

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
 DF-46 (REV 08/15)

Fiscal Year 2016-17	Business Unit 5225	Department California Department of Corrections and Rehabilitation	Priority No. 3
Budget Request Name 5225-440-BCP-BR-2016-MR		Program 4670- DENTAL AND MENTAL HEALTH SERVICES ADMINISTRATION-ADULT	Subprogram

Budget Request Description
 Council on Mentally Ill Offenders

Budget Request Summary

The California Department of Corrections and Rehabilitation (CDCR) requests 2.0 positions and \$233,000 Mental Health Services Fund (MHSF) in 2016-17 and ongoing for the Council on Mentally Ill Offenders (COMIO) to expand and strengthen COMIO's activities while achieving Mental Health Services Act (MHSA) objectives and outcomes for designated target populations.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed	
Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO	Date

For IT requests, specify the date a Special Project Report (SPR) or Feasibility Study Report (FSR) was approved by the Department of Technology, or previously by the Department of Finance.

FSR SPR Project No. Date:

If proposal affects another department, does other department concur with proposal? Yes No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By Stephanie Welch <i>Stephanie Welch</i>	Date 5/11/16	Reviewed By Jason Lopez <i>[Signature]</i>	Date 5-11-2016
Department Director Diana Toche <i>[Signature]</i>	Date 5-12-16	Agency Secretary Scott Kernan <i>[Signature]</i>	Date 5-11-16

Department of Finance Use Only

Additional Review: Capital Outlay ITCU FSCU OSAE CALSTARS Dept. of Technology

BCP Type: Policy Workload Budget per Government Code 13308.05

PPBA <i>[Signature]</i>	Date submitted to the Legislature 5/13/16
-------------------------	--

Analysis of Problem

A. Budget Request Summary

The California Department of Corrections and Rehabilitation (CDCR) requests 2.0 positions and \$233,000 Mental Health Services Fund (MHSF) in 2016-17 and ongoing to expand and strengthen COMIO's activities while achieving Mental Health Services Act (MHSA) objectives and outcomes for designated target populations.

B. Background/History

History and Purpose of Council On Mentally Ill Offenders (COMIO)

Since 2001, with the passage of Senate Bill 1059, California established COMIO recognizing that individuals living with mental illness are at risk of becoming criminally involved without access to support services. COMIO is codified as Penal Code section 6044 and is a 12 member council chaired by the Secretary of CDCR and is comprised of the Department of State Hospitals (DSH), the Department of Health Care Services (DHCS), and appointed expert representatives from the criminal justice and mental health fields.

The Council's purpose is to investigate, identify, and promote cost-effective strategies that prevent adults and juveniles with mental health needs from incarceration by improving services for those who are at risk of offending or have a history of offending, and to identify incentives to encourage state and local criminal justice, juvenile justice, and mental health programs to adopt such approaches. The council reports to the legislature regarding its activities and provides recommendations for improving the cost-effectiveness of mental health and criminal justice programs.

History and Purpose of the Mental Health Services Act as it Relates to COMIO

California voters passed Proposition 63, also known as the Mental Health Services Act (MHSA), in November 2004 to expand and improve public mental health services administered by counties. Revenue generated from a one percent tax on personal income in excess of one million dollars is deposited into the Mental Health Services Fund (MHSF) annually. In recent years the MHSA revenue has grown beyond initial projections. The 2016-17 Governor's Budget indicates approximately \$1.851 billion was deposited into the MHSF in 2014-15, and projects deposits of \$2.028 billion in 2015-16 and \$2.051 billion 2016-17.

Welfare and Institution Code (WIC) section 5840 (d) notes that programs funded by the MHSA shall emphasize a reduction in incarceration for individuals with mental illness and WIC section 5813.5 (f) notes that counties "*shall consider ways to provide services similar to those established pursuant to the Mentally Ill Offender Crime Reduction Grant Program.*" That said, MHSA funds are protected from supplanting other state or federal obligations and explicitly excluded from being used for persons in state prisons or on parole. As a result, MHSA funds should be used for the prevention of incarceration and recidivism (except for those on parole), which is in line with COMIO's activities.

