Judicial Council of California · Administrative Office of the Courts

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REPORT TO THE JUDICIAL COUNCIL

For business meeting on: April 29, 2011

Title
Task Force for Criminal Justice Collaboration on Mental Health Issues: Final Report

Rules, Forms, Standards, or Statutes Affected
None

Recommended by
Task Force for Criminal Justice Collaboration on Mental Health Issues
Hon. Brad R. Hill, Chair

Agenda Item Type
Action Required

Effective Date
April 29, 2011

Date of Report
March 22, 2011

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Executive Summary

The Judicial Council's Task Force for Criminal Justice Collaboration on Mental Health Issues recommends that the Judicial Council receive its final report and recommendations and direct the Administrative Director of the Courts to prepare an implementation plan. When approved, the recommendations will provide a framework for improving practices and procedures in cases involving both adult and juvenile offenders with mental illness, for ensuring the fair and expeditious administration of justice for offenders with mental illness, and for promoting improved access to treatment for litigants with mental illness both in the community and in the criminal justice system.

Recommendation

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends that the Judicial Council, effective April 29, 2011:

1. Receive the final report and recommendations of the Task Force for Criminal Justice Collaboration on Mental Health Issues;

2. Request the Chief Justice to appoint an implementation working group no later than December 2011; and

3. Direct an implementation working group to develop a plan, no later than April 2012, that includes key milestones for implementing recommendations and identifies recommendations under Judicial Council purview, as well as potential branch implementation activities.

The task force's final recommendations can be found in the *Task Force for Criminal Justice Collaboration on Mental Health Issues: Final Report* (see Attachment A).

Previous Council Action

This is the initial submission of the task force report and recommendations to the Judicial Council. There has been no previous action by the council. The current task force expires June 30, 2011.

Rationale for Recommendation

The Task Force for Criminal Justice Collaboration on Mental Health Issues, chaired by Presiding Justice Brad R. Hill of the Court of Appeal, Fifth Appellate District, was appointed in February 2008. The task force was one of seven projects initiated nationwide with funding and technical assistance support from the national Criminal Justice/Mental Health Consensus Project of the Council of State Governments (CSG). The Consensus Project is designed to encourage state and local leaders to address the complex and serious problems arising out of the overrepresentation of persons with mental illness in the criminal justice system. The creation of the task force supports the Conference of Chief Justices (COCJ) *Resolution 11: In Support of the Judicial Criminal Justice/Mental Health Leadership Initiative,* adopted in January 2006.

The task force was specifically charged to:

- Identify needs for court-related programs and services that address offenders with mental illness in adult and juvenile courts;
- Promote interbranch and interagency collaboration at state and local levels to identify barriers and create opportunities to improve case processing and outcomes;
- Disseminate locally generated best practices to trial courts and partner agencies;
- Identify methods for evaluating the long-term effectiveness of mental health programs in the courts and for identifying best or promising practices that improve case processing and outcomes;
- Provide policymakers with recommendations to improve services and case processing for cases involving offenders with mental illness;

- Advise the Judicial Council and its advisory committees of funding needs and potential resources;
- Provide access to education and outreach programs designed to enhance the effectiveness of case processing and outcomes for cases that involve offenders with mental illness in adult and juvenile courts; and
- Serve as a clearinghouse for ideas, questions, and comments generated in the course of preparing recommendations.

Task force membership reflects the key partnerships required to more effectively address systemic responses to offenders with mental illness. Individual members include judicial officers, legislators, directors of the state departments of alcohol and drug programs, mental health, and corrections, as well as other key criminal justice and mental health partners representing state and local interests. During their terms, members have attended eight meetings of the full task force, one educational session on voluntary and involuntary treatment issues in California, one educational session on juvenile competency issues, over 40 subcommittee meetings, two meetings of subcommittee chairs, and two public hearings to receive comment on the draft recommendations and report.

The formation of the task force was timely. California's criminal justice system is becoming increasingly responsible for large numbers of individuals with mental illness. People with mental illness are more likely to be arrested than those in the general population for similar offenses and many enter the criminal justice system as a direct result of their unmanaged illness. Although only 5.7 percent of the general population has a serious mental illness, approximately 18.5 percent of arraigned defendants and 23 percent of California prison inmates have a serious mental illness. The criminal justice system is ill equipped to meet the needs of this population and cannot adequately provide the treatment people with serious mental illness need.

A number of complications arise when persons with mental illness enter the criminal court system, including delays in court proceedings as a result of an incompetent-to-stand-trial finding. Such delays often result in long jail stays while individuals await treatment at state hospitals. While in jail or prison the mental state of inmates often declines as the experience of being incarcerated can exacerbate psychiatric symptoms. According to the Council of State Governments, persons with mental illness spend more time in jail or prison than individuals who received similar convictions but do not have a mental illness. Without adequate community supports, this population, with recidivism rates sometimes double that of offenders without mental illness, is more likely to return to jail or prison soon after release.

The task force studied the myriad of issues related to responding to offenders with mental illness along the criminal justice continuum including from early intervention through reentry into the community post-incarceration. Members heard from representatives of model programs and from experts in mental health treatment and the law. The task force also heard from the public and from family members of individuals with mental illness that have been involved in the criminal

justice system. After careful study, task force members developed 137 recommendations that focus primarily in the following seven areas:

- Community-based services and early intervention strategies that reduce the number of individuals with mental illness who enter the criminal justice system;
- Court responses that enhance case-processing practices for cases of defendants with mental illness and reduce recidivism for this population;
- Policies and procedures of correctional facilities that ensure appropriate mental health treatment for inmates with mental illness;
- Community supervision strategies that support mental health treatment goals and aim to reduce the recidivism rates of probationers and parolees with mental illness;
- Practices that prepare incarcerated individuals with mental illness for successful reintegration into the community;
- Practices that improve outcomes for juveniles who are involved in the delinquency court system; and
- Education, training, and research initiatives that support the improvement of criminal justice responses to people with mental illness.

The task force formulated these recommendations during a time of fiscal crisis and uncertainty. In addition to the overall reduction in state and local revenues resulting from the economic turndown, the state is also in the process of realigning service delivery responsibilities and shifting funding resources from the state to local jurisdictions. At the time this report is going forward to the Judicial Council, much is still unknown about the future of the state's mental health and criminal justice delivery systems. In addition to maintaining the existing partnerships that have been developed during the course of the work done by the Task Force for Criminal Justice Collaboration on Mental Health Issues, there is in all likelihood, a need to expand and create new partnerships with local jurisdictions as the work of an implementation working group begins.

The task force carefully considered the economic impact of each recommendation on already stressed local and state budgets and on systems that will undoubtedly be affected by realignment activities. It is anticipated that implementation of some of the recommendations may be delayed as the judicial branch and its criminal justice and mental health partners deal with the current fiscal challenges. While some of the recommendations put forth by the task force will require additional funding and resources, many of the recommendations are cost-neutral and some are associated with cost savings as they focus on ways to maintain offenders with mental illness in the community through connections to treatment services. These recommendations can be promptly and easily implemented. Although the immediate implementation of all recommendations may not be possible in the current fiscal environment, the task force was cognizant of the importance of creating aspirational recommendations that serve as a blueprint for the best possible response to criminally involved persons with mental illness. Task force members anticipate that improving responses for persons with mental illness in the criminal

justice system will result in both short- and long-term cost savings, greater efficiency, lower recidivism rates, and improved personal and public safety outcomes.

Some of the recommendations included in the report are outside of the direct purview of the Judicial Council; however, the task force recognized that only a systemic approach to this issue would lead to the changes needed to improve outcomes for offenders with mental illness. Under judicial leadership and with the necessary criminal justice and mental health partners represented on the task force, recommendations were created that span the entire criminal justice continuum. If the Judicial Council chooses to direct a working group to develop an implementation plan, issues related to purview and a plan to address such issues will be presented to the council. Through the work of the implementation working group, the council and the courts will continue to play a key role in building and enhancing the key partnerships necessary to fully address issues related to the mentally ill in the criminal justice system.

Comments, Alternatives Considered, and Policy Implications

The draft recommendations were circulated widely for public comment for a nine-week period in the summer of 2010. The report was sent to criminal justice and mental health partners throughout the state, as well as treatment professionals, mental health consumer and family advocacy groups, and relevant Judicial Council advisory groups. In addition, the task force held public hearings in Sacramento and Los Angeles to solicit feedback on the draft recommendations. In total, 874 comments were submitted by 66 commentators, representing both individuals and organizations. Key criminal justice and mental health partners submitted comments, including the California Association of Public Administrators, Public Guardians, and Public Conservators; California Mental Health Directors Association; California State Association of Counties; Chief Probation Officers of California; and Mental Health Services Oversight and Accountability Commission, as well as county sheriffs, county mental health departments, mental health clients, family members, advocacy organizations, judges, attorneys, and court staff. A chart summarizing the comments and the committee's responses is attached at pages 28–279.

Commentators largely expressed support for the report and recommendations. Of 874 comments, the majority expressed agreement with a recommendation or agreement with minor modifications. Only 35 were in disagreement with specific recommendations. The task force carefully reviewed and addressed each submitted comment. Based on public feedback, several modifications were made to the task force recommendations and other report text.

For most of the "agree with modifications" responses, suggested modifications were minor and did not change the intent of the recommendation. Many commentators wanted named agencies or services added to recommendations or qualifying or clarifying information added. In many cases recommendations were revised or text was added to the report to reflect the commentator's suggestions.

Several commentators expressed concern about the potential costs associated with the implementation of recommendations and noted that recommendations should not become unfunded mandates. As indicated previously, the task force discussed extensively the fiscal implications of the recommendations. The task force acknowledges that some of the recommendations may require stabilized funding or additional funding. Additional text regarding the current fiscal climate of the state and the costs associated with implementing recommendations was added to the report. In addition, it was also noted that some of the recommendations can be implemented at little or no additional cost through local collaborations, and that some recommendations promote practices associated with cost savings in the long term.

Some commentators asked for additional review and analysis before the task force proposed recommendations regarding the coordination of criminal and conservatorship proceedings. Some commentators expressed concern about a single judge presiding over both the criminal and conservatorship proceedings of a defendant. Others expressed concern about granting judges the authority to order a conservatorship evaluation and the filing of a petition. Based on these comments, the task force made modifications to recommendations regarding the coordination of criminal and conservatorships proceedings to clarify that a judge would not preside over both types of proceedings unless all parties agree.

In response to other feedback received during the public comment period, six additional recommendations were added to the final report as well as three additional examples of local programs. Other than these noted additions and changes, the final report is not substantively different from the draft report circulated for public comment. However, some of the recommendations were renumbered in the process of making these additions and changes. A conversion chart that shows the old (as in the draft report) and new (as in the final report) recommendation numbers, as well as the language of the recommendations as in the draft report, is attached to this report at pages 9–27.

In summary, each recommendation was the result of much study and discussion by the task force and its leadership. Each set of recommendations is preceded by a problem overview section to provide an understanding of the problems and issues the recommendations are designed to address. Recommendations include many proposals that may necessitate further study and review, research and evaluation, possible changes in legislation or rules of court, or preparation of educational and training materials for the courts, law schools, and mental health and criminal justice partners. Some of these recommendations may require changes in the culture and practices of the courts and criminal justice and mental health partner agencies. The ultimate goal of the task force was to address ways to improve outcomes and reduce recidivism rates for offenders with mental illness while being mindful of cost and public safety considerations.

Implementation Requirements, Costs, and Operational Impacts

Receiving the report has no cost consequence. Approving specific recommendations at a later date may have consequences and that will be addressed by an implementation working group. Future implementation plans will identify the steps needed to put into practice the

recommendations contained in this report. At that time, implementation requirements and costs and operational impacts will be addressed in future reports brought forward for council action. As stated earlier, many of the recommendations may actually result in cost savings as their goal is to reduce recidivism and therefore reduce costs associated with arrests, bookings, court appearances, and time spent in jail and prison.

Relevant Strategic Plan Goals and Operational Plan Objectives

The following Judicial Council strategic plan goals are addressed by the recommendations of the Task Force for Criminal Justice Collaboration on Mental Health Issues:

- *Goal I, Access, Fairness, and Diversity*: Throughout the report, there are recommendations related to facilitating access to and understanding of court-connected programs and services, with a strong emphasis on ensuring that such services and programs are expanded to better and more comprehensively serve individuals with mental illness who may currently lack access to a variety of community-based, culturally sensitive mental health services.

- *Goal III, Modernization of Management and Administration:* Implementation of these recommendations, particularly those related to research and evidence-based practices will help ensure that the information is current and provides a sound basis for policy decisions and reports to other branches of government, criminal justice and mental health partners, and the public. Recommendations also promote innovative and effective practices to foster the fair and efficient processing and resolution of cases involving individuals with mental illness in the criminal justice system.

- *Goal IV, Quality of Justice and Service to the Public*: Recommendations focus on fostering excellence through implementation of evidence-based practices for serving individuals with mental illness in the courts and the criminal justice system. As such, there is a strong emphasis on treatment, supervision, and accountability, which are necessary components of an effective response to individuals' serious and persistent mental health problems and service-related needs. Recommendations throughout the report are designed to support collaborative efforts to improve court practices, to leverage and share resources, and to create tools for improved responses to persons with mental illness in the criminal justice system. The importance of building strong working relationships with communities, law and justice system partners, and state and local leaders is emphasized throughout the report.

  Recommendations also focus on creating and maintaining services that are culturally sensitive and foster a better understanding of court programs, procedures, and processes. All of these recommendations are made in the spirit of promoting innovative and effective problem-solving programs and practices that are consistent with the goals of the judicial branch. Recommendations will ultimately not only benefit individuals with mental illness in the criminal justice system, but also their families and communities.

- *Goal V, Education for Branchwide Professional Excellence.* A number of recommendations in this report focus on the expansion of judicial branch education programs, including the development of curricula, to aid courts and their criminal justice and mental health partners in addressing the needs of offenders with mental illness. The education recommendations also support the underlying operational objective of providing judicial officers with relevant and accessible educational and professional development opportunities.

Attachments

1. Recommendation conversion chart, at pages 9–27
2. Chart of comments, at pages 28–279
3. Attachment A: *Task Force for Criminal Justice Collaboration on Mental Health Issues: Final Report*

Conversion Chart
Original Recommendation Number → **New** Recommendation Number

Original Number	Original Recommendation	New Number
1	Community partners should collaborate to ensure that services that help people with mental illness live in the community are available. Community services should include, but are not limited to, income maintenance programs, supportive housing or other housing assistance, transportation, health care, mental health and substance abuse treatment, vocational rehabilitation, and veterans' services. Strategies should be developed for coordinating such services, such as colocation of agencies and the provision of interagency case management services.	1
2	State and county departments of mental health and drug and alcohol should design and adopt integrated approaches to delivering services to people with co-occurring disorders that cross traditional boundaries between the two service delivery systems and their funding structures. Information from existing co-occurring disorder work groups (e.g., Co-Occurring Joint Action Council and Mental Health Services Oversight and Accountability Commission) should inform the development of integrated service delivery systems.	2
3	Mental health programs, including both involuntary and voluntary services, should be funded at consistent and sustainable levels. Funding should be allocated to programs serving people with mental illness that utilize evidenced-based practices (e.g., programs established under AB 2034 that serve homeless individuals with mental illness).	3
4	Community mental health agencies should utilize local resources such as the California Network of Mental Health Clients; National Alliance on Mental Illness, California (NAMI CA); and the United Advocates for Children and Families to perform outreach and education about local mental health services, drug and alcohol programs, and other programs that serve individuals with mental illness in order to improve service access.	4
5	Local task force or work groups composed of representatives from criminal justice and mental health systems should be created to evaluate the local needs of people with mental illness or co-occurring disorders at risk of entering the criminal justice system, to identify and evaluate available resources, and to develop coordinated responses.	5
6	Local mental health agencies should coordinate and provide education and training to first responders about mental illness and available community services as options for diversion (e.g., detoxification facilities, crisis centers, and homeless shelters).	6

7	Law enforcement and local mental health organizations should continue to expand the development and utilization of Crisis Intervention Teams (CIT), Mobile Crisis Teams (MCT), and Psychiatric Emergency Response Teams (PERT) to effectively manage incidents that require responses by law enforcement officers. Such teams provide mental health expertise through specially trained police officers or through mental health professionals who accompany officers to the scene. Smaller counties unable to assemble response teams should consider alternative options such as a mental health training module for all cadets and officers.	7
8	Community-based crisis centers that operate 24 hours daily, 7 days a week, should be designated or created to ensure that law enforcement officers have increased options for people with suspected mental illness in need of timely evaluation and psychiatric stabilization. Local mental health providers, hospitals, and law enforcement agencies should collaborate to designate or create such crisis centers so that individuals are appropriately assessed in the least restrictive setting.	8
9	People with mental illness, working with their mental health care providers, should be encouraged to create Psychiatric Advance Directives (PADs) to distribute to family members or members of their support system so that vital treatment information can be provided to law enforcement officers and other first responders in times of crisis.	9
10	Discharge planning protocols should be created for people released from state and local psychiatric hospitals through collaborations among the hospitals, community-based agencies, and pharmacies to ensure that no one is released to the streets without linkage to community services. Discharge planning should begin upon hospital entry to support a successful transition to the community that may prevent or minimize future interactions with the criminal justice system.	10
11	California Rule of Court 10.952 (Meetings concerning the criminal court system) should be amended to include participants from parole, the police department, the sheriff's department, and Conditional Release Programs (CONREP), the County Mental Health Director or his or her designee, and the County Director of Alcohol and Drug Programs or his or her designee.	11
12	Courts and court partners identified under the proposed amendment of California Rule of Court 10.952 should develop local responses for offenders with mental illness or co-occurring disorders to ensure early identification and appropriate treatment. The goals are to provide better outcomes for this population, reduce recidivism, and respond to public safety concerns.	12
13	Courts and court partners identified under the proposed amendment of	13

	California Rule of Court 10.952 should identify information-sharing barriers that complicate collaborations, service delivery, and continuity of care for people with mental illness involved in the criminal justice system. Protocols, based on best or promising practices, and in compliance with Health Insurance Portability and Accountability Act (HIPAA), and other federal and state privacy protection statutes, rules, and regulations, should be developed to facilitate effective sharing of mental health–related information across agencies and systems. Agencies should be encouraged to maintain mental health records electronically and to ensure compatibility between systems.	
14	The presiding judge, or the judge designated under California Rule of Court 10.952, should obtain from county mental health departments a list of local agencies that utilize accepted and effective practices to serve defendants with mental illness or co-occurring disorders and should distribute this list to all judicial officers and appropriate court personnel.	14
15	Courts and Departments of Mental Health should ensure that courts have adequate representation as part of the local Mental Health Services Act stakeholder teams in order to promote greater collaboration between the courts and local mental health agencies and to support services for people with mental illness involved in the criminal justice system.	15
16	Each California trial court should have a specialized method based upon collaborative justice principles for adjudicating cases of defendants with mental illness, such as a mental health court, a co-occurring disorders court, or a specialized calendar or procedures that promote treatment for the defendant and address public safety concerns.	16
17	Information concerning a defendant's mental illness should guide case processing (including assignment to a mental health court or specialized calendar program) and disposition of criminal charges consistent with public safety and the defendant's constitutional rights.	17
18	Local courts, probation, and mental health professionals should collaborate to develop supervised release programs to reduce incarceration for defendants with mental illness or co-occurring disorders.	18
19	Prosecutors should utilize, as appropriate, disposition alternatives for defendants with mental illness or co-occurring disorders.	19
20	In accordance with the Victim's Bill of Rights Act of 2008 (Marsy's Law), judicial officers should consider direct input from victims in cases involving defendants with mental illness or co-occurring disorders to inform disposition or sentencing decisions, recognizing that many victims in such cases are family members, friends, or associates.	20
21	The court system and the California Department of Mental Health cooperatively should develop and implement video-based linkages	21

	between the courts and the state hospitals to avoid delays in case processing for defendants being treated in state hospitals and to prevent the adverse consequences of repeated transfers between hospitals and jails.	
22	Judicial officers should require the development of a discharge plan for defendants with mental illness as a part of disposition and sentencing. Discharge plans should be developed by custody mental health staff, pretrial services, or probation, depending on the status and location of the defendant, in collaboration with county departments of mental health and drug and alcohol or other designated service providers. Discharge plans must include arrangements for ongoing treatment and support in the community for offenders with mental illness.	22
23	Court administrators should develop local policies and procedures to ensure that medical and mental health information deemed confidential by law is maintained in the nonpublic portion of the court file. Mental health information not otherwise a part of the public record, but shared among collaborative court partners, should be treated with sensitivity in recognition of an individual's rights to confidentiality.	23
24	Conservatorship proceedings and criminal proceedings should be coordinated where a defendant is conserved and has a pending criminal case or a defendant has a pending criminal case and is then conserved. Such coordination could include designating a single judicial officer to preside over both the civil and criminal proceedings or a protocol for how such proceedings can be coordinated when heard by different judicial officers.	24
25	Existing legislation should be modified and new legislation should be created where necessary to give judicial officers hearing criminal proceedings involving defendants with mental illness the authority to order the initiation of conservatorship proceedings when there is reasonable cause to believe that a defendant is gravely disabled within the meaning of Welfare and Institutions Code section 5008(h). The conservatorship proceedings should be held before the referring court.	26
26	Legislation should be enacted that allows judicial officers to join the county conservatorship investigator (Welf. & Inst. Code §5351), the public guardian (Gov. Code §27430), private conservators, and any agency or person serving as public conservator to criminal proceedings when the defendant is being considered for conservatorship.	25
27	When the criminal court has ordered the initiation of conservatorship proceedings, the conservatorship investigation report should provide recommendations that include appropriate alternatives to conservatorship if a conservatorship is not granted.	27
28	There should be a dedicated court or calendar where a specially trained	28

	judicial officer handles all competency matters. Competency proceedings should be initiated and conducted in accordance with California Rule of Court 4.130 and relevant statutory and case law.	
29	Each court should develop its own panel of experts who demonstrate training and expertise in competency evaluations.	29
30	Mental health professionals should be compensated for competency evaluations in an amount that will encourage in-depth reports.	30
31	California Rule of Court 4.130(d)(2) should be amended to delineate the information included in the court-appointed expert report in addition to information required by Penal Code section 1369. The report should include the following: a. A brief statement of the examiner's training and previous experience as it relates to examining the competence of a criminal defendant to stand trial and preparing a resulting report; b. A summary of the examination conducted by the examiner on the defendant, including a current diagnosis, if any, of the defendant's mental disorder and a summary of the defendant's mental status; c. A detailed analysis of the competence of the defendant to stand trial using California's current legal standard, including the defendant's ability or inability to understand the nature of the criminal proceedings or assist counsel in the conduct of a defense in a rational manner as a result of a mental disorder; d. A summary of an assessment conducted for malingering, or feigning symptoms, which may include, but need not be limited to, psychological testing; e. Pursuant to Penal Code section 1369, a statement on whether treatment with antipsychotic medication is medically appropriate for the defendant, whether the treatment is likely to restore the defendant to mental competence, a list of likely or potential side effects of the medication, the expected efficacy of the medication, possible alternative treatments, whether it is medically appropriate to administer antipsychotic medication in the county jail, and whether the defendant has capacity to make decisions regarding antipsychotic medication; f. A list of all sources of information considered by the examiner, including, but not limited to, legal, medical, school, military, employment, hospital, and psychiatric records; the evaluations of other experts; the results of psychological testing; and any other collateral sources considered in reaching his or her conclusion; g. A statement on whether the examiner reviewed the police reports, criminal history, statement of the defendant, and statements of any witness to the alleged crime, as well as a summary of any	31

	information from those sources relevant to the examiner's opinion of competency; h. A statement on whether the examiner reviewed the booking information, including the information from any booking, mental health screening, and mental health records following the alleged crime, as well as a summary of any information from those sources relevant to the examiner's opinion of competency; and i. A summary of the examiner's consultation with the prosecutor and defendant's attorney, and of their impressions of the defendant's competence-related strengths and weaknesses.	
32	An ongoing statewide working group of judicial officers, the Administrative Office of the Courts, Department of Mental Health, CONREP, and other stakeholders should be established to collaborate and resolve issues of mutual concern regarding defendants found incompetent to stand trial.	32
33	State hospitals and mental health outpatient programs should be adequately funded to ensure effective and timely restoration of competency for defendants found incompetent to stand trial in order to eliminate the need to designate jails as treatment facilities (Pen. Code §1369.1).	33
34	There should be more options for community placement through CONREP and other community-based programs for felony defendants found incompetent to stand trial on nonviolent charges so that not all such defendants need be committed to a state hospital for competency restoration.	34
New	Courts are encouraged to reopen a finding of incompetence to stand trial where new evidence is presented that the person is no longer incompetent. If the defendant is re-evaluated and deemed competent he/she should not be transferred to a state hospital.	35
35	Existing legislation should be modified or new legislation be created to give judicial officers hearing competency matters access to a variety of alternative procedural and dispositional tools, such as the jurisdiction to conditionally release a defendant found incompetent to stand trial to the community, rather than in a custodial or hospital setting, to receive mental health treatment with supervision until competency is restored.	36
36	Care and treatment of defendants with mental illness should be continued after restoration of competence. Penal Code section 1372(e) should be expanded, consistent with *Sell v. United States*, to ensure that competence is maintained once restored and that medically appropriate care is provided to defendants for as long as it is needed. In an effort to maintain a defendant's competence once restored, courts, state hospitals, and the California State Sheriff's Association should collaborate to	37

	develop common formularies to ensure that medications administered in state hospitals are also available in jails.	
37	Forensic Peer Specialist Programs should be utilized within the courts, particularly in mental health courts to assist defendants with mental illness in navigating the criminal justice system.	38
38	Court Self-Help Centers should provide materials to defendants with mental illness, family members, and mental health advocates about general court processes, mental health courts or other court-based programs and services for defendants with mental illness, and community and legal resources.	39
39	At the time of initial booking or admission, all individuals should be screened for mental illness and co-occurring disorders through a culturally competent and validated mental health screening tool to increase the early identification of mental health and co-occurring substance use problems of incarcerated individuals.	40
40	The California State Sheriff's Association, Corrections Standards Authority, California Department of Mental Health, California Department of Alcohol and Drug Programs, County Alcohol and Drug Program Administrators in California, California Mental Health Directors Association, and the Chief Probation Officers of California should collaborate to develop and validate core questions for a Mental Health and Co-occurring Disorder Initial Screening instrument based on evidence-based practices and consistent with the defendant's constitutional rights. All jails in California should adopt the screening instrument to standardize procedures statewide and to promote consistency and quality of information across counties. The content of such a screening instrument can be expanded upon or automated by local programs.	41
41	The adopted screening instrument should inquire about the individual's mental health and substance use history. The screening instrument must be sensitive to cultural variations, and staff administering the tool must understand inherent cultural biases.	42
42	If the initial screening indicates that an individual in custody has a mental illness or co-occurring disorder, a formal mental health assessment should be administered to determine the level of need for treatment and services while in custody. The assessment should be conducted by a qualified mental health practitioner as close to the date of the initial screening as possible.	43
43	Mental health staff should be available at jail-booking and prison admission facilities at all times.	44
44	Upon booking or admission, individuals with mental illness should be housed in an appropriate setting within the jail or prison based on their	45

	medical and mental health needs as identified in the mental health screening and evaluation.	
45	A discharge plan should be developed for incarcerated individuals with mental illness or co-occurring disorders. The discharge plan will build upon information gathered from the mental health screening and assessment instruments and will document prior mental health treatment and prescribed psychiatric medications to ensure continuity of essential mental health and substance abuse services in order to maximize psychiatric stability while incarcerated as well as after being released. Treatment and services outlined in the discharge plan should be culturally appropriate (e.g., according to ethnicity, race, age, gender) for the individual with mental illness.	46
46	Discharge plans should follow the individual across multiple jurisdictions, including local and state correctional systems and mental health and justice agencies to ensure continuity of care. Information sharing across agencies and jurisdictions must follow criminal justice, HIPAA, and other federal and state privacy protection statutes, rules, and regulations.	47
47	Jails and prisons should have sufficient resources and staff to ensure access to mental health treatment services. Assessment and treatment services must begin immediately upon entry into jail or prison and should include, but not be limited to, the following: an assessment and discharge plan developed by custody mental health and psychiatric staff, appropriate psychotherapeutic medications, psychiatric follow up, custody mental health staff to monitor treatment progress, and behavioral and counseling interventions.	48
48	Jails and prisons should implement therapeutic communities or other evidence-based programming for incarcerated individuals with mental illness or co-occurring disorders where clinically appropriate.	49
49	Custody nursing and mental health staff should be available 24 hours a day in order to sufficiently respond to the needs of incarcerated individuals with mental illness or co-occurring disorders.	50
50	Custody mental health staff should continue the treating community physician's regimen in order to prevent relapse and exacerbation of psychiatric symptoms for incarcerated individuals assessed as having a mental illness, unless a change in treatment regimen is necessary to improve or maintain mental health stability.	51
51	California Department of Mental Health, California Department of Corrections and Rehabilitation, and the California State Sheriff's Association should coordinate drug formularies among jail, prison, and community mental health agencies to ensure continuity of care for incarcerated individuals with mental illness.	52

52	In the absence of a common drug formulary, jails and prisons should obtain expedited treatment authorizations for off-formulary medication to ensure psychiatric stabilization and continuity of care when necessary.	53
53	The California State Sheriff's Association and California Department of Corrections and Rehabilitation should consider utilizing the NAMI California Inmate Mental Health Information Form for use in all California jails and prisons. Both the original jail form and its more recent adaptation by the prison system provide family members an opportunity to share diagnosis and historical treatment information with correctional clinical staff.	54
54	The court should have jurisdiction to join to the proceedings those agencies and providers that already have legal obligations to provide services and support to probationers and parolees with mental illness. Before joinder, any agency or provider should have advance notice of and an opportunity to be heard on the issue.	55
55	In cases where the offense is committed and sentencing occurs in a county other than the probationer's county of residence, before the Court grants a motion to transfer jurisdiction to that county (pursuant to Pen. Code §1203.9), judicial officers should give very careful consideration to the present mental stability of the probationer and determine whether or not the probationer will have immediate access to appropriate mental health treatment and other social service supports in the county of residence. The Court must ensure that adequate discharge planning has taken place, including referral to a mental health court if appropriate, to ensure a direct and immediate connection with treatment and services in the county of residence.	56
56	Probation and parole supervision should follow the discharge plan approved by the judicial officer as part of the disposition of criminal charges or by California Department of Corrections and Rehabilitation at the time of release. The discharge plan should include probationers' or parolees' treatment and other service needs as well as risks associated with public safety, recidivism, and danger to self. Individuals with low risk or needs may require no supervision and early termination of probation or parole, whereas individuals with high risk or needs may need to receive intensive supervision joined with intensive mental health case management.	57
57	Probation and parole conditions should be the least restrictive necessary and should be tailored to the probationers' or parolees' needs and capabilities, understanding that successful completion of a period of community supervision can be particularly difficult for offenders with mental illness.	58

58	Probationers and parolees with mental illness or co-occurring disorders should be supervised by probation officers and parole agents with specialized mental health training and reduced caseloads.	59
59	Specialized mental health probation officers and parole agents should utilize a range of graduated sanctions and incentives to compel and encourage compliance with conditions of release. Incentives and positive reinforcement can be effective in helping offenders with mental illness stay in treatment and follow conditions of probation or parole.	60
60	Specialized mental health probation officers and parole agents should conduct their supervision and other monitoring responsibilities within the communities, homes, and community-based service programs where the offender with mental illness spends most of his or her time. This approach should reorient the supervision process from enforcement to intervention.	61
61	Specialized mental health probation officers and parole agents should work closely with mental health treatment providers and case managers to ensure that probationers and parolees with mental illness receive the services and resources specified in their discharge plans, and that released offenders are connected to a 24-hour crisis service.	62
62	Working agreements and relationships should be developed between community-based service providers and specialized probation officers and parole agents to increase understanding and coordination of supervision and treatment goals.	63
63	Probationers and parolees with mental illness or co-occurring disorders should receive mental health and substance abuse treatment that is considered an evidence-based or promising practice.	64
64	Judicial officers should avoid stating fixed sentencing terms that mandate state prison for an offender with mental illness upon violation of probation conditions regardless of the seriousness of the violation.	65
65	Judicial officers hearing probation and parole violation calendars should carefully review the offender's discharge plan and consider the seriousness of the alleged violation(s) as well as the offender's progress or lack thereof in mental health treatment. Absent new serious criminal behavior by the probationer or parolee, alternative responses short of reincarceration should be considered. Incarceration should be reserved for those violations that demonstrate a threat to public safety.	66
66	Specialized calendars or courts for probationers and parolees with mental illness at risk of returning to custody on a supervision violation should be established in every jurisdiction. Such courts (e.g., reentry courts) or calendars should be modeled after collaborative drug and mental health courts.	67
67	Immediate treatment interventions should be provided to a probationer	68

	or parolee with mental illness who considerably decompensates after his or her release or appears to be failing in community treatment.	
68	Probation officers and parole agents should utilize graduated sanctions and positive incentives and work with mental health treatment providers to increase the level of treatment or intervention or initiate new treatment approaches when probationers and parolees with mental illness violate conditions of supervision.	69
69	Probation officers, parole agents, and treatment providers should provide necessary treatment information to custody staff for those probationers or parolees with mental illness who are returned to jail or prison to ensure continuity of care.	70
70	A community mental health care manager should initiate person-to-person contact with the incarcerated individual in jail who has a mental illness prior to his or her release from custody through an in-reach process in order to engage the individual in the development of his or her community treatment plan and to provide a "bridge" to the community, thereby increasing the probability that the individual will follow up with treatment upon release.	71
71	A formal jail liaison should be designated by local mental health departments and local correctional facilities to improve communication and coordination between agencies involved in the discharge planning and postadjudication services for offenders with mental illness. Jail liaisons provide a single point of access within each system for problem identification and resolution regarding care of specific individuals as well as coordination of systems.	72
72	Peer support services, through an in-reach process, should be offered to offenders in jail with mental illness while incarcerated and upon release to help ensure successful community reentry.	73
73	Legislation and regulations, as well as local rules and procedures, should be modified or enacted to ensure that federal and state benefits are suspended rather than terminated while offenders with mental illness are in custody. Administrative procedures should be streamlined to ensure that benefits are reinstated immediately after offenders with mental illness are released from jail or prison.	74
74	Offenders with mental illness who do not have federal and state benefits, or have lost them due to the length of their incarceration, should receive assistance from jail or prison staff or in-reach care managers in preparing and submitting the necessary forms and documentation to obtain benefits immediately upon reentry into the community.	75
75	The discharge plan for release from jail, approved by the judicial officer as part of the disposition of criminal charges, should be implemented	76

	immediately upon release. The discharge plan should include arrangements for mental health treatment (including medication), drug and alcohol treatment, case management services, housing, applicable benefits, food, clothing, health care, and transportation.	
76	Offenders with mental illness should be released during daytime business hours rather than late at night or in the early morning hours to ensure that offenders can be directly connected to critical treatment and support systems.	77
77	Upon release from jail, the sheriff's department should provide or arrange the offender's transportation to the location designated in the discharge plan.	78
78	Upon release from jail, the sheriff's department should facilitate access to an appropriate supply of medication as ordered in the discharge plan, a prescription, and a list of pharmacies accepting the issued prescription.	79
79	Upon release from jail, the care manager who engaged the offender through in-reach services while in custody should ensure that the offender receives timely follow-up care, including psychiatric appointments as outlined in the discharge plan.	80
80	The sheriff's department should give advanced notice of the offender's release date and time from jail to the offender's community treatment coordinator as specified in the discharge plan as well as to members of his or her family and support system.	81
81	Offenders with mental illness should be released with arrangements for appropriate safe housing in the community as provided in the discharge plan.	82
82	Courts, prisons, jails, and community partners, including CONREP, should be prepared to assume the role of housing advocate for the releasee, recognizing that there are explicit as well as implicit prejudices and exclusions based on either mental illness or the criminal history of the releasee.	83
83	Courts, prisons, jails, and community partners, including law enforcement, discharge planners, service providers, probation, and parole, should establish agreements with housing programs to develop a housing referral network to coordinate housing placements for offenders with mental illness who are returning to the community.	84
84	Need-based housing options should be available, recognizing that offenders with mental illness and co-occurring disorders require different levels of housing at release that may change over time.	85
85	Legislation should be enacted to provide incentives (e.g., funding, tax credits) to housing developers, providers of supportive housing, and owners of rental units to support the development and availability of housing to incarcerated offenders with mental illness when they are	86

	released to reenter the community.	
86	Mental Health Services Act (MHSA) funding dedicated to housing should be leveraged with other funding sources to ensure equal access to housing for offenders with mental illness, including those on probation. The state Director of Mental Health and the Mental Health Oversight and Accountability Commission (MHSOAC) should ensure that county plans include provisions to secure equal access to housing paid for with MHSA funding for offenders with mental illness.	87
87	Each presiding judge of the juvenile court should work with relevant stakeholders to develop procedures and processes to provide appropriate services to youth in the delinquency system who have a diagnosable mental illness or a developmental disability, including developmental immaturity, or a co-occurring disorder. These procedures should include collaboration with mental health systems, probation departments, and other community resources.	88
88	Every juvenile who has been referred to the probation department pursuant to Welfare and Institutions Code section 602 should be screened or assessed for mental health issues as appropriate.	89
89	Protocols should be developed for obtaining information regarding a child's mental health diagnosis and medical history. Emphasis should be placed on acquiring thorough information in an expedited manner.	90
90	Juveniles in detention should have a medication evaluation upon intake into the detention center. Any psychotropic medication that a juvenile in detention is currently prescribed should be available to that juvenile within 24 hours of intake into detention unless an evaluating psychiatrist determines that it is no longer in the child's best interest.	91
91	Each court should have informational and educational resources for juveniles and their families to learn about juveniles' rights, resources available, and how to qualify for services and benefits as they relate to issues of mental health. Those resources could include specially trained personnel, written materials, or any other sources of information.	92
92	Options should be explored to ensure that mental health services are not automatically terminated in every case as soon as a child turns 18. Where appropriate, services should be extended in a manner consistent with the extension of services to dependent youth after they turn 18.	93
93	Communication between the delinquency system and the adult criminal justice system should be improved to ensure that if a person once received mental health treatment as a juvenile, the information regarding that treatment is provided in a timely and appropriate fashion if they enter the adult criminal justice system. When deemed appropriate upon assessment, treatment should continue in a consistent fashion if a minor transitions into the adult criminal justice system.	94

