Recommendations to the California State Legislature to Improve Mental Health for Impacted Californians

January 2017

Introduction

The California Coalition for Mental Health (CCMH) provides a unified voice for statewide advocacy to improve the delivery of mental health care in California. Our members include family and consumer organizations, nonprofit service providers, clinicians, professional associations, hospitals, advocacy organizations, and others seeking to improve mental health services. Our current foci include parity, criminal justice, and housing, which are reflected in our recommendations below.

California has made significant strides to improve mental health care in recent years, including rigorous implementation of the Affordable Care Act and expansions to health benefits that include mental health treatment. CCMH's primary priority is to ensure that gains in mental health services are not lost due to repeal of federal healthcare reforms (more information forthcoming). However, this whitepaper focuses on efforts we can make to continue California's advancements in the provision of mental health care. CCMH has identified three priority areas that we urge legislators to address:

1. Expanding Network Adequacy for Mental Health Services through Workforce Development;
2. Reducing Incarceration of People Living with Mental Illness Through Pretrial Reform and Investment in Community Resources; and
3. Increasing Access to Supportive and Affordable Housing.

Our recommendations are a product of unanimous approval from the multitude of organizations that comprise CCMH and are based on evidence for effectiveness and cost-efficiency.

Expanding Network Adequacy for Mental Health Services through Workforce Development and Diversification

It is widely recognized that California, and the rest of the country, is experiencing a workforce shortage in the mental health care field. This workforce shortage has a negative impact on timely access to care, quality of care, and the ability to provide a robust variety of services to meet individualized needs. In fact, Congress has called it a "workforce crisis."[1] The need for an educated and seasoned workforce stems not only from demand, but high turnover rates, a shortage of professionals, aging workers, and low compensation.[2] Adding to the problem is the increased demand for behavioral health care services due to the Mental Health Parity and

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[1] Substance Abuse & Mental Health Servs. Admin., *Building the Behavioral Health Workforce*. 22 SAMHSA NEWS vol. 22 (2014), *available at* http://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_4/building_the_behavioral_health_workforce.

[2] SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN., REPORT TO CONGRESS ON THE NATION'S SUBSTANCE ABUSE AND MENTAL HEALTH WORKFORCE ISSUES 4 (2013).

Addiction Equity Act, the Affordable Care Act, new federal managed care regulations requiring higher standards for network adequacy, and in California, the soon to be implemented Drug Medi-Cal Organized Delivery System.

These on-going pressures require that we focus our attention on growing, retaining and fully utilizing the traditional workforce of licensed professionals as well as fully utilizing non-licensed rehabilitation professionals and peer support specialists. A more robust and strategic use of rehabilitation professionals, community health workers (including promotoras, cultural brokers, and health navigators), and peer support specialists would allow for a re-distribution of work load so licensed professionals can provide those services which require a license or specialized skill and non-licensed professionals/practitioners can provide the full array of services that do not require a license. The full inclusion of rehabilitation practitioners, community health workers, and peer support specialists also has the added benefit of diversifying the workforce to meet the cultural and linguistic needs of the many ethnic communities residing in California.

CCMH recommends the following measures to improve network adequacy for mental health services:

1. Continuing and expanding loan forgiveness and/or assumption programs;
2. Establishing reimbursement parity with similar health care professionals;
3. Creating a statewide certification of peer support specialists;
4. Recognizing a Certified Psychiatric Rehabilitation Practitioner (CPRP) credential;
5. Developing early career pipeline strategies;
6. Utilizing and funding community health workers;
7. Continuing successful MHSA funded workforce development efforts at the State and county level; and
8. Monitor, assess, and enforce efforts to improve network adequacy.

Reducing Incarceration of People Living with Mental Illness through Pretrial Reform and Investment in Community Resources

Incarceration is often the worst option for people living with mental illness, yet 64 percent of people in jail and 56 percent of people in state prison nationwide have a mental health problem.[3] Incarceration can make mental health conditions worse, and in some cases people may develop mental health problems while in custody.[4] People with mental health disorders are at greater risk of physical and sexual victimization during custody.[5] In addition, there is an over-representation

[3] DORIS J. JAMES & LAUREN E. GLAZE, U.S. DEP'T OF JUSTICE, BUREAU OF JUSTICE STATISTICS, SPECIAL REPORT: MENTAL HEALTH PROBLEMS OF PRISON AND JAIL INMATES 1 (2006).
[4] Tonia L. Nicholls, Zina Lee, Raymond R. Corrado, and James R. P. Ogloff, *Women Inmates' Mental Health Needs: Evidence of the Validity of the Jail Screening Assessment Tool (JSAT)*, 3 INT'L J. FORENSIC MENTAL HEALTH 167, 168 (2004).
[5] *Id.*

of people of color in the criminal justice system, and this population is more likely to experience mental health disparities.[6] On top of all these human costs, the financial cost of detaining people with mental health conditions far surpasses costs for people who do not have mental health conditions or providing adequate community-based services.[7]

Our current bail and pretrial detention systems increase the amount of time people with mental health conditions spend in jail, in spite of evidence that diversion at the early stages of the criminal justice process produce better individual and public safety outcomes.[8] People with mental health conditions are less likely to be able to afford bail, more likely to spend longer periods in pretrial detention, and more likely to receive a harsher sentence than those without a mental health condition.[9] As a result, people with mental illness spend more time incarcerated simply because they do not have the resources to make bail. The high rate of pretrial detention for people with mental health conditions is particularly alarming given that half of all jail suicides occur within the first seven days of detention.[10]

