

# WORDS TO DEEDS XIII

## Changing the Paradigm for Criminal Justice and Mental Health

2019 Overview

# Words to Deeds XIII

## Outcomes Matter: Diversion that Works!

Co-Hosted by California Council on  
Criminal Justice and Behavioral Health

More than 100 leaders and stakeholders gathered at the Board of State and Community Corrections (BSCC) office in Sacramento on November 7, 2019, to discuss criminal justice system diversion in California. Discussion centered on criminal justice diversion for individuals with mental health or substance abuse issues, with a focus on pre-trial diversion, felony diversion, the Incompetent to Stand Trial (IST) population, and the importance of housing and social connection.

## Making the Case for Diversion - Working Toward Intercept Zero

Hon. Stephen Manley, Santa Clara County Superior Court

Hallie Fader-Towe, The Council of State Governments Justice Center (CSG)

Eric Washington, Veteran's Court Graduate, Mental Health Advocate

Criminal justice system involvement of individuals with mental illnesses is an issue that effects every county in California and every state in the nation. This population not only suffers from serious mental illnesses but also has high rates of concurrent substance abuse, poverty, and homelessness, as well as criminogenic thinking and attitudes. Although they cycle in and out of jails and prisons, there are many aspects of those systems that prevent lasting change for this population. Stable housing and intensive case management is needed to stop the cycle. Diversion is the strategy many jurisdictions are using as an “off-ramp” to redirect people from the criminal justice system, either pre- or post-booking, into community-based supports such as treatment, supervision, and housing.

In 2018, California passed Assembly Bill (AB) 1810 and Senate Bill (SB) 215, offering additional opportunities for county court-ordered diversion programs. AB 1810 also provided funding for the Department of State Hospitals (DSH) to contract with counties to implement felony diversion for several diagnoses.

AB 1810 focuses on post-booking diversion, which is located at Intercepts 2 and 3 on the Sequential Intercept Model of criminal justice system involvement. Some jurisdictions already divert pre-booking (Intercepts 1 and 2) and this is important as we work our way toward Intercept 0, which is before law enforcement interaction. Resources to guide counties in that implementation,

such as law enforcement-mental health collaboration, can be found in the Stepping Up Toolkit.

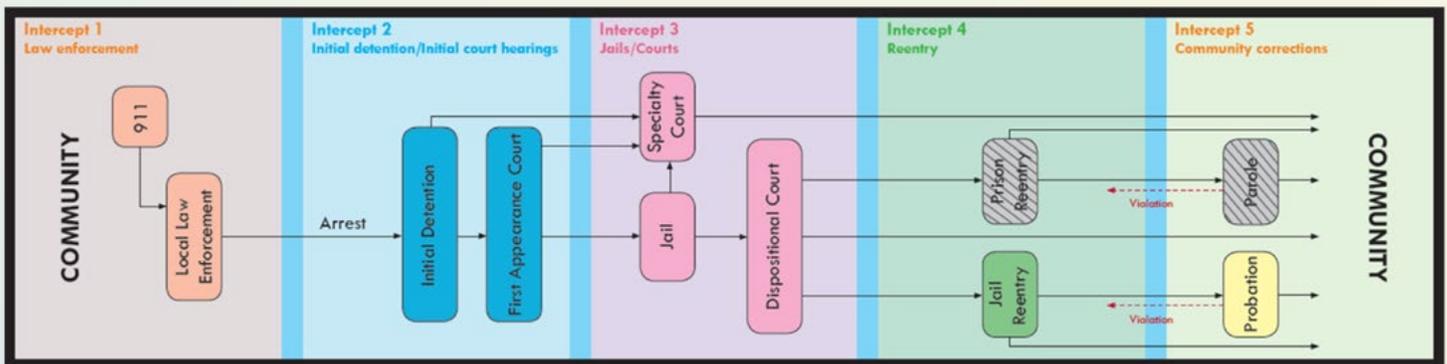
Today, however, California counties are generally doing post-booking diversion, Intercepts 2 and 3.

### What is Post-Booking Diversion?

Post-booking diversion involves identifying people with mental health needs after they have been booked into jail and setting up processes to transition them to community-based care and supervision. This can involve court liaisons, jail navigators, diversion programs, pre-plea collaborative courts, specialized dockets or calendars, and specialized pre-trial release and supervision. These programs then connect to collaborative comprehensive case plans in the community that include case management, housing, treatment, educational and vocational support, as well as peer support. There is ongoing discussion about how much community supervision these programs should include, whether that supervision should focus on criminogenic needs, and the role drug testing and electronic monitoring might have.

Essential elements of a pretrial diversion program include:

- Collaboration
- Training
- Pretrial release and diversion options



Sequential Intercept Model - <https://www.prainc.com/wp-content/uploads/2016/04/SIMBrochure.pdf>

- Informed decision-making
- Quick and appropriate behavioral health support services
- Community supervision and treatment at the pretrial stage
- Performance measurement and evaluation.