94	Experts in juvenile law, psychology, and psychiatry should study the issue of juvenile competence for the purpose of improving the systemic response to youth found incompetent to stand trial in the delinquency court.	95
95	The feasibility of enacting legislation that defines competency to stand trial for juveniles in delinquency matters and outlines the legal procedures and processes should be studied. Legislation should be separate from the statutes related to competency in criminal court and should be based on scientific information about adolescent cognitive and neurological development and should allow for appropriate system responses for children who are found incompetent as well as those remaining under the delinquency court jurisdiction.	96
96	Youth exiting the juvenile delinquency system, including those returning from out-of-state placements, should receive appropriate reentry and aftercare services, including, but not limited to, a discharge plan for psychiatric treatment and a mental health plan.	97
97	Upon release from detention or placement, the probation department should facilitate access to an adequate supply of medication to fill any gap in time before having a prescription filled as ordered in the discharge plan.	98
98	The presiding judge of the juvenile court, working with the probation department, should create memoranda of understanding with local pharmacies and mental health service providers to ensure that juveniles leaving detention or placement have a reasonable distance to travel to fill prescriptions and obtain other necessary mental health services.	99
New	Administrative procedures should be revised and streamlined to ensure that benefits of youth with mental illness are suspended instead of terminated when in detention and that those benefits are reinstated upon release from detention or placement. A youth's probation officer or mental health case manager should assist youth and their families with any associated paperwork.	100
99	The presiding judge of the juvenile court should work collaboratively with relevant local stakeholders to ensure that mental health services are available for all juveniles in the juvenile court system, including facilitating the delivery of culturally competent psychological and psychiatric services.	101
100	The presiding judge of the juvenile court of each county should work collaboratively with relevant agencies to ensure that youth in detention receive adequate and appropriate mental health treatment.	102
101	The presiding judge of the juvenile court should establish an interagency work group to identify and access local, state, and national resources for juveniles with mental health issues. This work group	103

	might include, but is not limited to, stakeholders such as schools, mental health, health care, social services, local regional centers, juvenile probation, juvenile prosecutors, juvenile defense attorneys, and others.	
102	Guidelines for processes and procedures should be created for information sharing among institutions that protects juveniles' right to privacy, privilege, confidentiality, and due process.	104
103	A statewide standard of care should be developed for youth under the court's jurisdiction who have mental illness or developmental disability. Local jurisdictions should collaborate to develop strategies and solutions for providing services to youth with mental health issues that meet this minimum statewide standard of care utilizing available local and state resources.	105
104	The presiding judge of the juvenile court of each county should work collaboratively with relevant local stakeholders to ensure that out-of-custody youth with co-occurring disorders are obtaining community-based mental health services. These agencies can include, but are not limited to, schools, mental health, social services, local regional center, juvenile probation, juvenile defense attorneys, drug and alcohol programs, and others.	106
105	Education related to juvenile development, mental health issues, co-occurring disorders, developmental disabilities, special education, and cultural competency related to these topics should be provided to all judicial officers, probation officers, law enforcement, prosecutors, defense attorneys, school personnel, and social workers. This education should include information about the identification, assessment, and provision of mental health, developmental disability, and special education services, as well as funding for those services.	107
106	Education and training should be provided to judicial officers, juvenile defense attorneys, and probation officers on how to assist juveniles and their families in qualifying for appropriate mental health treatment services for youth under the jurisdiction of the juvenile delinquency court (e.g., Medi-Cal, housing, SSI).	108
New	The Administrative Office of the Courts should disseminate to the courts information regarding evidenced-based collaborative programs or services that target juvenile defendants with mental illness or co-occurring disorders.	109
New	The California Courts Web site should include links to national and international research on collaborative justice and juvenile mental health issues, as well as information regarding juvenile mental health court and calendar best practices and subject matter experts available to assist the courts.	110
107	Assessments and evaluations of the current data, processes, and	111

	outcomes of juvenile competence to stand trial in California should be conducted. This research should include, but is not limited to, an assessment of the number of cases in which the issue of competence is raised, the number of youth found incompetent versus competent, and what happens when a youth is found to be incompetent to stand trial.	
108	Research should be conducted related to juvenile mental health issues, including assessments and evaluations of the following: a. The mental health services available to juveniles and transition-age youth in each county; and b. Any overlap between youth who enter the delinquency system and youth who are eligible to receive mental health services under a special education program provided by the Individuals with Disabilities Education Act (IDEA, in accordance with AB 3632).	112
109	Research should be conducted to identify adult offenders' prior juvenile involvement with the Individuals with Disabilities Education Act (IDEA) and any unsealed juvenile petitions.	Removed
110	Ongoing data should be collected about juveniles diverted from the juvenile delinquency court to other systems, including, but not limited to, the mental health system or juvenile mental health court.	113
111	The Administrative Office of the Courts should seek funding from state, federal, and private sources for education on collaborative justice principles and mental health issues.	114
112	The Administrative Office of the Courts should disseminate to the courts information regarding evidenced-based collaborative programs or services that target defendants with mental illness or co-occurring disorders.	115
113	The Administrative Office of the Courts, in collaboration with consumer and family groups, the Forensic Mental Health Association, California Institute of Mental Health (CIMH), and other professional mental health organizations, should develop and provide education for judicial officers, appropriate court staff, and collaborative partners on mental health issues and strategies for responding to people with mental illness or co-occurring disorders in the criminal justice system. Education should include information on diversion programs and community services that target this population.	116
114	California Rule of Court 10.469 (Judicial education recommendations for justices, judges, and subordinate judicial officers) should be amended to encourage judicial officers to participate in education on mental illness and best practices for adjudicating cases involving defendants who have a mental illness or co-occurring disorder.	117
115	Training should be provided to judicial officers and attorneys on collaborative justice principles and all areas related to defendants with	118

	mental illness or co-occurring disorders, including diagnoses, communication techniques, and treatment options.	
116	Continuing Legal Education (CLE) courses focusing on mental health law and participation by mental health professionals in the criminal process should be developed.	119
117	Pretrial services and probation personnel should receive training regarding symptoms of mental illness so that they can refer, or recommend that a judicial officer refer, people who may suffer from a mental illness to trained mental health clinicians for a complete mental health assessment.	120
118	Probation officers and parole agents should receive education and training about mental illness to increase understanding of the unique challenges facing these offenders and to obtain better outcomes for this population. Education and training should promote a problem-solving approach to community supervision that balances both therapeutic and surveillance goals and includes information regarding communication techniques, treatment options, and criminogenic risk factors.	121
119	Hearing officers who are responsible for hearing probation and parole violations of offenders with mental illness should receive education about mental illness and effective methods for addressing violations of supervision conditions by offenders with mental illness.	122
120	Crisis intervention training should be provided to law enforcement, including jail custody personnel and correctional officers on an ongoing basis to increase understanding of mental illness and to improve outcomes for and responses to people with mental illness. CIT training should also be part of the standard academy training provided to new officers.	123
121	All mental health training and education should include information on cultural issues relevant to the treatment and supervision of people with mental illness. Custodial facilities, courts, probation, parole, and treatment agencies should be encouraged to actively seek practitioners who have the cultural and language skills to directly relate to people with mental illness.	124
122	Education and training programs for criminal justice partners should utilize mental health advocacy organizations and include presentations by mental health consumers and family members.	125
123	Mental Health Services Act funding should be actively utilized for state and local educational campaigns and training programs for the general public that reduce stigma and discrimination toward those with mental illness. Educational campaigns and training programs should incorporate the recommendations of the California Strategic Plan on Reducing Mental Health Stigma and Discrimination.	126

124	All accredited law schools in California should expand their curricula to include collaborative justice principles and methods, including those focused on defendants with mental health issues.	127
125	The Administrative Director of the Courts should transmit this report to California law school deans and urge them to consider the following strategies: a. Develop effective strategies to institutionalize collaborative justice principles and methods in training programs for law school faculty and staff; b. Provide faculty with access to periodic training that focuses on understanding mental illness and how to best represent those with mental illness based on collaborative justice principles and methods; and c. Encourage faculty to develop teaching methods and engage speakers who can integrate the practical aspects of how collaborative justice principles and methods relate to the reality of legal practice in the substantive areas being taught.	128
126	The State Bar of California admissions exam should be expanded to include questions testing knowledge of collaborative justice principles and methods, including those focused on defendants with mental health issues. The Board of Governors and the Committee of Bar Examiners of the State Bar of California should collaborate, as appropriate, with law school deans regarding the inclusion of collaborative justice principles and methods into bar examination questions.	129
127	The Administrative Director of the Courts should transmit this report to the Law School Admissions Council (LSAC) and the Board of Governors of the State Bar of California for its information and consideration.	130
New	The Administrative Office of the Courts should seek funding from state, federal, and private sources for research initiatives outlined in this report.	131
128	The California Courts Web site should be modified to include links to national and international research on collaborative justice and mental health issues, as well as information regarding mental health court and calendar best practices and subject matter experts available to assist the courts.	132
129	There should be further research on the effectiveness of programs that serve people with mental illness involved in the criminal justice system, such as crisis intervention teams, mental health courts, reentry courts, and specialized mental health probation programs. Research should analyze mental health and recidivism outcomes, costs and savings, and the elements of such programs that have the most impact. Research	133

	should evaluate outcomes for different subgroups (e.g., according to race, gender, diagnosis, etc.) within the participant population.	
130	Programs targeting offenders with mental illness should track outcome data. Although programmatic goals will determine the data collected, key data elements should include the following: a. Participant data (e.g., number served and relevant characteristics, such as diagnosis and criminal history); b. Service data (e.g., type of service received, frequency of service, length of service provision); c. Criminal justice outcomes (e.g., number of arrests, types of charges, jail days); d. Mental health outcomes (e.g., number of inpatient hospitalizations and lengths of stay, number of days homeless); and e. Program costs and savings data.	134
New	Statewide evaluations should be conducted to identify and study the effectiveness of inpatient and outpatient programs that regularly accept forensic mental health clients. Barriers to the placement of individuals under forensic mental health commitments should be identified.	135
131	Independent researchers should evaluate the effectiveness of competency restoration programs.	136
132	Local public agencies, including law enforcement, should collaborate to create a system that identifies individuals involved in the criminal justice system who frequently access services in multiple public systems in order to distinguish those most in need of integrated interventions, such as permanent supportive housing. Public agencies can use this system to achieve cost savings by stabilizing the most frequent and expensive clients.	137
133	The Judicial Council should review and accept the final recommendations of the Task Force for Criminal Justice Collaboration on Mental Health Issues.	Removed
134	The Judicial Council should direct the Administrative Director of the Courts to develop an implementation plan for the recommendations.	Removed
135	The Administrative Director of the Courts should provide a report on implementation to the Judicial Council two years after the acceptance of the recommendations.	Removed

Contents

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

All Commentators and General Comments

List of All Commentators, Overall Positions on the Proposal, and General Comments			
	Commentator	**Comment**	**Committee Response**
1.	Barbara Alexander, Marin County	No general comment.	No response required.
2.	American Association for Marriage and Family Therapy, Olivia Loewy, Executive Director	We commend the Task Force on its comprehensive and detailed recommendations to improve mental health services in the criminal justice system. These inspirational goals illustrate well the many changes that are needed. As the change process proceeds and multi-disciplinary providers are identified, we encourage the incorporation of Marriage and Family Therapists (MFTs) in the delivery of these services. As you may know, the MFT profession is dedicated to enhancing mental health in the context of systems, family and relationships. MFT's have long served the courts in child advocacy and family mediation, so this new opportunity is a natural extension of our partnership. Within an integrated, comprehensive system of care, it is our expectation that MFT's would be especially relevant in the discharge plan; community re-entry; service to juveniles; and the education and training of Judicial Officers, Attorneys, and Criminal Justice Partners. We look forward to a long and positive affiliation with the criminal justice system. The American Association for Marriage and Family Therapy is the professional association for the field of marriage and family therapy. We represent the	The task force agrees that Marriage and Family Therapists (MFTs) may be involved in the delivery of services outlined in the report. The task force chose not to explicitly state that MFTs be incorporated in the delivery of services because this is a decision that must be determined at the local level based on local resources.

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		professional interests of more than 50,000 Marriage and Family Therapists throughout the United States, Canada, and abroad. Our association facilitates research, theory development, and education. We develop standards for graduate education and training, clinical supervision, professional ethics and the clinical practice of Marriage and Family Therapy.	
3.	Andres, Santa Clara County	I suffer from paranoid schizophrenia and voices harass and taunt me daily. I also get other symptoms like muscle twitches and I am delusional and think it is caused by satellites. I have suffered with this illness since 1998 when I joined the Naval Reserves. These voices are not my own voices but other people I hear. I hear white voices and a black voice. I am Hispanic and have an accounting degree from San Jose State University 1992. I worked at major corporations but had troubles finding work around 1993-1998 when my paranoid delusions started. Schizophrenia is a complex illness and with me it took 6 years of stress to bring about voices. I just think it is unfair to place people who have suffered with this illness in jails and not hospitals to where they can be placed on the right medications and all that is needed is proper care. Having a social worker to help out with this illness helps because the person suffering has legal forms to fill out in which they get not help. These forms are used to obtain medications and social security. My mother helps me with these forms and sometimes I am able to do some of the	The task force considered the comment and decided that modifications were not necessary. The commentator states that police officers should be trained on mental illness. Training for law enforcement is discussed in recommendations 6, 7, and 123.

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		footwork. My voices taunt me daily saying perverse things about my mother and will tell me to get out of California and go back to Mexico. I am here legally by birth. It must have been something that I picked up from illegal immigration issues and not getting jobs. Just the stress of not having money and trying to find work from 1993-1998 finally made my brain not able to deal with it and I must have gotten voices. I pray for those in jails and who will be placed in jails because of mental illness or are suffering with mental illnesses. Sometimes prayer is so great to these people for comfort. I pray that this State will not cut back social cost because of budget cuts to place the mentally ill in jails because they have nowhere else to put them. I know if you do something wrong then you must pay the price. But sometimes the mentally ill maybe just having a bad day with voices or a bad week and need treatment. Sometimes they can't help outburst in public and are not in control. There is a difference with people like me who have education but can't go into a structured environment like a gym or church and have to exercise or walk in the streets where they may encounter a police man because voices are bothering them to a homeless person who is just there because they may have tried illegal drugs. I believe that police in busy suburban areas where they may encounter people with mental illness should be trained properly to handle the situation and get them to a hospital instead of provoking a situation to where it might lead to jail. I live	

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		in Sunnyvale and fortunately my parents know some of the police staff. But the police do not know what to do when they encounter people with voices. I guess what I am saying is that there should be a judgment call on the officers who encounter people with mental illness and be trained how to handle each situation. Maybe they just need to be taken back to their parents place or place where they live and not go in to the hospital. I just hope and pray that you make decisions not in just pure black and white and that you see the gray areas. That you see the social implications. I know that we must be tough on crime and if you are caught doing something illegal then you should pay. But for those who are just having a bad day and are not a harm to society or themselves and are yelling back at their voices or getting frustrated with voices then they should be handled in accordance with the officer. God bless you and I hope you make the right decisions. Thank you for listening to my plea.	
4.	Bet Tzedek Legal Services, Dominique Sanz-David	Commented at Los Angeles Public Hearing. * Commentator informed the task force that many of her clients are caring for adult children with mental health issues and that these elderly caregivers are often powerless because they can't access the LPS (Lanterman Petris Short Act) system. Commentator mentioned that elderly caregivers may be abused by their children with a mental illness, but don't want to call the police because they don't want their child to be arrested. Commentator suggested greater collaboration	The task force considered the comment and decided that modifications were not necessary. Issues regarding conservatorships are addressed in recommendations 24- 27.

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		between probate court and mental health courts for families with adult mentally ill children. Commentator stated that she thought it would be helpful if the general public (family members) were able to initiate LPS petitions. Commentator also stated that the Public Guardian's office does not have enough resources for LPS cases and the investigations are very limited. The investigator does not speak to family members or previous doctors and there is no requirement for investigation of the patient's medical history.	
5.	California Association of Marriage and Family Therapists, Mary Riemersma, Executive Director, David Jensen, Staff Counsel	No general comment.	No response required
6.	California Association of Public Administrators-Public Guardians and Public Conservators, Connie D Draxker, Executive Board Member	The California Association of Public Administrators, Public Guardians and Public Conservators(PAPGPC) represents and advocates on behalf of Public Guardians (PG's)and Public Conservators (PC's) throughout the state and submits this response to recommendations made by the Task Force For Criminal Justice Collaboration on Mental Health Issues. The PAPGPC Association would like to recognize Supreme Court Justice Ronald M. George for creating the Task Force and appreciates the time and effort put in by the task force and the Judicial Council on these important issues. While the Association was not represented on the Task	The task force considered the issues raised in the comment. The comment doesn't include directives for modifying recommendations or the report. The task force shares concerns regarding the lack of appropriate housing options for forensic clients. The need for housing is discussed throughout the report.

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		Force, we welcome the opportunity to respond to recommendations that will impact Public Guardians and Public Conservators statewide. PG/PC's have seen the increase in forensic clients referred for conservatorship services in recent years. The appropriateness of conservatorship to serve these clients is debatable, especially given the resources necessary to meet the needs of forensic clients, particularly those with long histories of violent crimes and those with registered sex offender or arson status. The lack of appropriate housing options, including state hospital and long term locked psychiatric facilities is placing PG/PC's statewide in a precarious position of legal responsibility without sufficient support to ensure the client or the public's safety. The Association concurs with efforts and recommendations to properly provide outpatient and community services to mentally ill offenders who are in the criminal justice system, especially for those offenders or inmates charged with non-violent crimes. *See comments on specific sections below.	
7.	California Coalition for Mental Health, Jerry Jeffe, Deputy Executive Director	The California Coalition for Mental Health represents over 30 mental health advocacy organizations in California and has been in existence for several decades. The comments represent the membership of the organization rather than a single individual. The report does an admirable job of laying out the interactions between the numerous players involved in the pre and post adjudication processes experienced by those who	The task force has added language in the introduction of the report to clarify how the word "treatment" is intended to be understood. The term treatment was not intended to be understood as solely the prescription and administration of medications. The task force agrees that effective treatment includes a range of

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		wind up in the courts due to mental health issues. And those who may experience new or increased mental health issues in part as a consequence of being caught up in the criminal justice system. In addition, the report includes just about every recommendation we always wanted to see in such a report so we are happy with the general direction of the work product of the Task Force. One area of concern, however, was the tendency to equate treatment solely with the prescribing/administering of medications. As we know, effective treatment for those contending with serious mental health issues must usually include a range of interventions including behavioral interventions. When it comes down to it, people caught up in the criminal justice system got there primarily as a result of their behavior. It seems reasonable that interventions, whose purpose we all agree should be to reduce the tragically high rates of recidivism among people with mental illness in the criminal justice system, must include interventions specifically designed to reduce the behavior that landed them there in the first place. Granted, providing a full range of services within the confines of a prison or jail may prove difficult, but this does not negate their value. When it comes to services provided to probationers and parolees in the community, a focus solely on pharmaceutical interventions is both unnecessary and unjustified. We are concerned that without specific mention of other treatment modalities	interventions, including behavioral health counseling, housing, and case management. Other treatment modalities are explicitly discussed throughout the report (see recommendations 1, 48, 49, 76, and 85).

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		in the report, whatever actions that might be taken as a result will just default to medications as the primary, if not sole intervention for everyone - pre, post, incarcerated, and in the community.	
8.	California Department of Veterans Affairs, Christopher Colbert	Commented at Sacramento Public Hearing. * Commentator spoke in support of veterans courts and recommended that they be implemented throughout the state. He stated that there is a need to identify veterans and refer them to veterans courts and ensure treatment. Commentator stated that the VA has preventative programs, such as the Welcome Home program, but that it is difficult to connect veterans to these services. *See comments on specific sections below.	The task force agrees with the comment and has added information on veterans courts in the Court Responses section of the report.
9.	California Mental Health Directors Association, Alfredo Aguirre, LCSW, MH Director, San Diego County Health & Human Services and CMHDA President, Patricia Ryan, MPA, CMHDA Executive Director	First, we applaud the thoroughness with which the task force deals with the many complex issues related to this important topic. The recommendations clearly attempt to articulate the ideal system for mentally ill offenders, and lay out in much detail what the task force believes this system should look like and how it should operate. We also appreciate the report's occasional acknowledgement about the lack of funding in our mental health system. For example, on page 13, it states that "some of the recommendations may require additional funding, legislative changes, or changes in the culture and practices of systems involved in responding to people with mental illness in the criminal justice system." However, on the flip side, perhaps our biggest concern about the report is that we do not live in	The task force considered the issues raised in this comment:

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		an "ideal" fiscal environment when it comes to mental health funding in California. It is somewhat ironic that these recommendations come at a time when the community-based public mental health system is struggling to provide even basic mental health services to many adults who need them. From our perspective, the report does not appear to reflect an adequate understanding of the massive infusion of resources that would be necessary to carry out many of these recommendations. For example, while acknowledging that more resources may be needed, the report goes on to state (on page 13) that "while members of the task force were sensitive to the current economic climate and the fiscal difficulties faced by state and local government and community-based services, the members chose to be ambitious in formulating recommendations with an eye toward a future when the fiscal climate will improve." Later, in recommendation 134, it directs the Administrative Director of the Courts to "develop an implementation plan for the recommendations." We frankly fear that providing recommendations such as these without an analysis of the real cost of implementing any individual recommendation only complicates the local discussion, and leads to unrealistic expectations. Other comments: • It may be helpful to identify examples where counties have already implemented some of the	Additional language regarding the current fiscally strained mental health system and resources needed for implementation was included in the introduction sections of the report. The side bars throughout the report are meant to illustrate ways in which many of

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		recommendations, and include lessons learned from them. • Some of the recommendations need further examination from a public policy and perhaps legislative perspective (for example, recommendations 26-29 and 35). • It is important to recognize some of the very real difficulties small counties would face in implementing some of these recommendations (for example, recommendations 8, 15, and 34). Including an acknowledgement of their particular challenges would be helpful. • There are a couple of recommendations that include the use of MHSA funds (recommendations 86,123). The report should more clearly acknowledge that MHSA requires a local stakeholder process, and that it is up to the local stakeholders to recommend to counties how these funds are spent and on which programs. • The task force may want to consider adding recommendations for addressing societal stigma against persons with serious mental illness. • Finally, none of the recommendations takes into account the differences between male and female criminal justice populations; or among ethnic and cultural minority populations. We would suggest that the recommendations be reviewed again with that in mind, to ensure that all recommendations are appropriate relative to gender and our ethnically diverse	the recommendations are currently implemented throughout the state. Policy and legislative matters will be further investigated during the implementation process. The task force acknowledges challenges smaller counties may face in implementing the recommendations and language, regarding smaller counties, was added to the report. Recommendations were modified to acknowledge the local stakeholder process for determining the allocation of MHSA funds in each county. Recommendation 126 discusses educational and training campaigns dedicated to reducing societal stigma against persons with mental illness. It was not possible to outline within each recommendation the differences between female and male populations, or ethnic and cultural minorities within the mentally ill offender population. A discussion of differences among sub groups of the

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		California population.	mentally ill offender population was added to the introduction section of the report. Recommendations 46 and 124 address this issue as well.
10.	California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	No general comment.	No response required.
11.	California Psychiatric Association, Barbara Yates, MD, President	*No psychiatrists, who have medical and behavioral health training, were involved to the extent that they were given credit as Task Force members. Particularly, the report does not seem to be informed by line clinical staff. <u>LPS, AB 1421, AB 1424, Conservatorships</u> It is disappointing that the report omits discussion of LPS Act subject matter in any substantive way. Substantial deficiencies in ability to provide treatment presented by the LPS Act remain unaddressed in the Task Force report. The CPA is gratified to see identified in a footnote, mention of the potential use of AB 1421 (Laura's Law) as a release planning tool. We think Laura's Law deserves a more focused review by the task force. AB 1424 (Thomson, 2001) requires the consideration of	The task force considered the issues raised in this comment: LPS, AB 1421, and other legislation related to involuntary treatment is discussed in the report under the Recommendation Development Process section. Consensus amongst task force members was not reached on many of these issues; therefore such issues were not amended in the report.

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		psychiatric history in detentions and involuntary commitment proceedings. In regard to conservatorships, the CPA notes with approval that the report identifies the interface between mental health and the criminal justice system. However, the failure to recognize that the magnitude of this problem is a direct result of the dysfunction of the public mental health system and particularly the application of LPS is disappointing and severely limits the report's applicability. The CPA recommends that additional focus and further findings and recommendations be concentrated on ways of improving the LPS conservatorship statute itself. <u>Riese Hearings</u> The report does not focus on Riese hearings as ostensibly worthy of analysis. However, the application of the due process to involuntary medication process is of keen interest and of high import to psychiatrists and patients alike and should also be of interest to the courts. <u>Co-Occurring Disorders</u> It may be helpful for the Task Force to recommend that the JC should support any steps necessary to ensure that	

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		appropriate resources and training are provided for: 1) both existing mental health programs and substance abuse programs to provide integrated COD treatment; 2) evidence-based comprehensive integrated COD treatment programs, and 3) associated education and training (both clinical and non-clinical) that promotes integrated treatment.	The task force agrees and has modified recommendation 2 to emphasize resources and training needed for the adoption of evidence-based integrated treatment for persons with co-occurring disorders.
12.	California State Association of Counties, Elizabeth Howard Espinoza, Legislative Representative, Administration of Justice	The California State Association of Counties (CSAC) wishes to applaud the Judicial Council as well as the task force members and staff who contributed to the *Criminal Justice Collaboration on Mental Health Issues* report and recommendations. This three-year undertaking has produced a significant body of work that will serve as a blueprint for policy makers seeking to improve system responses to and, as a result, outcomes for offenders with mental illness. Counties across the state recognize the need for investment in treatment programs and services that help promote long-term stability in offenders with mental illness or those with co-occurring disorders. CSAC has advocated for such initiatives, with the twin goals of decreased recidivism and diversion of appropriate offenders out of the criminal justice system where their needs can be better addressed.	The task force considered the issues raised in this comment:

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		CSAC finds the report to be user friendly, organized, and, where possible, designed for rapid implementation. In particular, we appreciate the use of the Sequential Intercept Model that uses the various points on the criminal justice continuum as a framework to identify critical points of possible intervention. Further, we wholeheartedly support the underlying principle that collaboration across systems offers the most effective approach to building community consensus around identifying how local systems interact with and can better respond to offenders with mental illness. We will be accepting the report at our Annual Meeting in November and have encouraged individual counties and affected county affiliated groups and associations to provide public comment.	
		As the report clearly acknowledges, the primary impediment to full-scale implementation of the report's recommendations is resources. While we appreciate the aspirational nature of many of the recommendations, we would reiterate the need for courts and counties to ***jointly*** develop and pursue programs, services, and interventions. Success with this population – indeed, with any of the many populations counties serve – will require appropriate investment and commitment to the extent resources are available. Because of counties' myriad responsibilities, many of which are mandated, it	The task force agrees that collaboration between the courts and counties is essential. Additional language has been added in the introduction of the report under "Implementation of Recommendations" to emphasize the need for jointly developed interventions. This is also addressed in recommendation 5 and in Section 2 of the report under subsection "Judicial Leadership".

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		is incumbent upon our association to ensure that as courts and counties work collaboratively to improve system responses, all parties remain mindful of competing priorities and resource limitations.	
13.	California Youth Empowerment Network, Amber Burkan, Director	First, we would like to commend you, as we found the Task Force for Criminal Justice Collaboration on Mental Health Issues Draft Recommendations to be very comprehensive. We would, however, like to draw your attention to a couple of points that we felt were missing in services for youth both entering and exiting the Juvenile Justice System. Below please find recommendations that were expanded on, as well as additional recommendations by CAYEN on specific aspects to be considered and included. *See comments on specific sections below.	No response required.
14.	Lynn Cathy, Director of Family Programs, NAMI CA, Sacramento	No general comment.	No response required.
15.	Chief Probation Officers of California, Isabelle Voit, CPOC President	On behalf of the Chief Probation Officers of California (CPOC), I am writing to inform you of some of our concerns regarding the Task Force for Criminal Justice Collaboration on Mental Health Issues Draft Recommendations as it relates to public safety and resources that would be used to ensure that mentally ill offenders are receiving treatment and services that are suitable to meet their needs. We would like to recognize and thank the panel for the	The task force considered the issues raised in this comment:

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		exhaustive work done to address this challenging topic in such a comprehensive report. The work done here can really serve as an important roadmap for our state, and perhaps beyond for policy makers across the country. CPOC was pleased to add to this work through the contributions of Chiefs Bob Ochs and Mack Jenkins. Our industry recognizes the importance of this topic and the need to strive for better collaboration and outcomes for the mentally ill in our system. Our comments during this open comment period do not reflect policy disagreements but request the panel consider some of the implementation issues as a part of their report. CPOC is concerned that one of the key goals of the report will be lost if the report fails to reflect that many of the recommendations cannot be implemented without the support of additional resources. The reason this is such a critical issue is that if the report is truly to inform, especially policy makers, as to what can be done to improve the system, it would be incomplete without a discussion or recognition that the current system does not support the resource level needed to accomplish many of the policy recommendations. We recognize that some may be concerned that introducing the discussion of resources takes away focus from policy; we would argue leaving it out severely limits our ability to ensure the recommendations can be accomplished.	The task force agrees with the concerns raised in the comment and additional language regarding resources needed for implementation was included in the introduction sections of the report.

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		We understand in a difficult fiscal environment we must all look at ways to enhance or find efficiencies. The report can bring attention to these issues and perhaps foster additional collaboration to address some of the recommendations. However, it would be short sighted not to recognize that some of the recommendations will require additional resources. The consequence of not identifying this as an issue could lead to unfunded mandates and a false sense of real reform taking hold. We are not asking to change the recommendations, but simply to acknowledge these recommendations cannot be fulfilled without a discussion regarding additional resources. For the reasons stated above, we respectfully request that you consider our concerns. We look forward to assisting with implementation of the recommendations and providing better outcomes for offenders with mental illnesses.	
16.	Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	No general comment.	No response required.
17.	Corporation for Supportive Housing and Housing California, Sharon Rapport and Zach Olmstead	On behalf of the Corporation for Supporting Housing (CSH) and Housing California, we appreciate the opportunity to comment on the draft recommendations developed by the Task force for Criminal Justice Collaboration on Mental Health Issues.	The task force considered the issues raised in this comment:

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		We commend the Task Force for recognizing the link between incarceration and homelessness, as well as the importance of housing to successful reentry. As the task force notes, a strong correlation exists between incarceration, homelessness, and mental illness. We know that supportive housing works to reduce recidivism and cost studies show that investments in long-term solutions, like supportive housing, produce positive results for people and their communities. Permanent supportive housing has demonstrated significant reductions in recidivism for those who live there, 82% reduction in days incarcerated. Additionally, the success of persons living in supportive housing is astounding - usually 94-98% remain permanently housed after 1 year. As the Task Force continues to discuss and develop recommendations for mentally ill populations, we urge you to consider the following: • *Prioritize supportive housing* - The success of all other services in stabilizing a client's health and reducing overall recidivism rates is predicated on the presence of stable housing. As such, we recommend that permanent housing stability be at the forefront of reentry or diversion solutions throughout the report and	The importance of housing is discussed throughout the report in relation to the discharge plan. Recommendation 22 was modified to include housing. In addition, the Community Reentry section of the report has a subsection titled "Housing Upon Release", which emphasizes the importance of stable housing. This section states that "appropriate housing in the community at the time of release is critical for successful reentry… since it serves as

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		care is taken to ensure that permanent housing does not get lost in a list of other, also critical, support services. • *Supportive housing as an effective outcome to other housing options* - We recommend that supportive housing be the first priority as a housing option for a mentally ill parolee, before halfway houses, motels, and other housing options. Further, where resources exist from parole or probation, they should be placed as subsidy towards stable environments like permanent supportive housing rather than temporary living situations like motels or time limited options like transitional housing. • *Pre-release housing connections* - Get mentally ill parolees on housing waiting lists as early as possible prior to their release. • *Build a network of housing providers* – Include supportive housing in the network of housing providers referenced in the report, and that CDCR make affirmative efforts to develop partnerships with community providers to include supportive housing in this network. We suggest that this network of supportive housing resources be provided to parole and probation	the foundation from which the population can access treatment and supportive services." The task force agrees that stable housing is preferable to temporary living situations. Several recommendations were modified to emphasize the importance of stable and supportive housing. Modifications to recommendations were not necessary because this suggestion is implicit in all recommendations regarding the discharge plan. The task force agrees and supportive housing was added to recommendation 84, which references the housing referral network.

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		agents as they form these partnerships in the community. • *Assessment of housing needs* – We agree with the Task Force that individuals with mental illness should be identified and assessed as part of the booking and intake process. As part of this assessment we recommend that a determination be included as to whether the person has a history of homelessness. • *Reentry Courts* - We support the Task Force's recommendations for the establishment of reentry courts and recommend that courts refer people who are homeless directly to housing as the intercept.	The task force agrees and recommendation 22 was modified to include housing information in the custody mental health/co-occurring disorder assessment. Modifications to recommendations were not necessary because reentry courts refer clients to services, including housing, as needed.
18.	Corporation for Supportive Housing, Sharon Rapport	Commented at Los Angeles Public Hearing. * Commentator thanked the task force for recognizing the link between homelessness, incarceration, and mental illness. Commentator agrees that aggressive discharge planning and case management through in-reach services is essential for successful reentry. Commentator mentioned that this is more difficult for prisons to implement because the prisoners are often displaced. Commentator asked for more emphasis on the importance of supportive housing in the report. There is research that states that supportive housing reduces days spent incarcerated. Commentator mentioned that the	The importance of housing is discussed throughout the report in relation to the discharge plan. Recommendation 22 was modified to include housing. In addition, the Community Reentry section of the report has a subsection titled "Housing Upon Release", which emphasizes the importance of stable housing. This section states that "appropriate housing in the community at the time of release is critical for successful reentry… since it serves as the foundation from which the population

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		Cooperation for Supportive Housing could help with identifying supportive housing programs in local communities. Commentator commended the report's focus on interagency collaboration. *See comments on specific sections below.	can access treatment and supportive services."
19.	Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	No general comment.	No response required.
20.	Disability Rights California, Sean Rashkis, Attorney	We write to comment on the Task Force for Criminal Justice Collaboration on Mental Health Issues (Task Force) Draft Recommendations. We appreciate the Task Force's efforts to improve the judicial system's response to individuals with mental illness and agree with many of the recommendations. Below we have highlighted recommendations we strongly support, recommendations we support if amended, and recommendations we disagree with. *See comments on specific sections below.	No response required.
21.	Michael Douglas, Intern, Office of Assembly Member Jim Beall Jr.	I would like to say that the task force for criminal justice collaboration on mental health issues is the best idea for the at risk population of this country that I have been exposed to. I studied these recommendations while interning at the office of Assembly member Jim Beall Jr. The implementation of the task force	No response required.

