How to participate using GoToWebinar Control Panel:

- Question chat box
- Raise hand during Q & A
How to participate using Mentimeter:

- Use your smart phone or tablet
- Or open a new browser on your computer
1. Grab your phone
2. Go to www.menti.com
3. Enter the code and vote!
House Rules

- Be kind and courteous
- Listen attentively and with an open mind
- Speak honestly
- Share the space
- Learning leaves, but names stay
- Step up, step back
- Reserve the right to change your mind

***This webinar is being recorded for staff revision.***
What city/county are you representing?
Please identify your role: (Check all that apply)

- Family Member/ Parent/ Caregiver
- Consumer/ Peer
- NAMI Affiliate
- Community-based Organization
- Licensed Mental Health Provider/ MSW/MFT
- County Representative
- County Behavioral Health Director
- Student
- Clinician/ Medical Provider?
- Other
- Decline to state
Welcome from NAMI CA

Jessica Cruz, MPH, CEO
NAMI-CA Town Hall with the Council on Criminal Justice and Behavioral Health (CCJBH)

July 28, 2020

Stephanie Welch, MSW
Executive Officer, CCJBH
Office of the Secretary, Ralph M. Diaz, Secretary
California Department of Corrections and Rehabilitation (CDCR)
Questions for Participants

A. How many people have a loved one who is currently incarcerated or has been incarcerated?

B. For those that said yes, which issue has been the most challenging to manage:
   - Housing stability
   - Interacting with criminal justice partners (probation, parole, court officials)
   - Accessing appropriate mental health and substance use treatment services

C. What words come to mind to describe what happens in the intersection of criminal justice and behavioral health systems?
I have a loved one who is currently incarcerated or has been incarcerated.

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<th>Yes</th>
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For those that said yes, which issue has been the most challenging to manage:

1st | Housing stability

2nd | Interacting with criminal justice partners (probation, parole, court officials)

3rd | Accessing appropriate mental health and substance use treatment services
What words come to mind to describe what happens in the intersection of criminal justice and behavioral health systems?
Goals for Today

A. Who we are, Why it Matters, What Works & What Needs to be Done

B. Current Issues & What is on the Horizon

C. Discussion and Q and A
About CCJBH

CCJBH was created by the Legislature in 2001 to investigate, identify, and promote cost-effective strategies for youth and adults with Behavioral 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.
Why Does it Matter

Social Justice

Disproportionately Impacts Marginalized Groups

Contributes to Negative Outcomes – i.e. Homelessness

We Know What Works but Don’t Invest Resources in the Right Place
Social Determinants of Criminal Justice

Individuals impacted by behavioral health, social welfare, housing and justice-involvement systems are acutely impacted by the following drivers:

- Poverty
- Disability/Poor Health (including Behavioral Health)
- Lack of Education and Employment Opportunities
- Marginalization
- Disenfranchisement
- Discrimination (systemic racism)
- Trauma (ACEs)
Over-Representation of Marginalized Groups

2.2 MILLION individuals are currently incarcerated in the U.S.

Formerly incarcerated people are almost 10 times more likely to be homeless than the general public, and 20 times more likely, if the individual has a mental illness.

Adverse Childhood Experience Scores (ACEs) of 4 or more have a strong correlation between negative physical and mental health outcomes in adulthood.

Children/Youth with ACE scores of 8, 9, and 10 are more likely to become incarcerated adults.

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Over-Represented Marginalized Groups

- Justice System overrepresentation is a complex web of interconnected disparities including race, gender, minor status, sexual and gender-identity, poverty and homelessness. (Wiener, 2019)

- Individuals who identify as LGBT are overrepresented at 3 times the rate in jails and prisons

- Though Latinos and African Americans make up approximately 32% of the United States population, they comprise approximately 56% of all incarcerated people (Kaeble, & Glaze, 2016).

- African Americans are incarcerated at more than 5 times the rate of whites and the incarceration rate for African American women is twice that of white women.

- According to the Bureau of Justice Statistics, Native Americans are incarcerated at a rate 38% higher than the national average.
Over-Representation Marginalized Groups

Estimated Proportion of Adults with Mental Health and Substance Use Disorders

- General Population
- Prison
- Jail

Serious Mental Illness:
- General Population: 5.40%
- Prison: 16.00%
- Jail: 17.00%

Substance Use Disorders:
- General Population: 16.00%
- Prison: 53.00%
- Jail: 68.00%

Concentration of Mental Health Cases in CA Jails

Figure 1. Prevalence of Active Mental Health Cases and Psychotropic Medications, Statewide from 2009 to 2019
High % of Co-Occurring SUD/SMI Disorders

General Population
- 5% Serious Mental Illness

Jail Population
- 17% Serious Mental Illness
- 72% Co-Occurring Substance Use Disorder

Negative Outcome: Homelessness

- Of the **11 million** people admitted to jail annually...
- About **15%** report experiencing homelessness in the year prior to arrest.¹
- Rates of homelessness are **higher** among people who have **mental illness and co-occurring substance use disorders**.