### Does it Work?

In 2005, a Substance Abuse and Mental Health Services Administration (SAMHSA) study found that jail diversion reduced time in jail, did not increase public safety risk, reduced criminal justice costs, and increased treatment costs. Since then, more studies have been completed. One found that the length of stay pretrial is almost twice as long for people with mental illnesses. Another study found that people held in detention pretrial are more likely to get a jail or prison sentence and, when they get one, it is more likely to be longer. For people at low risk of pretrial failure, even 24 hours in detention led to increased likelihood of criminal behavior while on pretrial release and a higher likelihood to recidivate within 2 years. For a population with behavioral health needs, time in jail means separation from community-based supports, treatment, benefits, and housing.

While not a panacea, if implemented well, diversion can:

- Reduce jail days.
- Reduce court costs.
- Reduce missed court dates.
- Reduce recidivism.
- Increase treatment engagement.
- Reduce overall system costs.

It is important to be realistic about what diversion can do. We do not know if it reduces state hospital admissions. Even if it does not eliminate new crime or new violent crime, mental illness, or homelessness, it may reduce them.

### Overcoming Silos in Collaboration

It is very challenging to develop a system where many different partners collaborate and knit together their separate technologies, experience, goals, knowledge, and funding.

The Risk-Needs-Responsivity (RNR) framework can help, although there has not been as much research in pretrial.

- Risk - match the intensity of an intervention to an individual's risk of recidivism.
- Needs - target both treatment and criminogenic needs.
- Response - work with people in a way that is likely to make sense to them.

### Overvaluation of Risk for People with Mental Illnesses

The link is relatively weak between serious mental illness and risk of engaging in criminal behavior or violence and applies to a relatively small group of people. Studies show these misconceptions about mental illness are pervasive in the general public and they seem to be more significant now than in the past. This and the continued stigma of mental illness impacts the ability of people with mental illness to access services and housing.

A guide for setting conditions of release was developed with a group of judges, psychiatrists, and people with lived experience. Stepping Up will be working with the Judicial Council, the California Behavioral Health Directors Association (CBHDA) and the Council on Criminal Justice and Behavioral Health (CCJBH) to hold trainings based on this work. This guide can be printed to help answer questions about risk.

Risk cannot be eliminated but can be mitigated. Successful programs should:

- Assertively offer quality case management.
- Respond to people's needs for treatment and supports, such as occupation and housing.
- Treat people with respect in a culturally appropriate way.
- Build skills and ways of thinking that discourage criminal behavior.

Outcome data can be used to continually engage stakeholders, the public, and the media to show that programs are having the intended impact.



### Felony Diversion Can Work

A study of a two-year program providing intrusive case management and active engagement with small caseloads and a “whatever-it-takes” attitude, found that arrests were reduced, all participants engaged in treatment in some way, program retention was 80%, and the program was able to provide housing for 80% of participants.

A survey of California counties providing felony diversion shows a wide range of creative funding sources. It is possible to develop these programs without Department of State Hospital (DSH) funding but it helps to include them.

Judge Stephen Manley's conversation with Eric Washington, a Veteran's Court graduate, emphasized the importance of:

- Listening to defendants to ensure they are given what they need to succeed.

- Being patient with defendants in treatment and continuing to offer opportunities for recovery; it takes more time and effort than the regular court process but the outcomes will be better.
- Remembering that not every treatment program will work with every participant, so you need to keep trying different things.
- Peer support, which can be very effective in helping people trust government support systems.

### Resources:

- *Behavioral Health Diversion Interventions: Moving from Individual Programs to a Systems-Wide Strategy*  
<https://csgjusticecenter.org/mental-health/publications/behavioral-health-diversion-interventions-moving-from-individual-programs-to-a-systems-wide-strategy/>
- *Improving Responses to People with Mental Illness at the Pretrial Stage*  
<https://csgjusticecenter.org/wp-content/uploads/2015/09/Improving-Responses-to-People-with-Mental-Illnesses-at-the-Pretrial-Stage-Essential-Elements.pdf>
- *Practical Considerations Related to Release and Sentencing for Defendants Who Have Behavioral Health Needs: Judicial Guide*  
<https://csgjusticecenter.org/courts/publications/practical-considerations-related-to-release-and-sentencing-for-defendants-who-have-behavioral-health-needs-a-judicial-guide/>
- *Effective Court Responses to Persons with Mental Disorders*  
<https://www.ncsc.org/~media/Files/PDF/Topics/Criminal/Effective-Court-Responses-Mental-Disorders.ashx>
- Stepping Up Resources Toolkit: [stepuptogether.org/toolkit](http://stepuptogether.org/toolkit)
- Police-Mental Health Collaboration Toolkit: <https://pmhctoolkit.bja.gov/home>
- Council of State Governments Justice Center - Police-Mental Health Collaborations Framework  
<https://csgjusticecenter.org/law-enforcement/publications/police-mental-health-collaborations-a-framework-for-implementing-effective-law-enforcement-responses-for-people-who-have-mental-health-needs/>
- Council of State Governments Justice Center - Developing Comprehensive Collaborative Case Plans  
<https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/>

### Next Steps

- Let's work our way to Intercept 0. We need to expand the conversation to mental health with children and in schools.
- We need to establish a common understanding of diversion. Stepping Up is releasing a document outlining a common language for what diversion is and what different professionals can do to facilitate it.
- We need to continue to overcome silos in collaboration; add housing stakeholders; and knit together technology, experience, goals, knowledge and funding.