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		recommendations will change the lives of millions of citizens of this country with mental health problems, drug and alcohol addictions, and those without homes. The best part of this plan is that the expenses involved may be minor because of savings realized in the prisons system, the criminal justice system, and social programs. These savings combined with SAMSHA guidelines for drug and alcohol treatment based on years of experience with what works and doesn't work, will streamline the process and rehabilitate people in less time at a lower cost. My reason for this e-mail is family members with mental health issues and drug and alcohol dependency. With the implementation of the task force recommendations due in December I have decided to be an advocate for Joshua Lemas the son of a niece. Joshua is presently 31 years old and in the Placer County Jail. He has had mental issues since Grammar School and was incarcerated at age 13. This was the first of many times. He was arrested several times by age 18 when he was treated by the county medical facility and evidently diagnosed as bi polar and given medication which he still takes. He has served as long as three years in the prison system as well as many other incarcerations of lesser duration and I don't think this helps him much. I see help on the way for Josh and others like him due to the good work of the task force. I congratulate Supreme Court Justice George and all of the others for their	

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		involvement in this effort. I look forward to its implementation and hope it won't be too late for Joshua and others like him.	
22.	El Dorado County Sheriff, Randolph Peshon, Lieutenant	We support the Task Force recommendations. Our experience over the last five years in the Lake Tahoe Jail with Mental Health Court, discharge planning, pre custody family outreach, and our inter agency group to prevent incarceration has been over whelmingly positive. We have seen our numbers of incarcerated mentally ill drop with an attendant drop in use of force, injuries to staff, and medical costs. While we are now seeing a loss of mental health services due to the current budget challenges, we believe Mental Health Court and the inter agency cooperation continues to be a strong core of both diverting the mentally ill from the criminal justice system and helps to serve the needs of the mentally ill in our community. Having this collaboration also better serves the families of the mentally ill and reduces their frustrations and anxieties in caring for their family members. By bringing together the Courts, District Attorney, Public Defender, Probation, Mental Health, Jails, and law enforcement agencies, we can provide cost effective services to the mentally ill and reduce the occurrence of crimes being committed related to the effects of a mental illness. The El Dorado Sheriff's Office will continue to work with and support the Task Force in this critical area. *See comments on specific sections below.	No response required.

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23.	Fight Crime: Invest in Kids California, Barrie Becker, J.D., State Director	We agree with the sound recommendations of the Task Force, particularly in regard to youth involved in the juvenile justice systems, our area of expertise. We have some additional recommendations that relate to providing technical assistance and funding to expand research-based mental health services for youth involved in the juvenile justice systems. *See comments on specific sections below.	No response required.
24.	Forensic Mental Health Association of California (FMHAC), Mark Grabau, President	Commented at Sacramento Public Hearing. * Commentator stated that he was impressed with the report in terms of the scope and detail of the recommendations and added that it was impressive from a process perspective that the task force included representatives from large systems who are willing to evaluate their systems. When reading the report he focused on challenges in the Incompetent to Stand Trial (IST) system from the evaluator, local jail, transportation, and state hospital perspectives. Commentator offered assistance from FMHAC. *See comments on specific sections below.	No response required.
25.	Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	As a general response throughout this document, it should be noted that the sustainability of even the current level of mental health services is sufficiently at risk, overshadowing any request for further services. The theme of collaboration across agencies, including consumer and education partners is well taken, although funding cuts impact those partner agencies as well. *See comments on specific provisions below.	In response to this and other similar comments, additional language regarding the current fiscally strained mental health system and resources needed for implementation was included in the introduction sections of the report.

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26.	Silim Goldberger, MD, Parole Outpatient Clinic Region II, CDCR	No general comment.	No response required.
27.	Diana Hankins, National Alliance on Mental Illness, El Dorado County	Commented at Sacramento Public Hearing. * Commentator stated that she was impressed with the report. She stated that the report addressed the myriad of problems throughout the system. Commentator stated that she hoped the judicial branch will have more control over determining who is eligible for mental health courts. She explained that the local county department of mental health will deny entry into the mental health court when the court has deemed the defendant appropriate for the program. She stated that she wants the judicial system to have more power in connecting clients to services. Commentator acknowledged that the report addresses her concern through encouraging collaboration between courts and community partners. Commentator concurred that judges should convene appropriate local stakeholders. Commentator stated that some persons who are severely mentally ill need longer judicial supervision because many return to the system shortly after their probation ends. She suggested Assisted Outpatient Treatment (AOT) for those who need more intensive supervision and noted that some never recover from their illness. She also suggested that judges be able to conserve clients when they continue to cycle in and out of the system. Commentator also spoke to those who are	The task force considered the comment and decided that modifications to the report were not necessary. Many of the issues raised by the commentator regarding the role of judges, conservatorship proceedings, and community supervision are addressed in recommendations 11, 12, 24-27, and 55-64.

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		released from prison to local CONREPs. She described how the changing of medications upon transition and under-regulated housing programs lead to negative outcomes for this population. She commended the report for addressing the issue of medication provision at discharge by asking the sheriff to be responsible for ensuring that the client has appropriate access to medications. *See comments on specific provisions below.	
28.	Marti Hatfield, Arkansas	Accountability!!! This is what is lacking in the current laws/regulations regarding incarceration. There may be rules in place to help the mentally ill who are incarcerated, but when these rules are broken, there are no penalties for those who break them. So the abuse continues. Repeated complaints from family/friends go unanswered. Mental Health practitioners who are abusing the system are allowed to continue their reign of terror, many times worsening the inmate's condition. Threats of "if you don't do as I say I'll send you to Atascadero for shock treatment" or in one written report "you will continue in this program until your behavior is EXTINGUISHED". Perhaps the most truthful statement that has been reported to me was one from a psychologist - "It is not our job to treat you, it is our job to medicate you into stability until you are released". This is standard practice in California prisons. Medicate instead of	The task force considered the issues raised in this comment and decided that modifications were not necessary. Accountability issues are outside the charge of the task force.

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		rehabilitate. California is paying millions to doctors and mental health personnel who abide by this practice instead of doing their jobs. What is needed is to hold these individuals accountable for their actions and that is not being done. I have extensive documentation on most of what I have reported here that can be made available to you upon request. What you are doing here is a step in the right direction - it just needs to be extended to include accountability on all issues. *See comments on specific provisions below.	
29.	Gloria Hill, Adult Family Coordinator, Contra Costa Mental Health Administration	Laura's Law needs to be implemented in every county but was put into law without funding. So there needs to be funding for implementation. Perhaps there is a way to use MHSA funding to do this. Many people can lead productive, useful lives if they are stabilized. We have seen a lot of evidence of this in our county system. Now we are wasting lives and costing tax payers huge amounts of public funds by putting seriously mentally ill people in jail and prison with little hope of recovery once they are released. If nothing else, the Con Rep system needs an infusion of funds to expand. Treatment for mental illness does work if it is done correctly with proper adjusted medications especially using long acting injectables, peer support, case management, voc rehab and counseling. It is less costly to treat than to incarcerate.	The task force considered the issues raised in this comment and decided not to modify the report. LPS and other involuntary treatment legislation are discussed in the report under the Recommendation Development Process section. In response to this comment and others this topic was further elaborated on the introductory sessions of the report. Consensus amongst task force members was not reached on involuntary treatment issues; therefore expansive recommendations related to this issue were not created. Furthermore, implementation of AB 1421 is a local decision.

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30.	Hon. Peggy Hora (Ret.), Superior Court of Alameda County	Excellent work. I support all recommendations.	No response required.
31.	Charles W Hutchins, Ph.D. LMFT, ADHD Treatment Center	If we are to have the maximum payoff for this great effort we must include ADHD as one of the DSM-IV diagnoses that are included in the Mental Health Court program. There is ample research showing that ADHD in prison populations is 10 times the rate found in the population at large. Multiple research has repeatedly shown that treating ADHD in adult male offenders results in significantly reduced rates of recidivism. Unfortunately this research is mainly conducted in Europe. I could understand the reluctance to include ADHD in the past when stimulant medication was the only proven effective treatment for ADHD, however, with the vast amount of non-stimulant medications shown to be effective in treating ADHD, there is no longer any reason to exclude this huge contributor to criminal behavior from this program. This addition would double the return on investment for this extremely worthy effort.	The task force considered the issues raised in this comment and decided not to make modifications. Eligibility requirements for mental health courts are determined at the local level.
32.	Jennifer Johnson, Public Defender, San Francisco Behavioral Health Court	Commented at Sacramento Public Hearing. * Commentator stated that the report is realistic and taps into work that has already been done in the field. She suggested that each recommendation have an accompanying program example (similar to the consensus project). She stated that she appreciates that the report emphasizes collaboration of multiple systems	

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		and agencies to reduce recidivism and to promote public safety and better mental health outcomes. Commentator suggested that the report include information about trauma informed care. She suggested that the assessments discussed in the incarceration section should assess for trauma. She stated that approximately 90% of people in the public mental health system have been victimized and that the criminal justice system often re-traumatizes people. Commentator spoke to the importance of identifying boundary spanners (those who work in multiple systems/departments) to ensure that policies are implemented successfully. She stated that the implementation of the recommendations is achievable and is dependent more on boundary spanners than additional funding. *See comments on specific sections below.	A discussion on the importance of trauma informed care was added to the introduction section of the report and a screening for trauma was included in recommendation 42.
33.	Judicial Council Criminal Law Advisory Committee	The recommendations do not adequately address reformation of LPS law, nor issues regarding defendants with developmental disabilities. The Task Force seems to feel that those issues should be addressed by another task force (yet to be established). Such a task force is very much needed (as soon as possible) because there are many issues to be addressed regarding defendants with developmental disabilities.	LPS is discussed in the report under the "Recommendation Development Process" section. In response to this comment and others this topic was further elaborated on the introductory sessions of the report. Consensus amongst task force members was not reached on involuntary treatment issues; therefore expansive recommendations related to this issue were not created. While the task force acknowledged that

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			there are significant issues regarding criminally involved persons with developmental disabilities, this subject was not directly addressed by the task force because this population often has different needs and issues, and resources for this population are managed by separate systems that were not represented on the task force. The charge of this task force was to create recommendations for persons with mental illness, which is a different condition.
34.	Kathleen Connelly Lacey, Supervisor, Citywide Forensic Case Management	Commented at Sacramento Public Hearing. *Commentator commended the report and stated that it is comprehensive in its use of the Sequential Intercept Model, which identifies all possible contact points with the criminal justice system. She stated that the report is practical and that many of the recommendations can be easily implemented and many do not require additional funding. She also stated that the recommendations are broad, which allows each local community to implement them in a way that makes sense locally. She stated that the report not only serves as a blueprint for California but nationwide as well. Commentator suggested that the report emphasize more how the implementation of the recommendations reduces recidivism and therefore promotes public safety. She stated that like the task force, many innovative solutions	The task force considered the issues raised in this comment: Language regarding the implementation of recommendations and public safety was added to the introduction sections of the report.

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		are coming from the criminal justice system. She stated that she hopes the mental health system will also take a leadership role in addressing system inadequacies. Commentator acknowledged that the task force decided not to address Lanterman Petris Short (LPS) Act issues in the report, but feels that these issues are the crux of the problem. She stated that the LPS laws must be studied because they are woefully inadequate and prevent access to treatment for those who need it the most. Commentator shared that she appreciates that the report doesn't focus on funding complications. She also stated that "siloed" funding is a problem and that integrated funding mechanisms would allow many of the recommendations to be implemented.	LPS is discussed in the report under the Recommendation Development Process section. In response to this comment and others this topic was further elaborated on the introductory sessions of the report. Consensus amongst task force members was not reached on involuntary treatment issues; therefore expansive recommendations related to this issue were not created.
35.	Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	As a nurse, and as a mother to a son with a severe mental illness, I have read these recommendations, and feel hope for the future. If these recommendations could be implemented as soon as possible, there could be an important shift in this culture, in which we find ourselves treating people with a mental illness as if they are criminals. Thank you to all of the people who have worked on this task force, and who will continue to work on the implementation and follow-up that will be required. *See comments on specific sections below.	No response required.
36.	Eli Lindberg,	Commented at Sacramento Public Hearing.	No response required.

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	Commissioner, Sonoma County Board of Mental Health	No general comment.	
37.	Tom Lindberg, Family Member, Sonoma County	Commented at Sacramento Public Hearing. No general comment.	No response required.
38.	Los Angeles City Attorneys Office, Songhai Miguda-Armstead, Supervisor, Homeless Alternatives to Living on the Street program (HALO) program.	Commented at Los Angeles Public Hearing. No general comment.	No response required.
39.	Madelyn Martinelli, Lake County	*Commentator stated that she has a son with a mental illness who has spent time in prison and California Rehabilitation Center. * Since I have witnessed Lake County Law Enforcement and Judicial System, ignore the requests from Mental Health/AODS refusing to meet to organize a plan such as yours. Even with the funding of MHSA for the diversion program, nothing has been done here in Lake County. No response from the Courts, District Attorney, Sheriff's Office or the Jails. As a result there is no cooperation within the jail or Sheriff's Office and we had the most unfortunate suicide in the Hill Rd. Jail Facility two months ago. *Commentator describes the suicide incident.* I believe that the Department of Corrections should be in charge of this project and make it mandatory for all counties to comply, especially the Judges and District Attorney;	The task force considered the comment and decided that modifications were not necessary. This comment is more applicable to the implementation process and will be considered during the development of an implementation plan.

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		along with the Sheriff's Department. There has been no training whatsoever within the Sheriff's department or jail facility. This is totally unacceptable. Coordinated efforts should include the wonderful people and organizations that provide Recovery Services throughout the state. SAMHSA should also be involved. They are grant providers for these Recovery services. They have enormous resources; and are dedicated to the same principles as CDCR and CSA. CDCR should take the lead in making these standards mandatory within the counties, especially the ones that have not adhered to the standards such as Lake County. Lake County Mental Health Services needs help getting their plan passed and instituted as directed by the MHSA (FSOC) funding. As far as I know Lake County has a Drug Court; and that is it. They are in no way up to date on any of the CSA efforts. They are still incarcerating people with mental health issues who are not diagnosed. The jails do not have the programs you speak of. Some Counties have the GOB mentality; a stigma, and do not regard these people as victims and are unaware of the mental health issues that can overcome a person's life. They do not believe or know of the "recovery" process and therefore have no compassion or care about what happens to them. *Commentator shares the experiences of her son to illustrate the lack of communication between parole and other CDCR departments.* Please streamline this process and help California Taxpayers,	

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		who are also the families of these people, who are in desperate need of recovery programs, not prison. Thank you so very much for recognizing the issues at hand and I appreciate your efforts in making things happen for our sons and daughters who want to know what recovery is. *See comments on specific sections below.	
40.	Maria McKee, Policy and Program Analyst, Superior Court of San Francisco County	No general comment.	No response required.
41.	Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	No general comment.	No response required.
42.	Mental Health Services Oversight and Accountability Commission, Sherri L. Gauger, Executive Director	Many of the recommendations made by the Task Force are consistent with the values of the Mental Health Services Act (MHSA) as well as with the values of the Mental Health Services Oversight and Accountability Commission (MHSOAC). I have provided feedback for the purpose of clarification to several of the Task Froce recommendations. Thank you for producing this report. We look forward to the final version and hope to work collaboratively with you in the future. *See comments on sepcific sections below.	No response required.
43.	LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	No general comment.	No response required.
44.	Michaelia Morgan, Pacific	As I read the draft, I thought that all the	The task force considered the comment and

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	Grove, CA	recommendations should apply to all in prison, not just those with an obvious and/or diagnosed mental illness. Even if someone doesn't start out with a mental illness, being in prison creates a definitive shift in neural impulses & thought processes. Furthermore, for someone to have been tagged by the police and slammed into prison, we needn't look very far back to recognize there were significant forces converging to cause a person to behave in unacceptable ways. Poverty. Abuse. Neglect (also a form of abuse). Drugs. Gangs. Racism. Sexual abuse. Lack of skilled parenting; lack of mentors; lack of community; lack, lack lack of the essentials and an overabundance of the vicious reality of street life tend to burden those long before s/he ends up in prison. Being caught is virtually the only chance for help and rehabilitation, but our prisons are hardly a place where that can occur. Why do we not practice Restorative Justice? RJ recognizes the thread by which we are all connected, whether we are dubbed mentally ill or not. Please refer to this link & see how Ireland, in particular, has been so beautifully successful in the implementation of RJ for over 7 years. http://www.restorativejustice.org/ There are many in prison who are innocent. These women and men, when they are released after innocence is acknowledged, and given NOTHING. No compensation, no social services, no assistance whatsoever. It is nearly impossible to find a job or housing, and their erroneous criminal records	decided that modifications were not necessary. The task force was charged with developing recommendations for policymakers, including the Judicial Council and its advisory committees, to improve systemwide responses to offenders with mental illness. Therefore, recommendations were crafted to address issues specific to the needs and experiences of offenders with mental illness.

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		are not expunged. The Innocence Project has done amazing work, and collaborating with them could be very informative. http://www.innocenceproject.org/ I recommend the documentary AFTER INNOCENCE. Thank you for soliciting comments. May mine be of benefit.	
45.	Zack Olmstead, Policy Director, Housing California	Commented at Sacramento Public Hearing. * Commentator stated that he would like to see supportive housing as a key component to many of the solutions. He stressed that supportive housing is specifically essential for "frequent users" those who cycle in and out of several systems. He suggested that the report encourage more collaboration between the criminal justice system and housing providers. In recommendations where the report lists collaborative partners, housing providers should always be included. He stated that because we know supportive housing works and is cost-effective there needs to be more resources dedicated to it. *See comments on specific sections below.	The importance of housing is discussed throughout the report in relation to the discharge plan. Recommendation 22 was modified to include housing. In addition, the Community Reentry section of the report has a subsection titled "Housing Upon Release", which emphasizes the importance of stable housing. This section states that "appropriate housing in the community at the time of release is critical for successful reentry… since it serves as the foundation from which the population can access treatment and supportive services."
46.	Joseph Partansky, Contra Costa County	Commented at Sacramento Public Hearing. *Commentator noted that there was no mention of the elderly in the report or discussion of the disabled population in general and stated that mental illness can be considered a disability. Commentator noted that the report doesn't mention ADA issues and suggested the inclusion of ombudsman services in the report.	The task force considered the comment and because it was not possible to create recommendations for all sub-groups within the population of offenders with mental illness, such as the elderly, a discussion of the needs and experiences of sub-groups of the mentally ill offender population was

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		Commentator suggested that the task force review the Federal Law of Civil Rights of Institutionalized Persons Act for possible inclusion in the report. *See comments on specific sections below.	added to the introduction section of the report.
47.	Larry Penner, Supervisor, Madera County Behavioral Health Services	I want to commend all of you for your hard work. This report seems both thoughtful and practical. As a former supervisor of a local MIOCR program (Mentally Ill Offenders Crime Reduction act) I can attest to the effectiveness of these types of programs. I believe our county has suffered since this program was eliminated. Ultimately, this all comes down to funding. Unless there is more money designated for mental health care and less to incarcerate people I doubt there will be a change in the status quo. There is a potential for incredible cost savings if only a fraction of the money spent on incarceration is spent on programs that closely follow parolees and probationers out in the community. Expecting the current levels of mental health funding to cover this paradigm shift is unrealistic. *See comments on specific sections below.	The task force considered the comment. Additional language regarding the current fiscally strained mental health system and resources needed for implementation was included in the introduction sections of the report. Some recommendations are cost-neutral or are associated with cost savings and it is anticipated that many recommendations can be implemented in the current fiscal environment.
48.	Luisa Perez, "Nami en Español" National Alliance for the Mentally Ill	My daughter Consuelo Perez-Moore, (ConniePerez), who has a diagnosis of paranoid schizophrenia, was a tenant in good standing at 955 Castlewood Dr., Apt 2, Los Gatos Calif., 95032-1321. The rent was $1300.00 a month, paid by Section 8	The task force considered the comment and decided that modifications were not necessary. The commentator shares a personal story and modifications to the report were not suggested.

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		funds, $298.00 a month paid to the landlady, Lin Fong, by Connie with SSI Funds. There was a $30.00 late fee. Connie resided at his residence for 4 years, 2002- 2006. During this period, when non-compliant with her medication she became hostile and violent. Connie was placed in a temporary conservatorship on Oct.2, 2003 under Ben Lopez, Public Guardian. Connie, on proper medication can be high functioning and in the past has been able to hold part time work, attend college, speak for the National Alliance of the Mentally Ill and has been acknowledged as a role model for other clients. During her more or less stable condition she befriended an acquaintance and let this person move in. Due to lack of insight, poor judgment and psychotic thought Connie can begin a state of discompanction. Her son also moved in. Money problem began, who had paid their part of the rent, became a big issue, they all claimed their part was paid. Connie moved out. The remaining were evicted. She was now in the street again, because of lack of insight, poor judgment and psychotic thought process. Was in a locked facility for a year, and then at a sub acute residential treatment center. Becoming stable, able to be released, Connie needed housing. She went to the Housing Authority of Santa Clara County to try and reinstate herself to Section 8 housing. Henrietta, the lady in charge, and who had been Connie's worker told	

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		her she was no longer eligible for Housing Authority (Section 8). Connie is no longer able to get Housing with Section 8 Funds, due to not notifying them! For skipping out. In the mean time, according to my daughter's statement Ms. Lin Fong continued to get her portion of the Section "8" Funds, $1,200 and also, renting the apartment, getting double rent. Connie is again in a locked facility, due to her not being compliant to probation requirements. Will be released soon and will need affordable housing. Connie had been renting at the Curtner Studios on 701 Curtner Ave. San Jose, Calif. since Feburary 15. 2010 to July 22, 2010, when she was taken into custody for non-compliance to her probation. I removed all her belongings. Her rent would be due August 1st. 2010. I asked the manager if I would get the $750.00 deposit. She said, NO! I am my daughter's payee. Thank you very much for having consideration on the many unjust situations that our mentally ill family members are confronted with. I am a twenty five year mental health advocate working for the Spanish Speaking Community.	
49. L	Lindsay Porta, Placer	No general comment.	No response required.

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	County CSOC, Youth Empowerment Support Program, Youth Coordinator		
50.	Merry Powers	*(Commentator provides personal story about her son with bipolar disorder).* I tell you this because I truly believe that judges, guards and policemen do not know enough about mental illness to make these decisions. My son is living by himself, taking medication and seeing a doctor. He only 46 years old but is so afraid of police that he never leaves his house except to go to the grocery store. The experiences he had in jail have ruined his life. Please make the people that have the power over mental illnesses take courses so they will know about mental illness. The prisons are full of mentally ill people; the streets are full of them. If they were able to make good decisions, they would. But they can't. 'Give judges, ones that have the knowledge of mental illness, the power to put people in a mental hospital.	The task force considered the comment and decided that modifications were not necessary. Education for judicial officers and criminal justice partners is addressed in Section 7 of the report. The commentator's concern about commitments is addressed in recommendations 24-27.
51.	Public Counsel, Los Angeles, Paul Freese	Commented at Los Angeles Public Hearing. * Commentator emphasized the effectiveness of the mental health court model and shared various stories of mental health court clients that illustrated the model's efficacy. Commentator stated that collaborative justice is the best way to address homelessness. Commentator recommended that judges have the power and resources to create diversion services. Commentator	

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		recommended the utilization of veteran courts. He also recommended that the 'Streets or Services' program be included as a pre-trial diversion recommendation and that the report call out public counsel as a resource in promoting collaboration. Commentator suggested promoting public awareness of the effectiveness of collaborative justice through public service announcements. Commentator also suggested that sensitivity training be provided to law enforcement. *See comments on specific sections below.	The task force considered the comment and has added information on veterans courts in the Court Responses section. The Streets or Services program has been included in the report as a side bar. Training for law enforcement is addressed in the report in recommendation 123.
52.	Public Counsel, Los Angeles, Ben Gales	Commented at Los Angeles Public Hearing. * Commentator suggested a separate section for veterans in the report. He stated that the report should also include a discussion on why veteran courts are effective (public safety, cost savings, availability of veteran specific services). Commentator explained that many of the veterans services are federally funded which could save the state and counties money. He also suggested combining federal funds with Proposition 63 money to start veteran courts. *See comments on specific sections below.	The task force considered the comment and has added information on veterans courts in the Court Responses section.
53.	Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	No general comment.	No response required.
54.	Hon. Jaime R. Román, Superior Court of Sacramento County	For the past year a doctoral candidate, Diane E. Roman, (yes, my wife) has been conducting an evaluation of the Sacramento County Mental Health Court.	The task force considered the comment and decided that modifications were not necessary. The commentator shares

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		On Friday, August 27, 2010, I received her preliminary findings: 1. The Sacramento County Mental Health Court significantly reduced recidivism in its mental health participants 2. The Sacramento County Mental Health Court, while reducing recidivism, did not significantly reduce the severity of subsequently committed offenses of mental health participants. 3. The Sacramento County MHC, when compared to the county's traditional courts, did not significantly reduce recidivism; however, what emerged was that traditional courts were significantly more inclined to institutionalize a mentally ill offender than the mental health court. Indeed, 19 times more frequently. This proclivity removes the defendant from the community and consequently law enforcement contacts which may explain the lack of significance in recidivism reduction between the two cohorts. 4. Neither modality (MHC or non-MHC) significantly reduced severity of offenses in subsequently committed offenses by mental health participants.	findings from a recent study on a mental health court and modifications to the report were not suggested.

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		Diane has the specific data and statistical summary. *See comments on specific sections below.	
55.	San Bernadino County Criminal Justice Mental Health Consensus Committee, Joseph Ortiz, Deputy Director, 24 Hour Care and Emergency Services San Bernardino County Department of Behavioral Health	The San Bernardino County Criminal Justice Mental Health Consensus Committee agrees with the recommendations set forth in the document.	No response required.
56.	San Bernadino County Probation, Richard Arden, Deputy Chief	No general comment.	No response required.
57.	Raul S. Sanchez	These comments are my personal comments. I am a family member of a person with a mental illness, a member of the San Joaquin County Mental Health Board, a member of the National Alliance on Mental Illness (NAMI), and an inactive member of the California State Bar. Page 11, Guiding Principles, 9th bullet, add “family members” to the statement “Consumers who have previously gone through the criminal justice system should be involved in all stages of planning and implementation of interventions and services for offenders with mental illness”.	The task force agrees and has modified the “Guiding Principles” section of the report to include family members.

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		Page 31, I totally support the statement "The development of a discharge plan must begin at the time of booking . . . " *See comments on specific sections below.	
58.	Sacramento County Public Defender, Steven Lewis, Chief Assistant Public Defender	No general comment.	No response required.
59.	Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Consideration should be given to the idea that case management/referral services might be most effectively coalesced and managed within the Office of the Public Defender. Persons who utilize the most expensive services most often, are usually public defender clients. The Public Defender sees the client early in the criminal justice process and the client often is willing to trust the public defender with issues related to mental illness and/or substance abuse that s/he may be afraid to discuss with other justice system stakeholders. The Center for Holistic Defense at the Bronx Defenders in New York City is an example worth looking at. The Bronx Defenders employ an interdisciplinary team of professionals dedicated to providing services designed to address not only the client's criminal case, but the circumstances that drive the indigent client into the criminal justice system in the first place, as well as the consequences of criminal justice involvement that might	The task force considered the issues raised in this comment and decided not to modify the report. Case management services are discussed throughout the report; however the provider of such services and how such services are managed must be determined at the local level.

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		cause the client to recidivate. The practice of holistic defense, becoming increasingly common on the east coast, reportedly yields better life outcomes for clients and reduces criminal justice involvement over the long term. The Santa Clara County Public Defender (PDO) recently responded to the Bronx Defenders' RFP for technical assistance from public defender offices seeking to establish a more holistic based practice. The PDO's proposal sought assistance specifically in establishing a program based in our office that would be designed to meet the broad spectrum of needs identified in the lives of our mentally ill clients. The Santa Clara County Public Defender Office was not selected as a recipient of the technical assistance offered by the Bronx Defenders. Given the necessary funding however, the proposal presents a viable plan for addressing a number of the issues identified by the Task Force.	
60.	Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	No general comment.	No response required.
61.	Paul Shapiro, Collaborative Court Coordinator, Superior Court of Orange County	Commented at Los Angeles Public Hearing. * Commentator commended the task force on the report and referred to it as a great document that will serve as a road map and guide for what can be accomplished. Commentator stated that he agreed with the power of collaboration, which encourages the centralization of	The task force considered the comment and a discussion of the needs and experiences of

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		resources from partners that otherwise may not have previously worked together. Commentator suggested that resources for those with traumatic brain injury be included in the implementation working groups and other places in the report where additional resources are recognized. Commentator also suggested that the report mention elderly mental health issues. Commentator mentioned that there are services available in the conservatorship arena as well as in family law and elder abuse courts.	veterans and other sub-groups of offenders with mental illness was added to the introductory section of the report titled "Services".
62. S	Superior Court of Los Angeles County, Lee Smalley Edmon, Presiding Judge-elect	The Report notes at page 12 that it does not specifically address issues of involuntary treatment except as related to people found incompetent to stand trial. The Report mentions issues of specific concern with respect to LPS and other involuntary commitment legislation to be addressed in the future. We urge the Judicial Council to convene a Task Force on LPS and involuntary treatment issues as soon as possible so that this area of concern is not pushed aside. The public and treatment providers have a keen interest in discussing problematic statutory provisions and proposing solutions in the near, not distant future. We express a similar concern with respect to developmental disability and competence to stand trial. The Report defers discussion of this issue to another date. If this Task Force is not inclined to address this issue now, the Judicial Council should convene, as soon as possible, another group of experts to discuss and resolve outstanding issues in this area,	LPS is discussed in the report under the "Report and Recommendation Development" section. In response to this comment and others this topic was further elaborated on the introductory sessions of the report. Consensus amongst task force members was not reached on involuntary treatment issues; therefore expansive recommendations related to this issue were not created. While the task force acknowledged that there are significant issues regarding criminally involved persons with developmental disabilities, this subject was not directly addressed by the task force

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		including the absolute lack of treatment options for incompetent developmentally disabled defendants who are not eligible for Regional Center services and funding. There are numerous interesting sidebars placed throughout the Report. We suggest that the Final Task Force Report contain an appendix listing each county in the state and describing each county's existing specialty courts so that counties interested in establishing particular courts or procedures can consult those with experience in the topic. *See comments on specific sections below.	because this population often has different needs and issues, and resources for this population are managed by separate systems that were not represented on the task force. The charge of this task force was to create recommendations for persons with mental illness, which is a different condition. A list of counties with collaborative justice courts was added to the appendix of the report.
63.	Superior Court of Los Angeles County, Janet Garcia, Court Manager, Planning and Research Unit	In two subject areas, the Task Force reports that exploration of problems has been deferred because of the complexity of the topics. These two subject areas are LPS conservatorship reform and issues involving criminal defendants who are incompetent because of developmental disability. The Judicial Counsel should immediately convene separate panels or task forces to take up these two subject areas when the current Task Force has concluded its responsibilities. These are the two most debated areas in mental health in the criminal justice contest and must be addressed if the current Task Force's work is to be considered complete. This is particularly true with respect to funding and provision of treatment to restore competency for developmentally disabled defendants ineligible for Regional Center services.	LPS is discussed in the report under the "Report and Recommendation Development" section. In response to this comment and others this topic was further elaborated on the introductory sessions of the report. Consensus amongst task force members was not reached on involuntary treatment issues; therefore expansive recommendations related to this issue were not created. While the task force acknowledged that there are significant issues regarding criminally involved persons with developmental disabilities, this subject was not directly addressed by the task force

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		*See comments on specific sections below.	because this population often has different needs and issues, and resources for this population are managed by separate systems that were not represented on the task force. The charge of this task force was to create recommendations for persons with mental illness, which is a different condition.
64.	Superior Court of San Diego County, Mike Roddy, Executive Officer	Agree with overall recommendations. No additional comments.	No response required.
65.	Natasha Wist Ph.D., Mother of service consumer	No general comment.	No response required.
66.	Kathie Zatkin, Attorney, Berkeley	Thank you for the opportunity to respond to your recommendations. I am disappointed that these recommendations seem to reflect a predetermined outcome. They read as if they were vetted by the Bureau of Justice Assistance and Treatment Advocacy Center (closely associated with NAMI) In spite of the acknowledged significant risks associated with their use, the majority of the Draft recommendations and the mental health courts they promote, rely on compliance with psychotropic medications (with force and coercion if necessary) as the focus of community support. While therapeutic court models give lip service to due process concerns, as the proponents admit, the attorneys	As stated in the report "task force members took part in numerous activities to inform their discussions while crafting the recommendations. They reviewed current research findings, invited representatives from innovative programs from across the state to share best or promising practices, participated in conferences related to the work of the task force, and took part in site visits at courts operating programs for defendants with mental illness. In addition, task force members met with key stakeholders, including state hospital administrators, Mental Health Services Act

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		assigned to these courts usually volunteer for them and are likely to encourage their clients to "voluntarily" agree to this program, often for a much longer sentence/treatment period than the sentence for the offense for which the client was charged. Clients often have to agree to diversion *before* they know the terms/conditions to which they must agree. Once the "agreement" is reached, they have no opportunity to withdraw their consent. I am proud to be a California Bar member. I receive publications from the State Bar and the local bar association to which I belong. Much space is devoted to the importance of access justice and the efforts the State Bar and local associations are devoting to promoting equal access. Individual attorneys are encouraged to be a part of this effort. Why is a separate system of justice praised in the therapeutic model? Why have lesser due process protections for some? I wonder if the material in opposition to this separate system of justice was equal to that provided to/by Task Force members in favor of the separate system of justice model. *See comments on specific sections below.	(MHSA/Proposition 63) interagency partners, youth advocates, and other constituencies not directly represented on the task force." It was not the intent of the task force to have the report read as if the focus of community treatment/support was solely compliance with psychotropic medications. The term treatment was not intended to be understood as solely the prescription and administration of medications. The task force believes that effective treatment includes a range of interventions, including behavioral health counseling, housing, and case management. The task force has therefore added language in the introduction of the report to clarify what is meant by the word "treatment". Other treatment modalities are explicitly discussed throughout the report (see recommendations 1, 48, 49, 76, and 85). It is understood that mental health courts should adhere to collaborative justice principles and should contain the essential elements of mental health courts as outlined by the Council of State Governments. Such

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			principles and elements promote the protection of defendant's due process rights.

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Section 1: Prevention, Early Intervention, and Diversion Programs

Section 1: General Comment.		
Commentator	**Comment**	**Committee Response**
Barbara Alexander, Marin County	There is a law, AB 1421 - Assisted Outpatient Treatment on the books that, if implemented, would go a long way toward removing the severely mentally ill from the rolls of both jails and hospitals. I recommend this law be included in your findings and recommendations for Section 1. No need to reinvent the wheel for this population of severely mentally ill who use the most resources.	The task force spent a significant amount of time discussing and reviewing this topic and decided to leave reference to AB 1421 as a footnote in the Court Responses section of the report.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	It was surprising to see the absence of focus on the disproportion of minorities incarcerated. As one possible solution to this issue, we would suggest the Task Force consider establishing a clearinghouse of Evidence Based/Best Practice models that Counties and State may utilize at the community and early intervention/diversion level of contact.	The task force considered the comment and decided not to make modifications. This is an important and substantive issue that is outside the scope of the task force's charge. The task force was charged with making recommendations regarding persons with mental illness in the criminal justice system.
Los Angeles City Attorney's Office, Songhai Miguda-Armstead, Supervisor, Homeless Alternatives to Living on the Street program (HALO) program.	* HALO (a pre-filing diversion program) should be included in the report as a model.	The task force agrees and a description of this program has been included in the report.

