



Community Correctional Issues Briefing Sheet - November 2009

Criminal Justice and Mental Illness a Continuing Crisis

Introduction

The “criminalization” of individuals with mental illness is well documented in our jail and prison populations, with prevalence estimates ranging from 15% to 50%, depending on diagnostic criteria.

- At least 75% of this incarcerated mentally ill population also has co-occurring drug and alcohol use problems, and is thus highly vulnerable to relapse and re-incarceration.
- Many individuals with serious mental illnesses may be incarcerated for “crimes” that largely stem from lack of access to effective mental health/behavioral health care, only to become more disturbed as a result of that incarceration.
- Evidence also mounts that the stress and trauma of incarceration causes or is a component of psychiatric disorders, including psychosis, depression, anxiety and post traumatic stress disorder (PTSD).
- Further, inmates with serious mental illness remain incarcerated 2 to 3 times longer than other inmates.

Challenges

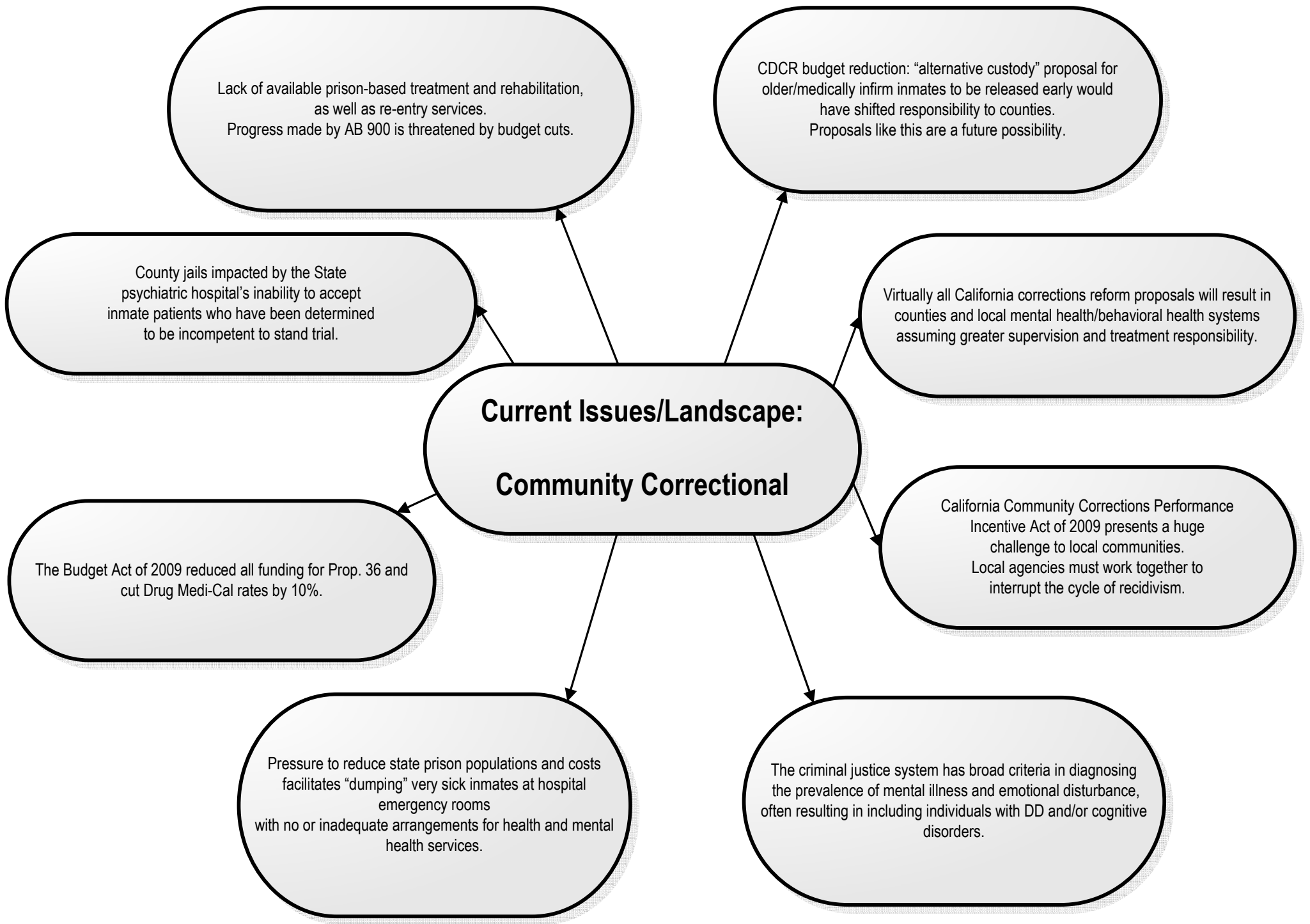
Our moral and social imperative to address the disproportionate criminalization of youth and adults with mental illness has taken on an added political urgency in California as a result of:

- Local and federal lawsuits;
- The appointment of a Federal Receiver for prison health and mental health services;
- A \$1.2 billion budget reduction in CA Department of Corrections and Rehabilitation (CDCR) programs, including changes to Adult Parole Services;
- The state’s deepening fiscal crisis, which impacts both State and local treatment resources and community supports for individuals with serious mental illness;
- Pressures for CDCR to release significant numbers of inmates from the state prisons, including inmates with significant health and mental health disabilities, which could lead to increased pressure on counties to file LPS and “Murphy Conservatorships” (especially in cases where the inmates are dropped off at hospitals with no entitlements established prior to release).

Recent Progress

In the past decade, local criminal justice and community mental health agencies have developed innovative strategies and programs to address the criminalization of persons with serious mental illness, including:

- Collaborations with law enforcement and the courts to interrupt cycles of incarceration and recidivism;
- Jail diversion and alternative sentencing programs;
- Specialty mental health courts, including veterans courts;
- Treatment for persons with co-occurring disorders;
- Gender-specific interventions; and
- Intensive community treatment, including full service partnerships.



Lack of available prison-based treatment and rehabilitation, as well as re-entry services. Progress made by AB 900 is threatened by budget cuts.

CDCR budget reduction: "alternative custody" proposal for older/medically infirm inmates to be released early would have shifted responsibility to counties. Proposals like this are a future possibility.

County jails impacted by the State psychiatric hospital's inability to accept inmate patients who have been determined to be incompetent to stand trial.

Virtually all California corrections reform proposals will result in counties and local mental health/behavioral health systems assuming greater supervision and treatment responsibility.

Current Issues/Landscape: Community Correctional

The Budget Act of 2009 reduced all funding for Prop. 36 and cut Drug Medi-Cal rates by 10%.

California Community Corrections Performance Incentive Act of 2009 presents a huge challenge to local communities. Local agencies must work together to interrupt the cycle of recidivism.

Pressure to reduce state prison populations and costs facilitates "dumping" very sick inmates at hospital emergency rooms with no or inadequate arrangements for health and mental health services.

The criminal justice system has broad criteria in diagnosing the prevalence of mental illness and emotional disturbance, often resulting in including individuals with DD and/or cognitive disorders.