The Intersection of Criminal Justice and Behavioral Health:

From Adversity to Hope

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Presentation Road Map

• What We Know
• What Works
• Tools to Help
• “Lived Experience” Stakeholder Engagement
• Next Speakers on Panel
CCJBH investigates, identifies, and promotes cost-effective strategies 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.
CCJBH has a commitment and is building capacity as a resource for information on policy and practice.

CCJBH can provide referrals to individuals and organizations that have expertise on:

- Crisis Prevention
- Mental Health Services
- Substance Use Services
- Court Programs/ Alternatives to Custody
- Reentry
- Community Integration, Services and Supports
What We Know . . . . .

More than **50%** of inmates in prison and nearly **70%** of those in jail met criteria for substance dependence in the year prior to their arrest.

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

14% of prisoners and **26%** of jail inmates meet the threshold for serious psychological distress.

Nearly **75%** of jail inmates with a diagnosis of mental illness also struggle with substance use disorder.
What We Know . . . .

Mental illnesses and co-occurring substance use disorders overrepresented in jails

<table>
<thead>
<tr>
<th>General Population</th>
<th>Jail Population</th>
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</thead>
<tbody>
<tr>
<td>5% Serious Mental Illness</td>
<td>17% Serious Mental Illness</td>
</tr>
<tr>
<td>72% Co-Occurring Substance Use Disorder</td>
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What We Know . . . .

- **5 years** after detention the majority of youth had **2 or more** behavioral health disorders and **17%** of males had **co-occurring disorders**.
- Challenges follow people home, as nearly **10% of probationers and parolees** have a serious mental illness, and **40%** have a substance use disorder.
What 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 We Know . . . .

“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.”
Assess to Health Care Works

• 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.
What Works . . . .

Addressing criminogenic risk factors:

• Antisocial personality or temperament
• Antisocial cognition
• Antisocial companions
• Family and/or marital stressors
• Substance abuse
• Lack of employment
• Lack of education
• Lack of pro-social leisure or recreation
What Works . . . . .

Risk Need Responsivity (RNR)

- Criminogenic Risk Factors
- Offender Risk/Needs Assessment
- Evidence-Based Risk-Need-Responsivity

Reduced Recidivism
Assess, Plan, Identify & Coordinate

• Assess clinical and social needs and public safety risk
• Plan for treatment and services that address individuals’ needs during custody and upon reentry
• Identify community and correctional programs responsible for post-release services
• Coordinate the transition plans with community-based services to avoid gaps in care
What Works . . . .

The Criminal Justice and Behavioral Health Needs Framework

Low Criminogenic Risk (low)
Mild/Low Severity of Substance Use Disorder (low)
Low Severity of Mental Illness (low)

High Severity of Substance Use Disorder (moderate/severe)
Low Severity of Mental Illness (low)

Medium to High Criminogenic Risk (med/high)
Mild/Low Severity of Substance Use Disorder (low)
Low Severity of Mental Illness (low)

High Severity of Substance Use Disorder (mod/sev)
Serious Mental Illness (med/high)

Low Severity of Mental Illness (low)
Serious Mental Illness (med/high)

Group 1
I-L
CR: low
SUD: low
MI: low

Group 2
II-L
CR: low
SUD: low
MI: mod/high

Group 3
III-L
CR: low
SUD: mod/sev
MI: low

Group 4
IV-L
CR: low
SUD: mod/sev
MI: med/high

Group 5
I-H
CR: med/high
SUD: low
MI: low

Group 6
II-H
CR: med/high
SUD: low
MI: med/high

Group 7
III-H
CR: med/high
SUD: mod/sev
MI: low

Group 8
IV-H
CR: med/high
SUD: mod/sev
MI: med/high

What Works . . . .

Stigma and Discrimination

• Two kinds of stigma
  • Social
  • Self-perceived

• Multiple stigmas with different cultures

• Barrier for treatment

• Impact by decision makers
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
What Works . . . .

The “Secret Sauce”:

- Peer Support Specialists
- Mentors
- Health Advisors/Navigators
Tools to Help Do What Works

Sequential Intercept Model (SIM)
Tools to Help

- Professional Cross Training
- Building Bridges between systems
Community engagement process to:

• Speak directly with consumers
• Solicit stakeholder and community input
• Engage the community in help define needed services
• Final report with recommendations
Next Speakers on Panel

• Perspective of a Superior Court Judge
• Lived Experience Peer Support Specialist
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