

## WHAT WE DO

Since 2001 California, through the Council on Criminal Justice and Behavioral Health (CCJBH), has recognized that individuals living with mental illness are at risk of becoming criminally involved without access to support and needed services. As a 12-member council chaired by the Secretary of the Department of Corrections and Rehabilitation (CDCR), CCJBH is charged with investigating, identifying, and promoting cost-effective strategies that:

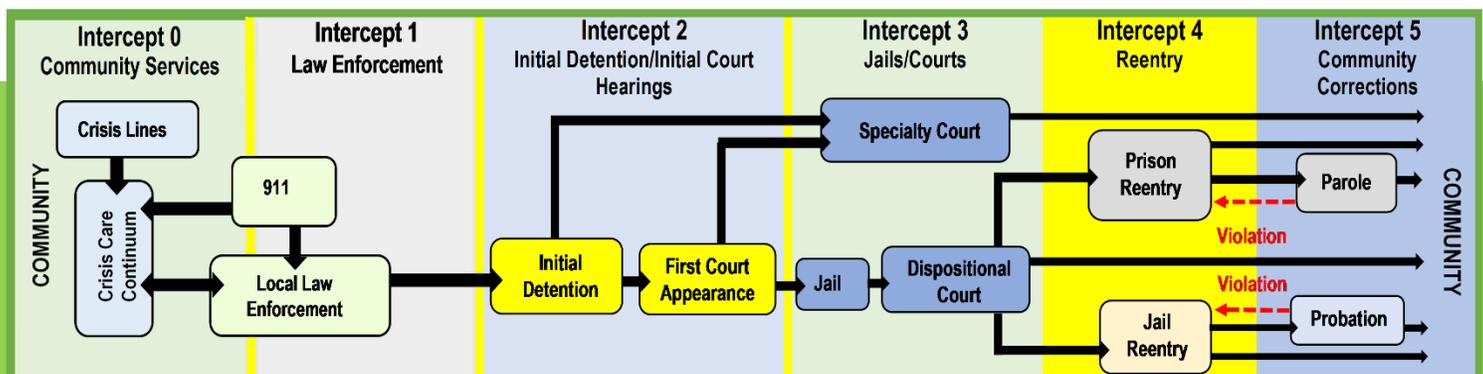
- Prevent criminal involvement
- Improve behavioral health services
- Encourage state and local criminal justice and behavioral health systems to work collaboratively

## DIVERSION

*When programs divert individuals with mental illness (and often co-occurring substance use disorders) away from incarceration by providing links to community-based treatment and support services. Individual's avoid arrest or spend significantly reduced time incarcerated on the current charge or violations of probation resulting from previous charges.*

The **SEQUENTIAL INTERCEPT MODEL** helps administrators plan how to reduce the over-representation of people with mental illness in the criminal justice system. The model outlines sequential points at which a person with mental illness can be "intercepted" and diverted from going further into the criminal justice system. The goal is for people to be intercepted as early in the process as possible, leading to fewer people entering the criminal justice system.

## SEQUENTIAL INTERCEPT MODEL



SAMHSA GAINS Center (2013)

## WHY DIVERSION

- **2 MILLION ADMISSIONS** to U.S. jails annually are persons experiencing mental illness. Of these, **3 IN 4** have a diagnosis of **BOTH** a substance use disorder and a mental illness (Steadman et al, 2009).



- More than **fifty percent** of inmates in prison and nearly **seventy percent** of those in jail met criteria for substance dependence in the year prior to their arrest (Mumola & Karberg, 2004).
- Once incarcerated, these individuals stay longer and correctional spending on adults with mental illness is two to three times higher than for others (Stanford Justice Advocacy Project, 2017).
- Challenges follow them home, as nearly **ten percent** of probationers and parolees have a serious mental illness, and **forty percent** have a substance use disorder (Feucht & Gfroerer, 2011).
- Individuals with behavioral health challenges have higher rates of recidivism (*e.g.* over **sixty percent** of individuals with the most serious mental illnesses return to prison in California within **three years**) (CDCR Outcome Report, 2015).

## COUNCIL MEMBERS

**Kathleen Allison,**  
Chair Secretary,  
California  
Department of  
Corrections and  
Rehabilitation

**Stephanie Clendenin**  
Director, California  
Department of State  
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**Matthew Garcia**  
Field Training Officer,  
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Police Department

**Tony Hobson,** Behavioral  
Health Director, Plumas  
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**Mack Jenkins**  
Retired Chief Probation  
Officer, San Diego County

**Jennifer Kent, Vice Chair**  
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Department of Health  
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**Stephen V. Manley** Santa  
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Court Judge

**Danitza Pantoja, Psy.D.**  
Coordinator of  
Psychological Services,  
Antelope Valley Union  
High School District

**Tracey Whitney**  
Deputy District Attorney,  
Mental Health Liaison, Los  
Angeles County District  
Attorney

## CHALLENGES

Diversion practices are fairly new and we are starting to learn what works. Currently there is a need to better use screening and assessment tools for mental health, substance use disorders, and recidivism risk. Doing so can prioritize need and risk with the right services and interventions. The lack of co-occurring services (those offered to individuals with both a mental illness and substance use disorder) is a particular concern.

Addressing **STIGMA** is essential to ensuring more equitable practices in both the criminal justice and behavioral health systems. Because of stigma toward the justice-involved, former offenders reentering society face major challenges in each of the areas in the visual to the right (housing, education and training, employment, and social welfare).

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 crippling.

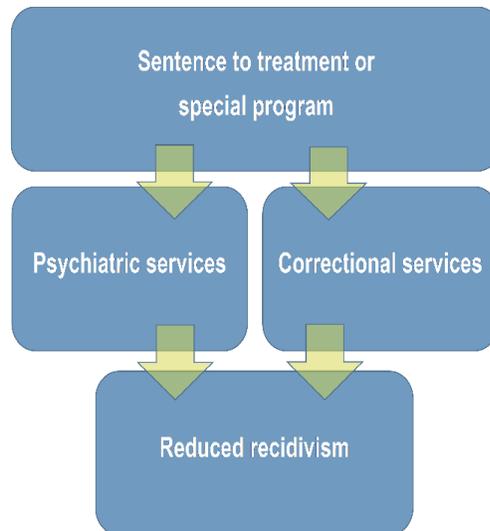


## IMPLEMENTING EFFECTIVE PRACTICES

Often it is believed that more community mental health services will reduce recidivism, but this is not well supported by research. 'Untreated mental illness' alone does not strongly predict criminal behavior (Skeem et al, 2013).

- Symptoms rarely cause crime
- Psychiatric services rarely reduce crime

## WHAT WORKS



## ON THE HORIZON

- Preserve and protect California's expansion of health care services for the justice involved – **it is a public safety and public health issue.**
  - Preserve and maximize Medi-Cal (Medicaid) expansion to address mental health and substance use disorder needs.
- Prevent crisis don't just respond to it.
  - Empowering peers, families, suicide prevention hotlines, and other community members to do outreach and engagement.
- Remain vigilant in eradicating discriminatory policies impacting the justice-involved.
- Integrate data systems between criminal justice and behavioral health systems.
  - Individuals who are justice-involved are among the most costly healthcare users so it is necessary to develop strategies to share information to target limited resources and monitor outcomes.
- Address the high cost and lack of accessibility to affordable housing.
- Review and revise bail and pre-trial detention policies that have a disproportional impact on individuals with mental illness.