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Section 1: Recommendation 1.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: Community services that are behavioral health-specific such as supportive housing and mental health and substance abuse treatment should be client-driven, wellness/recovery-based, and culturally and linguistically competent. Such services should include peer support. Access to health care (including mental and physical) should always include access to holistic and culturally traditional healing modalities.	The task force agrees with the comment and believes that it is applicable to many recommendations that discuss services and has therefore added a discussion of this topic in the introductory sections of the report. The recommendation was also modified to emphasize the importance of client centered and recovery focused services.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Person Learning / ASOC	Agree with recommendation subject to modifications: Sentence 1 needs to be re-done. It makes no sense. Modifications for this sentence: Community partners will collaborate to ensure that the services in the community are available to people with mental illness. Sentence 2: Income maintenance programs.... Not sure if that includes Independent Living Skills such as balancing a check-book, and learning how to pay bills? High needs for TAY who are involved with mental health and juvenile justice. Last sentence add a hyphen between co and location. Also, I believe developing a way of EFFECTIVE COMMUNICATION between the agencies is also needed to provide consistency and non repetitious services.	The task force considered the comment and modified the recommendation to clarify its intent.
Public Counsel, Los	* The ‘Streets or Services’ program should be included	The task force agrees and has included a description of

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Section 1: Recommendation 1.		
Commentator	**Comment**	**Committee Response**
Angeles, Paul Freese	as a best practice example for a pre-trial diversion program.	the HALO program, which includes the Street or Services program, into the report.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation subject to modifications: I totally agree with the goal as stated, however I think it may be important to specifically mention that many people most in need of help are in underserved populations, in terms of ethnicity, lifestyle and/or age. Availability does not always equal access.	The task force agrees with the comment and has modified the recommendation to include service accessibility in addition to service availability. In order to improve service quality and accessibility for those in underserved populations, in terms of ethnicity, lifestyle, and age, it was also added that services must be culturally appropriate.

Section 1: Recommendation 2.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: In addition to information from existing co-occurring disorder work groups, the development of integrated service delivery systems should be informed by mental health clients/survivors, trauma survivors and substance users. The following are several points that recent COD reports by COJAC and MHSOAC ignored: Trauma	The task force agrees with the comment and has added a discussion of client centered, peer-provided, wellness focused, and trauma informed services in the introductory sections of the report.

Section 1: Recommendation 2.		
Commentator	**Comment**	**Committee Response**
	awareness and trauma-informed services and systems are needed throughout mental health, substance abuse, primary care and crisis settings to support persons of all ages diagnosed with co-occurring disorders and to avoid (re)traumatization of clients and staff alike. Model peer-run programs by and for mental health and substance use clients and the integration of peer service providers in clinical behavioral health, primary care and crisis settings are essential elements to achieving the client-driven, wellness/recovery-based systems transformation called for in the MHSA. Peers bring the expertise that comes with lived experience along with a diversity of cultures and perspectives to mental health care and have demonstrated a unique capacity to engage, motivate, support and advocate for persons with mental health and substance use issues in a wide variety of circumstances and settings. Existing model peer programs provide alternatives to both clinical behavioral health services and crisis services; examples include self-help and wellness centers, warm lines, permanent affordable housing, and crisis respite programs. Peer service providers also play critical roles as part of an integrated workforce within clinical mental health, substance abuse, primary care and acute inpatient settings. Even though peer services and peer service providers in clinical heath care are crucial components of a transformed system and their effectiveness has been proven in many studies [Campbell, “Emerging Research Base of Peer-Run	

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 1: Recommendation 2.		
Commentator	**Comment**	**Committee Response**
	Support Programs", 2005], current funding for these programs and positions is extremely sparse or non-existent in most counties. Changes in funding and capacity building are needed to allow these programs and positions to continue to exist, to expand, and to be developed to their full potential.	
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation subject to modifications: I think it is important that these approaches are developed and integrated, however, I think it is equally important that in doing this there is a two tiered system focusing on people with mental health issues as the primary issue and substance abuse is secondary and vice versa since the approach may change.	The task force considered the issues raised in this comment and decided not to modify the recommendation. Integrated treatment for persons with co-occurring disorders is considered a best practice. A two tiered system would not support best practices.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department,	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 1: Recommendation 2.		
Commentator	**Comment**	**Committee Response**
Patrick Dwyer, Law Enforcement Liaison		

Section 1: Recommendation 3.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: Delete "both involuntary and" from the first sentence. Lack of funding for involuntary mental health services does not account for the problems faced by mental health clients in the criminal justice system. Rather, the most significant factor contributing to clients' criminalization is the widespread lack of client-driven, recovery-oriented, culturally competent, community-based alternatives to hospitalization or incarceration for persons experiencing mental health crisis, emotional trauma and distress. In addition to allocating funding to evidence-based approaches such as programs established under AB 2034, funding for client-run mutual support and self-help programs should be prioritized. Peer-run programs such as drop-in centers, housing services, crisis teams and respites, advocacy projects and simple support groups, although proven highly effective, have long been very under-funded in proportion to the funding of other programs, as well as under-researched. Guided by the philosophy of peer support that the best helpers are those who have experienced similar challenges, peer-run programs offer a non-medical approach to helping. They are places to which people who will not use any other	The task force considered the issues raised in this comment and decided not to modify the recommendation. The intent of the recommendation was not to encourage the use of involuntary treatment over voluntary services. The task force believes that both types of services should be available to meet the varying needs of the population.

Section 1: Recommendation 3.		
Commentator	**Comment**	**Committee Response**
	mental health services will come, because they feel safer among their peers. Deeply rooted in the values of individual and group self-determination and choice, peer-run programs begin by listening to peoples' expressed needs and offering them concrete support to get those needs met. Mental health clients/survivors who participate in peer support see others like themselves in positions of responsibility, and this helps them develop more confidence in themselves. Studies suggest what self-helpers have long known: Self-help and peer support programs serve people who will not or cannot use traditional mental health services, people who are homeless or at risk of becoming homeless, those who have had hurtful or ineffective experiences in traditional programs, and those have not had access to traditional services. Studies also suggest that self-help programs excel in outcome measurements of increased empowerment and self-esteem.	
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public	Agree with recommendation subject to modifications: Many counties have completely cut funding for indigent people. People who do not have benefits and are not	The task force considered the comment and decided that modifications were not necessary. The importance of benefits is discussed in the "Prevention, Early

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 1: Recommendation 3.		
Commentator	**Comment**	**Committee Response**
Defender, Riverside	receiving any treatment are somehow expected to apply for benefits and follow through with appointments. They need help with applying for benefits and need treatment while the application is pending.	Intervention, and Diversion Programs" discussion section and in recommendation 1.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 1: Recommendation 4.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 1: Recommendation 4.		
Commentator	**Comment**	**Committee Response**
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation subject to modifications: These are great organizations, but may not always reach those most in need. Youth and transitional age youth are examples of hard to reach groups that may require some non traditional strategies.	The task force agrees and has modified the recommendation to include peer based networks and local programs that serve populations most in need.

Section 1: Recommendation 5.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: Mental health clients/survivors, drug and alcohol users, family members and cultural brokers from unserved and underserved communities should also be at the table participating in the development of such local needs assessments.	The task force agrees with the comment and has added “clients and family members” to the paragraph under the subsection heading.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Forensic Mental Health	Counties can do more in this regard, simply through the	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 1: Recommendation 5.		
Commentator	**Comment**	**Committee Response**
Services, San Diego County, Philip Hanger, Ph.D.	formation of such work groups (Recommendation #5) to analyze existing pre-arrest policies/procedures, and to direct education to law enforcement. An interagency group (Public Safety and Mental Health) can be formed with little indirect cost, as it was in San Diego County, to allow for an information exchange, and to coordinate/provide education to front line law enforcement on community resources (where to take the community member other than jail). Some Counties have existing contractors/programs such as PERT and CIT that provide a limited education resource, but may not have a system wide work group that includes behavioral health, consumer groups, and other stakeholders.	
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	100% agree. That would be amazing.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick	Agree with recommendation: Awesome idea.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 1: Recommendation 5.		
Commentator	**Comment**	**Committee Response**
Dwyer, Law Enforcement Liaison		

Section 1: Recommendation 6.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: Mental health clients/survivors, drug and alcohol users, family members and cultural brokers from un-served and underserved communities should also be at the table participating in the development and delivery of such education and training.	The task force agrees with the comment and has added "clients and family members" to the paragraph under the subsection heading.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Raul S. Sanchez	Add "inpatient facilities" to "(e.g., detoxification facilities, crisis centers, and homeless shelters)"	The task force agrees with the comment and has modified the recommendation accordingly.
Santa Clara County	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 1: Recommendation 6.		
Commentator	**Comment**	**Committee Response**
Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender		
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation subject to modifications: Training first responders is essential. As essential is training for teachers and school administrators.	The task force considered the comment and decided that modifications were not necessary. Training for school personnel is addressed in recommendations 107 and 108.

Section 1: Recommendation 7.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: Encounters with law enforcement during mental health crisis or emotional distress have been named by mental health clients/survivors as among the most stigmatizing and traumatizing of their experiences (Brody, "Normal People Don't Want to Know Us: First-Hand Experiences and Perspectives on Stigma and Discrimination", 2007). Numerous fatal shootings and Tasering incidents throughout California and the US have only served to increase clients' fear and distrust of law enforcement. Rather than expand law enforcement's presence in response to people experiencing emotional distress or mental health crisis, peer-led support teams are needed to respond in a way that meets people's immediate needs, de-escalates and supports their growth in a trauma-informed way. Many people who experience emotional distress are trauma	The task force considered the comment and decided that modifications were not necessary. The recommendation does not call for increased law enforcement, but for increased training for existing law enforcement that are being called to address situations involving persons with mental illness in distress.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 1: Recommendation 7.		
Commentator	**Comment**	**Committee Response**
	survivors and are seeking the support of people who have had similar experiences, who can listen to them, empathize with what they are going through and support their personal growth. Intentional peer support views crisis as an opportunity for growth. Posttraumatic growth is a phenomenon that has been documented in research over the past decade (e.g., Tedeschi & Calhoun, 1999; Berger & Weiss, 2006) that warrants the attention of mental health policy stakeholders and decision-makers.	
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department,	Agree with recommendation subject to modifications: The recommended programs are excellent. (I was	The task force considered the comment and decided that modifications were not necessary. Training for law

Section 1: Recommendation 7.		
Commentator	**Comment**	**Committee Response**
Patrick Dwyer, Law Enforcement Liaison	responsible for one of the two CIT programs in our County.) A more basic problem is the lack of Basic Academy training. Though experts say that between 9% and 24% of officers' time is spent dealing with people who are mentally ill, The State requirement for Mental Health Training (POST Learning Domain 37) is only about 6 hours out an academies that typically last around 1000 hours. This lack of basic academy training is an outrage.	enforcement is addressed in recommendation 123.

Section 1: Recommendation 8.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: Crisis residential programs and peer-run crisis respites should be included in every county's crisis diversion plan. A growing body of literature affirms the greater cost-effectiveness and equal or better therapeutic effectiveness of crisis residential programs (CRPs) as compared to both psychiatric health facilities (PHFs) and inpatient psychiatric hospitalization. For example, a recent peer-reviewed research study in Sacramento County (Greenfield et al, 2008) demonstrates better service outcomes and satisfaction among participants in a largely peer-staffed CRP compared to a control group of clients who received services in a nearby locked inpatient facility. A recently released California Mental Health Planning Council report recommends CRPs including peer-run crisis respites as the best alternative	The task force has decided to not modify the recommendation as the comment refers to actions or decisions that must be made at the local level. The use of such programs will depend on their availability in each locale. Language was added to the introductory sections of the report that encourages counties to utilize crisis residential programs and peer-run crisis respites if available.

Section 1: Recommendation 8.		
Commentator	**Comment**	**Committee Response**
	to locked inpatient facilities such as PHFs and hospitals; the Planning Council has found that CRPs reduce unnecessary stays in psychiatric hospitals, reduce the number and expense of emergency room visits, and divert inappropriate incarcerations while producing the same or superior outcomes to those of institutionalized care. Los Angeles and Kern Counties' recently approved Mental Health Services Act (MHSA) Innovation plans feature three peer-run crisis respites. Santa Cruz County was just approved for a five year SAMHSA Transformation Grant to create an eight-bed peer-run crisis respite. From the 1960s to the present, crisis residential programs have thrived in Northern California and nationally as effective and cost-effective alternatives to inpatient hospitalization. From the 1970s to the present day, mental health clients have created their own peer-run alternative programs to offer self-help and mutual support to people experiencing emotional distress who would otherwise face hospitalization. From our founding to the present day, the Network has supported the development, research and expansion of peer-designed, peer-staffed, peer-run programs, and in more recent years, we have strongly supported the emerging model of the peer-run crisis respite as one that provides trauma-informed peer support in a dignified, home-like setting. The state of Massachusetts recently funded the construction and implementation of six peer-run crisis respite houses	

Section 1: Recommendation 8.		
Commentator	**Comment**	**Committee Response**
	throughout the state. Clearly, the successes of model programs such as the Stepping Stone Peer Support Crisis Respite Center in Claremont, NH and the Georgia Peer Support and Wellness Center's crisis respite program in Decatur, GA have made their mark. Due to the high and rising costs of hospital-based services and evolving mental health system needs, continued operation of locked psychiatric crisis units is losing financial feasibility in more and more counties. Other approaches to providing acute care demonstrate improved outcomes. In recognition of the proven effectiveness and fiscal feasibility of CRPs and the emerging development of peer-run crisis respites in California, the Network enthusiastically recommends peer-run crisis respite as part of crisis diversion. We firmly believe that including peer-run crisis respite will save very limited funds while providing the opportunity to further demonstrate the effectiveness of the CRP approach in California. Mental health clients/survivors, drug and alcohol users, family members and cultural brokers from unserved and underserved communities should also collaborate on creating such crisis centers.	
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
LeeAnna Miller, Youth	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 1: Recommendation 8.		
Commentator	**Comment**	**Committee Response**
Coordinator, Whole Persons Learning / ASOC		
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 1: Recommendation 9.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: A Psychiatric Advance Directive (PAD) should be developed by mental health clients/survivors and included in each mental health, alcohol and drug client's personal health record (PHR), as part of their electronic health record (EHR). In counties still developing EHRs and those transitioning from paper records, paper copies should be included in their charts. Psychiatric emergency staff and hospital emergency room personnel should be legally required to adhere to	The task force agrees and has modified the recommendation accordingly. The task force now recommends that PADs be included in personal health records.

Section 1: Recommendation 9.		
Commentator	**Comment**	**Committee Response**
	the terms of each client's PAD. Clients should be encouraged to develop PADs. PADs can also be integrated with other peer-based programs that foster empowerment, wellness and recovery, and informed consent, such as the Wellness Recovery Action Plan (Copeland, 1995) and the Shared Decision-Making model (Deegan, 2009).	
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	The "Psychiatric Advance Directives" recommendation (#9) is a viable and low-cost suggestion for the high utilizers of mental health services - and may be a helpful "requirement" for all those discharged from inpatient care and incarceration, as they are quite often "high risk" for coming into contact with law enforcement in the future. A simple wallet-card with name/number for the case manager/program, even diagnosis and medication, may provide a progressive response by law enforcement when facing these consumers in the community.	The task force agrees and has modified the recommendation accordingly. The task force now recommends that PADs be developed for persons discharged from correctional and inpatient facilities and that PAD information be available in the form of a wallet card.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation subject to modifications: There is already a packet that a person with mental illness can create and make copies to give to family and friends if they are willing. The packet is called a Wellness Recovery Action Plan. It includes early warning signs, when things are breaking down and	The task force considered the comment and decided that modifications were not necessary. A Wellness Recovery Action Plan (WRAP) can provide information helpful to the development of a PAD; however a WRAP does not have the same legal implications as a PAD.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 1: Recommendation 9.		
Commentator	**Comment**	**Committee Response**
	what needs to be done if one goes into the hospital.	
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 1: Recommendation 10.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: Hospital discharge planning collaboration should include mental health clients/survivors, drug and alcohol users, family members and cultural brokers from unserved and underserved communities. Supportive housing and other permanent affordable housing placement options should be expanded and made available as the first choice for all who seek them. Transitional residential programs that are client- and family-driven and offer high-quality, person-centered care such as those offered by Psynergy Programs (Morgan Hill), Interim, Inc. (Monterey) and	The task force agrees and has modified the recommendation accordingly. The task force now recommends that clients and family members be included in the development of the discharge plan and that stable housing be included in the discharge plan. The task force decided not to include specific housing programs in order to accommodate the varying needs of clients.

Section 1: Recommendation 10.		
Commentator	**Comment**	**Committee Response**
	Progress Foundation (San Francisco) should also be considered when needed. Placement in board-and-care facilities, nursing homes and IMDs should be avoided.	
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Disability Rights California, Sean Rashkis, Attorney	Our agency supports this recommendation. However, discharge planning is required not only upon discharge from a state and local psychiatric hospital as listed in this recommendation, but also from a correctional facility and other facilities that provide mental health services for persons with psychiatric disabilities. *See* 15 Cal. Code Regs. § 3355(d). This includes skilled nursing facilities, institutions for mental disease, and mental health rehabilitation centers, among others. Thus, the Recommendation's focus on collaborative discharge planning needs to be broader than psychiatric hospitals. Further, collaboration regarding discharge planning should include the express interests of the individual with the psychiatric disability in order to foster long-term recovery.	The task force agrees and has modified the recommendation accordingly. The task force now recommends that discharge plans should be developed for clients exiting all types of residential programs. The recommendation now includes clients and family members in the development of the discharge plan.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 1: Recommendation 10.		
Commentator	**Comment**	**Committee Response**
Defender, Riverside		
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 2: Court Responses

Section 2: General Comment.		
Commentator	**Comment**	**Committee Response**
California Association of Public Administrators- Public Guardians and Public Conservators, Connie D Draxker, Executive Board Member	*In regards to subsections "Coordination of Civil and Criminal Proceedings" and "Competence to Stand Trial"*: Funding and support of jails and state hospitals to provide evidence based treatment to inmates so they can regain and maintain competency is critical. Statutes, such as 1370 allow for 3 years of treatment at the state hospital. Often these cases are referred for conservatorship well in advance of the maximum commitment date, based on treating staff assessments and the discretion of the judicial officer. PG/PC's believe state hospitals should be expected to provide appropriate treatment during the full 3 year process to ensure all appropriate treatment modalities and support has been provided. Welfare and Institutions code 1370 clearly intended to involve PG/PC, if appropriate and recommended by the treatment team. The same intentions were not introduced to legislation involving NGI, MDO's, etc. For these cases CONREP is the intended entity to provide for mental health treatment and supervision. Rather than referring these individuals to conservatorship, CONREP should be held accountable to their mandate and not be allowed to routinely reject clients due to arbitrary criteria. While CONREP appears to have unlimited discretion, it appears the Task Force wishes to remove the discretion provided legislatively and through court decisions for PG/PC. The Association would ask that all alternatives	The task force spent a significant amount of time discussing and reviewing this topic and decided not to modify recommendations under subsections "Coordination of Civil Criminal Proceedings" and "Competence to Stand Trial" based on these comments. The task force agrees that state hospitals should be funded to provide evidence based treatment to inmates so they can regain and maintain competency. This idea is discussed in recommendation 33. The task force doesn't agree that "conservatorship should remain a last resort to be considered when all other options and alternatives have been exhausted."

Section 2: General Comment.		
Commentator	**Comment**	**Committee Response**
	to conservatorship be exhausted prior to involving the conservatorship process and that CONREP provide the services as intended by the legislation. Public safety is a concern for PG/PC's and PG/PC makes use of the Murphy Conservatorship provisions (in conjunction with the District Attorney) to provide for those clients that are a public safety risk and are a current danger. But the use of the LPS conservatorship to ensure public safety for those the court has concerns about but who do not meet the legal criteria for a Murphy conservatorship is not appropriate. The criminal justice system should be equipped to provide for the mental health treatment and supervision of inmates and offenders. Conservatorship should remain a last resort to be considered when all other options and alternatives have been exhausted and when the client has been clinically assessed for grave disability and the County Conservatorship Investigator has investigated and recommended the need for conservatorship.	
California Mental Health Directors Association, Alfredo Aguirre, LCSW, MH Director, San Diego County Health & Human Services and CMHDA President, Patricia Ryan, MPA, CMHDA Executive Director	*In regards to recommendations 24-27 under subsection "Coordination of Civil and Criminal Proceedings"*: From our perspective, recommendations regarding initiation of conservatorship by judges (#24-27) represent an unwise entanglement of the judicial process with independent evaluators. To place the independent investigator in the position of having to tell the judge that they are wrong is unwise, because judges may	The task force spent a significant amount of time discussing and reviewing this topic. Recommendations in the "Coordination of Civil and Criminal Proceedings" section are not advocating for a particular outcome. Recommendation 25 was amended to clarify that conservatorship proceedings are not to be held before the referring court unless all parties agree.

Section 2: General Comment.		
Commentator	**Comment**	**Committee Response**
	want the power to control the outcome of the investigation. Furthermore, conservatorship often does not solve many of the basic problems that come from unwillingness to take medication. In the minds of some judges, as is true with many families who want their loved ones conserved, wanting conservatorship may become synonymous with wanting the person in a locked facility, which is not only costly but may not be the least restrictive, most appropriate setting for the individual.	
California Psychiatric Association, Barbara Yates, MD, President	*In regards to recommendations 24-27 under subsection "Coordination of Civil and Criminal Proceedings": CPA urges thorough review of existing law and practice in this area as essential to achieving the goals of the Judicial Council. A range of issues regarding conservatorship could be addressed and recommendations could be drafted. For instance, the LPS Task Force in which the CPA participates has conducted a statewide survey which reveals variation in procedure and methods of implementation of the LPS Act particularly in less "resourced" counties. It is worth considering whether the whole notion of the determination of grave disability should include determination of decision-making capacity. Examination of existing California law, as represented by the Due Process in Competence Determination Act (Probate Code §§810- 813) as a model for LPS reform	LPS is discussed in the report under the "Report and Recommendation Development" section. In response to this comment and others this topic was further elaborated on in the introductory sections of the report. Consensus amongst task force members was not reached on involuntary treatment issues; therefore expansive recommendations related to this issue were not created.

Section 2: General Comment.		
Commentator	**Comment**	**Committee Response**
	and possible application by the Judicial Council is recommended.	
Forensic Mental Health Association of California, Mark Grabau, President	* The task force should capitalize on the expertise of evaluations panels for incompetence to stand trial. Competence assessments happen early in the process and the defendant may become competent after this initial assessment. Evaluators should be pulled in again before the defendant is sent to a state hospital. We need to find ways to divert such defendants so that they are not sent to the state hospitals.	The task force agrees and has created a new recommendation addressing this issue under the "Competence to Stand Trial" section of the report.
Judicial Council Criminal Law Advisory Committee	CONREP does not currently provide competency training in the community for defendants charged with non-violent felonies. That is just plain wrong. The task force recommendation is for more outpatient treatment to restore competence. That is a great idea and CONREP is the logical choice to do it. But it will require a totally new mindset by CONREP. Right now CONREP just recommends state hospital treatment for all felons as the only alternative.	The task force considered the comment and decided that modifications were not necessary. The task force believes that its proposed recommendations regarding CONREP appropriately respond to this comment.
Eli Lindberg, Commissioner, Sonoma County Board of Mental Health	* To address delays in competent to stand trial procedures, defendants should be able to create a type of advanced directive when competent to waive his or her rights to competence to stand trial if deemed incompetent at a later point. If a defendant has such a directive in place he or she would proceed to trial as incompetent. Commentator stated that such a	The task force considered the comment and discussed possible implementation of the idea and will refer the comment to the implementation working group for further exploration.

Section 2: General Comment.		
Commentator	**Comment**	**Committee Response**
	procedure would restore the defendant's right to a speedy trial and would prevent people from being subject to involuntary treatment in jails (under PC 1369.1) or long waits to state hospitals.	
Tom Lindberg, Family Member, Sonoma County	* The lengthy incompetent to stand trial (IST) process is resulting in unintended outcomes. The commentator told of his son's experience as an IST defendant. His son was charged by the jail psychologist with a felony for making threats while he was incompetent to stand trial and receiving involuntary treatment. The definition of competency should be further explored and charges should not be brought against people who are jailed and who are deemed incompetent.	The task force considered the comment and will refer the comment to the implementation working group for further exploration.

Section 2: Recommendation 11.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: Formerly incarcerated persons with mental health and/or substance use issues and their families should also be included in California Rule of Court 10.952 meetings.	The task force has decided to not modify the recommendation as the recommendation currently reads "other interested parties" which gives local commission's flexibility in determining appropriate members.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
El Dorado County Sheriff, Randolph Peshon,	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 2: Recommendation 11.		
Commentator	**Comment**	**Committee Response**
Lieutenant		
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	In lieu of modifying the California Rule of Court10.952 (Recommendation #11), the Court may be able to "order" the meeting of mental health participants for discussion on a particular issue – as we do for the Juvenile Justice requests in San Diego County on a child/adolescent who is dual calendar (delinquency and dependency) and requires inter-agency participation to resolve a placement issue ("Barrier Busters" meeting). This effective meeting is still viewed in the spirit of collaboration, even though there is a Court mandate to attend.	The task force considered the issues raised in this comment and decided not to modify the recommendation. Task force members agree that amending a California Rule of Court for the purposes stated in the recommendation has several benefits.
Diana Hankins, National Alliance on Mental Illness, El Dorado County	*A patient's rights advocate and family members should also be included.	The task force has decided to not modify the recommendation as the recommendation currently reads "other interested parties" which gives local commission's flexibility in determining appropriate members.
Los Angeles City Attorney's Office, Songhai Miguda-Armstead, Supervisor, Homeless Alternatives to Living on the Street program (HALO) program.	*Recommendation should include "local prosecutors", which would include district and city attorneys.	The task force considered the comment and decided that modifications were not necessary. Current rule language would not exclude city attorneys.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Maura Rogers, Deputy	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 2: Recommendation 11.		
Commentator	**Comment**	**Committee Response**
Public Defender, Law Offices of the Public Defender, Riverside		
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Section 2: Recommendation 12.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: Lack of available mental health and COD services and supports has contributed to the high rate of recidivism. Research indicates that contact with mental health clients reduces fear and stigma (Link & Cullen, 1986). Social inclusion efforts using the "contact" model of mental health clients/survivors, including those with histories of criminal justice involvement, telling their stories are the most effective way of responding to public safety concerns fueled by media stereotypes of mental health clients as being prone to violence. The truth is that mental health clients are no more likely than the general population to become violent (Steadman, et al, 1998).	The task force considered the comment and decided that modifications were not necessary. The comment doesn't seem to apply directly to recommendation 12.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 2: Recommendation 12.		
Commentator	**Comment**	**Committee Response**
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Section 2: Recommendation 13.		
Commentator	**Comment**	**Committee Response**
California Association of Marriage and Family Therapists, Mary Riemersma, Executive Director, David Jensen, Staff Counsel	Although CAMFT supports efforts to "identify information-sharing barriers that complicate collaborations, service delivery, and continuity of care for people with mental illness involved in the criminal justice system," we also encourage the Task Force to remember that this issue has multiple edges to it. Too often agencies and governments focus on the "flow" of mental health information between systems and agencies and they forget about the issue of how all this sharing of mental health information affects the integrity of the relationship between psychotherapists and their patients. We think this is a vantage point worth considering and preserving. The end result of the relationship between a therapist	The task force considered the comment and decided that modifications were not necessary. The recommendation currently states that protocols must be in compliance with HIPAA.

Section 2: Recommendation 13.		
Commentator	**Comment**	**Committee Response**
	and a patient should be the healing of the patient, but that healing is likely to occur only if the patient trusts the therapist and communicates honestly with the therapist. Without trust and honesty, the unique and healing relationship between a therapist and a patient cannot be forged. It is very difficult for patients to trust therapists and be honest with them when patients know their mental health information can and will be accessed by individuals they do not know, and, in fact, may be used against them in criminal proceedings. Consequently, to further the treatment of patients, we strongly recommend that any sharing of mental health information within the criminal justice system be limited to only the minimum amount of information necessary to accomplish the purpose for which the patient is in therapy. We recognize that not all therapist-patient encounters are the same. Sometimes a suicidal patient as to be "talked down from the ledge" so to speak, and sometimes a patient is simply engaging in weekly therapy to address anger management issues. But, although the circumstances are different, the standard should be the same. When it comes to sharing mental health information within the criminal justice system, we comment that HIPAA's "minimum necessary" standard be the guiding consideration about the amount of information to be shared. Hence, we support the Task Force's commitment to developing "protocols"	

Section 2: Recommendation 13.		
Commentator	**Comment**	**Committee Response**
	regarding the sharing of mental health information between and among agencies and systems, but we would ask that such protocols be geared towards the least amount of information possible.	
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: The CA Network supports an integrated approach to technology in mental health, as a piece of the integrated approach to wellness/recovery/resiliency, which is outlined in the Mental Health Services Act's Recovery Vision statement [CA Welfare & Institutions Code Division 5, Part 3, Section 5813.5 (d)]. As part of this wellness focus, we also recommend that the current work to transition from paper to electronic health records (EHRs) prioritize developing personal health records (PHRs) for clients. Each county should be required to implement direct client strategies for access to computers, Internet connectivity and computer literacy trainings, as well as private and secure client access to PHRs. Clients should be given unrestricted access to their PHRs in accessible formats.	The task force considered the comment and decided that modifications were not necessary. The methods to improve information sharing will be determined locally by the partners identified in the recommendations. Responses will be tailored to local resources and system structures.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 2: Recommendation 13.		
Commentator	**Comment**	**Committee Response**
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Section 2: Recommendation 14.		
Commentator	**Comment**	**Committee Response**
California Association of Marriage and Family Therapists, Mary Riemersma, Executive Director, David Jensen, Staff Counsel	We suggest that the Task Force actually generate a list of "accepted and effective practices" that can be utilized by therapists working with defendants within the criminal justice system. Such a list would enable graduate programs, counties, and agencies to better prepare and train therapists to work with defendants.	The task force considered the issues raised in this comment and decided not to modify the recommendation. The suggestion is beyond the task force's area of expertise.
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: County mental health departments should consult with mental health clients, family members and unserved and underserved community members to develop such lists of best practices.	The task force has decided to not modify the recommendation as the comment refers to actions or decisions that must be made at the local level. The recommendation is not meant to address how county departments of mental health will compile such information.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Forensic Mental Health Services, San Diego County,	There would be concern that separating the coordination/dissemination of information too far from	The task force considered the issues raised in this comment and decided not to modify the

Section 2: Recommendation 14.		
Commentator	**Comment**	**Committee Response**
Philip Hanger, Ph.D.	the direct control of the mental health department (Recommendation #14) may result in reduced efficiency of communication – Mental Health Departments are the experts in services and are steeped in their own system of care, and therefore, should remain at the center of such coordination efforts. We concur that sharing this information, where legally/ethically possible and appropriate should be facilitated.	recommendation. The recommendation encourages presiding judges to distribute information that mental health departments compile and determine appropriate, acknowledging mental health departments as the experts and therefore the source of such information.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation subject to modifications: List should be regularly updated.	The task force agrees and has modified the recommendation accordingly. The task force now recommends that the list be regularly updated.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Section 2: Recommendation 15.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: Along with the courts, organizations of mental health clients/survivors, including those with histories of criminal justice involvement, should always be	The task force has decided to not modify the recommendation as the comment refers to actions or decisions that must be made at the local level. The courts are unable to ensure that clients and family

Section 2: Recommendation 15.		
Commentator	**Comment**	**Committee Response**
	represented in local MHSA stakeholder processes, as well as families, parents/caregivers of children and youth, and unserved/underserved communities. Unfortunately, too often these "key stakeholders" are not at the table, especially mental health clients with histories of criminal justice involvement and those from underserved cultural groups.	members are included in local MHSA stakeholder teams.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Mental Health Services Oversight and Accountability Commission, Sherri L. Gauger, Executive Director	Welfare and Institutions Code Section 5848(a) states that “each plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies and other important interests.” The Courts and the Department of Mental Health (DMH) cannot require counties to collaborate with the courts. The Courts are encouraged to become involved in local stakeholder processes in order to promote greater collaboration.	The task force agrees and has modified the recommendation accordingly. The task force now recommends that the courts become involved in local stakeholder teams.
Maura Rogers, Deputy Public Defender, Law Offices of the	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 2: Recommendation 15.		
Commentator	**Comment**	**Committee Response**
Public Defender, Riverside		
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Section 2: Recommendation 16.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: The CA Network of Mental Health Clients recognizes the existence of 41 mental health courts or court programs operating statewide. We take the position of being willing to have mental health courts included in the jail diversion continuum ONLY if the principles outlined below are adopted. Principles: 1. Voluntary participation of clients 2. Pre-booking diversion 3. Uphold clients' rights 4. Serve diverse populations of clients 5. Sentences, probation consistent with criminal charges 6. Advocacy provided for clients 7. Training for mental health court staff 8. Cultural competency of mental health court staff 9. Incorporation of mental health courts in county mental health plans 10. Client and community stakeholder oversight. A copy of the Network's position statement on ways in which mental health courts can support clients' rights, dignity, wellness and recovery will be emailed to Arley Lindberg.	The task force considered the comment and decided that modifications were not necessary. All mental health courts are voluntary and this is stated in the side bar next to the recommendation. How mental health court programs operate must be determined at the local level. Mental health courts adhere to collaborative justice principles, which are similar to the principles listed by the commentator.
Leslie Cogan, Assistant	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 2: Recommendation 16.		
Commentator	**Comment**	**Committee Response**
District Attorney, San Francisco District Attorney Office		
El Dorado County Sheriff, Randolph Peshon, Lieutenant	Agree with recommendation.	No response required.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	One concern with separate, specialty courts (Recommendation #16), is that quite often defendants have multiple, overlapping issues that don't lend themselves to a single court – e.g., the veteran parolee with mental illness and substance abuse issues – which specialty court do we send him to? Instead, work to expand the court system, in general, to be more tolerant/understanding of the needs of the individuals, rather than attempting to separate them to a specialty court.	The task force considered the comment and decided that modifications were not necessary. The recommendation states that each court will determine the best approach, which may or may not be a specialized mental health court. The recommendation currently gives local courts flexibility to determine the best way to address the issue.
Los Angeles City Attorney's Office, Songhai Miguda-Armstead, Supervisor, Homeless Alternatives to Living on the Street program (HALO) program.	*Recommendation should be stronger and should recommend that all jurisdictions or counties over a certain population have mental health courts. Courts and partners need to centralize resources in order to capture more people. Los Angeles does not have the leadership to implement mental health courts.	The task force considered the issues raised in this comment and decided not to modify the recommendation. The recommendation currently gives local courts flexibility to determine the best way to address the issue.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Sacramento County Public Defender, Steven Lewis, Public Defender	Agree with recommendation subject to modification: Comment-based upon our experience in Sacramento, for a successful mental health court to be sustained long term all mental health/justice partners must be	The task force agrees and has modified the recommendation accordingly. The recommendation now emphasizes the importance of judicial leadership.

Section 2: Recommendation 16.		
Commentator	**Comment**	**Committee Response**
	committed to its success. It is critical that the court take the lead role in maintaining this commitment. For example, no one partner should be allowed to unilaterally control the flow of cases into the court. Nor should any one partner be allowed to unilaterally withdraw its support from the court without significant judicial intervention.	
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation subject to modification: Mental health court probationers who subsequently violate probation, whether the violation is the result of new criminal charges or the failure to comply with conditions of probation should be returned to the mental health court for adjudication of the probation violation.	The task force agrees and has modified the recommendation accordingly. The task force has included this suggestion into recommendation 67 in the "Probation and Parole" section.

