



CHAIRPERSON

John Black

EXECUTIVE OFFICER

Jane Adcock

October 23, 2012

The Honorable Edmund G. Brown, Jr.
Office of the Governor
State Capitol, Suite 1173
Sacramento, CA 95814

Dear Governor Brown:

The California Mental Health Planning Council (Council) is mandated in federal and state statute to provide oversight of the public mental health system and advocacy for improved mental health services across the life span for people living with mental illness and their families. We also advise the Administration and Legislature on mental health policy issues, successful practices, and constituency concerns.

The Council has been very interested in learning how the successful implementation of Public Safety Realignment (PSR) of 2011 can be ensured. It held two forums in 2012 to hear from County Sheriffs, Probation Officers, and Mental Health departments on how they felt about the implementation process so far. Los Angeles, Stanislaus, San Mateo, and Santa Clara counties participated.

Throughout the presentations and participations of the forums it was very clear that county departments were joining together for success. Probation, Sheriff, and Behavioral health representatives spoke of the importance and effectiveness of joint planning and praised the efforts of CDCR to keep the local jurisdictions informed of incoming parolees. Some counties felt that AB 109 has strengthened collaboration on policy and operational agreements. It has resulted in more direct communication within the courts, thoughtful deliberation in their sentencing, and provided a forum for exchanging ideas.

The Council's request for input on how to improve the process and ensure greater success elicited a variety of responses. A broad summary of their common concerns and the Council's advisory comments to the Administration are being shared with you now. We hope that it may help shape or inform any clarifying legislation on Public Safety Realignment being considered in the upcoming year. The following issues were commonly identified:

Funding for Parole Revocation Services:

- Parole Revocation costs are not covered under AB 109 so counties bear the cost of incarceration when parole is violated. The funding projections and allotments provided to counties under AB 109 addressed only individuals who were scheduled for release, but did not account for revocation, creating an unanticipated expense for counties.

The Council recommends that the Administration work with the counties to ensure a more robust rehabilitation program that will help parolees avoid parole violations by strengthening their community supports.

Mental Health and Physical Conditions:

- Substance abuse problems are overrepresented in the probation population but drug and alcohol program funding streams are disparate and disjointed. Nationally, it is estimated that six out of ten inmates have severe substance abuse issues and it is reasonable to assume that California's inmate population meets, if not exceeds, that benchmark.

- Counties don't feel fully informed on what types of funding are permitted and available for leveraging resources. Counties feel the State should put funds and decision making at the discretion of the counties.
- The complexity of the medical needs of this population was not anticipated by the counties. Medical issues affect this population at a disproportionately high rate, particularly as they age. When prisoners are incarcerated they lose their Medi-Cal/Medicaid benefits and when they are released, the County has to bear the cost of their care until their benefits are restored.

The Council recommends that the Administration clarify and assure the Substance Abuse Disorder funding streams for counties so they can confidently incorporate these services into their partnership plans. The Council also strongly cautions the Administration on over-reliance of existing county resources to meet the significant demands for behavioral health and primary care services that this population presents. Counties based their Low Income Health Plan and Dual-Eligible plan proposals on need assessments in their counties that pre-dated the PSR.

Training Needs for Community Partners:

- Street cops and others at the front lines of interaction are not fully informed on the types of services or options that are available for returning parolees.
- Family issues for parolees do not appear to have been fully considered in the planning. Trauma services for the children of the incarcerated and training for school personnel is needed to deal with this particular set of stressors.

The Council recommends that POST-training include educating street cops of available resources for parolees and counties find a way of informing other first responders where to refer for services. School personnel should be trained on recognizing and providing trauma services for children of the incarcerated and post-release.

Related Supportive Services:

- Employment, housing, and transportation services are the biggest challenges for parolees that hamper the success of the rehabilitative services. These issues also impede family reunification.

The Council recommends that the Community Corrections Partnership include a parolee that has successfully rehabilitated and a family member of a current parolee in order to provide an informed perspective on the types of rehabilitative services proposed by counties.

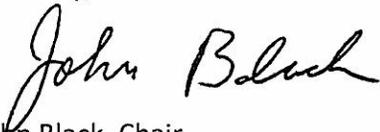
All of the counties expressed the hope that the funding would be guaranteed and consistent from year to year in order to maintain and expand services. The Council urges the Administration to ensure that counties receive the support they need to carry out the requirements of AB 109. It also respectfully requests that the Administration and Legislature not lose sight of the intention of Public Safety Realignment to provide rehabilitation and reduce recidivism by ensuring that the Behavioral Health component is funded sufficiently and that those funds are applied toward their intended purpose.

Given the predominant behavioral and physical health issues present in this population, the Council feels that counties would benefit from additional staffing and program resources to address them adequately. We feel that the current allotment of 10% for behavioral health services may be insufficient to the task of effective rehabilitation. If data supports it, we strongly recommend revising the percentages so that behavioral services are funded more adequately. This is one area where thoughtful application of resources as a preventative measure saves ten times that amount in reactive services later on so we urge the Administration to take the long range view of cost-effectiveness.

Thank you for allowing the California Mental Health Planning Council to share its findings and concerns with your office. We hope it provokes some discussion and refinement to the system. History has shown that when funding is consistent, Realignment can work and counties appreciate having the discretion to plan their own services.

If you have any questions or need clarification on anything, please contact our Executive Officer, Jane Adcock at (916) 651-3803 or at Jane.Adcock@cmhpc.ca.gov.

Sincerely,

A handwritten signature in black ink that reads "John Black". The signature is written in a cursive, flowing style.

John Black, Chair
California Mental Health Planning Council

cc: Diane Cummins, Special Advisor to the Governor
Vanessa Baird, Deputy Director, DHCS – MHSUD Branch
Senate Committee on Public Safety
Assembly Committee on Public Safety