



*Building bridges to prevent incarceration*

# ITUP Pre-Conference The Intersection of Criminal Justice and Behavioral Health

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# About CCJBH

CCJBH was created by the Legislature in 2001 to **investigate, identify, and promote** cost-effective strategies for youth and adults with mental 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 Diversion?

- 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**.



# Behavioral Health Care Not Incarceration

- Between **2011 to 2015** only slightly more than **1/3 of Californians** with a **mental illness reported receiving treatment** or counseling during the past year.
- Without prevention and early intervention strategies it will be impossible to curb growing costs for the **nearly 1 in 5 Californians** living with a **mental health condition**.
- Due to the ACA, (**Essential Health Benefits** and **health care for low income childless adults**) Medi-Cal's ability to support access to healthcare provides is a powerful tool in **preventing incarceration** and **recidivism** and a significant instrument in improving public safety.



# Housing Not Homelessness

- Formerly incarcerated people are almost **10 times more** likely to be **homeless** than the general public with another **nearly 15%** reporting **homelessness prior** to admission into **prison**.
- Rates of **marginal housing** are **3 times higher** than that of the homeless with no history of justice-involvement.
- **3.5 million** young people **ages 18 to 25** experience **homelessness** in a year, **nearly half** also have been **incarcerated** in the juvenile or criminal justice system.
- Analysis of recent PIT counts in LA, Orange and San Diego Counties found that **32%** reported having **mental health issues** and **former incarceration**.

# 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.

# Challenges: Not that Different ...

- Capacity and Infrastructure
- An Adequate and Adequately Trained Workforce
- Data-Driven Decision-Making
- Stigma, Stigma, Stigma



# Opportunities: Access to Health Care

*“Of the nearly **10 million people** released from correctional facilities each year, as many as **70%** leaving prison and **90%** leaving jail were estimated to be 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% of the federal poverty level may identify as many as **80 to 90%** of people leaving prisons eligible for Medicaid.”*

# Medi-Cal Utilization Project

Examines the proportion of CDCR's formerly incarcerated that received Medi-Cal services between 2012 (Pre-ACA) and 2016 (Post-ACA), the services received, and the time span to receive services post release. Preliminary results show:

- An increase in the percent receiving a Medi-Cal service between 2012 and 2016 from **7% to 36%**.
- **49%** of individuals in the Correctional Clinical Case Management System (mild to moderate) received at least 1 Medi-Cal service in 2016, this was **an increase** from **14%** in 2012.
- The percentage of individuals in the Enhanced Outpatient Program (SMI) released from CDCR who received at least 1 Medi-Cal service increased from **22%** in 2012 to **52%** in 2016.

# Medi-Cal Utilization Project

## Next Steps

- Examine association between recidivism/convictions and healthcare
- County level data for counties that opted into the Drug Medi-Cal Organized Delivery System Pilot program
- Explore additional quality of behavioral health care received by the formerly incarcerated (HEDIS Measures)

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# CCJBH Annual Report

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

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

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**.



# CCJBH Priority Issues - 2019

1. Focus investments on community-based services, particularly residential, starting with ensuring that those with multiple needs are not left behind due to their numerous and complex challenges,
2. Address homelessness and the housing crisis by considering critical factors that uniquely impact people with justice involvement and behavioral health challenges, and
3. Provide State leadership for 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.



# Questions & Thank You

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Policy Recommendations and Medi-Cal Utilization

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