

## **2018 Annual Legislative Report Fact Sheet**

### **Background**

The Council on Criminal Justice and Behavioral Health (CCJBH) is a 12-member council of appointed experts in criminal justice and behavioral health policies and practices chaired by the Secretary of the Department of Corrections and Rehabilitation. CCJBH serves as a resource to assist and advise the Administration on best practices to reduce the incarceration of youth and adults with mental illness and substance use disorders with a focus on prevention, diversion and reentry strategies.

### **Policy Focus of the 2018 Annual Report**

Based on the work of the Council in the past few years recommended strategies focus on strengthening services and supports for individuals with complex needs who are vulnerable and at-risk of incarceration, homelessness, hospitalization and other negative outcomes. By effectively serving these individuals in communities, California can sustain shifts in service delivery towards prevention and early intervention rather than costly incarceration and institutionalization. CCJBH's 2018 Annual Legislative Report provides a roadmap regarding how this can be accomplished.

CCJBH has the unique responsibility to advise on how to maximize the impact of several funding sources (i.e. Medi-Cal, Mental Health Service Act, Realignment, Categorical Grants, etc.) to best serve the specific target population of individuals with behavioral health disorders who are formerly incarcerated or at risk of incarceration. That population is often the most likely to have complex substance use, mental health and physical health disorders while experiencing several challenging life conditions such as poverty, homelessness, unemployment and limited social networks.

Addressing these individuals to receive the care and services they need in the community is critical to retaining resources to fully fund a continuum of care – including prevention and early intervention. By providing housing, effective services and treatment to the vulnerable before and after incarceration (especially during the transition home), the growing overrepresentation of individuals with serious behavioral health issues in jails and prisons, filling emergency rooms and living on our streets can be reduced. To achieve this requires the state to lead by example, facilitating data-sharing in the interest of supporting continuity of care, saving lives and spending taxpayer money wisely.

### **Summary of Key Findings and Recommendations**

The 2018 report identifies three key findings and corresponding recommendations that can be taken at the local, state and federal level to improve efforts to reduce the incarceration of individuals with behavioral health disorders, especially those with complex challenges.

#### **Finding 1. Failure to Meet the Needs of Individuals with Serious Mental Health and Substance Use Disorders is caused by a Significant Lack of Resources for the Community Behavioral Health System**

Individuals often find their way into the behavioral health system through incarceration or hospitalization. These results are hardly surprising given the tasks the system has been indirectly assigned - eliminating poverty, solving homelessness and ending discrimination. These unreasonable expectations only serve to further overwhelm a system that must address the complex needs of individuals who may have co-occurring substance use and mental health conditions, criminogenic risk factors, major and multiple medical problems, and chronic homelessness. The poor outcomes attributed to this under-resourced system have led to calls for greater investment in institutional care such as jails, prisons and state hospital beds. Such a move would almost certainly come at the cost of funding for community based-services, further exacerbating the very symptoms that have led to the current situation.

***CCJBH urges increased investment in community-based services, particularly residential, starting with ensuring that those with multiple needs are not left behind due to their numerous and complex challenges. By working with partners from criminal justice to social services, the community behavioral health system can develop the capacity to serve those most in need, as well as, collaborate with partners to prevent substance use and mental health challenges from resulting in harmful individual and societal costs.***

- 1.1 Commit to Community Alternatives to Support Prevention, Diversion and Successful Re-Entry
- 1.2 Preserve California's Expansion of Medi-Cal and Improve how Mental Health and Substance Use Services are delivered as Essential Health Benefits
- 1.3 Make Medi-Cal More Effective by Maximizing Federal Reimbursement and Retaining State and Local Resources for Non-Federally Reimbursable Services
- 1.4 Use Available Evidence-Based Practices to Serve Individuals with Complex Needs with Integrated Services (i.e. criminogenic risk factors, co-occurring substance use and mental health disorders, major medical conditions)
- 1.5 Follow Individuals Home and Continue the Investments Made During Institutionalization
- 1.6 Sustain and Grow Community Alternatives by Investments in Workforce, Education and Training

**Finding 2. California's Homeless and Housing Crisis has Undermined the Success of Community Alternatives to Incarceration for People with Behavioral Health Challenges**

From chronic homelessness to housing insecurity, the lack of safe and affordable housing impacts the delivery of much needed mental health and substance use treatment services. From individuals who slipped into incarceration due to crimes of poverty, substance use and untreated mental illness to those whose reentry is compromised because there is no place to call home; the deficiency of housing options is putting individuals at great risk of health care emergencies, recidivism or more likely both.

***CCJBH urges that any effort to address homelessness and the housing crisis must consider critical factors that uniquely impact people with justice involvement and behavioral health challenges.***

- 2.1 Prioritize Housing for the Most Vulnerable and the Most in Need
- 2.2 Support the Expansion of Housing and Housing Assistance Options
- 2.3 Support Housing Best Practices
- 2.4 Create Equitable Housing Assistance Opportunities and Combat Housing Discrimination

**Finding 3. Data and Information is not Systematically Collected to Inform Policymaking and Program Investments or to Support Accountability and Quality Improvement Systemically collect data so that the target population is accurately identified and informed decisions can be made system wide**

Barriers to data-sharing, whether real or perceived, are keeping criminal justice and behavioral health care systems from supporting continuity of care and monitoring whether interventions and strategies are successfully reducing recidivism. Determining when and how data can be exchanged for program improvements or desired health or public safety outcomes, is critical to supporting integrated service delivery that is effective for the individual and accountable to the taxpayer.

***CCJBH urges state leadership to support data-driven practices and policy-making among criminal justice and behavioral health systems to ensure continuity of care and achieve desired public safety and health outcomes.***

- 3.1 Support Counties in Getting to Know their Target Population
- 3.2 Provide guidance and confidence to support data sharing
- 3.3 Invest in quality data evaluation and research to improve outcomes

*To view a full copy of the report and follow CCJBH's work visit our website at <https://www.cdcr.ca.gov/ccjbh/>. To receive information about workshops and meetings please join our mailing list by emailing [CCJBH@cdcr.ca.gov](mailto:CCJBH@cdcr.ca.gov).*