## The Elephant in the Room: It's All About the Trust

**Introduction: Dave Meyer** – Clinical Professor, Institute of Psychiatry, Law and Behavioral Sciences, USC Keck School of Medicine

**Hon. James Bianco** – Judge, State of California, Los Angeles County Superior Court Mental Health Court

**Sharon Farrell, PhD** – Associate Director, Risk-Resilience Research Lab, University of California, Berkeley

**Kathleen Lacey, LCSW** – Program Director, UCSF/Citywide Case Management Forensic Program

Having started with existing funding and personnel, the **Los Angeles County Office of Diversion and Reentry (ODR)** is a successful example of highly collaborative work and resource sharing to tackle the complicated needs of criminal justice-involved individuals with mental illnesses. With its partners, the ODR provides:

- Community-based restoration (CBR) for misdemeanor defendants who are Incompetent to Stand Trial (MIST).

- Permanent supportive housing for people charged with felonies.
- Community-based restoration treatment for felony defendants.
- Competency evaluations and restoration treatment while people are on the DSH waitlist.

In Los Angeles, CBR includes group housing, 24-hour staffing, group and individual therapy, social work, psychiatry, and

locked hospital beds for emergency situations. Judge James Bianco stressed that this population needs housing and services indefinitely.

This collaboration was successful because District Attorney Jackie Lacey recruited a working group of people determined to find a solution. Their meetings created opportunity to form alliances between partnering departments and to share the burden of overcoming hurdles. Crucially, collaborating partners built trusting relationships where each pitched in when possible and all understood they were taking risks together.

Currently, Los Angeles is collaborating with the Department of State Hospitals (DSH) for felony IST diversion and is exploring the Trieste, Italy, approach to eliminating involuntary treatment using structured community treatment. They also continue to build capacity in their current programs.



**The San Francisco Behavioral Health Court (SFBHC)** started in 2003 when a judge recognized the need to bring stakeholders together to begin collaboration. Partnering organizations pooled existing resources to set up a system where criminal justice-involved individuals with serious mental illnesses could be diverted from the criminal justice system to receive treatment and services in the community. In starting SFBHC and now running a Full Service Partnership (FSP) program and a mental health services program in collaboration with the Probation Department, Kathleen Lacey stressed the importance of trust between partners, especially when starting a new collaborative program.

### Does CBT Change Core Criminogenic Factors?

Traditional models assume that the reason people with serious mental illness are overrepresented in jails and prisons is that criminal justice involvement is the product of mental illness. However, research indicates that symptoms rarely directly cause arrest. In addition, it has been found that symptom control rarely reduces recidivism. Instead, some people with serious mental illness may offend not because they are mentally ill but due to poverty, which places them at risk of engaging in many of the

same behavior displayed by people without mental illnesses who are similarly situated. Consistent with that, it has been found that criminal justice-involved individuals with mental illness have more general risk factors than their counterparts outside the justice system. These risk factors predict recidivism more strongly than risk factors unique to mental illness and include:

- Antisocial personality pattern
- Antisocial cognition
- Antisocial peers
- History of criminal behavior
- Family and/or marital discord
- Poor school and/or work performance
- Few leisure or recreational activities
- Substance abuse.

Although mental health treatment is important for this population, it only serves the public health goal. Correctional services also are needed to address criminal attitudes and serve the public safety goal. To this end, Cognitive Behavioral Treatment (CBT) achieved the largest and most consistent effect size in a meta-analysis of Risk-Needs-Responsivity-based (RNR) correctional services for offenders, reducing recidivism on average by 25% and up to 50% for well-implemented programs.

In trying to determine what works for this population, Ms. Lacey began working with Ed Latessa at the University of Cincinnati to pilot a CBT program for people with serious mental illness, called Interventions. Her staff was trained to facilitate the group-based curriculum for clients in SFBHC and Dr. Latessa incorporated staff's feedback as he revised the programming. To determine efficacy, they then partnered with Jennifer Skeem and Sharon Farrell from the University of California, Berkeley, for a five-year study. Interventions is also being piloted in Santa Rosa, CA, Ohio, and Texas, to determine if it is more effective than treatment as usual for criminal justice-involved people with mental illness. The team would also like to ascertain whether the program reduces criminal attitudes and improves emotional regulation and problem-solving, which will help determine the key ingredients of successful treatment for this population.

The study is three years into data collection so findings are preliminary, not yet statistically significant, and only data from Santa Rosa and San Francisco were presented. Current data does not show a clear effect and suggests that outcomes may differ by site. In San Francisco, those in the Interventions condition showed significant decreases in criminal attitudes compared to treatment as usual. In contrast, there was no significant difference between the two conditions at the Santa Rosa site. Recidivism is currently lower for Interventions participants in San Francisco but has trended higher for those in Santa Rosa. The base program models between the two sites are fairly similar but the differences will be taken into consideration when the full analysis is done.