Source:
Negative Outcomes: Homelessness

1. Law enforcement policies and procedures that contribute to arrest for behaviors associated with experiencing homelessness.

2. Lack of stable housing viewed as a risk factor and reduces courts’ willingness to divert individuals from jail or prison.

3. Criminal history serves as a barrier to housing, contributing to housing instability and homelessness.

4. Lack of stable housing upon exit from jail contributes to supervision failure, increases risk of recidivism.

Lack of understanding of true scope of problem, collaborative strategies, and investment in effective interventions from the homeless and criminal justice systems.

Presented by Liz Buck and Hallie Fader-Towe of the CSG Justice Center. Presentation materials can be found at: https://www.ccdcr.ca.gov/ccjdh/2019/01/11/ccjdh-informational-briefing-jan-23-2019/
Why are Community Alternatives Paramount

- Once incarcerated, these individuals stay longer in jail and prison and correctional spending on adults with mental illness is two to three times higher than for those without mental illnesses.
- These challenges follow them home, as nearly 10% of probationers and parolees have a serious mental illness, and 40% have a substance use disorder.
- Individuals with behavioral health challenges have higher rates of recidivism. In CA the rate of re-conviction for individuals with a serious mental illness is 52% compared to 45% for general population.
- 5 years after detention the majority of youth had 2 or more behavioral health disorders and 17% of males had co-occurring disorders.

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What Do We Know

- There is a continuum of care and services needed across both systems
  - Criminal Justice
  - Mental Health/Substance Use Disorders
- Behavioral Health Care Interventions not Incarceration
- Services not Simply Supervision
What Works – Treat the Whole Person

Mental Illness

- Antisocial Attitudes
- Antisocial Personality Pattern
- Antisocial Friends and Peers
- Substance Abuse
- Family and/or Marital Factors
- Lack of Prosocial Leisure Activities
- Poor Employment History
- Lack of Education

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What Works - Services Not Just Supervision

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

- Recently released inmates disproportionately use ED for health care and have high levels of preventable hospital admissions, which could be linked to high rates of mental illness.

- In a survey of over 1000 returning offenders from prisons, 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 a need for housing assistance.
What Works - Access to Health Care

- 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 $80,000, while the cost of treating a person with mental illness in the community is approximately $22,000.

- For those released from jail with serious mental illnesses, having Medicaid coverage and receiving behavioral health services led to a 16 percent reduction in recidivism. Use of publicly funded substance use services resulted in 18 percent less rearrests.

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What Needs to be Done

Sequential Intercept Model (SIM)
What Needs to be Done

How can Behavioral Health System Transformation Reduce Incarceration and Recidivism?

Address the Unique Needs of Justice-Involved People

- Reduce prevalence rates of mental illness and substance use disorder in jails and prisons
- Increase use of data-driven practices and policymaking
- Support robust community-based services for people with complex needs, including housing and employment services
- Cross-train criminal justice and behavioral health personnel

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What Needs to be Done

Strengthen services and supports for individuals with complex needs who are vulnerable and at-risk of incarceration.

Coordinated Services and Supports/ Community Health Workers (CHWs)

Effectively serve these individuals in communities to sustain shifts in service delivery towards prevention and early intervention rather than costly incarceration and institutionalization.

Statewide Implementation of Pre-Trial Diversion and SB 389

Provide housing and treatment before and after incarceration (especially during the transition home), to reduce the growing numbers of individuals with serious behavioral health issues in California’s jails and prisons, hospitals and on our streets.

Re-entry Transitions, Warm Hand-offs, Housing Supportive Services

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Current Issues & What is on the Horizon
“As of July 16, 2020, more than 6,500 incarcerated people and more than 1,200 staff members have tested positive for COVID-19 in California prisons. ... The Department has lost two staff members and 37 incarcerated people.”
Current Issues: Rapidly Changing Environment

COVID-19 Public Health Crisis - Expedited Releases

Prison Population
- As of July 23, there are 102,137 people in California’s prisons.
- 12,181 have been released since March 11, 2020.
- Largest releases in recent history.
- 8,000 could be eligible for release by the end of August.

Jail Population
- 27.5% reduction in Average Daily Jail populations
- Between February 29, 2020 and July 11, 2020
- Jail Profile Survey data reports populations dropped from 72,758 to 52,775

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Current Issues: Rapidly Changing Environment

COVID-19 Results in Drops in Juvenile Detention Admissions

- Juvenile detention admissions have decreased by 52% between March – May (COVID-19)
- More significant rates for Black and Brown youth than for white youth during this pandemic
- COVID-19 has closed in-person schooling and, in the process, shut down much of the school-to-prison pipeline.
- School referrals have historically been a main source of disproportionate minority contact with the juvenile justice system.
Current Issues: Fiscal Crisis – Induced by COVID-19

The 2020-21 Budget Closes a $54.3 billion gap

- Public Education, Vulnerable Populations and Californians facing the greatest hardships were protected
- Significant cuts were protected with the anticipation of federal funding, reserves, triggers, revenues, borrowing, transfers, deferrals, and other solutions
- There was NO room for expanding or funding new programs
Available Resources Focus on the Most Vulnerable:

- Support the Health Care Safety Net – 16% increase in funding 2020-21 with the expectation that Medi-Cal caseloads will grow due to unemployment.