Finally WIC section 5892 (d) allows for up to five percent of MHSA funds to be reserved for DHCS and any other state agency to perform all of the duties required to implement MHSA funded programs. Specifically, "*The administrative costs shall include funds to assist consumers and family members to ensure the appropriate state and county agencies give full consideration to concerns...and shall include amounts sufficient to ensure adequate research and evaluation regarding the effectiveness of services being provided and achievement of outcome measures set forth in WIC sections 5850, 5840, and 5850*". Because of COMIO's member composition, public meeting structure, communication outreach, and primary purpose to investigate, identify, and promote effective practices to reduce incarceration, it is well-suited to achieve the objectives of state administration MHSA funds.

Recent Criminal Justice Changes that Impact COMIO's Target Population

There have been recent significant policy efforts that have changed the criminal justice system in California. These changes also impact individuals with mental illness in the criminal justice system. California's Public Safety Realignment Act of 2011 (Assembly Bill 109) transferred jurisdiction and funding for managing lower-level offenders from the state to the counties. Realignment also changed

Analysis of Problem

California's system of community supervision. Prior to Realignment, every inmate released from prison was supervised by state parole agents, and parole violators could be revoked to state prison for up to one year. The legislation established Post-Release Community Supervision (PRCS), which requires certain offenders released from state custody to be placed under county-directed PRCS for up to three years through each county's probation department.

On November 4, 2014, the voters passed Proposition 47, which requires misdemeanor rather than felony sentencing for certain property and drug crimes, and permits persons previously sentenced for these reclassified crimes to petition for resentencing. Proposition 47 requires state savings resulting from the proposition to be transferred into a new fund, the Safe Neighborhoods and Schools Fund. The new fund will be used to reduce truancy and support drop-out prevention programs in K-12 schools, increase victim services grants, and support mental health and substance use disorder treatment services. Specifically, 65 percent of the state savings will be for the administration of a grant program aimed at supporting mental health treatment, substance abuse treatment, and diversion programs for people in the criminal justice system. The emphasis is on programs that reduce recidivism of people convicted of less serious crimes, such as those covered by the proposition, and those who have substance abuse and mental health problems. COMIO has spent the last 15 years promoting diversion programs and working to understand and disseminate lessons learned. COMIO's work could help guide those receive Proposition 47 funding.

The Community Corrections Performance Incentive Grant Program (Senate Bill 678 of 2009) introduced the concept of Community Corrections Partnerships (CCPs). The CCPs are comprised of local stakeholders who meet collectively and make decisions strategically. Under Public Safety Realignment, CCPs were tasked with developing county implementation plans – also known as Realignment Plans or AB 109 plans – which establish the plans counties implement to meet local criminal justice needs with Realignment funds. County investments included rehabilitation, programming, recidivism reduction, data collection, use of evidence-based approaches, housing, mental health treatment, and training. The work of the CCPs is of particular interest to COMIO because of its role in examining the relationship between access to services and recidivism among individuals with mental illness. COMIO in its normal course of work plans to engage with counties and the Board of State and Community Corrections (BSCC) to identify what is working, what needs improvement, and to disseminate lessons learned to reduce recidivism rates of individuals with mental illness and promote recovery in their communities.

C. State Level Considerations

California has had several significant policy efforts that support decreased incarceration of people with mental illness, primarily the MHSA, but also Public Safety Realignment and most recently Proposition 47. Moreover, expanded Medi-Cal under the Affordable Care Act has expanded coverage to a population that includes many in the criminal justice system who have a significant need for mental health and substance use disorder services. The expansion provides a tremendous opportunity to prevent incarceration and recidivism. COMIO is statutorily charged with investigating and promoting cost-effective approaches to address the mental health needs of at-risk adults and juveniles who are likely to offend or have a history of offending. As a statewide body of primarily local experts in both the criminal justice and behavioral health systems, COMIO is uniquely situated to provide guidance through dissemination of lessons learned and best practices that demonstrate outcomes from the field. Making such information centralized and accessible can maximize the enhanced resources available to reduce incarceration and recidivism for individuals with mental illness in the criminal justice system. While there are growing efforts to implement strategies to avoid incarceration, there is not one definitive statewide entity gathering information about the impact and effectiveness of targeting individuals with mental illness, and supporting the adoption of best practices through available funding sources like the MHSA. Having statewide trend data that assesses the relationship between access to health and behavioral health services and recidivism would fill a gap that would be instrumental in better understanding and meeting the needs of this population.