### Resources:

- Risk-Resilience Research Lab: [risk-resilience.berkeley.edu](http://risk-resilience.berkeley.edu)

## Q&A

**Q:** How are you finding long term housing for this population? Will LA be able fund it and services for everyone forever? It is crucial to continue this funding.

**A:** Funds supporting CBR come from a number of different sources and are blended together. For example, the Los Angeles County Department of Health Services (LACDHS) brought homeless funding, due to the overlap between the homeless population and people involved in the criminal justice system. And Special Service for Groups (SSG) provides outpatient mental health services, largely funded by Medi-Cal.

**A:** The Homeless Coordinating and Financing Council understands that it is a challenge to identify funding sources so they are working on a better mapping of the system, such as information on what funding sources there are, which department oversees each source, and how each fund can be used. They also intend on providing information about how they can be braided together.

Additionally, more housing needs to be developed in California, although it can be difficult for jurisdictions to work through building codes, tax responsibilities, and sourcing funding. With the new funding in the 2020 state budget, Governor Newsom has emphasized the need for

acquisition and rehabilitation of current buildings in the short term, not just new construction in the long term.

**Q:** The Mental Health Services Oversight and Accountability Commission (MHSOAC) has linked Department of Justice (DOJ) arrest records and FSP records spanning about 15 years. The data shows that in the 12 months before enrollment, there are about 50 arrests per every 100 FSP clients who will enroll. During enrollment, there are about 25 arrests, a reduction that seems to persist. MHSOAC is engaged in a number of research efforts to get a better understanding of what it is about FSPs that lead to this reduction.

There are potentially big challenges in fidelity with the utilization of CBT. Specifically, in practice, practitioners might switch dynamically from CBT to something else as they try to find something that works. Sharon, how much is enough fidelity for your study and for the broader question about CBT?

**A:** For this study, fidelity is actually quite high. Facilitators are intensively trained and fidelity is evaluated multiple times during implementation. Early on, there were some deviations but not anymore.

## Tips

- ▶ Get the right people in the room – judges can be a powerful force in getting everyone together.
- ▶ Do not accept the status quo.
- ▶ There will always be barriers to success – keep meeting with partners to overcome them.
- ▶ Effective partnerships are very important, especially between probation and mental health. Get partners working in the same direction for each client.
- ▶ Defendants in treatment may need additional time and encouragement if they are not doing well.
- ▶ Don't wait for full plans and assessments to start your programs. Start the program and refine it over time, seeking funding once it is established.
- ▶ Programs will not always work for every client – you must stay aware of the needs of each client. It can take time to find the right services that an individual needs.
- ▶ Do not wait for clients to come to you for help – proactively reach out to them.
- ▶ Always evaluate your program outcomes – make sure to continue to do what works.
- ▶ Treatment does not necessarily reduce recidivism – that may require a different intervention.
- ▶ Supportive employment services and education are very important – integrate these goals into your client's treatment plan.
- ▶ Incorporate housing funding into all of your program budgeting. Do not wait for housing to come to your clients.
- ▶ Because it can take years to find permanent housing for a client, it is crucial to have intensive case managers.
- ▶ Look for creative funding streams. For example, San Francisco received a grant from a local private club.
- ▶ Be assertive and speak up for your clients. When there are housing resources, we need to make sure there are dedicated beds for people coming out of jail because they cannot go to the required appointments for low income housing themselves when they are incarcerated.

# Hope on the Horizon – What Successful Diversion Looks Like

**Moderator: Stephanie Welch** – Executive Officer, Council on Criminal Justice and Behavioral Health

**Samuel Leach** – Chief Probation Officer, Calaveras County, CA

**Miriam Popper** – Executive Director, Diversion Initiatives, Mayor’s Office of Criminal Justice, New York City

**Hon. Nan Waller** – Circuit Judge, Multnomah County, OR

## Leaders from diversion programs in Calaveras County, California, Multnomah County, Oregon, and New York City offered their successes, challenges, and tips.

Samuel Leach, Chief Probation Officer from rural Calaveras County, discussed the need for leaders from collaborating departments to unite around a common goal. Calaveras County began by getting siloed departments to work together and now the goal is to offer seamless services so that department differences are invisible to clients. He emphasized the importance of sequential intercept mapping to help choose programs carefully, especially in rural counties where resources are very limited.

With AB109 and SB678 funding, Calaveras County now utilizes a full-time licensed mental health clinician in the jail to connect to a counterpart in the probation reporting center. They have two case managers triaging cases every day during the main booking times and doing reentry planning and case management alongside probation. The team has built a learning system where they are constantly evaluating how they can do better and checking to make sure no one has fallen through the cracks, which is a risk when funding constraints require one-size-fits-all programs. They continue to work with police officers about understanding mental illness and the importance of diversion from the criminal justice system.

Chief Leach emphasized the importance of leadership looking at the county system as a whole. Departments have legitimate concerns about losing funding when it gets redistributed so leaders must always be challenged to build a better county system rather than focusing only on their own narrow area of responsibility. Sequential intercept mapping is crucial, especially gap analysis and strengths analysis, to get county leaders to work together as one system.

Chief Leach offered the following considerations:

- Counties with fewer resources must select programs that serve more than one purpose, so it is critical to ensure that people do not fall through the cracks in this environment.
- Sequential intercept mapping is key to building an effective county system of care.
- The CSG partnership was important in assisting local leaders working together as a whole system.



