



The Council on Mentally Ill Offenders (COMIO) Key Recommendations 2015

Since 2001, through the Council on Mentally Ill Offenders (COMIO), California has recognized that individuals living with mental illness are at risk of becoming criminally involved without access to support and needed services. COMIO is a 12 member council chaired by the Secretary of the California Department of Corrections and Rehabilitation (CDCR) and is composed of key state departments and appointed expert representatives from criminal justice and mental health. Together the Council's purpose is to *investigate, identify, and promote* cost-effective strategies that:

- Prevent adults and juveniles with mental health needs from becoming offenders;
- Improve services for adults and juveniles with mental health needs who have a history of offending; and
- Identify incentives to encourage state and local criminal justice, juvenile justice, and mental health programs to adopt such approaches.

In 2015 the Council prioritized the following areas to make recommendations:

- Diversion of persons with mental health needs from the criminal justice system;
- Improvement of first responder training for encounters with persons with mental illness; and
- Prevention of youth with mental health needs from becoming involved in the juvenile justice system.

COMIO provides a comprehensive annual report, including recommendations, to the Legislature which can be accessed at <http://www.cdcr.ca.gov/COMIO/>. Highlights from the 2015 report are below.

I. Pre-Trial Diversion of People with Mental Illness Works

A. California should expand criminal justice – behavioral health partnerships

Effectively keeping people with mental illness out of the criminal justice system requires substantial coordination, mutual agreement, information sharing, and clarified roles and responsibilities among local agencies. California communities should create and utilize local task forces consisting of local agency leaders, consumers, and family members who share a commitment to: 1) keeping people with mental illness who do not need to be incarcerated living safely in the community and, 2) improving criminal justice-behavioral health service coordination.

Local partnerships should be initiated and convened by a person of significant influence such as the County District Attorney, Sheriff, Probation Chief, Police Chief, Superior Court Judges, Mayors, or County

Executive Officers. Stakeholders can be engaged through existing partnerships such as Community Corrections Partnerships or Mental Health Services Act planning bodies. Once the group has made a commitment to improving the criminal justice and mental health systems' response to individuals with mental illness, the **Stepping Up Initiative** Toolkit (<https://stepuptogether.org/toolkit>) can provide technical assistance modules to develop a plan of action with measurable outcomes.

B. At initial contact, first responders and law enforcement should provide assistance to prevent individuals from being arrested and incarcerated

A number of evidenced-based, cost effective models exist for providing community-based interventions to avoid arresting or incarcerating an individual in mental health crisis (e.g., mobile crisis teams, crisis intervention teams, training law enforcement in techniques to de-escalate a crisis and educating them about the available local alternatives to emergency rooms and jail). Family members should be utilized, when appropriate and available, for gathering relevant historical information about the individual and identifying potential housing options for individuals.

C. Individuals arrested and booked should be screened, assessed, and recommended for diversion or alternative community supervision release

If pre-booking diversion is not feasible, individuals brought to jail should be screened and assessed to determine their suitability for diversion into treatment and/or community supervision. Several valid and reliable screening and assessment tools are available (see full report for details) and training should be provided to partners in the judiciary system (i.e. judges, public defenders, district attorneys) to enable them to understand, interpret, and support the screening and assessment results.

D. California must expand psychiatric crisis capacity and affordable housing

Local law enforcement agencies, courts, mental health consumers and their families, and treatment providers need viable options for evaluating, stabilizing, and linking people experiencing a psychiatric crisis to further assistance. Police-friendly drop-off locations for people in crisis are greatly needed in communities throughout California. Once a crisis is stabilized and an individual has been assessed and diverted away from jail, Californians need a safe and affordable place to live while receiving community-based treatment and support.

Given the high degree of co-occurring substance use disorders, and the extent to which substance use is a key criminogenic risk factor, crisis evaluation and stabilization services are needed which can also address detoxification and substance use disorder screening and treatment referrals as well.