D. Justification

Analysis of Problem

COMIO is currently fulfilling its statutory obligations by staffing committee meetings and council meetings that bring together experts to investigate issues and develop solutions in the focused areas of diversion, training, and prevention of juvenile delinquency. Additional information is gathered through site visits, question and answer sessions with program staff, evaluation by research experts, and literature reviews on best practices. COMIO has attempted, within its capacity, to expand its reach to, and involvement of, the wide array of individuals and groups impacted by this issue who are also eager to participate in developing effective strategies. Work is executed through CDCR's support of an executive officer and leveraging existing staff for tasks such as assistance coordinating speakers and providing subject matter expertise and website maintenance. Currently DSH supports the active involvement of the Council by covering necessary travel costs.

This request will support 1.0 Associate Governmental Program Analyst (AGPA) to enhance communication efforts with key partners in law enforcement and behavioral health to increase the promotion of best practices beyond diversion and training, to include re-entry and integrated care services for criminally-involved persons with mental illness. The request will also support 1.0 Research Specialist III (RPS III) to work with CDCR, DOJ, and DHCS to assess whether services are preventing recidivism among those at-risk of incarceration, homelessness, and hospitalization. Untreated mental illness not only increases the risk of recidivism but also is a major driver of high Medi-Cal/Medi-Care utilization. The RPS III will work closely with DHCS in their information management division which will be responsible for receiving the recidivism cohort data generated through a data-sharing agreement with DOJ. This will allow DHCS and COMIO to analyze the usage of health, mental health, and substance use service data for those who are released from prison. Analyzing the utilization data will be COMIO's first priority for the RPS III. The Council is also interested in analyzing DHCS data collected through the Data Reporting and Collection (DRC) system regarding full service partnership (FSP) programs which target these Medi-Cal/Medi-Care "high utilizers" who cycle in and out of hospitals and jails. The DRC system tracks a variety of county-reported data including hospitalization and arrest rates among those enrolled in FSP programs.

This request will allow COMIO to enhance its capacity to complete the following activities:

- Support building capacity for community integration of individuals who are justice-involved with behavioral health needs – service and housing strategies

Investigate, identify, and promote the use of pre-trial diversion strategies such as centralized assessment and triage centers, use of a common assessment tool, use of identifiers for community-placed high risk individuals, removal of exclusions for previous offenders so they can obtain and sustain affordable housing, best practices for data sharing across county departments, best practices for siting facilities and obtaining housing. Maximize opportunities under the expansion of Medi-Cal by assisting counties to use waiver opportunities to target high-risk and high cost justice-involved persons with mental illness.

- Support a culture shift with training opportunities

Act as a conduit for law enforcement entities (Commission on Peace Officers Standards and Training [POST], the Board of State and Community Corrections [BSCC], CDCR, the California Highway Patrol [CHP], local police and fire departments) and additional criminal justice partners (i.e. judges, district attorneys, and public defenders) to facilitate sharing of training best practices regarding individuals with mental illness including how to use data to better inform training strategies. Provide opportunities for behavioral health providers and advocates (including families and consumers) to better understand the complexities of crisis intervention and custodial and community supervision of individuals with mental illness who are justice-involved. Investigate strategies that support a cultural shift in how individuals with mental illness are viewed including best practices to support the emotional well-being of officers.

- Physical and behavioral health care access trend reports

In partnership among CDCR, DOJ, and DHCS, trend reports that assess the association between service utilization and recidivism among an important MHSA target population will be shared

Analysis of Problem

regularly with COMIO. COMIO will also work with relevant community partners to review findings, explore trends, and discuss further ways in which the data can be used to prevent incarceration and recidivism.

- Additional training and travel costs

In addition, funding for travel to support the participation of state and national experts and staff travel is required for auditing programs, collecting data, and participation in COMIO and other pertinent meetings or trainings.

E. Outcomes and Accountability

With this request COMIO will be more able to fulfill its mission of preventing incarceration of individuals with mental illness and reducing recidivism among those with a history of offending.