Judge Nan Waller, Multnomah County, Oregon, discussed improvements her county has made for people with mental illness involved with the criminal justice system. As with many jurisdictions, they were seeing a mass homelessness problem, higher than average suicide and substance abuse rates, their jails and hospitals were beyond capacity, and they had a system of community mental health programs that severely lacked resources and coordination. In addition, they were under federal supervision regarding delayed transportation of people from jail to the state hospitals, stemming from a skyrocketing number of people needing competency restoration. In response, they identified specific problems, including:

- Referrals for competency exams were outpacing evaluator availability due mainly to multiple evaluations being ordered separately by the prosecution and defense. During this time, clients would be left unrestored in the jail, exacerbating the overcrowding issue there.
- There was inconsistency between judges in terms of which defendants would be sent to the state hospital and whether alternatives to incarceration were considered.
- Rural areas have a lack of access to services.
- Housing was inadequate and homelessness was leading to other problems.

CSG helped Multnomah County match health and jail data to find those in jail with behavioral health issues. They found that a small number of people accounted for a large number of mostly misdemeanor bookings. This population was more likely

to visit emergency rooms (ERs), have dual substance use and mental health disorders, be admitted to the state hospital, and be homeless.

In response, they formed a work group with all of the stakeholders to collaborate on solving these problems. The group developed a mutually agreed upon, trusted group of IST evaluators which reduced the instances of multiple evaluations and contested hearings. The group worked with judges to establish consistent criteria for referrals to state hospital; emphasized alternatives to detention; and worked with community behavioral health to develop a robust community restoration program and housing. They found that assigning one judge for defendants with mental health issues and one for defendants with competency needs gave consistency to referrals and reduced the wait time for competency evaluations. To improve efficiency, all parties agreed to share information. Data analysis is not yet complete but, preliminarily, it looks like these changes reduced custodial time by three weeks per defendant and greatly reduced the number of people being sent to the state hospital. Additionally, the state offered a grant program to support collaboration and resource sharing between counties and tribes in rural areas.

#### Lessons learned:

- Pre-booking diversion will fail if it takes longer to drop off to diversion sites than jail.
- Diversion at booking will not work if diversion case managers do not work during hours when most bookings and mental health crises happen.



As with other successful programs, the pretrial diversion program in New York City began with a meeting of stakeholders, including the mayor, judges, mental health professionals, the District Attorney's Office, the Public Defender's Office, advocates, and government partners, to discuss how to better: divert people with mental illnesses from the criminal justice system; work with them when they are in the system; and transition them to the

community after incarceration. Their top recommendation was to increase pretrial diversion, targeting only those who otherwise would not show up for trial. They knew from research that drug testing and electronic monitoring did not produce better pretrial outcomes, so they focused on supervision, using the least restrictive conditions necessary to ensure someone's return to court. Supervision in their program is done by social workers coming from a therapeutic perspective, trained in motivational interviewing, with the goal of supporting clients and connecting them to services they need. Treatment is not mandated but the social workers continue to encourage services they think will be helpful.

Miriam Popper, from the New York City Mayor's Office of Criminal Justice, emphasized the importance of collecting data and reporting outcomes to ensure stakeholders maintain trust in the program and the decisions being made. Data showing overall success can be used in the face of any public negative incident that may happen after a release. She also recommended incorporating peer consultants with lived experience and making sure connections to community mental health services were done quickly.

In addition to its pretrial release program, New York City is:

- Working on bail reform.
- Adding more credible messengers to social work teams.
- Planning on building transitional and supportive housing.
- Increasing capacity in Assertive Community Treatment (ACT) teams, intensive mobile treatment teams, and community-based mental health programming.
- Closing Riker's Island in favor of community jails.

#### Q&A

Q: Diversion often costs more for behavioral health, but there are savings in the criminal justice system. How have you dealt with the redistribution of the cost savings?

A: We have been fairly successful when we get people together to mutually solve problems. For example, we show our state partners that we've been able to reduce the number of people going to the state hospitals and then we discuss what else we could do if some of our challenges were solved at the state level. In addition, the grant program that is being developed has the goal of diverting people out of the more expensive criminal justice and emergency room systems. The promise is that funding will be increased if outcome data shows that the programming is making a substantial savings in terms of jail and hospital beds. It is a fight every legislative session and it is an enormous issue but I'm a great believer that people will be responsive if you sit across from them and discuss the challenges.

### Q&A cont.

A: In New York, \$400 million in savings from lower incarceration rates and closing our main jail, Riker's Island, is being moved to community behavioral services.

A: I understand that there needs to be more funding but these clients are not new for community behavioral health. Take away the criminal justice involvement and the behavioral health system should be able to take care of them because they are citizens of their counties.

A: We have an obligation to the public to explain why we are keeping people out of jail and the hospitals because the community needs to begin to help push for the funding we need for long-term solutions.