Section 2: Recommendation 17.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: ... if and when the defendant chooses to disclose such information in his or her defense.	The task force considered the comment and decided that modifications were not necessary. The phrase "consistent with constitutional rights" in the recommendation seems to address the concerns raised in the comment.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
El Dorado County Sheriff, Randolph Peshon, Lieutenant	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 2: Recommendation 17.		
Commentator	**Comment**	**Committee Response**
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	Sharing information about a defendant's mental illness may not be sufficient (Recommendation #17) – medical records will not help the Court/court officers unless interpreted by mental health professionals. Quite often, defendants have complex and contradictory mental health histories/diagnoses, requiring an analysis and summary by a mental health professional to make the information useful – however, this analysis/summary would require additional staffing/funding.	The task force considered the comment and decided that modifications were not necessary. The recommendation assumes that the mental health information will come from a mental health professional. The task force acknowledges that many recommendations may require additional funding. The task force envisions that the need for additional resources will be addressed during the implementation process.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Section 2: Recommendation 18.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation subject to modifications: I think that this is possible depending on the crime, exposure, placement available, case manager availability, accountability, etc. I would want to see a very detailed plan before I had to agree or disagree with the recommendation.	The task force agrees and has modified the recommendation accordingly. The task force now includes "consistent with public safety" in the recommendation.
El Dorado County Sheriff, Randolph Peshon, Lieutenant	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 2: Recommendation 18.		
Commentator	**Comment**	**Committee Response**
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	Development of new "supervised released programs" (Recommendation #18) will run into the same funding limitation mentioned in response to Section 1 – although, coordination of existing services can/should be encouraged. Simply releasing/diverting mentally ill to the community, without having adequate services in place to accommodate their needs, merely perpetuates the cycle – as defendants with no services in place will likely decompensate and re-offend, as has been shown by the available research.	The task force acknowledges that recommendations may require additional funding. The task force envisions that the need for additional resources will be discussed during the implementation process. The task force looked to avoid situations in which mandates are not adequately funded. A discussion of costs and the implementation of recommendations is included in the introduction sections of the report.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Sacramento County Public Defender, Steven Lewis, Public Defender	Agree with recommendation subject to modification: Comment-based upon our experience in Sacramento, for a successful mental health court to be sustained long term all mental health/justice partners must be committed to its success. It is critical that the court take the lead role in maintaining this commitment. For example, no one partner should be allowed to unilaterally control the flow of cases into the court. Nor should any one partner be allowed to unilaterally withdraw its support from the court without significant judicial intervention.	The task force considered the issues raised in this comment and decided not to modify the recommendation. The comment doesn't directly apply to the recommendation as the recommendation is broader than mental health courts.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 2: Recommendation 19.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Sacramento County Public Defender, Steven Lewis, Public Defender	Agree with recommendation subject to modification: Comment-based upon our experience in Sacramento, for a successful mental health court to be sustained long term all mental health/justice partners must be committed to its success. It is critical that the court take the lead role in maintaining this commitment. For example, no one partner should be allowed to unilaterally control the flow of cases into the court. Nor should any one partner be allowed to unilaterally withdraw its support from the court without significant judicial intervention.	The task force considered the issues raised in this comment and decided not to modify the recommendation. The comment doesn't directly apply to the recommendation as the recommendation is broader than mental health courts.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Section 2: Recommendation 20.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San	Agree with recommendation.	No response required.

Section 2: Recommendation 20.		
Commentator	**Comment**	**Committee Response**
Francisco District Attorney Office		
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Section 2: Recommendation 21.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Disability Rights California, Sean Rashkis, Attorney	Our agency supports this recommendation but only if the client is given an informed choice as to whether he or she wants a video hearing and it does not impede a client's access to his or her legal counsel. While video-based linkages between the courts and the state hospitals to avoid delays in case processing for defendants being treated in state hospitals is important, far more important are the due process rights of the defendant and the rights to a fair hearing and effective legal representation. In our experience Defendants who are hospitalized generally wear clothing issued by the hospital. Wearing this hospital "issued" clothing in	The task force agrees and has modified the recommendation accordingly. The recommendation now explicitly states that the use of video linkages is voluntary.

Section 2: Recommendation 21.		
Commentator	**Comment**	**Committee Response**
	a video may give the unintended impression that the individual is ill and may inadvertently prejudice the decision maker. Therefore, defendants should retain the right to request a live court appearance. It is also unclear as to whether defendants who select the video hearing will have effective access to their counsel prior to and during the hearing. This emphasizes the importance of allowing the defendant to choose whether the video hearing is in his or her interests to ensure a fair hearing.	
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	Video linkages between courts and state hospitals are supported (Recommendation #21), as the negative impact of travel to the mentally ill can be avoided. Funding for such technical equipment/service may be obtained through the Mental Health Services Act, although there are restrictions from applying this funding source to "involuntary" and incarcerated populations.	The task force considered the comment and decided that modifications were not necessary. The task force envisions that during the implementation process the need and source of additional resources will be determined.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation subject to modifications: My concern with this recommendation is the defendant's ability to talk privately with defense counsel. Video linkages do not provide privacy nor generate an appropriate atmosphere for legal counsel.	The task force agrees and has modified the recommendation to state that clients should have access to private interactions with their counsel.
Santa Clara County Office of	Agree with recommendation subject to modifications:	The task force considered the comment and has

Section 2: Recommendation 21.		
Commentator	**Comment**	**Committee Response**
the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Public Defender Offices should be funded to provide staff to represent defendants in state hospitals at video conference court hearings.	modified the recommendation to state that clients should have access to private interactions with their counsel.

Section 2: Recommendation 22.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
El Dorado County Sheriff, Randolph Peshon, Lieutenant	Agree with recommendation.	No response required.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	Discharge planning by custody mental health and probation is encouraged (Recommendation #22), but arguably may be an added cost burden to those systems. There may also be a liability consideration, in that, services recommended by custody mental health may not be immediately available in the community (wait lists are standard) and defendants may assert that they are not receiving services recommended at discharge (in order to be "safely released") – does that liability burden fall to jails or community mental health?	The task force considered the issues raised in this comment and decided not to modify the recommendation. Discharge plans are critical and are central to many of the recommendations contained in the report. Discharge plans are developed locally and are based on available services in the community.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 2: Recommendation 22.		
Commentator	**Comment**	**Committee Response**
Defender, Law Offices of the Public Defender, Riverside		
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Section 2: Recommendation 23.		
Commentator	**Comment**	**Committee Response**
California Association of Marriage and Family Therapists, Mary Riemersma, Executive Director, David Jensen, Staff Counsel	We strongly encourage any policies and procedures, and even changes in law, necessary, to enable personal mental health information to be maintained in the nonpublic portion of a court file.	No response required.
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 2: Recommendation 23.		
Commentator	**Comment**	**Committee Response**
Defender, Law Offices of the Public Defender, Riverside		
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Section 2: Recommendation 24.		
Commentator	**Comment**	**Committee Response**
California Association of Public Administrators- Public Guardians and Public Conservators, Connie D Draxker, Executive Board Member	Do not agree with recommendation: Criminal proceedings and conservatorship proceedings are distinct legal matters involving criminal and civil or quasi-civil standards. While it would be useful to have judicial officers that have cross training and in-depth understanding of these two legal proceedings, they are distinct proceedings. For instance, PG/PC's are often faced with judicial officers who wish to use the conservatorship civil commitment process as a substitute for the criminal proceeding; expecting that the conservatorship process will keep an offender in a locked psychiatric facility for the same period of time that the inmate would have been sentenced to jail or prison. Due to the least restrictive standard established by the Welfare and Institutions code, this is not possible. The legislative intent for conservatorship is to provide mental health treatment, not serve as a substitute for criminal proceedings or to be used to alleviate stresses in the judicial system. The	The task force considered the issues raised in this comment and decided not to modify the recommendation. The recommendation doesn't promote the use of conservatorships as a substitute for criminal proceedings.

Section 2: Recommendation 24.		
Commentator	**Comment**	**Committee Response**
	Association believes that criminal proceedings should be resolved prior to involvement of the conservatorship process.	
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Disability Rights California, Sean Rashkis, Attorney	We do not support this recommendation. While designating a single judicial officer to preside over both the civil and criminal proceedings where either 1) a defendant is conserved and has a pending criminal case or 2) a defendant has a pending criminal case and is then conserved may seem convenient and efficient, very different legal standards govern the proceedings and the issues are entirely separate. For example, in a conservatorship hearing, a relevant issue is whether the individual meets legal criteria for being gravely disabled. In order to prove that the individual does or does not meet that standard, the state will have to put forth evidence at a clear and convincing level that the individual "as a result of a mental disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter." Cal. Welf. & Inst. Code § 5008(h)(1)(A). If a judge already has knowledge of issues raised by an attorney in a criminal matter related to those issues, he or she may inadvertently an unintentionally apply them to the conservatorship case when determining whether or not the individual meets	The task force considered the issues raised in this comment and decided to modify the recommendation to state that a single judge may only preside over both criminal and conservatorship proceedings if all parties agree.

Section 2: Recommendation 24.		
Commentator	**Comment**	**Committee Response**
	the grave disability standard, even if the state in the conservatorship matter has not put forth that particular evidence. In order to ensure that hearings in these matters are not influenced by considerations that are not relevant to the matter being decided, a single judicial officer should not preside over both proceedings. Note also that in the Lanterman Petris Short Act (LPS Act) it expressly states "The initiation of conservatorship proceedings or the existence of a conservatorship shall not affect any pending criminal proceedings." Cal. Welf. & Inst. Code § 5352.5.	
Judicial Council Criminal Law Advisory Committee	In L.A. we have an advantage because we have a mental health court Dept 95 with three trained Judges. This will only work if the Judge has a meaningful understanding in both arenas, so we would need Judges thoroughly trained and educated on LPS issues and criminal.	The task force agrees and has modified the recommendation accordingly. The task force now recommends that the judicial officer must have sufficient experience and training.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 2: Recommendation 24.		
Commentator	**Comment**	**Committee Response**
Superior Court of Los Angeles County, Janet Garcia, Court Manager, Planning and Research Unit	Agree with recommendation subject to modifications: Where conservatorship and criminal proceedings are to be joined, the bench officer must have on-the-bench experience and training in each subject matter before being assigned to such a joint calendar. Without such on-the-bench experience in each practice area, there is a potential for misuse of the conservatorship process as a substitute for custodial detention for defendants who cannot stand trial because of unrestorable incompetence.	The task force agrees and has modified the recommendation accordingly. The task force now recommends that the judicial officer must have sufficient training.
Superior Court of Los Angeles County, Lee Smalley Edmon, Presiding Judge-elect	Agree with recommendation subject to modifications: Bench officers designated to preside over both the civil and criminal proceedings should have experience and training in each type of assignment before being designated to preside over both.	The task force agrees and has modified the recommendation accordingly. The task force now recommends that the judicial officer must have sufficient training.

Section 2: Recommendation 25.		
Commentator	**Comment**	**Committee Response**
California Association of Public Administrators- Public Guardians and Public Conservators, Connie D Draxker, Executive Board Member	Do not agree with recommendation: The Association interprets this recommendation as a plan to remove PG/PC's discretion to determine if a conservatorship is necessary and appropriate. Currently the law allows judicial officers to order the PG/PC to investigate whether a conservatorship is necessary. The code also supports the independent assessment and decision making of the County Conservatorship Investigator to determine if conservatorship is necessary. The People v. Karriker appellate decision reiterated this fact,	The task force spent a significant amount of time discussing and reviewing this topic. The recommendation was amended to clarify that this would allow judges to order a petition to be filed. The recommendation was amended to also clarify that conservatorship proceedings are not to be held before the referring court unless all parties agree. The task force doesn't anticipate that implementation of this recommendation will result in a mass shift of criminal offenders to conservatorship because legal standards

Section 2: Recommendation 25.		
Commentator	**Comment**	**Committee Response**
	clearly stating that the PG/PC has discretion. Furthermore, People v. Karriker states that an LPS conservatorship is not a catchall for all incompetent defendants. The Association would argue that is not only true for 1370 cases but also for those found Not Guilty by Reason of Insanity, Mentally Disordered Offenders and Sexually Violent Predators. The Public Guardian cannot be the catchall for criminal defendants, based solely on the fact they have a mental illness. Public Guardian is the last resort agency available only upon the finding of grave disability through an assessment by a licensed clinical professional and after an investigation by the County Conservatorship Investigator. Attempts to change current law or introduce new legislation that would weaken or eliminate the discretion of PG/PC's threatens the independent decision making process provided in the conservatorship process. This independent decision making is a central tenant of the W&I code and the civil commitment process. Additionally, due to current fiscal constraints at the state level, challenges facing judicial officers to manage increasing criminal caseloads and the need to appropriately treat criminal offenders with mental illness, the Association is concerned that changes to current law allowing judicial officers to make the finding of grave disability and order the conservatorship may result in criminal offenders being	for conservatorship remain the same.

Section 2: Recommendation 25.		
Commentator	**Comment**	**Committee Response**
	shifted to conservatorship in mass. This shifts responsibility for these offenders to county programs and shifts the cost of treatment for these cases from the state to the county with no funding resources to support the services necessary to meet the clients' needs. This would provide for another unfunded mandate for PG/PC's and mental health programs statewide.	
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Do not agree with recommendation: Even if expanding forced mental health treatment in the form of conservatorships may reduce the number of mental health clients in prison, such legislation can erode clients' rights insofar as self-determination, freedom, dignity and choice, as well as due process. If such laws are proposed, organizations representing mental health clients, including those with histories of criminal justice system involvement and former conservatees, should be directly consulted and involved from the very beginning to ensure that clients' perspectives are honored and clients' rights are upheld. Modifying or introducing legislation as described above does not support clients' rights, but rather curtails them.	The task force considered the issues raised in this comment and decided not to modify the recommendation. This recommendation doesn't modify existing criteria for involuntary commitment or conservatorship.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Disability Rights California, Sean Rashkis, Attorney	We do not support this recommendation. It is contrary to the Lanterman Petris Short (LPS) Act, Welfare and Institutions Code Section 5352.5. Pursuant to this	The task force spent a significant amount of time discussing and reviewing this topic. This recommendation calls for the modification of

Section 2: Recommendation 25.		
Commentator	**Comment**	**Committee Response**
	section of the LPS Act, only a person in charge of a mental health facility or state hospital medical director can initiate conservatorship proceedings.	legislation to allow judges to order the filing of petitions for conservatorships.
Judicial Council Criminal Law Advisory Committee	Oppose the recommendation that judges be given discretion to initiate LPS conservatorship petitions (right now only the Public Guardian may file petitions) because there is a real risk that such discretionary power could be abused by a bench officer who views LPS as a vehicle to lock up a defendant who cannot be tried due to incompetency… This is a strong possibility and it would be a misuse of LPS law…	The task force spent a significant amount of time discussing and reviewing this topic. This recommendation is not advocating for a particular outcome, but aims to ensure that petitions are filed for those who may meet existing legal standards for conservatorship. The task force is not recommending changes to existing criteria for conservatorships. This recommendation was amended to clarify that conservatorship proceedings are not to be held before the referring court unless all parties agree.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation: Absolutely agree with this recommendation - we have many clients in Riverside's Mental Health Court that need conservatorship but due to the current legal restraints, they have to be committed as 1368 first and be out of time or be held in the mental hospital following a 5150 W&I.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 2: Recommendation 25.		
Commentator	**Comment**	**Committee Response**
Superior Court of Los Angeles County, Janet Garcia, Court Manager, Planning and Research Unit	Do not agree with recommendation: This change essentially turns the referring bench officer into prosecutor and judge in the same proceeding. Existing law permits a bench officer to refer a defendant to the county's public conservator or guardian with directions to initiate a conservatorship investigation. To compel the public guardian to file and litigate a petition before the judge who ordered the filing of the petition not only has an appearance of impropriety, but it is contrary to the traditional role of bench officers in this state as impartial arbiters.	The task force considered the issues raised in this comment and modified the recommendation to clarify that conservatorships may only be held before the referring judge if all parties agree.
Superior Court of Los Angeles County, Lee Smalley Edmon, Presiding Judge-elect	Do not agree with recommendation: Unless the bench officer presiding over the criminal proceedings have experience and training in both areas (LPS and criminal law), there is a real possibility that the LPS conservatorship will not be initiated for appropriately diagnosed defendants, but instead may be used as a "lock-up" substitute for detention in jail.	The task force agrees that judicial officers discussed in the recommendation must be sufficiently trained in the area of LPS. The recommendation has been modified to emphasize the importance of training.

Section 2: Recommendation 26.		
Commentator	**Comment**	**Committee Response**
California Association of Public Administrators- Public Guardians and Public Conservators, Connie D Draxker, Executive Board Member	Do not agree with recommendation: Judicial officers can currently order the PG/PC to investigate the need for conservatorship so there is the opportunity for the judicial officer to involve the County Conservatorship Investigator into a case. If the intent of the recommendation is to facilitate information between	The task force considered the issues raised in this comment and decided not to modify the recommendation. This recommendation is intended to give judges the authority to order the filing of a petition. Whether the petition is sustained will depend on evidence from both sides.

Section 2: Recommendation 26.		
Commentator	**Comment**	**Committee Response**
	the parties of the criminal and conservatorship proceedings, the Association is supportive of this recommendation. If the intent of the recommendation is to provide a legal mechanism to require PG/PC to petition for conservatorship, the Association reiterates that the conservatorship proceedings and criminal proceedings are distinct and should be separated rather than joined.	
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	While we support efforts that would expand the judicial officers authority to initiate a Conservatorship investigation, we would be opposed to the inclusion of said judicial officer in the actual investigation process (Recommendation #26), given the expectation that these investigations are to be independent from the opinion of the requesting entity – to avoid an investigation being biased by the same individual that is recommending the investigation. Such a separate, secondary evaluation is seen as necessary to maintain the integrity of this civil commitment process. This is not to say that the Conservatorship Investigator shouldn't consider information from the judicial officer – such collateral information is viewed as critical to an effective investigation.	The task force considered the issues raised in this comment and decided not to modify the recommendation. This recommendation doesn't call for the judge to be part of the investigation. The recommendation calls for the joining of the agency or person serving as public conservator to *criminal* proceedings.
Maria McKee, Policy and	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 2: Recommendation 26.		
Commentator	**Comment**	**Committee Response**
Program Analyst, Superior Court of California, County of San Francisco		
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Section 2: Recommendation 27.		
Commentator	**Comment**	**Committee Response**
California Association of Public Administrators- Public Guardians and Public Conservators, Connie D Draxker, Executive Board Member	Do not agree with recommendation: PG/PC's are currently responsible for investigating the need for conservatorship based on the legal criteria for grave disability. Furthermore, as a last resort agency PG/PC's routinely investigate alternatives to conservatorship as this is required within the Welfare and Institutions code. This recommendation appears unnecessary.	The task force considered the issues raised in this comment and decided not to modify the recommendation. Although this is required by law it's not a widespread practice in many jurisdictions.
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Do not agree with recommendation: As explained above, the Network supports alternatives to forced treatment, but not expansion of force, as would likely be accomplished by Modifying or introducing conservatorship legislation as described in Recommendation 25.	The task force considered the comment and decided that modifications were not necessary. This comment seems to be in response to recommendation 26.
Leslie Cogan, Assistant District Attorney, San	Agree with recommendation.	No response required.

Section 2: Recommendation 27.		
Commentator	**Comment**	**Committee Response**
Francisco District Attorney Office		
Disability Rights California, Sean Rashkis, Attorney	While we strongly support the recommendation that a conservatorship investigation report should provide recommendations to include alternatives to conservatorship, footnote 51 on Laura's Law/AB 1421 should be removed. AB 1421 in many ways is as restrictive as conservatorship. When an individual is conserved, treatment decisions are made by the conservator not the individual with mental illness. Similarly, by definition AB 1421 treatment is court order and involuntary thus removing the individual from the treatment decision making process. Moreover, county's can only implement AB 1421 when they have determined that involuntary outpatient services will not reduce voluntary treatment. In these tight budget times, most counties have eliminated voluntary services or are attempting to drastically alter successful outpatient mental health system models (see *Napper et al v. County of Sacramento et al*, (2010) Eastern District Court of California, No. Civ. S-10-1119). AB 1421's vague language has the potential to pull individuals into mandatory outpatient treatment who are not and never will be dangerous or gravely disabled. AB 1421 is unnecessary to address involuntary treatment for individuals who are	The task force considered the issues raised in this comment and decided not to modify the recommendation. The task force spent a significant amount of time discussing and reviewing this topic and ultimately decided to note that Laura's Law has been adopted by two counties in California. The task force is not encouraging or discouraging implementation of Laura's Law; a decision that must be made at the local level.

Section 2: Recommendation 27.		
Commentator	**Comment**	**Committee Response**
	dangerous to themselves or others or are gravely disabled. See the Lanterman-Petris -Short (LPS) Act. With this recommendation, the Task Force should be encouraging courts to take into consideration, and conservatorship investigation report should include, whether a family member, friend, or other individuals can assist an individual facing conservatorship proceedings to provide for food, clothing, or shelter. California Welfare & Institutions Code § 5350(e)(1).	
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation subject to modifications: The conservatorship investigation report should not offer opinions on subjects not within the expertise of the investigator; specifically, whether or not the defendant is competent to stand trial; suffers from a mental disease or disorder or is feigning mental illness and/or malingering.	The task force considered the comment and decided that modifications were not necessary. The recommendation doesn't encourage the investigator to include subject matter in the report that is outside his or her expertise

Section 2: Recommendation 28.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 2: Recommendation 28.		
Commentator	**Comment**	**Committee Response**
District Attorney, San Francisco District Attorney Office		
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation subject to modification: With the exception of contested competency hearings which can be heard on the master trial calendar.	The task force considered the issues raised in this comment and decided not to modify the recommendation.

Section 2: Recommendation 29.		
Commentator	**Comment**	**Committee Response**
California Association of Public Administrators- Public Guardians and Public Conservators, Connie D Draxker, Executive Board Member	Agree with recommendation subject to modification: The Association agrees with this recommendation but believes that panel experts should be expert in conservatorship proceedings because frequently it is the expert that recommends a conservatorship even though it is clear they have no understanding of the limitations of conservatorship, particularly as it relates to least restrictive environment.	The task force considered the comment and decided that modifications were not necessary. This recommendation addresses the issue of competence to stand trial and is not related to conservatorship proceedings.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney	Agree with recommendation.	No response required.

Section 2: Recommendation 29.		
Commentator	**Comment**	**Committee Response**
Office		
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	If a court develops "its own panel of experts" for the determination of competency (Recommendation #29), then this might decrease the quality of reports overtime by eliminating the inherent benefit of a free-market access to the best evaluators – unless such a panel is not "closed," but allows for entry and removal on a frequent basis. However, there would need to be staff (Court? County Mental Health?) to manage the list, review qualifications, review work products, respond to feedback/complaints, and ensure standards of quality.	The task force considered the comment and decided that modifications were not necessary. Most courts already have a panel of experts who are usually paid a court –approved fee.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Section 2: Recommendation 30.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maria McKee, Policy and Program Analyst, Superior Court of California, County	Agree with recommendation.	No response required.

Section 2: Recommendation 30.		
Commentator	**Comment**	**Committee Response**
of San Francisco		
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation subject to modification: Compensation should be comparable to reasonable fees for comparable work in the private sector. The AOC should conduct surveys every 3 to 5 years to determine appropriate fees for forensic evaluator services and fix the rate based on the county's demographics.	The task force agrees that this should be considered and is therefore recommending that this topic be referred to the implementation working group.

Section 2: Recommendation 31.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	Ensuring the inclusion in forensic reports of the elements noted in Recommendation #31 would also require additional staffing to review, provide feedback, and make requests for amendments – a limitation in today's economic environment. An existing, effective method of ensuring or improving the quality of said reports can be seen through the intimidating (appropriately so) use of direct/cross examination of these experts. Instead of accepting these reports merely based on the credentials of the examiners, the Court is encouraged to place more emphasis on the challenge of	The task force considered the comment and decided that modifications were not necessary. The task force acknowledges that many recommendations may require additional funding. The task force envisions that the need for additional resourced will be discussed during the implementation process.

Section 2: Recommendation 31.		
Commentator	**Comment**	**Committee Response**
	these experts in Court to provide the additional information requested in Recommendation #31.	
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Do not agree with recommendation: Our current doctors reports sometimes take 2 months to receive in court. I'm very concerned that the above requirements will make this wait longer. Additionally, the findings concerning medication can only be made by a psychiatrist and we have an extreme shortage of psychiatrists on our county's 1368 doctors list.	The task force considered the issues raised in this comment and decided not to modify the recommendation. The court should set dates by which evaluators must have reports done.
Superior Court of Los Angeles County, Janet Garcia, Court Manager, Planning and Research Unit	Agree with recommendation: One additional comment. The Judicial Council should create a form that could be used statewide by forensic examiners to ensure consistency throughout the state in preparation of these reports and to alleviate the burden of additional paperwork that might arise from more comprehensive reports. A second form could be completed by the examiners with respect to curricula vitae information; the completed form would be available in court to counsel of record to use as appropriate.	The task force agrees that this should be considered and is therefore recommending that this topic be referred to the implementation working group for further consideration.
Superior Court of Los Angeles County, Lee Smalley Edmon, Presiding Judge-elect	Agree with recommendation subject to modifications: That appropriate forms be implemented statewide to ensure that all forensic examiners consider and opine on all areas of inquiry. The forms should include a formatted curriculum vitae which each doctor will complete with his/her professional information and which will be kept on file and made available to counsel of record, as needed. The purpose of these forms is to alleviate additional paperwork burdens on the forensic	The task force agrees that this should be considered and is therefore recommending that this topic be referred to the implementation working group for further consideration.

Section 2: Recommendation 31.		
Commentator	**Comment**	**Committee Response**
	examiners and ensure consistency throughout the state.	

Section 2: Recommendation 32.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: Add mental health clients/survivors, including those who have lived experience of forensic psychiatric hospitalization, to the list of those who would collaborate on the statewide working group.	The task force considered the issues raised in this comment and decided not to modify the recommendation. This meeting is for government partners. Clients and family members may be involved at times when appropriate.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Raul S. Sanchez	Add “consumers and family members”.	The task force considered the issues raised in this comment and decided not to modify the recommendation. This meeting is for government partners. Clients and family members may be involved at times when appropriate.
Santa Clara County Office of	Agree with recommendation.	No response required.

Section 2: Recommendation 32.		
Commentator	**Comment**	**Committee Response**
the Public Defender, Nona Klippen Hughes, Assistant Public Defender		
Superior Court of Los Angeles County, Lee Smalley Edmon, Presiding Judge-elect	Agree with recommendation.	No response required.

Section 2: Recommendation 33.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Disability Rights California, Sean Rashkis, Attorney	Before a recommendation for adequate funding be provided to state hospitals and mental health outpatient programs, the Task Force should recommend a full evaluation and report on whether the Conditional Release Program (CONREP) throughout the State is properly transitioning individuals under a forensic commitment from a State Hospital to the community and whether there is adequate communication between the State Hospitals and CONREP with regarding to discharge planning for Forensic residents in State Hospitals. California Penal Code § 1600 et seq. Under current law, CONREP is responsible for placing forensic mental health residents in the community and monitoring their treatment in the community. We are	The task force considered the issues raised in this comment and decided not to modify the recommendation. However, a recommendation for the evaluation of programs serving forensic mental health clients (as referenced in the comment) was added to the research section of the report. The task force believes that adequate funding for state hospitals and mental health outpatient programs is essential for the situation outlined to be improved. The

Section 2: Recommendation 33.		
Commentator	**Comment**	**Committee Response**
	concerned that CONREP's hypersensitive concern over public safety results in individuals under all forensic commitments remaining in State Hospitals well past the date that their treatment teams have determined that they can be discharged (for example, we regularly receive calls from individuals in State Hospitals who cannot remember the last time they spoke with CONREP to discuss discharge planning or go months between meetings with CONREP). The unnecessary commitment of individuals ready for discharge on CONREP leads to a lack of State Hospital beds for other individuals resulting in individuals found incompetent to stand trial languishing in county jails and not receiving the necessary mental health treatment. With regard to mental health outpatient programs, while we support funding for more voluntary mental health outpatient programs in the community, we recommend an evaluation and report of current mental health outpatient programs to determine how many programs regularly accept forensic mental health individuals and the identification of other barriers to the placement of individuals under forensic mental health commitments.	sidebar about the CONREP pilot program in this section of the report addresses, in part, the concerns raised here. The task force agrees and has created an additional recommendation in the research section of the report. The recommendation calls for a statewide evaluation of inpatient and outpatient programs that regularly accept forensic mental health clients.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	The "tide" is currently to push more of the incompetent population back onto the Counties, so any shift in that direction (Recommendation #33) would be welcomed – but not expected in the current economic climate.	The task force considered the comment and decided that modifications were not necessary. The task force acknowledges that many recommendations may require additional funding. The task force envisions that the need for additional resources will be considered during

Section 2: Recommendation 33.		
Commentator	**Comment**	**Committee Response**
		the implementation process.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation subject to modifications: Legislation should be drafted prohibiting the delivery of restorative treatment in jail or juvenile detention facilities.	The task force considered the comment and agrees in principle; however, for counties that have no outpatient treatment facilities, treatment in a custodial facility may be the only option. If the recommendation were to be fully implemented there would not be a need to deliver treatment in jail.
Superior Court of Los Angeles County, Janet Garcia, Court Manager, Planning and Research Unit	Agree with recommendation: One additional comment. A presumption should be considered that defendants charged with non-violent misdemeanor offenses will be committed for treatment to restore competency to community out-patient programs as the first resort for treatment.	The task force considered the comment and agrees in principle. However, the recommendation was not modified because not all jurisdictions have the resources to treat misdemeanants on an outpatient basis. Furthermore, the task force doesn't want to remove discretion from the judge to make appropriate placements.
Superior Court of Los Angeles County, Lee Smalley Edmon, Presiding Judge-elect	Agree with recommendation subject to modifications: There should be a presumption that for all non-violent misdemeanors, community out patient treatment is the preferred treatment modality.	The task force considered the comment and agrees in principle. However, the recommendation was not modified because not all jurisdictions have the resources to treat misdemeanants on an outpatient basis. Furthermore, the task force doesn't want to remove discretion from the judge to make appropriate placements.

Section 2: Recommendation 34.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Disability Rights California, Sean Rashkis, Attorney	While we support this recommendation, we reiterate our recommendation under the Task Force's recommendation 33 to evaluate CONREP to determine whether CONREP is appropriately recommending community placement compared to State Hospital placement.	The task force considered the comment and decided that modifications were not necessary. Recommendation 133, 134, and 135 address the concerns noted in the comment.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation subject to modifications: ...through CONREP and other community based programs for felony defendants found to be incompetent to stand trial and who present a minimal risk to public safety when appropriately supervised and/or medicated so that not all such defendants need be committed to a state hospital for competency restoration.	The task force considered the comment and decided that modifications were not necessary. Existing law and the recommendation as written sufficiently address public safety concerns.
Superior Court of Los Angeles County, Lee Smalley Edmon, Presiding Judge-elect	Agree with recommendation subject to modifications: CONREP should be expected to take the lead in developing such community out-patient treatment	The task force considered the comment and decided that modifications were not necessary. The task force agrees that CONREP should be one of the leading agencies.

Section 2: Recommendation 34.		
Commentator	**Comment**	**Committee Response**
	programs.	

Section 2: Recommendation 35.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation subject to modifications: Can't say. I think under the right criteria this would be good. Other situations I think it may create a public safety risk.	The task force agrees and has modified the recommendation accordingly. The task force now recommends that such defendants be conditionally released to the community, “where appropriate”.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Section 2: Recommendation 36.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Disability Rights California,	We do not support this recommendation. An order for	The task force considered the issues raised in this

Section 2: Recommendation 36.		
Commentator	**Comment**	**Committee Response**
Sean Rashkis, Attorney	involuntary medication for an individual under an incompetent to stand trial commitment ends when competency is restored, absent specific circumstances. See California Penal Code §§ 1370(a)(2)(B)(iv) and 1370(a)(2)(B)(ii)(II). Recommending an expansion of CA Penal Code § 1372(e) to ensure competence is maintained once restored and that medically appropriate care is provided to defendants for as long as it is needed likely violates both the state and federal constitutions. A competent adult has the right to refuse medical treatment, even treatment necessary to sustain life. *Conservatorship of Wendland* (2001) 26 Cal.4th 519, 530; see also *Riese v. St. Mary's Hospital & Medical* Center (1987) 209 Cal.App.3d 1303, 1317. Both the California and United States constitutions limit the government's authority to forcibly medicate institutionalized persons. *Washington v. Harper* (1990), 494 U.S. 210, 221-22; *In re Qawi* (2002), 32 Cal.4th 1, 14; *Hydrick v. Hunter* (9th Cir. 2006), 466 F.3d 676, 696-97 (SVPs). The right of privacy guaranteed by the California Constitution, article I, section 1 "guarantees to the individual the freedom to choose to reject, or refuse to consent to, intrusions of his bodily integrity." *Conservatorship of Wendland* 26 Cal.4th at pp. 531-32. The right clearly extends to the right to refuse antipsychotic drugs. *Riese*, 209 Cal.App.3d at 1318.	comment and decided not to modify the recommendation. The recommendation assures that a defendant can't be medicated against his/her will without proper cause (*Sell v. United States*). The recommendation aims to prevent the cycling of defendants between jails and state hospitals that occurs when a defendant is restored at a state hospital, returns to jail and refuses treatment, returns to IST status, and is again sent to the state hospital for restoration.

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Section 2: Recommendation 36.		
Commentator	**Comment**	**Committee Response**
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	Current practice in San Diego County is to maintain the umbrella of treatment provided by *Sell v U.S.* if/when defendants return from State Hospital upon restoration of competence. However, the use of psychotropic medication remains at the discretion of the treating psychiatrist, and some decline to continue an involuntary regimen. Also, the necessity to continue involuntary administration is often hampered by facility environment/staffing limitation. In other words, the authority to continue involuntary treatment upon return to the County already exists, however there are factors which may limit the application of said authority which need to be addressed, instead.	The task force considered the issues raised in this comment and decided not to modify the recommendation. The comment states that San Diego County practices reflect the intent of the recommendation. The task force acknowledges that the ability to continue treatment may be impacted by facility and staffing limitations.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Section 2: Recommendation 37.		
Commentator	**Comment**	**Committee Response**
California Network of Mental	Agree with recommendation.	No response required

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 2: Recommendation 37.		
Commentator	**Comment**	**Committee Response**
Health Clients, Delphine Brody, MHSA and Public Policy Director		
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Section 2: Recommendation 38.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maria McKee, Policy and Program Analyst, Superior	Agree with recommendation.	No response required.

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Section 2: Recommendation 38.		
Commentator	**Comment**	**Committee Response**
Court of California, County of San Francisco		
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 3: Incarceration

Section 3:General Comment.		
Commentator	**Comment**	**Committee Response**
California Psychiatric Association, Barbara Yates, MD, President	The draft report may benefit from inclusion of issues inherent in the involvement of special population in correctional settings. For instance, gender treatment issues do not seem to be addressed and both relevant and prevalent, i.e., special interventions, are often needed for female inmates who tend to be much more impaired then men, have more Post Traumatic Stress Disorder and other stress reactions, and, as noted earlier, tend not to have their treatment needs assessed and are frequently undertreated. Women who are incarcerated mothers of infants need special accommodations. Currently there is a lack of effort to ensure that a mother spends developmentally appropriate time with her infant for a significant portion of the day while incarcerated. When nurturance is missing, these infants are likely to grow up to become second generation incarcerated offenders. Geriatric populations, too, especially those institutionalized and/or incarcerated have a separate and specific set of needs for specialized mental health treatment. The same may be said of Veterans and other groups. We are aware of some instances in which non-psychiatrist physicians, and even non-physicians, are	The task force considered the comment and modified the report in response to this comment. Language was added to the introduction sections of the report to emphasize the distinct needs of sub groups of offenders with mental illness.

