Criminalization & Mental Illness: Next Steps & NAMI Advocacy

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Workshop Goals

- Back-end (re-entry) system emphasis vs. lack of commitment for front-end intervention (diversion)
- Review of the critical issue of jail construction around the state and how these issues are linked
- Design issues that affect incarcerated offenders with serious mental illness
- Jail construction debate provides political opportunity to emphasize the development and expansion of diversion programs (pre- and post-booking) in your communities
- Overview of the Sequential Intercept Model
Historical Context

- Deinstitutionalization
- Community-based mental health care was never appropriately developed
- Trans-institutionalization from state hospitals to jails and prisons
- Is there risk of the re-criminalization of people with serious mental illness?
Statewide Commitment to Decriminalization of Individuals with SMI

- Still Waiting for “Whatever it Takes”
  - Diversion
  - Collaborative-problem solving mental health courts
  - CIT: Training for first responders

- Emphasis is on back-end of the system after the catastrophe of criminalization has already occurred

- Must keep justice-involved offenders with SMI out of jail in the first place
Inmates Nationwide with Serious Mental Illness (SMI)

- 17% of jail populations nationwide live with SMI vs. 5% general public
- 31% female and 15% male jail inmates have a serious mental illness
- 76% of inmates dually diagnosed (DOJ)
California Realignment
Statewide Statistics

- No. of PRCS discharged inmates from 10/11 through 9/13 = 55,055
- Total PC 1170h sentences = 60,114
  - Jail only = 43,488
  - Split sentenced = 16,626
- Increase in jail populations and probationers
- County/state info on CPOC website
Increasing Inmate Population with SMI, LA

- Inmates serving longer sentences in jail
- Increasing numbers of inmates awaiting transfer to state hospitals
- Increasing numbers of inmates receiving competency restoration services in jail
- Increased use of methamphetamines in the community
- Decreases in available treatment resources in the community including several acute psychiatric hospital closures in Los Angeles
- 25 counties have no acute psychiatric beds
Increasing Population, cont’d

- 76% of inmates with mental illness also have a dual diagnosis for substance abuse problems according to a recent study by the US DOJ
- Inmates in general population receiving psychiatric medications has grown by 200% at MCJ and Twin Towers and by 50% at CRDF over the past 5 years
The Question!

- If crime is decreasing, why is the percentage of offenders with serious mental illness rising?
- And why is this acceptable?
- Is your county’s response adequate, strategic, and well-planned?
- Are we planning for “Whatever it Takes?”
Where is the County Strategic Plan?

- How can we debate spending billions of dollars on new jail facilities construction in the absence of a comprehensive, fully developed strategic plan that addresses the entire criminal justice continuum from first responder to discharge and linkage to community services?
Jail Construction Statewide

- Counties are receiving construction funds to reduce overcrowding caused by realignment.
- Advocacy groups are opposing jail construction and demanding diversion programs only.
- What will happen to those offenders with SMI who remain in jail and are ineligible for diversion?
- Who will be their advocates for treatment?
Design, Capacity, and Scope

- Who is asking these questions?
- Opposition to jail construction is not focused on design or programming. Focused only on opposing construction.
- If not NAMI, who?
- Treatment environment vs. correctional environment
- Expansion of inpatient capacity?
  - Inpatient care in jail or community?
- Different models of housing
Solitary Confinement

Issues

- Usage of single cell housing vs. double cell
- Differences between single cell housing and solitary confinement
  - Programming
  - Out-of-cell time
    - Socialization
    - EBI
    - Recreation
- If your county is constructing a new jail, are you involved in these discussions?
Acute Care in Community

- 25 counties have no acute psychiatric beds
- Will new community capacity be built?
- Will inmates be provided acute care in the community? Where?
- If so, will this reduce community acute bed capacity for civil population? Capacity cuts?
- What bed capacity? What design?
- How will this affect safety and treatment in existing hospitals?
Placement Questions

- Expansion of community day programs and residential treatment centers
- Diversion-like rehabilitation treatment programs in new correctional facilities?
- How many acute/LPS beds in new jail?
- How many acute beds in the community will be accessed for inmates?
Treatment Needs

- Fully integrated, dual diagnosis residential and day treatment is almost non-existent in any county
- Over-reliance on 12-Step, abstinence-based substance abuse programs
  - No outcome data or accountability
  - Serious mental illness is not addressed
  - SMI individuals who take psychiatric medications are not breaking sobriety
Treatment Needs, cont’d

- Reduction in professional treatment providers due to past budget cuts
- Need professional treatment options that incorporate CBT and medication assistance
- Strong linkage to community mental health services for SMI probationers
- Linkage to mental health services for parolees is being dismantled
- Failure of counties to fully implement AB 1421, Laura’s Law
Program Needs

- Inadequate capacity for court-ordered mental health diversion programs
- SB 82 provides funding for CSU’s, PERT, etc. and voluntary pre-booking diversion programs
- Where is state support for post-booking diversion? This is critical. Cannot substantially reduce recidivism for offenders with SMI without a robust post-booking felony diversion program!
- Young offenders with SMI are challenging and require targeted programs
  - First/second time offenders
Program Needs, cont’d

- Expand court capacity to implement mental health court diversion treatment plans
  - Expansion of MH Court Linkage Program
  - More dedicated mental health courts
  - COD courts, Veterans courts
  - Capacity is strained and inadequate
  - Dedicated calendars
Eligibility for Diversion