### Tips/Problems Identified

- Lack of Board and Care facilities in California and Oregon.
- Different services are available to people with mental illness depending on which path they take. For example, in Oregon, secure 24-hour intensive case management beds are more available to those who come in through the civil commitment process than those who come from the criminal justice system.
- Credible messengers need training and there are some programs that offer certificates. Some need help professionalizing and dealing with the trauma they carry and are further exposed to through their work. Cross training with other disciplines is important.
- For long-term success, we need to help our clients build social capital and create a feeling of community and belonging.

## Shifting the Paradigm: We Can Do This! – Conversations with Leadership

**Moderator: Mack Jenkins** – Retired, Chief Probation Officer, San Diego County Office of Probation

**Michelle Doty Cabrera** – Executive Director, County Behavioral Health Directors Association of California

**Stephanie Clendenin** – Director, California Department of State Hospitals

**John Connolly** – Deputy Secretary for Behavioral Health, California Health and Human Services Agency

**Toby Ewing, PhD** – Executive Director, California Mental Health Services Oversight and Accountability Commission

**Linda Penner** – Chair, Board of State and Community Corrections

**Kelly Pfeifer, MD** – Deputy Director, Behavioral Health, California Department of Health Care Services

**Diana Toche** – Undersecretary, Health Care Services, California Department of Corrections and Rehabilitation

**Lynn Von Koch-Liebert** – Deputy Secretary, Housing and Consumer Relations, Business, Consumer Services and Housing

### **Michelle Doty Cabrera, County Behavioral Health Directors Association of California (CBHDA)**

Recent CBHDA work related to justice-involved individuals with mental illness include:

- **Prevention and Early Intervention.** CHBDA is beginning implementation of a family urgent response system, to be used in lieu of removing children from the home.
- **Board and Care Facilities.** CBHDA has advocated for additional funding for these facilities in the state budget.

- **Payment Reform.** The state has offered ideas for modernizing and improving the county behavioral health system, particularly around redefining Medi-Cal necessity criteria and better integration of mental health and substance use services.
- **Private Insurers.** CBHDA is interested in holding private insurers accountable for lack of services provided to their insureds with serious mental illnesses.



### John Connolly, California Health and Human Services Agency (HHS)

John Connolly provided an overview of HHS priorities:

- **A healthy California for all.** Ensures that everyone has access to the services they need, particularly within HHS, treating people holistically, and moving away from service silos.
- **Integrating health and human services.** Promotes cross-pollination between state agencies and with community organizations.
- **Making the lives of vulnerable Californians better by advancing service delivery and working toward crisis prevention.** Vulnerable populations include children in the child welfare system or out-of-home placement, children in poverty, homeless individuals, people with disabilities and behavioral health issues, and people involved with the criminal justice system.

Diversion and reentry are both important for people involved with the criminal justice system. The HHS wants to expand on and create new partnerships with the criminal justice system to advance coordination of services, pre-booking diversion, and collaborative courts. HHS is working toward more effective communication around reentry plans between behavioral health providers and county jails, as well as CDCR and counties.

- **Mental Health Services Act (MHSA).** CBHDA would like MHSA funding to be allowed when substance use disorder is the primary diagnosis.
- **Institutions for Mental Diseases (IMD) Exclusion.** CBHDA is interested in working with the state on a Medicaid waiver under CalAim which would allow the IMD exclusion to be lifted, in exchange for investing more in community-based services.
- **Reentry.** CBHDA is working with the California Department of Corrections and Rehabilitation (CDCR) on implementation of the integrated substance use disorder treatment program to improve the reentry transition.

CBHDA is working on data exchange and medication consistency between jails and behavioral health providers, as well as developing more mobile crisis teams.

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### Kelly Pfeifer, MD, Behavioral Health, California Department of Health Care Services (DHCS)

Recognizing current needs of the state:

- **DHCS developed CalAim, a project to advance and reconstruct the Medi-Cal system.** It was designed in collaboration with people who work in the Medi-Cal system to work for the most vulnerable Californians. By 2022, all counties will be required to have people leaving incarceration signed up for Medi-Cal and to do a warm hand-off to behavioral health providers if treatment is needed.
- **Medication-Assisted Treatment (MAT) is also a priority.** It is important to shift the thinking that a chronic disease such as opioid addiction should not be treated with medication. Emergency rooms, jails, and prisons are strongly encouraged to provide MAT to opioid users. Federal funding is being used to provide MAT at every touchpoint, including in the criminal justice system and on reentry.

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### Toby Ewing, PhD, California Mental Health Services Oversight and Accountability Commission (MHSOAC)

MHSOAC is particularly interested in improving outcomes using data, encouraging collaboration and resource sharing between counties with the ultimate objective of stakeholders working toward the same goals. Toby Ewing offered a snapshot of what the MHSOAC is offering counties in terms of technical assistance, facilitation, and incentives for improvement.

- **Innovation Incubator.** The legislature and governor appropriated \$5 million to incentivize counties to use MHSOAC Innovation dollars to address issues around criminal justice involvement through collaborative learning. MHSA Innovation funding has been used by individual counties for modest programs that are unlikely to lead to transformational change. MHSOAC is encouraging counties to instead form collaboratives to learn from each other and pool resources to develop truly innovative and transformational initiatives. Innovations that prove successful in several counties, each with their own unique demographics, politics, funding, and service delivery system, are more likely to be supported throughout the state.