Section 3:General Comment.		
Commentator	**Comment**	**Committee Response**
	placed or are being proposed to be placed in the position of assessing the need for psychotropic medications, determining which medication is most appropriate and then treating inmates with those medications and monitoring sometimes dangerous side-effects and drug-drug interactions. These situations represent grave quality of care issues and we would hope that the JC would articulate a policy of supporting the use of appropriately trained and educated medical specialists as the basis of safe and competent treatment. Further, modern antipsychotic medications (and more particularly older medications), present the risk of movement disorders. This risk requires competent medical monitoring. Another risk that also requires competent medical monitoring is the association of "metabolic syndromes" with some patients taking modern antipsychotics further underscoring the need for competent medical care."	The task force considered the comments regarding non-psychiatric physicians and decided not to modify the report. The task force report uses the following generic terms when referring to staff that is responsible for responding to mental health needs of incarcerated persons with mental illness: *qualified mental health practitioner, mental health staff, custody mental health and psychiatric staff*. It is assumed and encouraged that such staff have appropriate training and expertise.
Cooperation for Supportive Housing, Sharon Rapport	***** Prison/jail assessments should inquire about history of homelessness. Those with a history of homelessness should be released to supportive housing.	The task force agrees and has modified the recommendation accordingly. The task force now recommends that housing be included in recommendation 42.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	*****In regards to recommendations 47-53 under the subsection 'Custody Mental Health Treatment and Services;* These recommendations, of course, are hampered by the need for a significant increase in funding to bring about their implementation. Seen as a goal to aspire to in a more prosperous environment, we	The task force acknowledges that many recommendations may require additional funding. The task force envisions that the implementation process will consider the need for resources and seek to avoid situations in which mandates are not adequately funded.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 3:General Comment.		
Commentator	**Comment**	**Committee Response**
	support all efforts to provide appropriate (evidence based practices) services sooner.	
Jennifer Johnson, Public Defender, San Francisco Behavioral Health Court	* The assessments discussed in this section should assess for trauma.	The task force agrees and has modified the recommendation 42 to include screening for trauma.
Zack Olmstead, Policy Director, Housing California	*Housing should be included in the assessments mentioned in this section. Those with a history of homelessness should be connected to supportive housing as a first priority.*	The task force agrees and has modified the recommendation accordingly. The task force now recommends that housing be included in recommendation 42.
Joseph Partansky, Contra Costa County	*Peer based and self help programs should be utilized in jails and prisons. The sensitivity of those who work with inmates with mental illness must be heightened. Some state prisoners become federal prisoners and that the federal system should also be considered when coordinating formularies *	The task force agrees and has modified recommendation 48 to include peer based services.

Section 3:Recommendation 39.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Do not agree with recommendation: The choice of whether to receive mental health needs assessments should be reserved for individuals. Mandatory screening in any setting violates this right. Psychiatric diagnosis can be very traumatizing and stigmatizing for clients. In a recent participatory focus group study, mental health clients/survivors named psych diagnosis as among the actions most frequently experienced as discriminatory in mental health settings (Brody, 2007). An earlier study yielded similar findings (Reidy, 1993). Especially given	The task force considered the issues raised in this comment and decided not to modify the recommendation. Such screenings are required (see Adult Title 15 Regulations, Section 1207). The task force believes that such screenings are essential for ensuring the safety and appropriate care of all incarcerated individuals.

Section 3:Recommendation 39.		
Commentator	**Comment**	**Committee Response**
	that persons diagnosed with serious mental illnesses (SMI) are dying, on average, 25 years earlier than the general population (Parks, et al, 2006), and that psychotropic medications and polypharmacy have been identified as risk factors, one's decision to risk being so diagnosed and so treated should be a voluntary and informed choice, as should one's decision to take medication or undergo any form of mental health treatment.	
Lynn Cathy, Director of Family Programs, NAMI CA, Sacramento	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
El Dorado County Sheriff, Randolph Peshon, Lieutenant	Agree with recommendation.	No response required.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	Concern that the recommendation for increased screening of mental illness at booking (Recommendation #39) may result in unnecessary presentation to community based, County emergency psychiatric services either to complete the screening or to provide the treatment – jails do not accept responsibility for a detainee that doesn't "pass" the pre-booking screen, and therefore do not accept the responsibility for providing the mental health intervention – instead, they may send them for	The task force considered the comment and decided that modifications were not necessary. Such screening would take place in the jail or prison and could be conducted by custody staff.

Section 3:Recommendation 39.		
Commentator	**Comment**	**Committee Response**
	community based treatment – thereby creating a log-jam for clients who truly need emergent services. It is suggested that such additional pre-booking screening be an augmentation that takes place with jail staff, and in support of Recommendations #40-42.	
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
Larry Penner, Supervisor, Madera County Behavioral Health Services	Agree with recommendation.	No response required.
Hon. Jaime R. Román, Superior Court of Sacramento County	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 3:Recommendation 40.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Do not agree with recommendation: Any screening conducted in jails would be involuntary. As stated in response to Recommendation 39 above, individuals should be allowed to make their own choice as to whether to have their mental health needs assessed.	The task force considered the issues raised in this comment and decided not to modify the recommendation. Such screenings are required (see Adult Title 15 Regulations, Section 1207). The task force believes that such screenings are essential for ensuring the safety and appropriate care of all

Section 3:Recommendation 40.		
Commentator	**Comment**	**Committee Response**
		incarcerated individuals.
Lynn Cathy, Director of Family Programs, NAMI CA, Sacramento	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
Larry Penner, Supervisor, Madera County Behavioral Health Services	Agree with recommendation.	No response required.
Hon. Jaime R. Román, Superior Court of Sacramento County	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation subject to modifications: Screening should occur after appointment of counsel and subject to council's approval.	The task force considered the issues raised in this comment and decided not to modify the recommendation. Such screenings are required (see Adult Title 15 Regulations, Section 1207). The recommendation refers to an initial screening that should be included at intake or soon afterwards. The screening information is used to determine the individual's care in custody and to address personal and public safety concerns. Waiting for the appointment of counsel could jeopardize the safety of the individual.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 3:Recommendation 41.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Do not agree with recommendation: Any screening conducted in jails would be involuntary. As stated above, individuals should be allowed to make their own choice as to whether to have their mental health needs assessed.	The task force considered the issues raised in this comment and decided not to modify the recommendation. Such screenings are required (see Adult Title 15 Regulations, Section 1207). The task force believes that such screenings are essential for ensuring the safety and appropriate care of all incarcerated individuals.
Lynn Cathy, Director of Family Programs, NAMI CA, Sacramento	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
Zack Olmstead, Policy Director, Housing California	*Housing should also be included in the assessment.	The task force agrees and has modified the recommendation accordingly. The task force now recommends that housing be included in the referenced screening tool.
Larry Penner, Supervisor, Madera County Behavioral Health Services	Agree with recommendation.	No response required.
Hon. Jaime R. Román, Superior Court of Sacramento County	Agree with recommendation.	No response required.
Raul S. Sanchez	The possible need for language interpreters is not mentioned.	The task force agrees and has modified the recommendation to address language needs.
Santa Clara County Office of	Agree with recommendation subject to modifications:	The task force considered the issues raised in this

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 3:Recommendation 41.		
Commentator	**Comment**	**Committee Response**
the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Screening should occur after appointment of counsel and subject to council's approval.	comment and decided not to modify the recommendation. Such screenings are required (see Adult Title 15 Regulations, Section 1207). The recommendation refers to an initial screening that should be included at intake or soon afterwards. The screening information is used to determine the individual's care in custody and to address personal and public safety concerns. Waiting for the appointment of counsel could jeopardize the safety of the individual.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 3:Recommendation 42.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Do not agree with recommendation: Any screening conducted in jails would be involuntary. As stated above, individuals should be allowed to make their own choice as to whether to have their mental health needs assessed.	The task force considered the issues raised in this comment and decided not to modify the recommendation. Such screenings are required (see Adult Title 15 Regulations, Section 1207). The task force believes that such screenings are essential for ensuring the safety and appropriate care of all incarcerated individuals.
Lynn Cathy, Director of Family Programs, NAMI	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 3:Recommendation 42.		
Commentator	**Comment**	**Committee Response**
CA, Sacramento		
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
Larry Penner, Supervisor, Madera County Behavioral Health Services	Agree with recommendation.	No response required.
Hon. Jaime R. Román, Superior Court of Sacramento County	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 3:Recommendation 43.		
Commentator	**Comment**	**Committee Response**
California Mental Health Directors Association, Alfredo Aguirre, LCSW, MH Director, San Diego County Health &	Some counties have experimented with assigning mental health staff to jails during late night hours, and have found this to be a non-productive use of scarce resources. During the day, mental health staff is busy calling	The task force considered the issues raised in this comment and decided not to modify the recommendation. CDCR reports that mental health staff are currently available at admission facilities at all times.

Section 3:Recommendation 43.		
Commentator	**Comment**	**Committee Response**
Human Services and CMHDA President, Patricia Ryan, MPA, CMHDA Executive Director	providers, gathering history from family members, doing phone orders to pharmacies, and conducting other necessary activities. Physical health nurses are usually on duty at night, and are quite capable of consulting with screeners, putting inmates in safe/suicide watch cells, and arranging for individuals to be seen in the morning. Physical health nurses and mental health staff would be duplicating efforts, if this recommendation were implemented in all counties. Perhaps a more realistic approach to the recommendations would be attempting to identify the resources (funding or otherwise) that would be needed for implementation of each, and a realistic timeline included for when it could realistically be accomplished statewide (if ever).	This recommendation is a best practice and jails are encouraged to have appropriately trained staff available, depending on local resources. “Mental health staff” as referenced in the recommendation can include physical health nurses who are sufficiently trained in mental health issues.
Lynn Cathy, Director of Family Programs, NAMI CA, Sacramento	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation subject to modifications: If economically feasible.	The task force considered the comment and decided that modifications were not necessary. The task force acknowledges that many recommendations may require additional funding. The task force envisions that the need for additional resources will be considered during the implementation process.
El Dorado County Sheriff, Randolph Peshon, Lieutenant	Agree with recommendation.	No response required.
Marti Hatfield, Arkansas	Agree with recommendation subject to modifications: Inmates, especially those who are new to the system, need to be aware that Mental Health Staff are there to	The task force considered the comment and decided that modifications were not necessary. Recommendation 47 outlines mental health services that should be available in

Section 3:Recommendation 43.		
Commentator	**Comment**	**Committee Response**
	help them. Too often, inmates are not made aware of the services available to them.	the custody setting.
Larry Penner, Supervisor, Madera County Behavioral Health Services	Agree with recommendation subject to modifications: The State of California needs to actively seek Licensed Marriage and Family Therapists (LMFT or MFT) to work in correctional facilities as well as in Parole. There is a large group of trained professional that have the ability to work with mentally ill offenders yet the State of California discriminates against LMFTs by refusing allow them to apply for positions at state hospitals, correction facilities, and State Parole. Much of the work done by Psychologists for both Corrections and Parole could be done by LMFTs at a reduced cost. In these times of severe budget cuts this would seem like an obvious way to save money yet provide the same level of care. When these types of services are contracted out to private, non-profit groups, LMFTs are the predominant service providers due to the high quality of service and cost savings.	The task force considered the issues raised in this comment and decided not to modify the recommendation. The comment refers to actions or decisions that must be made at the local level.
Hon. Jaime R. Román, Superior Court of Sacramento County	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 3:Recommendation 44.		
Commentator	**Comment**	**Committee Response**
Lynn Cathy, Director of Family Programs, NAMI CA, Sacramento	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation subject to modifications: Unless there is a safety consideration that takes precedence.	The task force considered the comment and decided that modifications were not necessary. It is implicit in the recommendation that the incarcerated individual's safety and the safety of staff and other inmates will be considered when determining custody placement.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
Hon. Jaime R. Román, Superior Court of Sacramento County	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 3:Recommendation 45.		
Commentator	**Comment**	**Committee Response**
Lynn Cathy, Director of Family Programs, NAMI CA, Sacramento	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco	Agree with recommendation.	No response required.

Section 3:Recommendation 45.		
Commentator	**Comment**	**Committee Response**
District Attorney Office		
Disability Rights California, Sean Rashkis, Attorney	We support this recommendation. Discharge planning is a critical, and often-overlooked, component of any mental health or substance abuse treatment plan. All jails and prisons are required to provide comprehensive and culturally-appropriate discharge plans to all incarcerated individuals with mental illness or co-occurring disorders. See Title 15, California Code of Regulations § 3355(d).	The task force considered the comment and decided that modifications were not necessary. The comment is in support of the recommendation.
Marti Hatfield, Arkansas	Agree with recommendation subject to modifications: Too often inmates are released without medications to get them through until they can obtain outside mental health care. This abrupt loss of medications is dangerous to both the inmate and the public. Those who release inmates without medications are not held responsible. There needs to be some type of practice put into place that WILL hold these people responsible.	The task force considered the comment and decided that modifications were not necessary. Continuity of care, including access to medications, is addressed in recommendations 76, 77, and 79.
Hon. Jaime R. Román, Superior Court of Sacramento County	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 3:Recommendation 46.		
Commentator	**Comment**	**Committee Response**

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 3:Recommendation 46.		
Commentator	**Comment**	**Committee Response**
Lynn Cathy, Director of Family Programs, NAMI CA, Sacramento	Agree with recommendation.	No response required.
Disability Rights California, Sean Rashkis, Attorney	We support this recommendation. Individuals who have been incarcerated often move between jurisdictions and receive care from multiple providers. Effective discharge planning must ensure continuity of care, information-sharing, and protection of privacy as these individuals receive care in the community.	No response required.
Marti Hatfield, Arkansas	Agree with recommendation subject to modifications: At this time, every roadblock possible is put in place to deny inmates access to their families when released. Inmates are returned to the county they lived when they were arrested even though they have no support system there. Inmates with parents/spouses outside of California are denied parole transfer to be with their families, especially if restitution is still owed. If mental health parolee's were allowed to live with their families so that they had a support system, there would be less recidivism. There needs to be active support to reunite families across county and state lines instead of the current practice of denying almost all requests to have parole transferred.	The task force considered the issues raised in this comment and decided not to modify the recommendation. The comment doesn't seem to be directly related to the recommendation.
Hon. Jaime R. Román, Superior Court of Sacramento County	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 3:Recommendation 46.		
Commentator	**Comment**	**Committee Response**
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 3:Recommendation 47.		
Commentator	**Comment**	**Committee Response**
Lynn Cathy, Director of Family Programs, NAMI CA, Sacramento	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
Hon. Jaime R. Román, Superior Court of Sacramento County	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation subject to modifications: In County jails, administration of screening instrument and in-depth assessment of mental health status should occur only after appointment of counsel and subject to council's approval.	The task force considered the issues raised in this comment and decided not to modify the recommendation. Such screenings are required (see Adult Title 15 Regulations, Section 1207). The recommendation refers to an initial screening that should be included at intake or soon afterwards. The screening information is used to determine the individual's care in custody and to address personal and public safety concerns. Waiting for the appointment of counsel could jeopardize the safety of the individual.
Santa Clara Mental Health Department, Patrick Dwyer,	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 3:Recommendation 47.		
Commentator	**Comment**	**Committee Response**
Law Enforcement Liaison		

Section 3:Recommendation 48.		
Commentator	**Comment**	**Committee Response**
Lynn Cathy, Director of Family Programs, NAMI CA, Sacramento	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
Hon. Jaime R. Román, Superior Court of Sacramento County	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 3:Recommendation 49.		
Commentator	**Comment**	**Committee Response**
Lynn Cathy, Director of Family Programs, NAMI CA, Sacramento	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 3:Recommendation 49.		
Commentator	**Comment**	**Committee Response**
Attorney, San Francisco District Attorney Office		
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
Hon. Jaime R. Román, Superior Court of Sacramento County	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 3:Recommendation 50.		
Commentator	**Comment**	**Committee Response**
Lynn Cathy, Director of Family Programs, NAMI CA, Sacramento	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation subject to modifications: If those drugs or type of treatment is available in the jail.	The task force considered the comment and decided that modifications were not necessary. Recommendations 52 and 53 address the issue of medication availability.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
Hon. Jaime R. Román, Superior Court of Sacramento County	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 3:Recommendation 50.		
Commentator	**Comment**	**Committee Response**
Public Defender		
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 3:Recommendation 51.		
Commentator	**Comment**	**Committee Response**
Lynn Cathy, Director of Family Programs, NAMI CA, Sacramento	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Do not agree with recommendation: I would not want to limit community based treatment agencies of prescribed medications just because a jail can't get it. That is risky.	The task force agrees and has modified the recommendation accordingly. The recommendation now emphasizes that formularies should be coordinated “to the extent possible”. The intent of the recommendation is not to limit medications available in the community.
Disability Rights California, Sean Rashkis, Attorney	We support this recommendation. The coordination of drug formularies would significantly improve psychiatric stabilization and continuity of care for inmates with mental illness. However, we recommend that state hospitals be included in the list of entities for which drug formularies should be coordinated. We also request that this recommendation indicate that any common drug formulary should be adequate, and in the sense that a common formulary should not further restrict the available of medications for incarcerated individuals. Finally, the Task Force should recommend that the Department of Mental Health, the Department of Corrections and Rehabilitation, and the Sheriff’s	The task force agrees and has modified the recommendation accordingly. The task force now recommends that state hospitals be included, that the coordination of formularies should not further restrict the availability of medications, and that the indicated partners establish a common purchasing pool.

Section 3:Recommendation 51.		
Commentator	**Comment**	**Committee Response**
	Association establish a common purchasing pool so that drugs will be more affordable at each jail, prison, hospital, and community mental health center.	
Marti Hatfield, Arkansas	Agree with recommendation subject to modifications: Currently, Mental Health prescriptions for supplements that can improve an inmate's mood swings, sleep habits and overall health issues are being denied. At one prison, an inmate who was on multi-vitamins and fish oil prescribed by his psychiatrist is being denied these due to budget cutbacks. The inmate is now sleeping less, his mood swings are worse and he is concerned about his overall health due to the loss of the vitamins. He has already been diagnosed with a severe vitamin D deficiency even though he had been on multi-vitamins for over a year. Relatively inexpensive alternative treatments like fish oil can not only help - they can reduce the cost of more expensive drugs used to treat the problem.	The task force considered the comment and decided that modifications were not necessary. The recommendation doesn't preclude the use of supplements.
Hon. Jaime R. Román, Superior Court of Sacramento County	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 3:Recommendation 52.		
Commentator	**Comment**	**Committee Response**
California Psychiatric Association, Barbara Yates, MD, President	The Report (page 32, recommendation 52) does recommend expedited access to medications which are off-formulary which the CPA strongly supports. However, in a system of care which interfaces with the courts it will be harder to reach many of the goals elucidated in the report with prior authorization policies in place, despite attempts at expedited approval unless that approval is not more onerous to psychiatrists than the use of on formulary medications. As an alternative, some jurisdictions in some states have adopted a policy in which pre-authorization is only necessary if the prescriber is not a specialty physician, in this case psychiatrist. As well, a number of recent studies indicate that prior authorization policies for antipsychotic drugs in Medicaid programs result in discontinuation of .treatment - with the concomitant cost increases expected in such circumstances. Discontinuation effects under these circumstances will very likely occur as well in jail and prison treatment programs as well as those in the community. While it may be perceived as impractical under current budget constraints both at the state and county levels the most cost effective formulary, and the most clinically sound, is one in which the full armamentarium of psychotropic medications are available with reasonably open access. This policy will save overall health system costs and helps to prevent cost shifting between mental health costs and the health care system. The Medicare Part D program, for example,	The task force considered the issues raised in this comment and decided not to modify the recommendation. The task force believes that a coordinated formulary across systems, as referenced in recommendation 52, would best promote continuity of care. The task force believes that if a coordinated formulary is not possible, treatment authorizations should be expedited.

Section 3:Recommendation 52.		
Commentator	**Comment**	**Committee Response**
	expresses this understanding by singling out the three major classes of psychotherapeutic medications (antipsychotics, antidepressants, and mood stabilization medications) and has directed medication plans to make virtually all of those medications available without recourse to prior authorization. When prior authorization policies do exist they should be developed and set with significant physician involvement, explicitly with specialist physician involvement, and they must always include an appeal mechanism which operates in a timely fashion.	
Lynn Cathy, Director of Family Programs, NAMI CA, Sacramento	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Disability Rights California, Sean Rashkis, Attorney	We support this recommendation. In the absence of a common drug formulary, jails and prisons should obtain expedited treatment authorizations for off-formulary medication to ensure psychiatric stabilization and continuity of care when necessary. However, we suggest that this recommendation be revised to cover state hospitals and community mental health agencies, as well as jails and prisons.	The task force agrees and has modified the recommendation accordingly. The recommendation now includes state hospitals and community mental health agencies.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
Hon. Jaime R. Román, Superior Court of Sacramento County	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 3:Recommendation 52.		
Commentator	**Comment**	**Committee Response**
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 3:Recommendation 53.		
Commentator	**Comment**	**Committee Response**
Lynn Cathy, Director of Family Programs, NAMI CA, Sacramento	Agree with recommendation.	No response required.
El Dorado County Sheriff, Randolph Peshon, Lieutenant	Agree with recommendation.	No response required.
Marti Hatfield, Arkansas	Agree with recommendation subject to modifications: Herein lies the problem. Custody staff are insensitive to inmates with mental health disorders. Comments are made like "you crazies are going to get your own package pick-up - it will cause us more work". Custody tries to over-ride Medical and Mental Health orders that certain inmates must be cell-housed rather than gym/dorm housed. Inmates are supposed to be able to provide input at their annual UCC hearing - but when they try, they are ignored and most of the time Medical/Mental Health is not even in attendance. Information from families is discouraged rather than encouraged.	The task force considered the comment and decided that modifications were not necessary. This comment doesn't seem to directly relate to the recommendation. Recommendation 123 addresses the need for mental health training for correctional officers.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 3:Recommendation 53.		
Commentator	**Comment**	**Committee Response**
Hon. Jaime R. Román, Superior Court of Sacramento County	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 4: Probation and Parole

Section 4:General Comment.		
Commentator	**Comment**	**Committee Response**
Cooperation for Supportive Housing, Sharon Rapport	* CDCR (parole) should develop relationships with community based housing programs.	The task force considered the comment and decided that modifications were not necessary. Recommendation 84 directly addresses this issue.
Disability Rights California, Sean Rashkis, Attorney	*In regards to recommendations 64-69 under subsection: "Alternative Reponses to Probation/Parole Violations*: We support these recommendations. Judicial officers should always consider alternative interventions to formal violation hearings for offenders with mental illness, both in the interest due process and in the interest of providing individualized and effective treatment in the least restrictive environment. However, we suggest that these recommendations be revised to apply to individuals who are released through the CONREP as well to individuals who are on probation or parole.	This section was created specifically for probationers and parolees with mental illness and recommendations were crafted to address issues found in probation and parole systems. Implementation groups should consider the applicability of the recommendations in this section to individuals released through CONREP.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	Primary to the success of the recommendations in this section is the availability/access to services in the community. As noted in the Section summary, this population frequently does not regain public benefits in a timely manner, and when they do, community limitations may also prevent timely access, resulting in this population being placed on a waiting list and doomed to recidivate because of an exacerbation of their mental illness. The best laid discharge planning cannot overcome this current dearth of community services – and while non-revocable parolees can have access to MHSA funded programs, formal parolees are still	The task force considered the comment and decided that modifications were not necessary. Modifications to the report or specific recommendations were not suggested.

Section 4:General Comment.		
Commentator	**Comment**	**Committee Response**
	restricted from accessing this new pool of services. Training of the "specialized mental health probation officers" referenced throughout this Section may be accomplished through collaboration with local mental health departments – with the cost of staff time and the necessary reduced probation case-load as factors to be considered when utilizing this resource. However, we feel the benefit both to the individual probationer as well as to the system of care in general will offset the expense of this added training.	
Madelyn Martinelli, Lake County	When civil addicts with mental illness, who self-medicate by drug use; and are out-patients of CRC when they relapse and are sent back to a recovery program they should not be sent to San Quentin for 3 months to get their placements to CRC Norco; and then when they get to Norco, CRC wait another 3-4 months for their Board hearing and then wait another 3 months for their UI and finally wait perhaps another 4 weeks to get placement into a facility outside for residential therapy for recovering addicts. This is not a coordinated effort. This is not saving any taxpayers dollars, nor is it helping the person who desperately needs the recovery program nor is this intended to happen according to the Valdivia Report, or the CDCR standards authority (CSA). These people need help immediately and the voters of California voted against incarceration for these people.	The task force considered the issues raised in this comment and decided not to modify the report or specific recommendations. Although some civil addicts may have a mental illness, this is a population distinct from prisoners and jail inmates with mental illness discussed in this section. To address procedures concerning civil addicts would be outside the charge of this task force.
Zack Olmstead, Policy	*Housing providers should collaborate more with	The task force considered the comment and modified

Section 4:General Comment.		
Commentator	**Comment**	**Committee Response**
Director, Housing California	probation and parole. Housing California has a list of permanent supportive housing that can be provided to parole and probation.*	recommendation 83 in the Community Reentry section to include probation and parole. Recommendation 84 also encourages collaboration between probation, parole, and housing providers.

Section 4:Recommendation 54.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.

Section 4:Recommendation 55.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 4:Recommendation 55.		
Commentator	**Comment**	**Committee Response**
the Public Defender, Nona Klippen Hughes, Assistant Public Defender		
San Bernadino County Probation, Richard Arden, Deputy Chief	Agree with recommendation.	No response required.

Section 4:Recommendation 56.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
San Bernadino County Probation, Richard Arden, Deputy Chief	Agree with recommendation.	No response required.

Section 4:Recommendation 57.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody,	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 4:Recommendation 57.		
Commentator	**Comment**	**Committee Response**
MHSA and Public Policy Director		
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
San Bernadino County Probation, Richard Arden, Deputy Chief	Agree with recommendation.	No response required.

Section 4:Recommendation 58.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 4:Recommendation 58.		
Commentator	**Comment**	**Committee Response**
Public Defender		
San Bernadino County Probation, Richard Arden, Deputy Chief	Agree with recommendation subject to modifications: Funding is needed from the State to achieve this proposal.	The task force considered the comment and decided that modifications were not necessary. The task force acknowledges that many recommendations may require additional funding. The task force envisions that the need for additional resources will be addressed during the implementation process.

Section 4:Recommendation 59.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Do not agree with recommendation: While there may be a markedly higher rate of recidivism among parolees and probationers who are diagnosed with mental illnesses, to assume that this results primarily from a lack of motivation or awareness on the part of each individual (and hence to conclude that a carrot-and-stick approach is needed and that compliance with treatment and/or other parole/probation conditions must be compelled), unjustly denigrates the dignity and personal agency of parolees and probationers with mental health issues and ignores the larger issue of the lack of access to voluntary, community-based mental health services and supports (including peer-delivered services), when people first encounter mental health challenges and throughout the duration of those challenges. Falling through the cracks of the mental health system, or never gaining access to appropriate services in the first place, are strong predictors for mental health clients/survivors and those	The task force considered the comment and decided that modifications were not necessary. The task force doesn't assume that high recidivism rates of probationers and parolees with mental illness are a result of a lack of motivation or awareness. The task force agrees that lack of access to voluntary evidenced based community mental health services is an important issue. This issue is addressed in Section 1 (Prevention, Early Intervention, and Diversion Programs) of the report. However, the task force is also charged with promoting best practices and developing recommendations for once a person has entered the criminal justice system. This particular recommendation is in regards to persons with mental illness who have already entered the criminal justice system and are on probation and parole.

Section 4:Recommendation 59.		
Commentator	**Comment**	**Committee Response**
	seeking access to mental health services or peer supports finding themselves at odds with the law. In particular, access to age- and culture-specific peer support, holistic and culturally traditional healing modalities, and services that are client- and family-driven, culturally and linguistically competent and grounded in wellness/recovery principles can play a decisive role in one's ability to benefit from mental health care. Rather than resort to increased force and coercion toward parolees with mental health issues, we urge the Task Force to omit this recommendation and add more specific strategies to increase access to a comprehensive array of voluntary services up-front as the primary strategy.	
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
San Bernadino County Probation, Richard Arden, Deputy Chief	Agree with recommendation subject to modifications: Funding is needed from the State to achieve this proposal.	The task force considered the comment and decided that modifications were not necessary. The task force acknowledges that many recommendations may require additional funding. The task force envisions that the need

Section 4:Recommendation 59.		
Commentator	**Comment**	**Committee Response**
		for additional resources will be addressed during the implementation process.

Section 4:Recommendation 60.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
San Bernadino County Probation, Richard Arden, Deputy Chief	Agree with recommendation.	No response required.

Section 4:Recommendation 61.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: The 24-hour crisis options should include crisis residential programs and peer-run crisis respite (as will soon be offered to uninsured clients in jails in Los Angeles County via their MHSA-funded peer-run crisis respite houses.	The task force has decided to not modify the recommendation as the comment refers to actions or decisions that must be made at the local level. Such services should be utilized at the local level if available.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 4:Recommendation 61.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
San Bernadino County Probation, Richard Arden, Deputy Chief	Agree with recommendation subject to modifications: 24 hour crisis service should be through the County department of Mental Health.	The task force has decided to not modify the recommendation as the comment refers to actions or decisions that must be made at the local level. Twenty-four hour crisis services may or may not be operated by the County Department of Mental Health depending on county structure and/or resources.

Section 4:Recommendation 62.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: Mental health peer-run organizations should also develop working relationships with both community-based service providers and specialized probation officers and parole agents.	The task force considered the comment and decided that modifications were not necessary. The recommendation does not preclude peer-run organizations. The task force acknowledges that services and programs vary across counties and has therefore left the recommendation broad so as not to exclude any options.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 4:Recommendation 62.		
Commentator	**Comment**	**Committee Response**
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation subject to modifications: One of my biggest concerns is the lack of transition between Parole Outpatient Clinic and the county's Dept of Mental Health. POC will provide treatment without benefits and the county won't. Also, non-revocable parolees only get 90 days of service at POC and won't get treatment in county without benefits.	The task force agrees and has modified the recommendation accordingly. The task force now recommends that parole in general (which would include POCs) should have established agreements and relationships with community based service providers. The recommendation now emphasizes the importance of continuity of care once an individual is discharged from parole.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
San Bernadino County Probation, Richard Arden, Deputy Chief	Agree with recommendation.	No response required.

Section 4:Recommendation 63.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: In addition to offering parolees and probationers evidence-based approaches, funding for client-run mutual support and self-help programs should be prioritized. Peer-run programs such as drop-in centers, housing services, crisis teams and respites, advocacy projects and simple support groups, although proven highly effective, have long been very under-funded in proportion to the funding of other programs, as well as under-researched. Guided by the philosophy of peer support that the best helpers are those	The task force considered the comment and decided that modifications were not necessary. This recommendation doesn't address which types of programs should be prioritized for funding. The recommendation doesn't preclude peer-run programs.

Section 4:Recommendation 63.		
Commentator	**Comment**	**Committee Response**
	who have experienced similar challenges, peer-run programs offer a non-medical approach to helping. They are places to which people who will not use any other mental health services will come, because they feel safer among their peers. Deeply rooted in the values of individual and group self-determination and choice, peer-run programs begin by listening to peoples' expressed needs and offering them concrete support to get those needs met. Mental health clients/survivors who participate in peer support see others like themselves in positions of responsibility, and this helps them develop more confidence in themselves. Studies suggest what self-helpers have long known: Self-help and peer support programs serve people who will not or cannot use traditional mental health services, people who are homeless or at risk of becoming homeless, those who have had hurtful or ineffective experiences in traditional programs, and those have not had access to traditional services. Studies also suggest that self-help programs excel in outcome measurements of increased empowerment and self-esteem.	
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 4:Recommendation 63.		
Commentator	**Comment**	**Committee Response**
the Public Defender, Nona Klippen Hughes, Assistant Public Defender		
San Bernadino County Probation, Richard Arden, Deputy Chief	Agree with recommendation.	No response required.

Section 4:Recommendation 64.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Do not agree with recommendation.	The task force decided not to modify the recommendation. The task force is unable to adequately respond because reasoning for the disagreement is not provided.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
San Bernadino County Probation, Richard Arden, Deputy Chief	Do not agree with recommendation.	The task force decided not to modify the recommendation. The task force is unable to adequately respond because reasoning for the disagreement is not provided.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 4:Recommendation 65.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation subject to modifications: Only if that applied to APD filing of an MTR but still left open the discretion to the district attorney office and the filing of their own motion.	The task force considered the comment and decided that modifications were not necessary. The recommendation doesn't limit the discretion of the district attorney.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
San Bernadino County Probation, Richard Arden, Deputy Chief	Agree with recommendation.	No response required.

Section 4:Recommendation 66.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Do not agree with recommendation: Expanding coercion through the creation of an entire new type of specialty court runs counter to fundamental wellness/recovery principles, including choice, self-determination and dignity.	The task force considered the issues raised in this comment and decided not to modify the recommendation. The task force believes that such courts may prevent parolees and probationers from having their supervision revoked and returned to custody.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Cooperation for Supportive Housing, Sharon Rapport	* Supportive housing should be an intercept for these types of courts.	The task force considered the comment and decided that modifications were not necessary. There is a separate

Section 4:Recommendation 66.		
Commentator	**Comment**	**Committee Response**
		subsection in the report dedicated to housing, including supportive housing.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	An increase in mental health services must be available for reentry courts before they can be considered an effective strategy – a limitation to implementation in this current economic environment – Diversion without Destination is not Desirable.	The task force considered the comment and decided that modifications were not necessary. The task force acknowledges that many recommendations may require additional funding. The task force envisions that implementation groups will consider the need for resources.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
San Bernadino County Probation, Richard Arden, Deputy Chief	Agree with recommendation subject to modifications: State funding is needed for all agencies involved in this proposal.	The task force considered the comment and decided that modifications were not necessary. The task force acknowledges that many recommendations may require additional funding. The task force envisions that implementation groups will consider the need for resources.

Section 4:Recommendation 67.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Do not agree with recommendation: Mental health treatment should only be provided when requested. This recommendation for "immediate treatment interventions" lends itself to abuses, as does Recommendation 66.	The task force considered the issues raised in this comment and decided to modify the recommendation so that treatment interventions are “made available” as opposed to “provided”.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 4:Recommendation 67.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	"Immediate treatment interventions" (Recommendation #67) suggests an involuntary or enforced compliance with psychotropic medication such as through inpatient hospitalization, but will still require an additional Riese Hearing – and while probation officers are granted authority to initiate such an evaluation process (WIC 5150), the administration of involuntary medication remains at the discretion of the treating psychiatrist.	The task force considered the issues raised in this comment and decided to modify the recommendation so that treatment interventions are "made available" as opposed to "provided".
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
San Bernadino County Probation, Richard Arden, Deputy Chief	Agree with recommendation.	No response required.

Section 4:Recommendation 68.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District	Agree with recommendation subject to modifications: Agree in principal, depending on what the violation is.	The task force considered the comment and decided that modifications were not necessary. It is implied in the

Section 4:Recommendation 68.		
Commentator	**Comment**	**Committee Response**
Attorney Office		recommendation that the violation will determine the response.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
San Bernadino County Probation, Richard Arden, Deputy Chief	Agree with recommendation.	No response required.

Section 4:Recommendation 69.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
San Bernadino County Probation, Richard Arden,	Do not agree with recommendation: Should only be mental health staff who advise custody staff regarding	The task force considered the issues raised in this comment and decided not to modify the

Section 4:Recommendation 69.		
Commentator	**Comment**	**Committee Response**
Deputy Chief	detention issues while the person is incarcerated.	recommendation. If a probationer or parolee is returned to custody, his or her probation or parole agent may have pertinent information that must be relayed to custody staff.