- Behavioral Health Counselors in Emergency Departments—The Budget maintains one-time $20 million General Fund to hire behavioral health providers and peer navigators in emergency departments to screen patients and offer intervention and referral to mental health or substance use disorder programs.

- Medi-Cal Enrollment Navigators—The Budget maintains one-time $15 million General Fund for the Medi-Cal Health Enrollment Navigators program.
Available Resources Focus on the Most Vulnerable:

- Realignment Backfill for Counties—$750 million to provide support for counties experiencing revenue losses for realigned programs (i.e. behavioral health, social services and public safety), and to the extent the federal government provides sufficient eligible funding by October 15, 2020 an additional $250 million may be provided.

- Continued Supports to Address Homelessness – IN addition to Project RoomKey which is funded primarily from federal relief funds that seeks to temporarily house the at-risk homeless population during the COVID-19 outbreak, the budget provides $300 million of which $130 million is for cities with populations of 300,000 or more, $90 million is for Continuums of Care, and $80 million is for counties. These funds will support regional responses to homelessness.
Public Safety Programs were Preserved and Eliminated:

- Eliminated the Integrated Services for Mentally Ill Parolee Program (ISMIP) - ISMIP provides wraparound services, including some transitional housing, for approximately 1,500 of the 18,000 mentally ill parolees, costing roughly $10,000 per parolee annually.

- Deferred Action on Parole Outpatient Clinics (POC) - Parole Outpatient Clinics - Deferred the elimination or cuts to the POC/BHR program.

- Restored Funding for the Adult Reentry Grants at BSCC - $37 million in General Fund will be allocated on-going ($18.5 million for warm handoff services and $18.5 million for rental assistance).

- $15M in Federal COVID-19/ CARES funding was recently provided to CDCR to supply “emergency housing” to expedited releases.
Current Issues: Racial Justice Crisis

Racial Justice Movement

The COVID-19 Pandemic is uniquely and acutely affecting populations returning from incarceration.

These populations already experience layers of social injustices, elevating risks of negative outcomes, including virus exposure and recidivism stemming from, at minimum, a lack of quality housing, healthcare, and employment opportunities.

While resources are strained, examining existing policies and procedures can always reveal room for improvement.
What is on the Horizon

CCJBH Partnerships in Diversion

- The CCJBH in partnership with, the Department of State Hospitals and the Department of Health Care Services, will deliver training and technical assistance for counties who have been identified as having a high number of persons who have been found “incompetent to stand trial” (IST) and who may be eligible for diversion to behavioral healthcare services.

- The CCJBH is also partnering with, County Behavioral Health Directors Association of California and the Judicial Council of California, to coordinate 3 web-based trainings about mental health diversion, with a specific focus on COVID-19 related issues.

More information about trainings can be found on our website: https://www.cdcr.ca.gov/ccjbh/
What is on the Horizon

CCJBH Lived Experience Project

- MHSA stakeholder advocacy funds
- Goal to reduce incarcerations
- Utilizes perspectives of those with “lived experience” to conduct capacity building, outreach, awareness and education activities to help make positive changes
- State and local level contractors and activities
- Opportunities to share more and seek participation in the future
What is on the Horizon

- How do we Prevent Individuals who are Released from Returning to Jail, Prison, and State Hospitals?
- How do we Endure the Public Health and Fiscal Crisis and not further Marginalize Over-represented groups in the Criminal Justice System?

(i.e. youth and adults with behavioral health issues and disabilities, racial, ethnic and cultural groups, individuals experience poverty and multiple ACES)
CCJ BH Council Meetings and Workgroups

Council Meetings
August 27, 2020  2:00 PM – 4:00 PM
October 29, 2020  2:00 PM – 4:00 PM
December 11, 2020  2:00 PM – 4:00 PM

Workgroups
• Reentry and Reintegration
  September 24, 2020  1:00 PM – 3:00 PM
  November 13, 2020  1:00 PM – 3:00 PM

• Prevention and Diversion
  July 31, 2020  1:00 PM – 3:00 PM
  September 11, 2020  1:00 PM – 3:00 PM
  November 6, 2020  1:00 PM – 3:00 PM

• Juvenile Justice
  July 31, 2020  10:00 AM – 12:00 PM
  September 25, 2020  1:00 PM – 3:00 PM
  November 20, 2020  1:00 PM – 3:00 PM
Questions

Thank You

Stephanie Welch, Executive Officer
Stephanie.welch@cdcr.ca.gov

Visit our website or Sign-up for our newsletter:
https://www.cdc.ca.gov/ccjbh/
Q & A Session

- Raise Your hand to ask/speak verbally or type in the questions/chat box.
  - Be kind and courteous
  - Listen attentively and with an open mind
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  - Step up, step back
  - Reserve the right to change your mind

***This is a Recorded WEBINAR.***
Thank you!

Questions?

If you would like to continue in today’s conversation, or have a question we were not able to address on the call. Please reach out to:

Angela Brand
angela@namica.org