In fiscal year 2015-16 a total of **35,098 individuals** returned to their communities from the California Department of Corrections and Rehabilitation (CDCR). Within that group, **23.1 percent** were identified by CDCR as having mental health needs ranging from severe to moderate and **57.7 percent** as having substance use treatment needs. While those numbers are likely to shift slightly once home due to changing circumstances and stressors, clearly there is a significant need for behavioral health services upon re-entry.

The consequence of behavioral health needs not being met effectively in the community is costly. People with mental illness have higher recidivism rates and stay longer, once incarcerated, than those who do not have these challenges (Kim, Becker-Cohen, & Serakos, 2015). A study by PEW and the MacArthur Foundation (2014) found that correctional spending on adults with mental illness alone is two to three times higher than for those without mental illnesses.

- **The number of prisoners with mental illness in California is on the rise:** while the overall state prison population has decreased dramatically, the number of prisoners with mental illness continues to climb and is expected to grow in the years ahead. Over the past decade, the percentage of state prisoners with mental illness had increased by 77 percent (Stanford Justice Advocacy Project).

- **Defendants with mental illness receive longer prison sentences:** On average, prisoners with mental illness in California receive sentences that are 12 percent longer than prisoners convicted of the same crimes but without mental health diagnoses (Stanford Justice Advocacy Project).

Released inmates have high rates of poverty, unemployment, and ultimately homelessness – wreaking havoc on health status

- **A survey of over 1000 returning offenders from prisons found that 4 in 10 men and 6 in 10 women** reported a combination of physical health, mental health, and substance abuse conditions

- **These individuals reported poorer employment** noting that health problems interfered with their ability to work, and reported a need for housing assistance

Worsening health status and lack of primary care may be associated with higher rates of recidivism, while not having a primary care provider may lead to under-treated or untreated mental health and substance abuse disorder, which are indirectly linked to recidivism

**Public safety is a health issue – health issues are a public safety issue**
EXPANDED HEALTH CARE IN CONJUNCTION WITH CRIMINAL JUSTICE REFORM: A UNIQUE OPPORTUNITY FOR CALIFORNIA TO ADDRESS BEHAVIORAL HEALTH CARE NEEDS FOR THE JUSTICE-INVOLVED

HEALTH CARE REFORMS

1991 Realignment and the Mental Health Services Act (MHSA) supported a behavioral healthcare system in California that was county-driven but tax revenue reliant.

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.

In the 2010 the Affordable Care Act was signed into law significantly expanding services and eligibility, particularly the inclusion of essential health benefits and the availability of never before health care for low income, childless adults under the expanded Medi-Cal (CA’s Medicaid Program), offered significant opportunities and challenges.

In 2015 the Drug Medi-Cal Organized Delivery System (ODS) Waiver launched so that counties could substantially expand substance use benefits – including to the justice-involved.

By 2016 Whole Person Care (WPC) Pilots were being developed to provide comprehensive and coordinated care for high utilizing Medi-Cal recipients including those reentering from correctional settings.

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.

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.

2016 Proposition 57 Increases the number of inmates eligible for parole 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.

HEALTH CARE AND CRIMINAL JUSTICE REFORM WORKING TOGETHER TO SAVE LIVES AND MONEY

- Community mental health treatment is more effective and less expensive than incarceration: The annual cost of incarcerating an average state prisoner in California is over $70,000, not including mental healthcare costs, while the cost of treating a person with mental illness in the community is approximately $22,000 (Stanford Justice Advocacy Project).
- For those released from jail with serious mental illnesses, having Medicaid coverage and receiving behavioral health services lead to a 16 percent reduction in recidivism (Morrissey et al, 2006).
- The use of publicly funded substance use services resulted in 18 percent less rearrests in Washington (DSHS, 2009).

HOW CAN CALIFORNIA IMPLEMENT WHAT WORKS

- Through the Drug Medi-Cal ODS over 30,000 2016-17 referrals are projected to come from the criminal justice system and this represents only 20 of the 58 counties. Plans are still being approved and implemented.
- Almost half of approved WPC Pilot Plans focus on individuals released from institutions including correctional settings. Other pilots will likely serve the justice-involved due to a focus on homelessness, high utilizers with chronic conditions, and individuals with mental health and substance use disorder conditions.
- More counties are seeing the benefit of using AB109 funds for evidence-based substance use and mental health treatment.
- Under Prop 47, 23 counties, cities, law enforcement agencies, and educational institutions have been awarded over $103 million in funds for the next three years to provide programs and services, including housing and employment assistance, for justice-involved youth and adults living with substance use and mental health disorders.

“Of the nearly 10 million people released from correctional facilities each year, as many as 70 percent leaving prison and 90 percent leaving jail were uninsured prior to the enactment of the Affordable Care Act (ACA) in January 2014. Medicaid expansion states, which broaden coverage to all adults who make less than 133 percent of the federal poverty level may identify as many as 80 to 90 percent of people leaving prisons eligible for Medicaid.”

(Plotkin & Blanford, 2017)