Section 5: Community Reentry

Section 5:General Comment.		
Commentator	**Comment**	**Committee Response**
California Department of Veterans Affairs, Christopher Colbert	*Veterans should be identified while in prison and connected to appropriate services upon discharge to prevent recidivism. The Veteran's Association (VA) has a coordinator in each region that works with the prisons.	The task force agrees and has modified recommendation 42 (regarding custody screenings) to include military service status.
California Psychiatric Association, Barbara Yates, MD, President	* Many counties will lack the resources to routinely provide a care manager or formal jail liaison individual (see report recommendations 70 and 71 on page 39) to act as a bridge to and/or a single point of responsibility for community services for all incarcerated individuals with a severe and persistent mental illness; or for corrections agency transportation to designated community treatment resources. What may serve better during these perilous budget times are more detailed recommendations developed to address this situation within existing resources. This may entail coordination between agencies and institutions at an administrative level in both formal and informal ways. Effective coordination between the correctional institutions and community organizations providing treatment and important supports, for instance, is a key part of any prospective solutions.*	The task force acknowledges that many recommendations may require additional funding. The task force envisions that the implementation process will consider the need for resources. Many of the recommendations can be accomplished through collaborations between key partners, as discussed by the commentator.
Cooperation for Supportive Housing, Sharon Rapport	* This section should include a recommendation for the use of video conferencing in prison discharge planning and in-reach services.	The task force considered the issues raised in this comment. Prison discharge planning and in-reach services are distinctly different from local jail practices and procedures. Several recommendations within this

Section 5:General Comment.		
Commentator	**Comment**	**Committee Response**
		section were amended to include prisons. How amended recommendations will be implemented within the prison system should be determined by CDCR. The inclusion of prison was not appropriate or feasible for all recommendations.
Corporation for Supportive Housing and Housing California, Sharon Rapport and Zach Olmstead	We agree with the Task Force that aggressive discharge planning connected to strong linkages to a community network well before release are critical to reentry success. Providing case management in-reach services to establish early and trusting relationships with case managers as well as connecting persons existing prison with local supportive housing providers is essential for this population's reentry into the community. While we recognize the difficulties of providing access to community-based organizations for prisons in California, we suggest the Task Force recommend that alternative models, like video conferencing, be made available to link incarcerated individuals to case managers in the communities to which the offender will be returning.	The task force considered the issues raised in this comment. Prison discharge planning and in-reach services are distinctly different from local jail practices and procedures. Several recommendations within this section were amended to include prisons. How amended recommendations will be implemented within the prison system should be determined by CDCR. The inclusion of prison was not appropriate or feasible for all recommendations.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	We would urge that the CDCR continue, in the spirit of recommendation #71 to work within the newly established County Mental Health Point-of-Contact network, when there is imminent release of complex, mentally ill offender – to follow through with their agreement to provide a standard packet of mental health, substance abuse, and physical health records – to coordinate release to most appropriate location within that County – to begin the process of reactivating	The task force considered the issues raised in this comment and decided not to modify the report as such networks may not be available in all jurisdictions.

Section 5:General Comment.		
Commentator	**Comment**	**Committee Response**
	benefits when available.	
Silim Goldberger, MD, Parole Outpatient Clinic Region II, CDCR	As the financial situation of many counties in California deteriorates, local community mental health services are becoming less and less available to our population, when inmates are released or parolees who discharge their parole. At the time, when the parole reform is unfolding, it is very important for local county mental health services to continue to provide mental health treatment to our population. Failure to do so jeopardizes the success of the reform in reducing recidivism rate. As we are dealing with a population at risk (having criminal record and psychiatric disorder), it is especially important that we make a special effort in securing mental health treatment once community re-entry is planned. It should not be difficult to predict what effect would be, if a patient stops taking psychotropic medication: it will not improve his/her impulse control, it will not improve his/her judgment, and it will not improve his /her consideration for safety of others. Having such a person in a community exposes the community to unnecessary harm. We should do everything we can to protect our communities from the harm and danger, which can be foreseen and prevented.	The task force considered the comment and agrees that parolees are an underserved population and that funding should be allocated towards this population. Language was added to the "Community Reentry" discussion section to highlight the needs of the parolee population.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 5:General Comment.		
Commentator	**Comment**	**Committee Response**
	To address this problem, I feel separate funds need to be allocated to community mental health system, to enable them to provide mental health services for our population when community re-entry is planned. Such funds need not be connected to other funding and should be available as soon as possible.	
Zack Olmstead, Policy Director, Housing California	*Housing should be a part of the jail and prison in-reach services described in this section. Perhaps the benefits specialists in prison should know about housing resources in order to connect inmates to housing upon release.*	The task force agrees and has modified recommendation 71 to include housing.
Joseph Partansky, Contra Costa County	*Peer based programs should be utilized in jails and prisons to support successful discharge/reentry efforts."	The task force considered the comment and decided that modifications were not necessary. Recommendation 73 discusses peer-based services.

Section 5:Recommendation 70.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: Peer bridgers should also be included in this recommendation. The peer bridgers model in Los Angeles County began in the county psychiatric hospitals and IMDs, and is now proposed for expansion to community settings.	The task force considered the comment and decided that modifications were not necessary. Peer-bridgers are incorporated into recommendation 73.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Marti Hatfield, Arkansas	Agree with recommendation subject to modifications:	The task force considered the issues raised in this

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 5:Recommendation 70.		
Commentator	**Comment**	**Committee Response**
	This needs to be expanded to include prisons as well.	comment and decided not to modify the recommendation. The task force created recommendation 71 for local jails. Linking prisoners to community services upon release may be best accomplished through other mechanisms and requires further exploration by future implementation groups.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.
Natasha Wist Ph.D., Mother of service consumer	Agree with recommendation subject to modifications: Stipulate how often care manager will meet with inmate and how he will facilitate housing, health care including dental and mental health care and medications and regular access to a primary care physician and psychiatrist and psychologist as soon as he is released into the community.	The task force considered the comment and decided that modifications were not necessary. Care manager responsibilities will be determined at the local level.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 5:Recommendation 71.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Disability Rights California, Sean Rashkis, Attorney	We support the recommendation of a jail liaison for the purpose of improving communication and coordination regarding discharge planning and post-adjudication mental health services.	No response required.
El Dorado County Sheriff, Randolph Peshon, Lieutenant	Agree with recommendation.	No response required.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation subject to modifications: A formal Law Enforcement Liaison to improve communication and collaboration with local police agencies (as we have done in Santa Clara County with MHSA funds) is also a great idea.	The task force considered the comment and decided that modifications were not necessary. This subsection of the report is focused on discharge from jail and prison. Recommendation 7 discusses collaboration between mental health and local police agencies.
Natasha Wist Ph.D., Mother of service consumer	Agree with recommendation:	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 5:Recommendation 72.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Disability Rights California, Sean Rashkis, Attorney	We support the recommendation of peer support services to ensure successful community re-entry.	No response required.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.
Natasha Wist Ph.D., Mother of service consumer	Agree with recommendation:	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 5:Recommendaiton 73.		
Commentator	**Comment**	**Committee Response**
California Psychiatric Association, Barbara Yates, MD, President	*The JC draft report at page 40 in recommendation 73 should take cognizance of prior legislation - see for example AB 470 (Vee, 2005) and SB 2004 (Vee, 2006) - which would have provided that Medi-Cal may not terminate juveniles eligibility upon incarceration but must suspend, and further, provide for immediate reinstatement upon release or provide for minors identified as qualifying for Medi-Cal process applications so that minors have benefits immediately upon release. Senator Vee and others have also introduced corresponding legislation for adults. All these bills were derailed because of significant cost issues. With federal health care reform legislation significantly expanding eligibility and funding for Medicaid programs we would expect such legislation to be introduced again in the future. This would be an opportunity to recommend that the Judicial Council specifically adopt policy to support this important kind of legislation. Intermediary steps could also be taken which would improve access to services when benefits are either suspended or terminated. For instance in some jurisdictions a letter (indicating that an individual is not currently incarcerated or will soon be released) from the incarceration facility is required by either the Social Security administration or the Medi-Cal program to start benefits again if suspended, or as a precondition to initiate applications in the case of terminated benefits.	The task force considered the comment and decided that modifications were not necessary. Many of the concerns raised by the commentator are addressed in recommendation 75 by providing in-custody assistance to apply for or reinstate benefits.

Section 5:Recommendaiton 73.		
Commentator	**Comment**	**Committee Response**
	These letters are often slow to be produced by the corrections authorities. Once released from jail the individual has to pay $70 (as required at one particular jail facility) in order to obtain the letter. This is clearly beyond the means of people with a mental illness who comprise our typical community treatment population. Even so, it typically takes several months to get benefits started again. This issue ought to be examined comprehensively. The draft report should recommend that the Judicial Council be involved in the development of intermediate solutions as well. The Judicial Council should also be cognizant of the fact that the state Department of Corrections and Rehabilitation was to have, by this date, hired sufficient numbers of social workers at each of its prisons to begin, 6 months prior to release, eligibility determinations and to begin application processes for all inmates who might qualify for state and federal benefit programs. We understand that this initiative has not materialized as expected. The draft report may want to make recommendations related to involvement of the JC as a stakeholder in this process to assure faithful implementation of these kinds of plans.	
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Marti Hatfield, Arkansas	Agree with recommendation subject to modifications:	The task force considered the comment and decided not

Section 5:Recommendaiton 73.		
Commentator	**Comment**	**Committee Response**
	This needs to be expanded. Mental Health patients, chronic Medical patients and those with Disabilities diagnosed while in prison should be able to file for benefits prior to release. Too often these inmates are handed $200 gate money with no access to continuing care or resources. Many of these inmates end up on the street with no place to go. In this day and age $200 does not go far when you must pay for transportation back to the county you lived in before incarceration, food and lodging.	to modify the recommendation. These issues are outside the scope of the task force's charge.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation subject to modifications: Consideration should be given to funding one FTE social worker position at public defender offices. The FTE would be responsible for handling necessary paperwork to get entitlements for mentally ill clients reinstated expeditiously.	The task force has decided to not modify the recommendation as the comment refers to actions or decisions that must be made at the local level. This recommendation is focused at the policy level as opposed to the local operational level. The comment may be considered by future implementation groups.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.
Natasha Wist Ph.D., Mother of service consumer	Agree with recommendation subject to modifications: Absolutely, it took me six months to get medical and SSI for my dual diagnosis son and i spent many hours on the	No response required.

Section 5:Recommendaiton 73.		
Commentator	**Comment**	**Committee Response**
	phone and with the bureaucracy to finally get him the minimal care he needed.	

Section 5:Recommendation 74.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation subject to modifications: This should not be limited to just jail staff if outside agencies could accomplish it too.	The task force considered the comment and decided that modifications were not necessary. “In-reach care managers”, as referenced in the recommendation, can be from outside agencies. This will be determined by local jails and prisons.
Marti Hatfield, Arkansas	Agree with recommendation subject to modifications: Jail/prison personnel who do not provide this help need to be held accountable. The inmate grievance procedure in place at this time is lengthy and too often, denied.	The task force considered the issues raised in this comment and decided not to modify the recommendation. Accountability issues are outside the charge of the task force.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant	Agree with recommendation subject to modifications: This objective could be better managed by a social worker based in the Public defender's office. Defendants	The task force has decided to not modify the recommendation as the comment refers to actions or decisions that must be made at the local level. This

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Section 5:Recommendation 74.		
Commentator	**Comment**	**Committee Response**
Public Defender	are more likely to trust and work with a representative of the public defender's office; working with the public defender office rather than a string of in reach care managers from various agencies provides a measure of control and increased security from the DOC's perspective.	recommendation is focused at the policy level as opposed to the local operational level. The comment may be considered by future implementation groups.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.
Natasha Wist Ph.D., Mother of service consumer	Agree with recommendation:	No response required.

Section 5:Recommednation 75.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	We applaud the Task Force for emphasizing the effectiveness of utilizing discharge planning (Recommendation #75), and urge jail and prison mental health to work closely with local mental health liaisons to make realistic service recommendations based on available resources and to incorporate information about previous community treatment goals into this planning process – recognizing that the mental health treatment the individual received in jail/prison was only one step on the continuum of care, and that the continuity with prior community-based care will go a long way towards	The task force considered the comment and decided that modifications were not necessary. The recommendation addresses the issues raised in the comment.

Section 5:Recommednation 75.		
Commentator	**Comment**	**Committee Response**
	stabilizing the individual and reducing recidivism.	
Marti Hatfield, Arkansas	Agree with recommendation subject to modifications: Once again, there needs to be consequences for those who do not follow this policy.	The task force considered the issues raised in this comment and decided not to modify the recommendation. Accountability issues are outside the charge of the task force.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Raul S. Sanchez	Add “pre-release contact with family members”. In addition, should there be discussion of the situation where a consumer is arrested but given a “kick-out” and not formally charged?	The task force considered the comment and has modified the text under the subsection “Implementation for the Discharge Plan” to include family members.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.
Natasha Wist Ph.D., Mother of service consumer	Agree with recommendation:	No response required.

Section 5:Recommendation 76.		
Commentator	**Comment**	**Committee Response**
California Psychiatric Association, Barbara Yates, MD, President	We would wholeheartedly agree with recommendation 76 in the draft report that offenders not be released late at night or at other times inconvenient both to the patient and for community systems of care. Yet, this issue is not a new issue and has not been resolved despite abundant attention for at least several decades. For instance, in 1985 Assemblyman Bruce Bronzan convened a legislative informational hearing on criminalization of those with a severe mental illness which found that the timing of release is a significant barrier to continuity of care and stability in the community. Despite the passage of 25 years since this finding to the present this is still a standard operating procedure. This may be an area for collaboration between the courts, treatment providers, and the state sheriffs association as the custodians of local jails, or it may be a subject for future legislation. The Task Force should deliberate this issue and make specific recommendations that would advance the aim of eliminating releases during these times.	The task force considered the comment and decided that modifications were not necessary. The recommendation was created for purposes discussed in the comment.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Persons	Agree with recommendation.	No response required.

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Section 5:Recommendation 76.		
Commentator	**Comment**	**Committee Response**
Learning / ASOC		
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Raul S. Sanchez	Add “family members”.	The task force considered the comment and decided that modifications were not necessary. The recommendation doesn’t preclude family members. “Critical support systems” as referenced in the recommendation may include family members.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.
Natasha Wist Ph.D., Mother of service consumer	Agree with recommendation:	No response required.

Section 5:Recommendation 77.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation: Would love to see it actually implemented.	No response required.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Persons	Agree with recommendation.	No response required.

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Section 5:Recommendation 77.		
Commentator	**Comment**	**Committee Response**
Learning / ASOC		
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation subject to modifications: Operative phrase is "arrange the offender's transportation." It would be a poor use of a deputy's time.	The task force considered the comment and decided that modifications were not necessary. Whether transportation is *provided by* or *arranged by* will be determined at the local level depending on available resources.
Natasha Wist Ph.D., Mother of service consumer	Agree with recommendation:	No response required.

Section 5:Recommendation 78.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
El Dorado County Sheriff, Randolph Peshon, Lieutenant	Agree with recommendation.	No response required.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public	Agree with recommendation.	No response required.

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Section 5:Recommendation 78.		
Commentator	**Comment**	**Committee Response**
Defender, Law Offices of the Public Defender, Riverside		
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.
Natasha Wist Ph.D., Mother of service consumer	Agree with recommendation:	No response required.

Section 5:Recommendation 79.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Do not agree with recommendation: Unless this is a condition of the defendant's release, disposition, etc. I don't see how practically it can be enforced and it seems to take away from their initial job. Plus there is no power for the in case manger to make the defendant or another organization do anything.	The task force considered the issues raised in this comment and decided to modify the recommendation to state that case managers should “facilitate” as opposed to “ensure” follow up care.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.

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Section 5:Recommendation 79.		
Commentator	**Comment**	**Committee Response**
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.
Natasha Wist Ph.D., Mother of service consumer	Agree with recommendation subject to modifications: this must be monitored or else the consumer will fall through the cracks. My son's case manager only asks him to call at a prescribed time once a week. That's it unless he requests a meeting. I found most case managers are too busy or too distracted to respond adequately to their job description.	The task force considered the issues raised in this comment and decided not to modify the recommendation. As stated in the recommendation, task force members concur, that timely and appropriate follow-up care is imperative.

Section 5:Recommendation 80.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation subject to modifications: So long as it doesn't violate the defendant's constitutional rights and freedom they would have to be released and treated same as regular inmates in re: to time of discharge by the jail if released.	The task force considered the issues raised in this comment and decided not to modify the recommendation. This recommendation supports a coordinated discharge from the jail to the community and doesn't imply unequal treatment of inmates with mental illness.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation subject to modifications: Keeping in mind that many people that end up incarcerated do not have appropriate support systems and family may not be healthy either. (i.e.: addicted	The task force considered the comment and decided that modifications were not necessary. The community treatment coordinator, as referenced in the recommendation, can work with the inmate to develop

Section 5:Recommendation 80.		
Commentator	**Comment**	**Committee Response**
	family/friends.) Possibly connecting offenders with healthy supports or refer them somewhere that healthy support systems can be formulated.	support systems.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.
Natasha Wist Ph.D., Mother of service consumer	Agree with recommendation:	No response required.

Section 5:Recommendation 81.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation subject to modifications: So long as it is available and the defendant voluntarily wants to go there.	The task force considered the comment and decided that modifications were not necessary. The suggestions noted in the comment are implied in the recommendation.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	*Concurs with recommendation – as funding permits.*	
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Persons	Do not agree with modifications: I believe that community resources can be utilized by the individual to	The task force considered the issues raised in this comment and decided not to modify the

Section 5:Recommendation 81.		
Commentator	**Comment**	**Committee Response**
Learning / ASOC	find housing. I do not feel that it is fair to house people based on being incarcerated when there is a whole community of homeless men/women/children who have not committed crimes that are in severe need of housing resources. I do not feel that people who have committed a crime should get priority over others, mental illness or not.	recommendation. The recommendation doesn't imply that this population should be prioritized over others. The task force was charged with the creation of recommendations that will improve the outcomes of persons with mental illness who are criminally involved.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.
Natasha Wist Ph.D., Mother of service consumer	Agree with recommendation subject to modifications: It took me six months and experiencing abusive at most and inadequate sober living environments to get a taste for what our dual diagnosis people go through. These sle's are private, for profit (for the house owners) housing with unskilled and poorly paid managers who are often non dual diagnosis former convicts. What goes on in these state and county supported places is a disgrace for the most part, at least in my experience in the San Jose California area.	The task force considered the comment and decided that modifications were not necessary. The operations of sober living environment facilities are outside the scope of this task force.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 5:Recommendation 82.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	*Concurs with recommendation – as funding permits.*	The task force considered the comment and decided that modifications were not necessary. The task force acknowledges that many recommendations may require additional funding. The task force envisions that implementation groups will consider the need for additional resources.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation subject to modifications: Like I said earlier, I don't believe that people with a criminal background should get priority over the hundreds that are homeless without criminal history. However, I feel that actual rehabilitation methods can be useful for these individuals, as well as community awareness/outreach methods may help. Simply letting the community knows that everyone deserves a chance, criminal history or not.	The task force considered the issues raised in this comment and decided not to modify the recommendation. The recommendation doesn't imply that this population should be prioritized over others. The task force was charged with the creation of recommendations that would improve the outcomes of persons with mental illness who are criminally involved.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Raul S. Sanchez	Add "family members".	The task force considered the issues raised in this comment and decided not to modify the recommendation. This recommendation is targeted at systems and government partners in order to increase housing options for this population.
Santa Clara County Office of	Agree with recommendation subject to modifications:	The task force agrees and has modified the

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 5:Recommendation 82.		
Commentator	**Comment**	**Committee Response**
the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Should include probation, parole and the public guardian	recommendation accordingly. The recommendation now includes parole and probation.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.
Natasha Wist Ph.D., Mother of service consumer	Agree with recommendation subject to modifications: Throwing all the released on parole into the same pot of badly managed and authoritarian run, prison like rules and punishment group homes, whether the prisoner has independent living skills or is hallucinating on a regular basis is counterproductive and abusive in my opinion. The people who "run" these places having no training in anything except crime and punishment.	The task force considered the comment and decided that modifications were not necessary. It is expected that the most appropriate housing will be sought for the client.

Section 5:Recommendation 83.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Cooperation for Supportive Housing, Sharon Rapport	*Supportive housing agencies should be included in this recommendation.	The task force agrees and has modified the recommendation to include supportive housing.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	*Concurs with recommendation – as funding permits.*	The task force considered the comment and decided that modifications were not necessary. The task force acknowledges that many recommendations may require additional funding. The task force envisions that implementation groups will consider the need for resources.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 5:Recommendation 83.		
Commentator	**Comment**	**Committee Response**
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation subject to modifications: It would be nice to reach out to community housing resources to establish a working relationship for housing those who could greatly benefit from them. Keep in mind however, that most people with a criminal history need to learn basic skills for independent living that many do not already have. This is where the rehabilitation piece takes place.	The task force considered the comment and modified the recommendation to include supportive housing as supportive housing programs provide services discussed in the comment.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Raul S. Sanchez	Add “family members”.	The task force considered the issues raised in this comment and decided not to modify the recommendation. This recommendation is targeted at systems and government partners. The housing network, as referenced in the recommendation, would be available to family members to utilize.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation subject to modifications: Should include probation, parole and the public guardian	The task force considered the comment and decided that modifications were not necessary. Probation and parole are currently included in the recommendation. The public guardian would have the option of utilizing the housing network, as referenced in the recommendation.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.
Natasha Wist Ph.D., Mother of service consumer	Agree with recommendation:	No response required.

Section 5:Recommendation 84.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	*Concurs with recommendation – as funding permits.*	The task force considered the comment and decided that modifications were not necessary. The task force acknowledges that many recommendations may require additional funding. The task force envisions that implementation groups will consider the need for resources.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation.	No response required.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 5:Recommendation 84.		
Commentator	**Comment**	**Committee Response**
Natasha Wist Ph.D., Mother of service consumer	Agree with recommendation subject to modifications: In my experience with my son in three sle's in San Jose, I never saw any professional case manager or social worker visit any of the "inmates". The only people allowed in were AA or NA sponsors. As a mother I found myself looked on with suspicion, lied to and encouraged not to visit my son. These houses are run for the profit of the landowner who does the minimum to get by the law which in my experience consists of an occasional visit from the "DA" not to ask the residents how they are doing (they would be too scared to tell probably" but to check the cleanliness of the place and safety of light plugs etc. They are in for 90 days and then thrown out in the street. There is no monitoring of levels of housing that would help these poor people integrate into non criminal society in my opinion.	The task force considered the comment and decided that modifications were not necessary. The recommendation refers to “need-based housing”, meaning that the housing environment must meet the needs of the client. The task force acknowledges the personal experience shared by the commentator; however the regulation of sober living environment facilities is outside the scope of this task force.

Section 5:Recommendation 85.		
Commentator	**Comment**	**Committee Response**
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation subject to modifications: Including peer-run organizations as potential housing providers and management.	The task force agrees and has modified the recommendation accordingly. The recommendation now includes peer-run organizations.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Forensic Mental Health Services, San Diego County,	*Concurs with recommendation – as funding permits.*	The task force considered the comment and decided that modifications were not necessary. The task force

Section 5:Recommendation 85.		
Commentator	**Comment**	**Committee Response**
Philip Hanger, Ph.D.		acknowledges that many recommendations may require additional funding. The task force envisions that implementation groups will consider the need for resources.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation subject to modifications: Once again, I do not believe that those with a criminal history should get priority whether they have a mental illness/co-occurring disorder or not.	The task force considered the issues raised in this comment and decided not to modify the recommendation. The recommendation doesn't imply that this population should be prioritized over others. The task force was charged with the creation of recommendations that would improve the outcomes of persons with mental illness who are criminally involved.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.
Natasha Wist Ph.D., Mother of service consumer	Agree with recommendation subject to modifications: There seem to be quite a few owners of these houses who charge in our area around $750 a month to provide cramped quarters (two bunk beds in a 10 by 12 space for four big men!!) what is not provided is any kind of house meetings to solve ongoing interpersonal problems among	The task force considered the comment and decided that modifications were not necessary. The comment doesn't seem to relate directly to the recommendation.

Section 5:Recommendation 85.		
Commentator	**Comment**	**Committee Response**
	the residents, no planned shared positive activities that would facilitate mental and emotional growth. No schedule of places where the residents can go during the day. It's every man for himself in these places that I witnessed. Giving mentally ill people who've been shut up in prison only a bed and a cupboard of bad food to cook for themselves (if you don't run out of milk and butter which is often gobbled up by a few of the residents to the anger of others) is not in my opinion helping anyone to reintegrate into society.	

Section 5:Recommendation 86.		
Commentator	**Comment**	**Committee Response**
California Mental Health Directors Association, Alfredo Aguirre, LCSW, MH Director, San Diego County Health & Human Services and CMHDA President, Patricia Ryan, MPA, CMHDA Executive Director	The report should more clearly acknowledge that MHSA requires a local stakeholder process, and that it is up to the local stakeholders to recommend to counties how these funds are spent and on which programs.	The task force considered the comment and modified the recommendation to explicitly acknowledge the local stakeholder process.
California Network of Mental Health Clients, Delphine Brody, MHSA and Public Policy Director	Agree with recommendation.	No response required.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Forensic Mental Health	*Concurs with recommendation – as funding permits.*	The task force considered the comment and decided that

Section 5:Recommendation 86.		
Commentator	**Comment**	**Committee Response**
Services, San Diego County, Philip Hanger, Ph.D.		modifications were not necessary. The task force acknowledges that many recommendations may require additional funding. The task force envisions that implementation groups will consider the need for resources.
Marti Hatfield, Arkansas	Agree with recommendation.	No response required.
LeeAnna Miller, Youth Coordinator, Whole Persons Learning / ASOC	Agree with recommendation.	No response required.
Mental Health Services Oversight and Accountability Commission, Sherri L. Gauger, Executive Director	The MHSA states that a local stakeholder process determines the plan for use of Mental Health Services Act (MHSA) funding. DMH and MHSOAC cannot require county plans to include provisions for equal access to MHSA housing for offenders with mental illness. Decisions on the use of funds are determined through the local stakeholder process. The Courts are encouraged to become involved in each county's local stakeholder process.	The task force considered the issues raised in this comment and modified the recommendation to acknowledge the local stakeholder process. The task force recognizes that MHSA funds can't be used to discriminate on the basis of status and wants DMH to ensure that the criminally involved have equal access to housing opportunities supported by MHSA funds.
Maura Rogers, Deputy Public Defender, Law Offices of the Public Defender, Riverside	Agree with recommendation subject to modifications: MHSA should be modified to allow access to parolees to all programs that are funded by it. The current legislation denies access to parolees and therefore creates huge gaps in care.	The task force considered the comment and agrees that parolees are an underserved population and that funding should be allocated towards this population. Language was added to the community reentry discussion section to highlight the needs of the parolee population.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 5:Recommendation 86.		
Commentator	**Comment**	**Committee Response**
Department, Patrick Dwyer, Law Enforcement Liaison		
Natasha Wist Ph.D., Mother of service consumer	Agree with recommendation:	No response required.

Section 6: Juvenile Offenders

Section 6:General Comment.		
Commentator	**Comment**	**Committee Response**
California Psychiatric Association, Barbara Yates, MD, President	The CPA was pleased to see inclusion of Juvenile Justice issues in the draft report. While it would be deserving of separating out for its own report, in the context of this draft report we have identified what we consider some further issues which we believe merit more focused review of the Task Force. A recent report (2009) published by the California State Commission on Juvenile Justice entitled *Juvenile Justice Operational Master Plan* identifies what may be considered gaps in this draft report. Another outstanding report entitled *Blueprint for Change: A Comprehensive Model for the Identification and Treatment* of *Youth with Mental Health Needs in Contact with the Juvenile Justice System* published in 2007 by the National Center for Mental Health and Juvenile Justice is an excellent guide for all juvenile justice systems. This draft Report may also be improved by acknowledging the critical differences between male and female youth in the juvenile justice system. A recent report (2010) published by the Berkeley Center for Criminal Justice, entitled *Gender Responsiveness and Equity in California's Juvenile Justice System1*provides a	The task force considered the issues raised in the comment. The task force was not able to address all issues related to the juvenile justice system. The juvenile section of the task force report was created to address key issues related to juvenile defendants with mental illness. The task force agrees and has added additional language regarding the experiences and unique needs of girls in the juvenile justice system in the introduction section of the report under the heading *Services*.

Section 6:General Comment.		
Commentator	**Comment**	**Committee Response**
	seminal perspective on the plight of female youth in the juvenile justice system. As well, it is well documented fact found in the psychiatric literature that those juveniles who are tried in the adult criminal justice system, when placed with adults in correctional institutions, are at greater risk for sexual assaults and other types of traumatic victimizations as well as related suicide attempts. Last, youth given sentences of life without parole is another issue that we would recommend for more focused attention because of the harsh consequences of such a state policy. Many if not most of these adolescents will not have significant maturity of cognitive ability to fully comprehend the judicial proceedings to which they are subject. It's fairly clearly established that there is incomplete maturation of portions of the brains of juveniles. It's also clear that mental disorders often begin to manifest themselves in adolescence. So too, we know that brain function is compromised in individuals who have been diagnosed with a mental disorder, and this in particular would apply to youth who are subject to the current sentencing scheme, under which any chance for rehabilitation is eliminated. We believe these facts argue persuasively for a review mechanism whereby the harshest sentencing, when imposed on juvenile offenders, can be revisited in qualified circumstances.	The task force acknowledges the importance of the “life without parole” issue. This issue will be forwarded to the Judicial Council’s Juvenile Law Advisory Committee.

Section 6:General Comment.		
Commentator	**Comment**	**Committee Response**
	This is a corollary issue to that of the juvenile competence to stand trial discussion and recommendations as found on pages 45-46 of the draft report.	
California Youth Empowerment Network, Amber Burkan, Director	*In regards to recommendations 96-98 under subsection "Juvenile Reentry"*: <u>Peer-to-peer services:</u> CAYEN would like to highlight the importance of working with community agencies to ensure a young person is connected with available services upon reentry into the community. In addition, we would like to draw your attention to Peer-to-Peer services which are incredibly successful when used to help a youth reenter society. Many counties and agencies employ Youth Peer Mentors, or Youth Peer Advocates, who can work with a young person when they exit the Criminal Justice system. Ideally, the mentoring relationship would begin while the young person is still in custody so that they are able to assist them in developing a reentry plan. Additionally, Youth Peer Mentors/Advocates can attend hearings, and upon release can guide the young person in applying for services, finding housing, and attaining the proper documentation. We highly suggest that you include in your recommendations that Courts and Probation Officers educate themselves and the youth on the available Peer-to-Peer services in their county and use them as much as possible. The success of these programs is due in large part to the fact that young people are able	The task force considered the comment and decided not to modify the report because additional research is needed to identify peer-to-peer services as an evidenced based practice.

Section 6:General Comment.		
Commentator	**Comment**	**Committee Response**
	to connect with and trust Youth Peer Mentors/Advocates. They are often willing to rely on them at a time when they do not feel comfortable going to traditional authority figures. This support and guidance can help reduce recidivism rates for young people. <u>Providing documentation for wards of the court:</u> When a young person exits the Criminal Justice system we urge the courts/probation officers to create a process for educating that young person on the services available to them. Additionally, when this young person was a foster child upon entry and is exiting as a ward of the court, this process should include providing the young person with the proper documentation showing that they were a foster child and therefore eligible for specific services. <u>Life and success planning:</u> It is critical to a young person's success that they have a reentry plan before exiting the criminal justice system. We urge that in the creation of reentry plans there is also "life and success planning" which should include, but not be limited to, education and/or employment. <u>Transitional life skills:</u> To ensure the success of young people when they reenter society their basic needs and mental health needs must be met, but in addition, many education and life skills must	The task force considered the comment and decided that modifications were not necessary. Recommendation 108 addresses the need to educate juveniles and family members on available services. The task force considered the comment and decided that modifications were not necessary. Life planning and transitional life skills are implicitly addressed in recommendation 97 through the creation of a discharge plan.

Section 6:General Comment.		
Commentator	**Comment**	**Committee Response**
	be learned. When young people reenter society either at the age of 18, or if they have transitioned into adult services while in custody, transitional life skills should be provided. Having entered the system at a young age, many youth never learned the skills that they otherwise would have through school, family, or friends. For success, and to reduce the likelihood of recidivism, these classes should include lessons on how to apply for a drivers license, financial and credit education, how to find an apartment and what will be required for application, job search resources, how to apply for college or attain their GED, etc.	
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	As much as I believe the intent of this initiative was very laudable, I believe that youth were not a primary focus of this report. A separate initiative that relates to youth should be launched. Very important issues such as Life Without Parole sentencing as it pertains to youth was not addressed and is extremely germane to this area. The second area of significance is the practice of waiving or transferring youth to the criminal justice system which, also, has significant mental health implications. It was also evident that two statewide efforts completed during the past year related to youth were not considered in preparation of this report. The first relates to the CA Commission on Juvenile Justice which published a report along with recommendations which should still be on the CDCR website; this Commission was sunsetted late last	The task force acknowledges the importance of the comments in regards to issues related to life without parole. This topic will be forwarded to the Judicial Council's Juvenile Law Advisory Committee. The reports noted in the comment were considered and, to the extent it was appropriate, recommendations from these reports were adopted for the task force report. The chair of the juvenile subcommittee of the task force served on the California Commission on Juvenile Justice. Language was added to the Juvenile section to clarify

Section 6:General Comment.		
Commentator	**Comment**	**Committee Response**
	year. The second was a report that was published under the auspices of the California Endowment, the Healthy Returns Initiative; this report is, also, readily available to the general public.	that these reports were considered.
Disability Rights California, Sean Rashkis, Attorney	Court ordered evaluations should consider whether the individual meets the eligibility criteria for special education, services under Section 504 of the Rehabilitation Act, Regional Center services, and county community based mental health services and/or services available through other agencies. The Court should coordinate with these agencies to make sure the individual receives the appropriate evaluation for services through these agencies in a timely manner. The evaluator must be familiar with the eligibility criteria used by these other programs. For instance, an individual who is found incompetent to stand trial may during an evaluation also demonstrate developmental delays and limitations in his/her functional abilities. The presence of these delays and limitations are similar to the information needed to become eligible for regional center services, and eligible for special education under some disability categories. However, too often courts evaluations do not reference eligibility for regional center or special education services and they do not recommend appropriate services. The evaluator's opinion regarding eligibility and recommendations for services can substantial reduce	The task force considered the issues raised in this comment and believes that recommendation 108 addresses many of the noted issues. Court evaluators were added to both recommendations 107 and 108 to increase the likelihood that juveniles eligible for special education services would be referred to such services. The creation of specific recommendations in regards to competency procedures in delinquency courts wasn't appropriate for this task force. Instead, recommendations 95 and 96 were created to emphasize the need for further exploration of the issue.

Section 6:General Comment.		
Commentator	**Comment**	**Committee Response**
	the amount of time that community based services may begin for an eligible child. For children and young adults who are already eligible for special education, regional center, or other agency providing services, Courts often do not call in the responsible agency to clarify what services might be offered to address the child's criminal behavior. For example, Courts do not seem to be aware that school districts and regional centers have a tremendous amount of responsibility nor do the courts often know that they have the right to order educational and regional center services. These concerns may be addressed in the training portion discussed in recommendations 105 and 106.	
Fight Crime: Invest in Kids California, Barrie Becker, J.D., State Director	<u>Create a California Juvenile Justice Training and Evaluation Center:</u> Probation leaders, youth advocates, and other experts have recognized the need for a Technical Assistance / Training Center for to assist Probation, Juvenile Court, and other county and community-based practitioners in evaluating, referring, treating and monitoring youth with mental health, substance abuse (and co-occurring) treatment needs. Currently, Probation and Juvenile Court personnel, not to mention juvenile prosecutors, defenders and mental health practitioners, lack a resource to disseminate information about research-based practices	The task force considered the issues raised in this comment and agrees with many of the suggestions listed within the comment. The task force created two additional recommendations (109 & 110) for the Education, Training, and Research subsections to address some of the ideas discussed in the comment.

Section 6:General Comment.		
Commentator	**Comment**	**Committee Response**
	and programs that assess and treat youth involved in the juvenile justice system, identify federal and state funding streams for serving youth, track outcomes for youth in the juvenile justice system, and report these outcomes to state policy-makers. Perhaps as a result of this lack of a training / information hub, a very small number of counties appear to be using available state funding to implement mental health treatment models that are deemed "proven" as defined by The Washington Institute for Public Policy, Blueprints for Violence Prevention, SAMHSA, or other best practice rating systems. Such evidence-based models that we believe should be in greater use because of their recidivism reduction success include Functional Family Therapy, Multi-dimensional Treatment Foster Care, and Multisystemic Therapy. This Technical Assistance / Training Center could be housed within any number of existing entities, including the Administrative Office of the Courts, or the Chief Probation Officers of California. Its functions could be modeled after those performed by the Washington Institute of Public Policy. The Center could be guided by an inter-disciplinary advisory board to ensure that programs and funding expenditures focus on the best, research-based use of funding recognized to achieve the optimum treatment and recidivism reduction outcomes for youth.	