- **Strengthening FSPs.** Data show that FSPs achieve successful outcomes for participants so MHSOAC is working with 18 counties to strengthen these programs.
- **Psychological Advance Directives.** Similar to a medical advance directive, MHSOAC is working to determine whether counties can work with people when they are not in crisis to design a response to their needs when they are in crisis, driven by the individual in collaboration with the clinician or public agency. Texas has been doing it with evidence of success.
- **Data.** MHSOAC is working on linking data between mental health and criminal justice to be analyzed for identification of key priorities that result in establishing a common set of goals.
- **Prevention.** MHSOAC is focusing on prevention and early intervention, emphasizing the needs of children and younger Californians. It will help to develop a shared understanding of what prevention means and a knowledge base to determine how to leverage other resources and strategies such as working with schools and partnering with the business community.



**Linda Penner, Board of State and Community Corrections (BSCC)**

**BSCC responsibilities include:**

- Identifying subject matter experts to push competitive grants into the field.
- Oversight of jails and juvenile facilities for Title 15 and 24 compliance.
- Construction of jails and juvenile facilities in California.
- Oversight of training for probation, jail correctional staff, and juvenile facility staff.

**Recent trends include:**

- Warm hand-offs.
- Rental assistance.
- Adult reentry funding.
- Public-private partnerships.

Among other initiatives, BSCC added 40 hours of training on mental health for probation and correctional officers in jails and juvenile facilities.

**Diana Toche, Health Care Services, California Department of Corrections and Rehabilitation (CDCR)**

- **Integrated Substance Use Disorder Program.** CDCR's current main initiative in Health Care Services is implementing the large investments made by the Governor. Because so many agencies are working on this program, it is a great opportunity to shift thinking throughout the state, to view substance use disorder as a chronic disease. The ultimate goal of this program is to reduce substance use disorder morbidity and mortality, to reduce hospitalizations for overdoses, and reduce recidivism. In addition, CDCR wants to get patients to a place where they are not overwhelmed with the need for substances so that they may be receptive to treatment programming. CDCR is looking at what drives the risky behavior in this population and will initially focus on people entering prison, already on MAT, and people leaving prison in the next 16-18 months.
- **Pre-Release Planning and Warm Handoffs to the Community.** CDCR also is prioritizing pre-release planning and warm handoffs to the community, Medi-Cal, MAT appointments, linkage to behavioral health, and housing. CDCR needs cooperation from county partners to achieve this because it is essential to give this population the tools to succeed when they are released from prison.

**Stephanie Clendenin, California Department of State Hospitals (DSH)**

With the precipitous rise of IST referrals, DSH has begun partnering with Sheriff's Departments around the state to provide jail-based competency restoration. DSH also has started a community-based restoration program in Los Angeles.

**DSH priorities include:**

- A diversion pathway for people found IST.
- Transitioning greater numbers of current patients from DSH to the community and off the path of institutionalization.

## Lynn Von Koch-Liebert, Housing and Consumer Relations, Business, Consumer Services and Housing Agency (BCSHA)

The BCSHA has many divisions and expansive responsibilities, including Housing and Community Development (HCD) which provides oversight of housing and community development by working with local jurisdictions on zoning and entitlements for housing at all different income levels. HCD manages a sizable grant and loan program that funds affordable housing across the state and investigates civil rights complaints around discrimination in housing or employment. Since 2016, HCD also has been looking at larger solutions for addressing the homeless crisis by coordinating resources between the state and local jurisdictions.

Main goals of HCD include:

- **Housing Production.** The Governor included a major investment in the 2020 budget for affordable housing production. No Place Like Home is a significant program funded by MHSA targeting permanent supportive housing for individuals with mental illness who have experienced chronic homelessness or are at risk of homelessness.
- **Housing First.** Recent state budgets have included funding for emergency programming for the homeless population and funding for immediate housing while new affordable



housing is being built. HCD focuses on ensuring that housing is the first priority for individuals with mental illness coming out of the criminal justice system and reducing thresholds to get someone into secure housing.

- **Reducing Discrimination in Housing Opportunities.** HCD is working to reduce discrimination in housing opportunities, including partnering with CDCR to ensure that prisoners understand their rights about housing and employment when they reenter the community.

### Next Steps/Problems Identified

- Need more probation involvement in these discussions.
- Need training in the Risk-Needs-Responsivity (RNR) model for behavioral health clinicians. One suggestion offered was for counties to include probation in specialty court team meetings and for counties to arrange for probation to give training on RNR to behavioral health staff.
- Need support for the development of Board and Care facilities.
- MHSA funding has not been accessible for probationers. Probation offices need embedded clinicians and access to forensic mental health clinics.
- Community providers need access to data and programs in CDCR to assist in reentry transitions.
- People on Post-Release Community Supervision (PRCS) often spend less than 16-18 months in prison so it is especially important for CDCR to focus on that population as they transition out of incarceration.
- Important to simplify grant applications; currently the process is often complicated and arduous.
- Must work with local city councils on entitlements, zoning and permitting of affordable housing.
- Cost-shifting occurring from commercial insurers to government and public services must be addressed.
- Ensure that policy and decision makers know that homelessness is not only about behavioral health. Housing must continue to be prioritized and use of prevention/early intervention strategies is crucial to deal with the newly homelessness. The goal should be to prevent the first day of homelessness.
- FSPs do not have enough flexible money to use for housing.
- California is not maximizing opportunities to leverage federal funding.