COMIO strongly recommends an analysis be conducted to establish the degree to which the supply and variety of options for crisis capacity (i.e. psychiatric hospitals, crisis intervention teams, peer respite houses, etc.) and residential options (i.e. permanent supportive housing, community residential treatment services, psychiatric health facilities, etc.) is needed to sufficiently meet the substantial demand in California.

E. Diversion services must target criminogenic risks and needs, not just treat mental illness

As supported in the full report, researchers are now acknowledging that diversion programs that focus primarily on controlling mental illness symptoms have little impact on recidivism. Instead, most offenders with mental illness may benefit from interventions that target the risk factors shown to reduce recidivism for other offenders without a mental illness such as prior criminal involvement. COMIO recommends that diversion programs must specifically target changeable, criminogenic risk factors, not just improved mental health and service connectedness.

II. Strengthen Training for First Responders

A. A comprehensive overview of current available mental health training for first responders is needed

Training is currently delivered to the variety of professionals in California who serve as “first responders” to individuals in mental health crisis. These first responders in California communities include -

- Police Officers
- Sheriff’s Deputies
- California Highway Patrol Officers
- Paramedics and Emergency Medical Technicians
- Emergency Dispatchers
- Fire Fighters
- Hospital Emergency Department Personnel

Additionally, the following criminal justice and public safety personnel are also frequently in contact with individuals experiencing a mental health crisis -

- County Probation Officers
- State Parole Agents
- State, County, and City Correctional Officers

First responder and public safety personnel training on mental health vary greatly in content, frequency, quantity and method of delivery. While COMIO’s full report attempts to clarify the often overlapping oversight for training across different types of personnel, to support effective mental health training a comprehensive understanding of what is available and required is needed. Then COMIO can begin to collaborate with first responder partners in identifying enhancements to improve outcomes.

B. The goals of providing mental health training vary but can be complimentary

While training is diverse among various groups, there is a lot to be learned from each other. Typically first responder training is designed to achieve one or all of the following goals:

- Divert individual away from criminal justice system to other crisis services
- Minimize emotional trauma for individual and officer
- Improve peace officer safety
- Reduce injury and use of force of consumers
- Deescalate a crisis situation and/or prevent suicide

COMIO can assist by acting as a conduit for information sharing across training entities.

C. First responders desire additional training in mental health

Personnel from nearly every sector indicated “more” training in mental health would be welcome, given the frequency with which they come into contact with individuals in crisis but many first responder agencies appear to be limited by competing priorities for other important training topics. Efforts should be made to support increased availability and access to training beyond statutory requirements.

D. First responders want more access to jail and emergency room alternatives

Many first responder informants had a strong desire to take people in crisis to some place other than jail or the emergency room, but felt those options are extremely limited in their communities. Despite training improvement, without increased crisis capacity, significant improvements cannot be achieved.

III. Support Effective Programs to Prevent Juvenile Delinquency

After conducting literature reviews and key informant interviews, COMIO is reasonably confident that the prevention programs identified below show substantial promise, if brought to scale, in reducing criminal justice contact for youth with trauma and other mental health needs.

- A. Nurse-Family Partnerships** - Home visiting programs produce positive outcomes by reducing child abuse and neglect, poor health, and academic failure.

- B. Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)** - CBITS is a school-based, group and individual series of interventions to address trauma and distress that reduce symptoms and behavior problems, increase functioning, improve peer and parental support, and enhance coping skills.

- C. The Incredible Years** - Children, parents, and teachers engage in curriculum that promotes emotional and social competence, and prevent, reduce and treat behavior and emotional problems in young children.

- D. Triple P Positive Parenting Program** - Parents learn skills to better handle the stress of child rearing while children learn how to better respond to their challenges. Through a parenting plan, skills gained address and manage moderate to severe behavior problems.

Contact for Additional Information

Stephanie Welch, Executive Officer

Council on Mentally Ill Offenders (COMIO) - Office of Secretary Scott Kernan

California Department of Corrections and Rehabilitation

Email: Stephanie.welch@cdcr.ca.gov

Phone: (916) 324-7021

Web Site: <http://www.cdcr.ca.gov/COMIO>