- Identification of persons eligible for diversion in the community
- Categorical descriptions of offenders with SMI
- Collaborative agreements between DA, Court system, Probation, Public Defender
Sequential Intercept Model (SIM)

- Organizes targeted strategies for justice-involved individuals with SMI
- SIM mapping process
- Each intercept is an opportunity for linkage to services, and prevention of further penetration into the criminal justice system
- Identifies populations, opportunities, process, decision makers, stakeholders
Criminal Justice/Mental Health System of Care

- Each encounter is an opportunity for engagement as detailed in the Sequential Intercept Model (SIM)

- First Responders
  - Crisis Intervention Teams (CIT)

- Second Responders
  - Psy. Mobile Response Teams (PMRT)
  - SMART/PERT (One officer, one clinician)
Diversion Programs

- Pre-Booking Diversion
  - Quality of life offenses
  - Trespassing, public nuisance, public intoxication

- Post-Booking Diversion
  - Mental Health Courts
    - Provides incentive for offender and system to choose treatment over incarceration
Mental Health Courts

- Problem-solving collaborative court model
  - Focus on rehabilitation and positive outcomes vs. convictions
  - Collaboration from the DA, Court System, Probation, and Public Defender
  - Substance abuse and mental health treatment programs (day and residential)
  - Community services and supports
Mental Health Courts

- Mental Health Court Linkage Program
  - “Caseworker in the Court”
- Traditional Mental Health Court
- Dedicated calendars
- Co-Occurring Disorder Court (COD)
- Veterans Courts
- What will work in your county?
Jail

- Jail in-reach programs (IOOV)
- Substance abuse treatment programs
- Anger management programs
- Educational Based Incarceration programs (EBI)
- Pre-release and discharge planning
  - Benefits eligibility processed prior to discharge
Discharge and Community Linkage

- Discharge M-F during business hours
  - SB 833 allows additional 16 hours after release eligibility
- Pre-release and discharge planning for all inmates with SMI
- Linkage to community services. Transportation to hubs
- Linkage is our weakest link!
  - Crisis hubs
  - Homeless shelters
  - Mental health clinics
  - Pharmacy
Probation

- Under realignment, probation is the “center of the universe”
- Training on mental illness for all officers in the field
- Understanding challenges faced by offenders with SMI
- PRCS linkage to community services starts with probation
Treatment Planning Process Requires Coordination

- Breakdown “Silo” planning
- Departments of Mental Health (DMH) and Department of Public Health-Substance Abuse Prevention & Control (DPH-SAPC) should coordinate strategies
- New treatment funding options via Affordable Care Act for inmates being explored by many counties
Statewide Assistance

- Judicial Council’s Task Force on Criminal Justice Collaboration on Mental Health Issues
- Judicial Council Mental Health Issues Implementation Task Force
- Strategic and planning assistance
- NAMI California was a participant
- GAINS Center, Policy Research Associates, Council of State Governments, NIC
NAMI Advocacy

- If we are serious about keeping offenders with SMI out of our jails and prisons, we must expand our program capacity to meaningful levels that truly move the needle.

- Help our county find the political will to form a cohesive, integrated long-term plan and locate the resources to implement.
NAMI Advocacy

- A few well-intentioned small pilots for will not be sufficient
- Statewide mental health court programs are severely capacity constrained
- County dashboard and regular reporting that tracks our planning progress
NAMI Advocacy

SCALE IT UP!
How Can NAMI Participate?

- NAMI must have a seat at the table!
- Community Corrections Partnership (CCP) is written into AB 109 statute
  - Treatment Workgroup
  - Public Comment at CCP Meetings
  - Networking
- Media
- Letters to Editor, Op-Eds
Community Corrections Partnerships

- Attend meetings, read minutes
- Public Comment periods
- CCP Treatment Workgroup
- What is agenda of the workgroup and can NAMI add value at that level
- Become a collaborative partner
- Advocate for the development of a seamless SIM
NAMI Participation

- Meet with local officials in a position to call for change
  - County Board of Supervisors
    - Justice and Mental Health Deputies
  - Law enforcement leadership
  - Presiding Judge
  - District Attorney, Public Defender
  - Collaborate with other advocacy groups
- If Los Angeles County can form a Task Force, why not our county?
Find your Champion!

- Identify the political opportunity
- Newly elected LA County District Attorney Jackie Lacey ran on a mental health platform
- Convened the entire criminal justice system
- District Attorney’s Criminal Justice Mental Health Project
  - Hired the GAINS Center as consultants
  - Visited “Memphis Model,” Miami Dade County’s Judge Stephen Leifman, Bexar County, TX
What comes next?

- Counties needs a full criminal justice system review and assessment from arrest through discharge.
- County must integrate departmental stand-alone planning processes into one cohesive strategic plan.
- Answer the challenge of fiscal silos.
Whatever it Takes!

- These are not new ideas
- We know how to do this!
- Time has come to implement best practices and EBP from across our nation that provide positive outcomes
- We need to reinvent our criminal justice/mental health continuum
- Spend our resources wisely
Still Waiting for “Whatever it Takes”

- Countywide integrated strategic plan
- Transparent and provide accountability
- Implement our criminal justice plan with early intervention and prevention practices, diversion, and re-entry services as core elements in conjunction with jail construction
- Nothing less is acceptable
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