequities are not perpetuated. Barriers to successful community integration are evident in dozens of policies and practices from bail and pretrial detention systems, to employment and educational opportunities, to housing and health care access, and of course 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 Resources are Allocated to Support the 21st Century Cures Act: In December of 2016 Congress passed and President Obama signed a \$6 billion public health and medical research bill called the 21st Century Cures Act. The act includes a variety of health initiatives, from authorizing money to fight the nation’s opioid crisis, to support for expanded mental health services, and efforts to decrease the incarceration of individuals with behavioral health issues. The Act with strong bipartisan support represents solid progressive policy regarding the need to address co-occurring substance use and mental health disorders, particularly to prevent incarceration. While a special 2-year appropriation of \$1 billion over FY 2017-18 is currently included to support authorized “state responses to the opioid epidemic” most of the other provisions, including the Comprehensive Justice and Mental health Act (CJMHA) which reauthorizes the Mentally Ill Offender Treatment and Criminal Reduction Act (MIOTCRA), **has no appropriation at this time.** Providing full appropriation of the spending authorized in the Act is critical to addressing the national, state, and local crisis of costly over-representation of individuals with behavioral health issues in incarcerated settings.

COMIO Meeting Schedule 2017

April 5, 2017 1:00 PM - 4:00 PM

Issue-Specific Workshop

Board of Parole Hearings Executive Board Room
1515 K Street, 5th Floor, Suite 550
Sacramento, CA 95814

April 6, 2017 9:00 AM - 3:00 PM

COMIO Council Meeting

Board of Parole Hearings Executive Board Room
1515 K Street, 5th Floor, Suite 550
Sacramento, CA 95814

July 19-20

Educational Site Visit/On the Road

Location TBD

September 20, 2017 - 1:00 PM - 4:00 PM

Issue-Specific Workshop

Board of Parole Hearings Executive Board Room
1515 K Street, 5th Floor, Suite 550
Sacramento, CA 95814

September 21, 2017 9:00 AM - 3:00 PM

COMIO Council Meeting

Board of Parole Hearings Executive Board Room
1515 K Street, 5th Floor, Suite 550
Sacramento, CA 95814

November 8

State Capitol – Legislative Recommendations Presented

Location TBD