## Description

*Words to Deeds* is the result of a collaboration of leaders in criminal justice and mental health throughout California who joined together to identify and advance strategies to effectively divert individuals with mental illness from jail.

Since 2003, *Words to Deeds* has provided a unique forum that has evolved into a standard best practice for creating a true shift in the paradigm between criminal justice and mental health, by fostering successful and ongoing collaboration among courts, criminal justice agencies, mental health professions, and governmental and nongovernmental organizations.

## Mission

The leaders in criminal justice and mental health participating in this effort strive to end the criminalization of individuals with mental illness by supporting proven strategies that promote early intervention, access to effective treatments, a planned reentry and the preservation of public safety.

## Vision

A true shift in the paradigm between criminal justice and mental health will embody an effective jail diversion system that fosters a successful and ongoing exchange of information among courts, criminal justice agencies, mental health professionals, government and nongovernment organizations, to achieve a substantial positive change in the way individuals with mental illness are treated within our communities.

## Words to Deeds Leadership Group

- **Deanna Adams** - Senior Policy Analyst, Council of State Governments Justice Center
- **Stancia Boatner** - Administration of Justice Legislative Analyst, California State Association of Counties
- **Bill Brown** - Santa Barbara County Sheriff-Coroner
- **Stephanie Charbonneau** - Administrative Coordinator & Words to Deeds Liaison, Forensic Mental Health Association of California
- **Grace Childs** - Executive Associate, Urban Counties of California
- **Jessica Devencenzi** - Administration of Justice Legislative Representative, California State Association of Counties
- **Hallie Fader-Towe** - Senior Policy Advisor, Council of State Governments Justice Center
- **Morgan Grabau** - Events & Communications Director, Forensic Mental Health Association of California
- **Brenda Grealish** - Chief, Medi-Cal Behavioral Health Division, California Department of Health Care Services
- **Carmen Green** - Executive Director, California State Sheriffs' Association
- **Catherina Isidro** - Executive Director, Forensic Mental Health Association of California
- **Kathryn Jett** - Senior Policy Consultant, California Forward
- **Darby Kernan** - Deputy Executive Director for Legislative Services, California State Association of Counties
- **Kathleen Lacey** - Program Director, UCSF/Citywide Case Management
- **Robin Lipetzky** - Public Defender, Contra Costa County
- **Sheree Lowe** - Vice President, Behavioral Health, California Hospital Association
- **Rosie McCool** - Deputy Director, Chief Probation Officers of California
- **David Meyer** - Clinical Professor, Institute of Psychiatry, Law and Behavioral Sciences, USC Keck School of Medicine
- **Ashley Mills** - Senior Researcher, Mental Health Services Oversight and Accountability Commission
- **Mike Radford** - Senior Consultant, Commission of Peace Officer Standards & Training
- **Tyler Rinde** - Legislative Analyst, County Behavioral Health Directors Association
- **Patricia Ryan** - Consultant; Executive Director (Ret.), County Behavioral Health Directors Association of California
- **Linda Tomasello** - Senior Governmental Program Analyst, California Highway Patrol
- **Kit Wall** - Words to Deeds Project Director, Kit Wall Productions
- **Stephanie Welch** - Executive Officer, Council on Criminal Justice and Behavioral Health (formerly COMIO)
- **Tracey Whitney** - Deputy District Attorney, Mental Health Liaison, Los Angeles County District Attorney's Office
- **Molly Willenbring** - Executive Director, First Responder Support Network
- **Helene Zentner** - Field Representative, California Board of State and Community Corrections
- **Carrie Zoller** - Supervising Attorney, Judicial Council of California, Administrative Office of the Courts

## About FMHAC

For more than 40 years, the Forensic Mental Health Association of California, a nonprofit organization, has advanced the provision of mental health services to persons involved in the criminal justice system and provided educational opportunities to the professionals involved in the delivery of these services.

# Paradigm Awards

Congratulations to the 2019 Paradigm Award winners! Thank you for being champions of mental health services for individuals involved with the criminal justice system.

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## Judicial Champion

HONORABLE EILEEN MOORE

Associate Judge, California Court of Appeal

*Presented by Hon. Stephen Manley - Judge, State of California, Santa Clara County Superior Court*

## Law Enforcement Champion

WENDY STILL

Chief Probation Officer, Alameda County

*Presented by Kathy Jett - Consultant, California Forward*

## Behavioral Health Champion

MARK GRABAU, PHD

Chief Psychologist, Forensic Services Division, California Department of State Hospitals

*Presented by Stephanie Clendenin, Director, California Department of State Hospitals*

## Sponsors



## Supporting Partners



## More Information

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For more information about *Words to Deeds* and FMHAC, visit [www.fmhac.net](http://www.fmhac.net) or contact:

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