- Effectively communicate COMIO's work: Monthly dissemination of informational e-newsletter, increased information posted by category on the COMIO website, increased capacity for COMIO presentations to colleagues and stakeholders, inclusion of blog content to feature local programs, production of informational articles for other organizational newsletters and magazines. Measure increased traffic to website, survey COMIO listserv to continue to make improvements.
- Effectively increase use of best practice tools for diversion and training for high risk youth and adults with mental health needs: Report findings regarding which entities are studying the issues and can provide guidance on emerging best practices, provide opportunities to learn from experts in the field through COMIO meetings, record presentations and make them accessible through the website.
- Identify and report trends in utilization of medical and behavioral health care services among target populations included in MHSF programs as part of WIC section 5800 who have been incarcerated or are at risk of recidivism.

F. Analysis of All Feasible Alternatives

Alternative 1: Provide COMIO \$233,000 MHSF to complete the above stated activities.

Pros:

- Assist other state agencies and local government in accessing a central depository of information regarding how to specifically target individuals with mental illness to avoid incarceration and reduce recidivism.
- Assist in providing documentation through service utilization trends reports on the relationships between medical and/or behavioral healthcare and recidivism, possibly documenting the cost benefit of health services.
- Assist in identifying existing funding sources to implement this work through local programming
- Increase California's visibility as a leader in a growing national movement to reform how criminal justice and behavioral health systems work together to prevent and reduce incarceration.

Con:

- Cost to the MHSF.

Alternative 2: Provide COMIO \$233,000 General Fund to complete the above stated activities.

Pros:

- Assist other state agencies and local government in accessing a central depository of information regarding how to specifically target individuals with mental illness to avoid incarceration and reduce recidivism.

Analysis of Problem

- Assist in providing documentation through service utilization trends reports on the relationships between medical and/or behavioral healthcare and recidivism, possibly documenting the cost benefit of health services.
- Assist in identifying existing funding sources to implement this work through local programming
- Increase California's visibility as a leader in a growing national movement to reform how criminal justice and behavioral health systems work together to prevent and reduce incarceration.

Cons:

- Cost to the General Fund.

Alternative 3: Redirect existing positions from other CDCR programs.

Pros:

- No cost to the General Fund or MHSF.

Cons:

- Negative impact on CDCR's existing program to complete their normal work.

G. Implementation Plan

COMIO is requesting ongoing funding of \$233,000 MHSF beginning in 2016-17 to accomplish enhanced activities outlined in D and E.

H. Supplemental Information

None.

I. Recommendation

Alternative I is recommended.

BCP Fiscal Detail Sheet

BCP Title: Council on Mentally Ill Offenders

DP Name: 5225-440-BCP-DP-2016-MR

Budget Request Summary

	FY16					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Positions - Permanent	0.0	2.0	2.0	2.0	2.0	2.0
Total Positions	0.0	2.0	2.0	2.0	2.0	2.0
Salaries and Wages						
Earnings - Permanent	0	144	144	144	144	144
Total Salaries and Wages	\$0	\$144	\$144	\$144	\$144	\$144
Total Staff Benefits	0	70	70	70	70	70
Total Personal Services	\$0	\$214	\$214	\$214	\$214	\$214
Operating Expenses and Equipment						
5301 - General Expense	0	1	1	1	1	1
5320 - Travel: In-State	0	7	7	7	7	7
5368 - Non-Capital Asset Purchases - Equipment	0	11	7	7	7	7
Total Operating Expenses and Equipment	\$0	\$19	\$15	\$15	\$15	\$15
Total Budget Request	\$0	\$233	\$229	\$229	\$229	\$229
Fund Summary						
Fund Source - State Operations						
3085 - Mental Health Services Fund	0	233	229	229	229	229
Total State Operations Expenditures	\$0	\$233	\$229	\$229	\$229	\$229
Total All Funds	\$0	\$233	\$229	\$229	\$229	\$229
Program Summary						
Program Funding						
4670 - Dental and Mental Health Services Administration-Adult	0	233	229	229	229	229
Total All Programs	\$0	\$233	\$229	\$229	\$229	\$229

