

MEMORANDUM

DATE	May 5, 2017
TO	Policy and Advocacy Committee
FROM	 Cherise Burns Central Services Manager
SUBJECT	Agenda Item #6(c)(13) – AB 473 (Waldron) Mental Health: Criminal Justice: Pilot Project

Background:

This bill would require the State Department of Health Care Services, in conjunction with the California Department of Corrections and Rehabilitation, and in cooperation with the University of California Criminal Justice and Health Consortium to conduct a multiyear statewide pilot project in six counties for the purpose of assisting participating counties in creating cost-effective programming and treatment for the large population of mentally ill adults in county jail systems who have co-occurring substance use disorders, utilizing eligible funds from existing programs established to address mental illness in California communities for purposes of the pilot project activities. The consortium would be responsible for administering all aspects of the pilot project and counties would be selected pursuant to a competitive application process.

The bill also would require each pilot project to implement specified practices, including screening and diagnosis, integrated treatment, and transitional case management, as prescribed. Of concern to Board staff is the bill's language on cross-training jail-based staff to recognize and assess mental illness and substance use disorders, including potential screening, diagnosis and personalized treatment plans provided by these staff.

Location: Assembly Committee on Appropriations

Status: 5/1/2017 Re-referred to Assembly Committee on Appropriations

Votes: 4/25/2017 Assembly Committee on Health (15-0-0)
 4/18/2017 Assembly Committee on Public Safety (7-0-0)

Action Requested:

No action is required at this time. Staff will be watching AB 473 to determine if the bill would inappropriately allow unqualified individuals to perform psychological services and potentially harm those consumers with inappropriate diagnoses and treatments.

Attachment A: AB 473 (Waldron) Text

(C) County mental health services.

(D) County substance abuse treatment programs.

(E) A former offender who is or has been a client of a mental health or substance abuse treatment facility, or both.

(F) At least two representatives from public or community-based agencies, or both, that provide mental health, substance abuse, housing, and employment support services.

(2) A steering committee representative on the steering committee shall serve as the dedicated point person for his or her organization, to facilitate relations among the different systems, and to identify needed changes to support a comprehensive system of care from jail to the community for the target population.

(d) "Transitional case management" means the assignment of a community-based case manager to eligible persons still in jail for case management that continues through the transitional reentry into the community to provide support, coordination of care, and continuity of services. Case management programs shall coordinate mental health services, substance use treatment, health care, housing, transportation, employment, social relationships, and community participation.

(e) (1) A "small county" means a county with a population of not more than 750,000 residents.

(2) A "medium county" means a county with a population of not less than 750,001 residents and not more than 2,600,000 residents.

(3) A "large county" means a county with a population of not less than 2,600,001 residents.

7801. *(a) The consortium shall administer a four-year statewide pilot project as described in this section. The purpose of the pilot project shall be to assist participating counties in creating cost-effective programming for the large population of mentally ill adults in county jail systems who have cooccurring substance use disorders.*

(b) The pilot project shall be conducted in six counties throughout the state pursuant to a competitive application process. Participating counties may utilize eligible funds from existing programs established to address mental illness in California communities for purposes of the pilot project activities.

(c) (1) The consortium shall administer all aspects of the pilot project, including application and implementation, providing technical assistance to participants, and facilitating program evaluations by independent UC researchers. The consortium shall confer on a regular basis with the State Department of Health Care Services regarding the progress of the pilot project, and the department shall provide relevant information and technical assistance as necessary to support the consortium's activities.

(2) By January 1, 2021, the consortium shall submit a report to the Legislature regarding the progress and effectiveness of the pilot project. The report shall be submitted in compliance with Section 9795 of the Government Code.

(d) Each pilot project location shall include all of the following, in accordance with Section 7802:

(1) A screening and diagnostic strategy for identifying the target population early in its jail detentionment.

(2) An integrated treatment program that begins in jail and continues through the transition to the community.

(3) A transitional case management program that provides ongoing support for participants' engagement in care and distance from criminal behavior.

(4) A steering committee of representatives from relevant county agencies and community-based providers. In addition to administering and evaluating the pilot project program, the consortium shall provide participants with jail-based clinical training and policy review technical assistance to ensure the development of evidence-based integrated treatment and case management programs.

(e) It is the intent of the Legislature that two counties participating in the pilot project be small counties, with the remaining participating counties being medium or large counties.

7802. *(a) Screening and diagnosis provided pursuant to the pilot project may be accomplished by cross-training jail-based staff to recognize and assess mental illness and substance use disorders. Clinical training shall be supported by updated jail intake and health screening policies and procedures. Validated diagnostic tools that*

assess the need for both substance use disorder and mental health treatment shall be used to create personalized treatment plans.

(b) Integrated treatment provided pursuant to the pilot project shall include simultaneous treatment of both mental health and substance use disorders by a single multidisciplinary clinical team with specialized training and qualifications in treating the target population. Jail-based integrated treatment programs should include a variety of evidence-based interventions, including psychoeducation courses, cognitive behavioral therapies, and medicated assisted therapies for both substance use and mental health disorders that in combination can improve mental health and substance use outcomes as well as lead to the development of problem-solving skills and the elimination of problematic thinking patterns associated with recidivism.

(c) Transitional case management provided pursuant to the pilot project shall be employed when an individual moves from one setting to another, such as from incarceration to the community, to establish support, coordination of care, and continuity of services. Models such as forensic assertive community treatment, which employs the same multidisciplinary, team-based approach as integrated treatment, have been shown to reduce recidivism for individuals with serious mental illness leaving the criminal justice system by focusing on preventing future incarceration, rather than hospitalization, and directly collaborating with criminal justice authorities, including, but not limited to, probation departments. Case managers shall coordinate mental health services and substance use treatment with health care, housing, transportation, employment, social relationships, and community participation.

7803. *This division shall remain in effect only until January 1, 2022, and as of that date is repealed.*

SEC. 3. *This act shall apply to the University of California Criminal Justice and Health Consortium only to the extent that the Regents of the University of California, by resolution, make any of these provisions applicable to the consortium.*