Reforming bail and increasing pretrial and pre-booking diversion into community services are crucial to better public safety and health outcomes. To safely divert people with mental health conditions away from the criminal justice system, we must make appropriate investments in the resources that will best serve them in the community (which is required under the U.S. Supreme Court's *Olmstead* decision).[11] These include:

- Adequate training for first responders to address behavioral health crises;
- 24/7 mental health urgent care centers for drop-off, triage, and referral;
- Mobile crisis response and outreach teams (including teams led by mental health professionals, not law enforcement);
- Community-based substance use treatment;

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[6] Am. Psych. Ass'n., *Incarceration Nation*, 45 MONITOR PSYCH. 56 (2014), available at http://www.apa.org/monitor/2014/10/incarceration.aspx.
[7] SARAH LIEBOWITZ, PETER J. ELIASBERG, IRA A. BURNIM, & EMILY B. READ, ACLU S. CAL. & BAZELON CTR. MENTAL HEALTH LAW, A WAY FORWARD: DIVERTING PEOPLE WITH MENTAL ILLNESS FROM INHUMANE AND EXPENSIVE JAILS INTO COMMUNITY-BASED TREATMENT THAT WORKS 8-9 (2014); E. FULLER TORREY, AARON D. KENNARD, DON ESLINGER, RICHARD LAMB, & JAMES PAVLE, MORE MENTALLY ILL PERSONS ARE IN JAILS AND PRISONS THAN HOSPITALS: A SURVEY OF THE STATES 9-10 (2010).
[8] LIEBOWITZ, ELIASBERG, BURNIM, & READ, *supra* note 7, at 6-10.
[9] COUNCIL OF STATE GOV'TS JUSTICE CTR., IMPROVING OUTCOMES FOR PEOPLE WITH MENTAL ILLNESSES INVOLVED WITH NEW YORK CITY'S CRIMINAL COURT AND CORRECTION SYSTEMS 1 (2013); Pretrial Justice Inst., *Diversion of Mentally Ill from Jail* 4, *available at* https://www.pretrial.org/download/diversion/Diversion%20of%20Mentally%20Ill%20from%20Jail%20-%20PJI%20NACo%20Presentation%202009.pdf.
[10] CHRISTOPHER J. MUMOLA, U.S. DEP'T OF JUSTICE, BUREAU OF JUSTICE STATISTICS, SUICIDE AND HOMICIDE IN STATE PRISONS AND LOCAL JAILS 8 (2005).
[11] *See Olmstead v. L.C.*, 527 U.S. 581 (1999).

- Supportive housing; and
- Assertive community treatment services.

These services must also engage cultural brokers from diverse communities of color and integrate community defined practices. While current funding streams (such as Medi-Cal, Public Safety Realignment, SB 82 and Mental Health Services Act funds) can be leveraged to support these services, further up-front infrastructure investments are critical to get these necessary programs off the ground.

CCMH recommends the following measures to reduce incarceration of people with mental illness:

1. Reform bail and pretrial detention so individuals are not incarcerated solely due to lack of money and those with mental health conditions are quickly referred to community-based services;
2. Increase pretrial and pre-booking diversion options, including expanding eligibility for diversion programs for people with mental health conditions; and
3. Increase funding for needed community-based mental health services.

Increasing Access to Supportive and Affordable Housing

Few would argue that acquiring safe, clean, supportive, affordable and accessible housing is a key component of any person's or family's recovery from mental health and/or substance use disorders. Also, there can be little doubt that California faces an affordable housing shortage of unprecedented severity. As if the magnitude of the demand for affordable housing weren't enough, the demise of local redevelopment agencies has further reduced the funding for construction and the ongoing operation of affordable housing. This, coupled with restrictive local zoning laws and onerous procedural hurdles that often add significant costs to projects and cause extensive delays in construction, further exacerbates the affordable housing shortage for those living with mental health and substance use disorders.

CCMH recommends the following measures to ease the affordable housing shortage:

1. Increase funding for the purpose of constructing a range of affordable housing options for those living with mental health and substance use disorders, including funding for voluntary supportive services;
2. Mandate modifications to local zoning laws and siting approval processes that reduce the financial burden on developers and speed up the process of securing the right to develop affordable housing in all communities; and
3. Require inclusive definitions in affordable housing eligibility requirements that take into account the special circumstances of persons living with mental health and substance use disorders, including the possibility of having a criminal record.

In addressing Housing recommendation number 1, the legislature may want to consider how the Homeless Coordinating and Financing Council, established by SB 1380 (2016), can assist in this goal.

In addressing Housing recommendation number 2, the legislature may want to consider language similar to that developed by the California Department of Housing and Community Development in June 2016 (see Attachment A).

In addressing Housing recommendation number 3, the legislature should ensure the “No Place Like Home” regulations include language that would expand the scope of eligibility for housing units funded by the initiative to reach those most in need (see Attachment B).

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CCMH remains committed to improving the lives of Californians with mental health conditions. Our recommendations are intended to help the legislature further its laudable work on this front. We thank you for your consideration. If you have any questions, please contact:

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