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 6:General Comment.		
Commentator	**Comment**	**Committee Response**
	Funding for the Center could come from a set-aside of a percentage of SB 81 / Youthful Offender Block Grants and / or Juvenile Justice Crime Prevention Act funds once they reach a certain level. For example, legislation could specify that once JJCPA and SB 81 funding, combined, exceeded the total amount allocated to them in a certain base year, 10% of all future funding above that base amount would be directed toward the operation of this new center. <u>Reinstate JMIOCR (and MIOCR) funding:</u> Prior to its termination by the state legislature in 2009, the Juvenile Mentally Ill Offender Crime Reduction (JMIOCR) program provided $22 million to 20 counties for a variety of mental health interventions for juvenile offenders, with a requirement of a research basis for funded programs. More than half of the MIOCR-funded counties used these funds to provide proven intensive family therapies such as Functional Family Therapy and Multi-Systemic Therapy. As a result of elimination of the Juvenile MIOCR program, several probation departments have reported the elimination of certain evidence-based treatment models. We support the reinstatement of the JMIOCR program as well (as its connected MIOCR grants counterpart	The task force agrees with the comment and will forward the comment to the Council on Mentally Ill Offenders (COMIO).

Section 6:General Comment.		
Commentator	**Comment**	**Committee Response**
	supporting research-based services for adults in the correctional system.) This could be achieved simply by reinstating the J-MIOCR (and linked adult MIOCR) funding stream at a set level, e.g. from VLF, general fund, state Mental Health Services Act funds, etc., or to allow funds from the above-recommended "Evidence-Based Set-Aside" to be used for implementation of proven programs according to previous JMIOCR and MIOCR grant guidelines, as well as for best practices dissemination, training, evaluation, etc. by the above described Technical Assistance / Training Center.	
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	*In regards to recommendations 99-104 under subsection "Collaboration"*: County of San Diego Juvenile Court has established and successfully utilized such a multi-agency collaborative system as put forth in the recommendations in this section, and can serve as a model for other Counties. *In regards to recommendations 107-110 under subsection "Research"*: Answers to many of the research questions asked in these Recommendations can be found within the current, available data – However, one challenge is allocating staff/funding to collect said data – another challenge is the issue of identifying a meaning purpose for this data – how will it be applied? - Other than to give a description of a County's juvenile forensic system of care.	The task force acknowledges that many recommendations may require additional funding. It is anticipated that implementation working groups will consider the need for additional resources.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 6:Recommendation 87.		
Commentator	**Comment**	**Committee Response**
California Youth Empowerment Network, Amber Burkan, Director	We urge you to include "working with family members" in addition to the "relevant stakeholders" as they are often key to a young person's success and recovery.	The task force agrees and has modified the recommendation to include family members.
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Agree with recommendation.	No response required.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	Progress towards Recommendation #87 has been accomplished in San Diego through collaboration between the Court, District Attorney, Public Defender, Probation, and Behavioral Health Services to identify high risk/high need children in the delinquency system. After being identified by a compulsory mental health screen, administered by Probation staff, the identified children and adolescents are channeled into appropriate, existing community based mental health resources – this collaboration was accomplished without a base of funding to support this process, although, clearly, mental health treatment services are dependent on sustained funding.	No response required.
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation subject to modifications: Current law requires that a parent must give consent for psychotherapy treatment. In Lake County, where I work, when the parent isn't available or refuses to give consent, this law prevents probation officers from referring juveniles in detention for psychotherapy. Changing this law to specifically give probation officers authority to	The task force considered the issues raised in this comment and decided not to modify the recommendation. Giving probation officers the authority to consent for treatment seems unnecessary; this issue can be addressed with procedures already in place.

Section 6:Recommendation 87.		
Commentator	**Comment**	**Committee Response**
	give consent for psychotherapy would improve this recommendation markedly.	
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	We need to address the needs of kids with SMI BEFORE they get into the system. One answer is to start in the school systems.	The task force considered the comment and decided that modifications were not necessary. Early intervention based in school systems is addressed in recommendation 107.

Section 6:Recommendation 88.		
Commentator	**Comment**	**Committee Response**
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Agree with recommendation.	No response required.
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation subject to modifications: ...should be screened or assessed BY A LICENSED MENTAL HEALTH PROFESSIONAL....	The task force considered the comment and decided not to modify the recommendation. The task force agrees in principle; however, this may not be available to all jurisdictions.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation subject to modifications: After the appointment of counsel and subject to the approval of counsel preadjudication.	The task force considered the issues raised in this comment and decided not to modify the recommendation. The recommendation refers to an initial screening that should be completed at intake or soon afterwards. The screening information is used to determine the individual's care in custody and to address

Section 6:Recommendation 88.		
Commentator	**Comment**	**Committee Response**
		safety issues. Waiting for the appointment of counsel could jeopardize the safety of the individual.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 89.		
Commentator	**Comment**	**Committee Response**
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Agree with recommendation.	No response required.
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation subject to modifications: After the appointment of counsel and subject to the approval of counsel preadjudication.	The task force considered the issues raised in this comment. The recommendation refers to an initial screening that should be completed at intake or soon afterwards. The screening information is used to determine the individual's care in custody and to address safety issues. Additional language was added to the recommendation to clarify the purpose and utilization of such information.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 90.		
Commentator	**Comment**	**Committee Response**
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Agree with recommendation subject to modifications: This recommendation may be moot if each youth undergoes a medical evaluation and examination within 24 hours of detention; this is already a standard throughout the state. I don't know if "medication evaluation" was supposed to be, more specifically, psychotropic medication evaluation. Even if it were, it should be part of the initial physical examination which should already be standard practice.	The task force considered the issues raised in this comment and decided not to modify the recommendation. Evaluations and continuity of care, as referenced in the report, are not standard practice in every county. The task force believes this recommendation is necessary.
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 91.		
Commentator	**Comment**	**Committee Response**
California Youth Empowerment Network, Amber Burkan, Director	We suggest it be directly stated that the information and educational resources for youth and families must be provided in multiple languages.	The task force agrees and has modified the recommendation accordingly. The recommendation now states that such materials should be available in multiple languages.
Department of Mental Health Los Angeles County, William	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 6:Recommendation 91.		
Commentator	**Comment**	**Committee Response**
Arroyo, M.D., Medical Director, Children's System of Care		
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 92.		
Commentator	**Comment**	**Committee Response**
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Agree with recommendation.	No response required.
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 6:Recommendation 92.		
Commentator	**Comment**	**Committee Response**
Public Defender		
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 93.		
Commentator	**Comment**	**Committee Response**
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Agree with recommendation.	No response required.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	A barrier beyond the limitations in communication (Recommendation #93) between the adolescent and adult mental health systems involves the difference in the locus of control between these populations. For example, adolescents are more often brought to treatment by others and have their symptoms related to mental health professionals by others (e.g., parents) – whereas adults are more likely to present to treatment on their own, and relate the symptoms they are suffering on their own. Often, the transition across the border from adolescence to adulthood does not reflect a loss of information, but a change in the nature of the information. The records of adolescent treatment don't always match with the presenting problems of the individual, now an adult – what was a problem in the eyes of teachers or parents, is not the same in the eyes of	The task force considered the issues raised in this comment and decided not to modify the recommendation. The task force believes that the recommendation as written addresses limitations in communication between the delinquency system and the adult criminal justice system.

Section 6:Recommendation 93.		
Commentator	**Comment**	**Committee Response**
	the young adult.	
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation subject to modifications: Information should only be released after appointment of counsel and subject to counsel's approval.	The task force considered the issues raised in this comment and decided that sharing information only after the appointment of counsel could cause harmful delays. That such information sharing must adhere to HIPAA and other regulations was added to the recommendation.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 94.		
Commentator	**Comment**	**Committee Response**
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Do not agree with recommendation: This has already been studied and could be adapted. The studies were done on a large sample of youth from multiple jurisdictions across the country which included Los Angeles. These studies were funded by MacArthur Foundation earlier this decade. The primary author was Thomas Grisso, Ph.D.	The task force considered the issues raised in this comment and decided not to modify the recommendation. The task force is familiar with the studies referenced in the comment and feels that additional research is needed.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation subject to modifications: The establishment of appropriate programs for the restorative treatment of minors outside the juvenile detention facility must be expedited. Currently, there is simply nothing available to treat these kids; particularly those who are borderline developmentally disabled but	The task force considered the issues raised in this comment and has added that experts, stated in recommendation 95, should also address the facilities and services needed to adequately respond to the issue of juveniles who are determined incompetent to stand trial.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 6:Recommendation 94.		
Commentator	**Comment**	**Committee Response**
	don't meet SARC's acceptance criteria essentially because SARC doesn't want minors who are enmeshed in the justice system.	
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 95.		
Commentator	**Comment**	**Committee Response**
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Agree with recommendation subject to modifications: The standard for competency used with adults in the criminal justice system is inappropriate for youth. See comment in Rec. #94.	The task force considered the comment and decided that modifications were not necessary. The recommendation currently states that standards must be appropriate for the juvenile population.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	Concur that the standards of "competency" for adolescents should be defined independent of the manner they are defined for adults – and separate from the definition for children as well.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 6:Recommendation 96.		
Commentator	**Comment**	**Committee Response**
California Youth Empowerment Network, Amber Burkan, Director	Housing is absolutely critical to a young person's success and in preventing recidivism. We urge you to explicitly include a housing plan in addition to "a discharge plan for psychiatric treatment and a mental health plan."	The task force agrees and has modified the recommendation accordingly. The recommendation now includes housing.
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Agree with recommendation.	No response required.
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation subject to modifications: Funding for reentry and aftercare services should specifically be available through MHSA.	The task force considered the comment and decided that modifications were not necessary. This suggestion is more applicable to the implementation process and will be considered during the development of an implementation plan.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 97.		
Commentator	**Comment**	**Committee Response**
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of	Agree with recommendation subject to modifications: Youth on psychotropic medication should have an appointment in hand at time of release from detention/confinement with a mental health agency.	The task force agrees and has modified the recommendation to state that juveniles should have an appointment with a mental health agency upon release.

Section 6:Recommendation 97.		
Commentator	**Comment**	**Committee Response**
Care		
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	San Diego County utilized Mental Health Services Act funding to provide medication services for youth exiting detention (Recommendation #97) to eliminate this frequent gap in treatment.	No response required.
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 98.		
Commentator	**Comment**	**Committee Response**
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Do not agree with recommendation: This is not necessary. What is necessary is that service appointments are arranged prior to release or immediately upon release.	The task force considered the issues raised in this comment and decided not to modify the recommendation. Recommendation 97 refers to services arranged upon release. Recommendation 99 is necessary, especially for counties who may have fewer resources.
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation.	No response required.
Santa Clara County Office of	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

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Section 6:Recommendation 98.		
Commentator	**Comment**	**Committee Response**
the Public Defender, Nona Klippen Hughes, Assistant Public Defender		
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 99.		
Commentator	**Comment**	**Committee Response**
California Youth Empowerment Network, Amber Burkan, Director	In addition to “culturally competent” services it is important to explicitly say “age appropriate services” as it is now understood that Transition Age Youth appropriate services need to be designed for young people to age 25.	The task force agrees and has modified the recommendation accordingly. The task force now recommends that such services be age appropriate.
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children’s System of Care	Agree with recommendation subject to modifications: "...are available...to those who are in need of such services".	The task force agrees and has modified the recommendation accordingly. The task force now recommends that such services be available to juveniles who need them.
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation subject to modifications: Per my suggestion above, the law needs to be changed to specifically give probation officers authority to sign the consent for psychotherapy treatment. Also, services should be available to all detained juveniles, including those without an official mental health diagnosis.	The task force considered the issues raised in this comment and decided not to modify the recommendation. The task force believes that securing appropriate treatment for juveniles can be addressed through other means.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 6:Recommendation 99.		
Commentator	**Comment**	**Committee Response**
Public Defender		
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 100.		
Commentator	**Comment**	**Committee Response**
California Youth Empowerment Network, Amber Burkan, Director	The judge of the juvenile court should be aware of, and use, peer-to-peer services as well as mentoring programs to inspire and support Transitional Age Youth both within, and upon exit, of the criminal justice system.	The task force considered the comment and decided that modifications were not necessary. The generic term "mental health treatment" was intentional in order to include various types of services, including mentoring services.
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Agree with recommendation.	No response required.
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation subject to modifications: The needs of youth diagnosed with serious mental illness need to be met as well. Even Juvenile mental health courts are reluctant to work with seriously mentally minors essentially because treatment options for these minors are so severely lacking. We need treatment options outside the juvenile detention facility dedicated to the treatment of youth with serious mental illness that	The task force considered the issues raised in this comment and decided not to modify the recommendation. The target population of the report is adults and juveniles with serious mental illness. This is discussed in the introduction section of the report. The task force agreed to refrain from naming specific agencies in this recommendation in order to be all inclusive.

Section 6:Recommendation 100.		
Commentator	**Comment**	**Committee Response**
	will help youth and families cope with mental illness. Youth and their families need training in the identification of triggers; mindfulness; medication options and other components of learning to live well with mental illness. NAMI should be involved in determining how best to treat and help these youth and their families cope with SMI.	
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 101.		
Commentator	**Comment**	**Committee Response**
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Agree with recommendation.	No response required.
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation.	No response required.
Raul S. Sanchez	Add "family members".	The task force considered the comment and decided not to modify the recommendation. This recommendation is targeted at systems and encourages collaboration between government partners.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 6:Recommendation 101.		
Commentator	**Comment**	**Committee Response**
Public Defender		
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 102.		
Commentator	**Comment**	**Committee Response**
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Agree with recommendation.	No response required.
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 6:Recommendation 103.		
Commentator	**Comment**	**Committee Response**
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Agree with recommendation subject to modifications: There are standards for those youth who are in detention/confinement that are federal (CRIPA) and state standards as well (issued by DCR - DJJ).	The task force considered the comment and modified the recommendation to clarify its intent. The recommendation now asks counties to comply with existing standards.
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 104.		
Commentator	**Comment**	**Committee Response**
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Agree with recommendation.	No response required.
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation.	No response required.
Raul S. Sanchez	Add "family members".	The task force agrees and has modified the

Section 6:Recommendation 104.		
Commentator	**Comment**	**Committee Response**
		recommendation to include family members.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 105.		
Commentator	**Comment**	**Committee Response**
California Youth Empowerment Network, Amber Burkan, Director	We urge the expansion of these trainings, including the current CIT training for officers, to include youth specific training. Furthermore, we recommend that youth are included in the creation of these trainings as they are the best source of information regarding the transitional age youth population.	The task force considered the issues raised in this comment and added “training” to the recommendation. It is implied that such education and training be youth specific as it is in the juvenile section of the report.
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children’s System of Care	Agree with recommendation.	No response required.
Forensic Mental Health	*Concur with recommendation.*	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 6:Recommendation 105.		
Commentator	**Comment**	**Committee Response**
Services, San Diego County, Philip Hanger, Ph.D.		
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 106.		
Commentator	**Comment**	**Committee Response**
California Youth Empowerment Network, Amber Burkan, Director	These services must be performed in a culturally competent manner to ensure that families use the services available to them.	The task force agrees and has modified the recommendation to specify that such education and training be culturally competent.
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Agree with recommendation.	No response required.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	*Concur with recommendation.*	No response required.
Mary McMillan, Marriage and	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 6:Recommendation 106.		
Commentator	**Comment**	**Committee Response**
Family Therapist, Kelseyville, CA		
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 107.		
Commentator	**Comment**	**Committee Response**
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 6:Recommendation 108.		
Commentator	**Comment**	**Committee Response**
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Agree with recommendation subject to modifications: A lot has already been completed. See National Center of Juvenile Justice and Mental Health, Blueprints and other publications at www.ncjjmh.org	The task force agrees that research has been conducted related to the issues stated in the recommendation, but believes additional research in this area is still needed. The recommendation was therefore modified to state "additional research".
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 109.		
Commentator	**Comment**	**Committee Response**
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Do not agree with recommendation: I do not understand the intent of this recommendation.	The task force considered the comment and deleted the recommendation. Recommendation 112 was expanded to include what was proposed in this recommendation.
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation.	No response required.
Santa Clara County Office of	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 6:Recommendation 109.		
Commentator	**Comment**	**Committee Response**
the Public Defender, Nona Klippen Hughes, Assistant Public Defender		
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 6:Recommendation 110.		
Commentator	**Comment**	**Committee Response**
Department of Mental Health Los Angeles County, William Arroyo, M.D., Medical Director, Children's System of Care	Agree with recommendation.	No response required.
Mary McMillan, Marriage and Family Therapist, Kelseyville, CA	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 7: Education, Training, and Research

Section 7:General Comment.		
Commentator	**Comment**	**Committee Response**
California Psychiatric Association, Barbara Yates, MD, President	The CPA was pleased to see the issue of education of judicial officers, attorneys and criminal justice partners addressed in the draft report starting at page 50. The report may benefit from a broadening of the concept or scope of educational activities recommended. For instance, there is nothing in the draft report about the role that correctional institution education programs play in reducing recidivism of released inmates. General education, fundamental skills training and employment related education can be vital elements in reducing recidivism. In this budget climate with severe cuts to these programs, the final report to the JC taking notice of this fact may bolster attempts on the state level to restore such programming - which would benefit the entire correctional system. *In regards to recommendations 128-132 under subsection “Research”*: The CPA is very gratified and commends the Task Force for including recommendations that the draft report addresses the need for research, and agrees with many of the recommendations contained on pages 53-54. The CPA would agree with the apparent draft report premise that currently there is a dearth of correctional data that is useful to state correction institutions, policy makers, the courts, law enforcement and community treatment and	The task force considered the issues raised in this comment and decided not to modify the report. The focus of this section is education and training for professionals working in the criminal justice system.

Section 7:General Comment.		
Commentator	**Comment**	**Committee Response**
	services providers. Yet, the need for descriptive data on sociodemographic, clinical and service use characteristics is a recommendation that has been made in prior national and professional organization reports. A further step is necessary to expand these types of research to include quality of care research and assessment of the effectiveness of quality improvement interventions which would include clinical indicators of improvement as well as costs, as outcomes. In addition, the Report would be improved if the recommendations specified the need to advocate for research funding at the state and federal levels to support a research agenda consistent with the report. Further, several of the research recommendations would require an improved data infrastructure across many public sectors - very costly to develop and maintain. The JC will not likely see achievements related to any of the elucidated goals regarding research without further development and continuous maintenance of this data infrastructure. To be effective in this respect the JC must actively advocate for these goals. Omitted as a specific recommendation but certainly an implication of the research recommendations of the draft Report is the need to develop Health Information Technology (HIT). HIT can play an important and irreplaceable part in evaluating quality of care and in	Recommendation 134 addresses many of the concerns stated in this comment, including the need for cost and clinical data. A recommendation was added to this section to address the need for research funding. The task force considered the comment and decided that modifications were not necessary. Health Information Technology is a newly emerging field and specific recommendations related to this area are outside of the scope of the charge of the task force.

Section 7:General Comment.		
Commentator	**Comment**	**Committee Response**
	support of continuous quality improvement such as the proposal in the draft Report recommendation 107 on page 48. CPA hopes that our comments will stimulate discussion by the task force on specific strategies to effectively advocate for research funding and for the resources necessary to build and maintain a data infrastructure that merges client data across public care sectors to monitor quality of care over time. We also strongly encourage the task force to take these future steps in partnership with consumers, their primary caregivers and/or families, providers, agency leaders and health services researchers, following recommendations from multiple national reports.	
Forensic Mental Health Association of California, Mark Grabau, President	*There should be training for public defenders about the difference between being incompetent to stand trial and not wanting to assist counsel.	The task force considered the issues raised in this comment and decided not to modify the report. The task force believes that this is outside the purview of the task force.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	Concur with all Recommendations regarding enhanced trainings on topics of mental health for the Court officers and their satellites, expecting that the spirit of collaboration will allow County Mental Health Services and other organizations can be drawn upon to assist, to some degree – while encouraging the efforts described by the Task Force to look for outside funding to augment these training efforts.	

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 7:General Comment.		
Commentator	**Comment**	**Committee Response**
	In response to the subsection "Collaboration with California Law Schools": A collaboration should be encouraged between Law Schools and the numerous Forensic Clinical Psychology Graduate School programs across the State for integrated training, such as – utilizing graduate level psychology students as "experts" in moot court proceedings – allowing students from Law and Psychology to cross over to the other Schools to attend relevant courses – inviting professors to provide cross-over lectures.	The task force considered the issues raised in this comment and decided not to modify the report. How law schools develop and implement curricula is best left to law schools. The suggestion is interesting and should be considered by future implementation groups.
Raul Sanchez	Page 52, "Collaboration with California Law Schools" brings to mind the need to collaborate with criminal justice educational programs.	The task force considered the issues raised in this comment and decided not to modify the report. Recommendations under the "Education and Training for Judicial Officers, Attorneys, and Criminal Justice Partners" address collaborative criminal justice educational programs for criminal justice professionals.
Kathie Zatkin, Attorney, Berkeley	The Education and Training for Judicial Officers, Attorneys and Criminal Justice Partners (pp. 50-52) is troubling. When we agree or are promoting a viewpoint, we think of it ias education; when we disagree, we call it propaganda. However, the definition of propaganda is applicable here, no matter who is doing the "educating." As an attorney, I do not want what are supposedly neutral fact finders to be "educated" about theories of mental illnesses, treatments, etc. I am old-fashioned. I want them to follow the law. The persons who do the "educating" and the material they provide will have a bias in what they choose to emphasize/omit on their training (as	The task force considered the issues raised in this comment and decided not to modify the recommendation. Many judicial officers receive training specific to their assignment, such as specialized family law training. Similarly, the task force believes that judicial officers whose assignment involves persons with mental illness should receive general mental health and mental health law related training.

Section 7:General Comment.		
Commentator	**Comment**	**Committee Response**
	evidenced by the Task Force's own Recommendations). Therefore, I am strongly opposed to Recommendations 113, 115, 116, and 119.	

Section 7:Recommendation 111.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 7:Recommendation 112.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Debbie Lindberg, Improvement Advisor, Kaiser Permanente,	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 7:Recommendation 112.		
Commentator	**Comment**	**Committee Response**
Santa Rosa		
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Public Counsel, Los Angeles, Ben Gales	*Recommendation should include veteran information. The Administrative Office of the Courts (AOC) should work with local communities and existing veteran courts to collect information.	The task force considered the comment and decided that modifications were not necessary. The recommendation is left broad in order to be inclusive of many types of programs, including veterans courts.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 7:Recommendation 113.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	The California Mental Health Directors Association, Forensics Committee (CMHDA) may be considered in reference to offering collaborative trainings for the Administrative Office of the Court (Recommendation #113).	The task force agrees and has modified the recommendation to include the California Mental Health Directors Association.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 7:Recommendation 113.		
Commentator	**Comment**	**Committee Response**
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation subject to modifications: I would add to this recommendation that the education should be an ongoing requirement, as the information will always be changing.	The task force agrees and has modified the recommendation to state that such education be ongoing.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.
Kathie Zatkin, Attorney, Berkeley	Strongly opposed to recommendation.	The task force considered the issues raised in this comment and decided not to modify the recommendation. Many judicial officers receive training specific to their assignment, such as specialized family law training. Similarly, the task force believes that judicial officers whose assignment involves persons with mental illness should receive general mental health and mental health law related training.

Section 7:Recommendation 114.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 7:Recommendation 114.		
Commentator	**Comment**	**Committee Response**
District Attorney Office		
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation subject to modifications: Education for justices, judges and officers should be an ongoing requirement, just like education for any health care provider.	The task force agrees and has modified the recommendation to state that such education be ongoing.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 7:Recommendation 115.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation subject to modifications: Education for justices, judges and officers should be an ongoing requirement, just like education for any health care provider.	The task force agrees and has modified the recommendation to state that such education be ongoing.
Maria McKee, Policy and	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 7:Recommendation 115.		
Commentator	**Comment**	**Committee Response**
Program Analyst, Superior Court of California, County of San Francisco		
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation subject to modifications: Training should include outcomes so that justice system partners can be persuaded that treatment is not simply humane, but effective in reducing recidivism.	The task force agrees and has modified the recommendation accordingly. The task force now recommends that the training referenced in the recommendation include outcome research about collaborative court programs.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.
Kathie Zatkin, Attorney, Berkeley	Strongly opposed to recommendation.	The task force considered the issues raised in this comment and decided not to modify the recommendation. Many judicial officers receive training specific to their assignment, such as specialized family law training. Similarly, the task force believes that judicial officers whose assignment involves persons with mental illness should receive general mental health and mental health law related training.

Section 7:Recommendation 116.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 7:Recommendation 116.		
Commentator	**Comment**	**Committee Response**
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.
Kathie Zatkin, Attorney, Berkeley	Strongly opposed to recommendation.	The task force considered the issues raised in this comment and decided not to modify the recommendation. This is a best practice noted by the Council of State Governments/Consensus Project.

Section 7:Recommendation 117.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation.	No response required.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 7:Recommendation 117.		
Commentator	**Comment**	**Committee Response**
San Francisco		
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 7:Recommendation 118.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation subject to modifications: Again, all probation and parole agents should be required to complete education on mental illness.	The task force considered the issues raised in this comment and decided not to modify the recommendation. Requiring education for probation officers and parole agents is outside the purview of the task force and the Judicial Council; however, the task force strongly encourages the provision of such education.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona	Agree with recommendation.	No response required.

Section 7:Recommendation 118.		
Commentator	**Comment**	**Committee Response**
Klippen Hughes, Assistant Public Defender		
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 7:Recommendation 119.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation.	No response required.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.
Kathie Zatkin, Attorney, Berkeley	Strongly opposed to recommendation.	The task force considered the issues raised in this comment. The recommendation was modified to focus

Section 7:Recommendation 119.		
Commentator	**Comment**	**Committee Response**
		exclusively on deputy commissioners of the Board of Parole Hearings, CDCR. Many judicial officers receive training specific to their assignment. Therefore, the task force strongly encourages the provision of similar education for deputy commissioners of the Board of Parole Hearings.

Section 7:Recommendation 120.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation.	No response required.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation subject to modifications: CIT is an excellent program and should be continued and expanded in the State. In Santa Clara County, we now have two separate programs, SJPD CIT and County CIT, presenting 6 sessions per year. The traditional CIT model	The task force considered the issues raised in this comment and decided not to modify the recommendation. The appropriate entity will determine the particulars of the training programs based on the local environment and needs.

Section 7:Recommendation 120.		
Commentator	**Comment**	**Committee Response**
	(Memphis Model) was designed for senior officers. Some agencies like Memphis even hold interview processes and require supervisory recommendations to get into CIT. Like SWAT, CIT may not be for everyone. That said, the need to increase Basic Academy training is critical. POST Learning Domain 37 is absurdly inadequate. Basic Academy hours should be increased to 24 or 40 hours of specialized training designed to meet the needs of entry level recruit officers...This would be a more effective approach than a mandatory CIT training.	

Section 7:Recommendation 121.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation.	No response required.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health	Agree with recommendation: Should be a mandatory part	The task force considered the comment and decided that

Section 7:Recommendation 121.		
Commentator	**Comment**	**Committee Response**
Department, Patrick Dwyer, Law Enforcement Liaison	of all CIT programs. It's not.	modifications were not necessary. The recommendation encourages that all training and education programs, which would include CIT, should include such information.

Section 7:Recommendation 122.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation.	No response required.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 7:Recommendation 123.		
Commentator	**Comment**	**Committee Response**
California Mental Health Directors Association, Alfredo Aguirre, LCSW, MH Director, San Diego County Health & Human Services and CMHDA President, Patricia Ryan, MPA, CMHDA Executive Director	The report should more clearly acknowledge that MHSA requires a local stakeholder process, and that it is up to the local stakeholders to recommend to counties how these funds are spent and on which programs.	The task force agrees and has modified the recommendation accordingly. The task force now recommends that MHSA funding be utilized, “per the local stakeholder process”.
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation.	No response required.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Mental Health Services Oversight and Accountability Commission, Sherri L. Gauger, Executive Director	*This recommendation* is consistent with the Prevention and Early Intervention (PEI) Statewide guidelines which were issued for implementation in March of 2010. The MHSOAC approved the use of $60 million of PEI funds to support the implementation of the Strategic Plan on Reducing Mental Health Stigma and Discrimination, which was the result of a three year stakeholder process.	No response required.
Raul S. Sanchez	This recommendation refers to the California Strategic Plan on reducing Mental Health Stigma and Discrimination. There is also a MHSA Suicide Prevention Plan as part of the Statewide Prevention and	The task force agrees and has modified recommendation 123, regarding training for custody staff to include suicide prevention training.

Section 7:Recommendation 123.		
Commentator	**Comment**	**Committee Response**
	Early Intervention Program. Considering the issue of suicides in prisons and jails, a recommendation should be considered that addresses this issue. See also Section 1219 Suicide Prevention Program of the California state regulations and guidelines promulgated by the California Corrections and Standards Authority titled "Minimum Standards for Local Detention Facilities".	
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 7:Recommendation 124.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation.	No response required.
Los Angeles City Attorney's Office, Songhai Miguda-Armstead, Supervisor, Homeless Alternatives to	*Outstanding recommendation. Staff from criminal justice partner agencies could serve as adjunct professors.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 7:Recommendation 124.		
Commentator	**Comment**	**Committee Response**
Living on the Street program (HALO) program.		
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 7:Recommendation 125.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 7:Recommendation 126.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Do not agree with recommendation.	The task force considered the comment and decided not to modify the recommendation. The reason for the disagreement is not indicated.
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 7:Recommendation 127.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 7:Recommendation 128.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 7:Recommendation 128.		
Commentator	**Comment**	**Committee Response**
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	*Concur with recommendation.*	No response required.
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation.	No response required.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation subject to modifications: Should also be linked to Cal Chiefs and POST.	The task force considered the issues raised in this comment and decided not to modify the recommendation. The task force refrained from naming particular agencies in order for the recommendation to be applicable to all criminal justice partners.

Section 7:Recommendation 129.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation subject to modifications: Research should also include follow up studies, ultimate case outcomes, future recidivism rates, etc.	The task force considered the comment and modified the recommendation to include criminal case outcomes. All other suggestions are implicit or explicit in the recommendation.
Forensic Mental Health	*Concur with recommendation.*	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 7:Recommendation 129.		
Commentator	**Comment**	**Committee Response**
Services, San Diego County, Philip Hanger, Ph.D.		
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation.	No response required.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Raul S. Sanchez	*This should be a standard element of the implementation planning process. See other comments on the implementation plan for the Task Force recommendations*.	The task force considered the issues raised in this comment and decided not to modify the recommendation. This suggestion is more applicable to the implementation process and will be considered during the development of an implementation plan.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 7:Recommendation 130.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 7:Recommendation 130.		
Commentator	**Comment**	**Committee Response**
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	*Concur with recommendation.*	No response required.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation subject to modifications: Prevention, intervention and training programs should be likewise evaluated.	The task force considered the comment and decided that modifications were not necessary. Programs aimed at improving outcomes of offenders with mental illness are the subject of this recommendation. Prevention, intervention, and training programs with the same goal are therefore included.

Section 7:Recommendation 131.		
Commentator	**Comment**	**Committee Response**
Leslie Cogan, Assistant District Attorney, San Francisco District Attorney Office	Agree with recommendation.	No response required.
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	*Concur with recommendation.*	No response required.
Debbie Lindberg, Improvement	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 7:Recommendation 131.		
Commentator	**Comment**	**Committee Response**
Advisor, Kaiser Permanente, Santa Rosa		
Maria McKee, Policy and Program Analyst, Superior Court of California, County of San Francisco	Agree with recommendation.	No response required.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation subject to modifications: The researchers need to be "independent" and not tied to the DMH or the State hospital system.	The task force considered the comment and decided that modifications were not necessary. It is implied that "independent researchers," as referenced in the recommendation, would be independent of the Department of Mental Health and therefore the State Hospital system.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation.	No response required.

Section 7:Recommendation 132.		
Commentator	**Comment**	**Committee Response**
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	*Concur with recommendation.*	No response required.
Debbie Lindberg, Improvement Advisor, Kaiser Permanente, Santa Rosa	Agree with recommendation.	No response required.
Maria McKee, Policy and Program Analyst, Superior Court of California, County of	Agree with recommendation.	No response required.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 7:Recommendation 132.		
Commentator	**Comment**	**Committee Response**
San Francisco		
Raul S. Sanchez	One needs to consider the applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA).	The task force agrees and has modified the recommendation to state that such a system must be in accordance with HIPAA regulations.
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Agree with recommendation.	No response required.
Santa Clara Mental Health Department, Patrick Dwyer, Law Enforcement Liaison	Agree with recommendation: The restorative justice model has also been adopted successfully in Santa Clara County. It is effective and saves costs over the long run.	The task force considered the issues raised in this comment and decided not to modify the recommendation. The comment does not seem to directly relate to the recommendation.

Section 8: Implementation

Section 8: Recommendations General Comment.		
Commentator	**Comment**	**Committee Response**
California Psychiatric Association, Barbara Yates, MD, President	We would recommend that the Task Force suggest to the JC that it support and/or help develop appropriate legislation for all recommendations accepted in the final report, further, that the final report should recommend that the JC use the report as a policy statement with specific intent for authorization to engage the legislature and other stakeholders around the issues and recommendations raised. Finally, it might be useful to arrange priorities for implementation by identifying long range goals and also identifying those recommendations which may be implemented without significant funding as short term goals. This may necessarily entail an added cost-benefit analysis for the final report.	The task force has removed Section 8: Implementation from the final report pending the receipt and approval of the final report by the Judicial Council. Comments related to this section will be forwarded to any future implementation working group for consideration.
Raul S. Sanchez	To implement Recommendation 135 (how well are we doing?) will require that a baseline of data be established on the existing conditions for the subjects discussed in the recommendations. We do not have the resources to implement all of the recommendations at once. Thus, priorities will need to be established. The implementation plan in Recommendation 134 should consider:	The task force has removed Section 8: Implementation from the final report pending the receipt and approval of the final report by the Judicial Council. Comments related to this section will be forwarded to any future implementation working group for consideration.

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 8: Recommendations General Comment.		
Commentator	**Comment**	**Committee Response**
	• Establishment of priorities for the recommendations • Identify past or ongoing activities for the priority recommendations • Define programs, policies and procedures to implement the priority recommendation (who does what by when) • Define performance measures and outcomes that measure the results of implementing the programs, policies and procedures for the priority recommendations • Collect available data for the priority performance measures and outcomes • Identify additional data needs and new procedures needed to collect this data • After a reasonable time period after the start of the implementation of the priority programs, policies and procedures, collect data on the performance measures and outcomes • Perform analysis on the change in the performance measures and outcomes and relate those changes to the implemented programs, policies and procedures • Modify the programs, policies and procedures and/or the performance measures and outcomes as appropriate. The performance measures and outcomes need to have a direct causal relationship to the programs, policies and procedures. • Repeat the process as appropriate This represents the ideal planning process. Reality is	

Section 8: Recommendations General Comment.		
Commentator	**Comment**	**Committee Response**
	represented by budget constraints and the need for staff. The recommendations that are currently being implemented, or partly implemented, need to be researched and a status report should be prepared. My personal priorities are as follows: 1. Implement recommendations that will facilitate the identification of a person in contact with the criminal justice system as a mental health consumer 2. Once in the criminal justice system, implement recommendations that will result in consumers receiving the appropriate medications 3. Implement recommendations on the discharge plan 4. Implement recommendations relating to housing once the consumer is released from jail 5. The remaining recommendations follow. The Task Force report identifies ongoing activities such as the Mental Health Services Act (MHSA), the collaborative justice courts, activities of the National Alliance on Mental Illness (NAMI), and others. The Internet provided two specific documents relating to the MHSA: • "Work Plan for the Mental Health Services Act (MHSA) Juvenile Project (2009-2012)", Administrative Office of the Courts, updated April 2010	

Section 8: Recommendations General Comment.		
Commentator	**Comment**	**Committee Response**
	• DRAFT, MHSOAC Services Committee, Interim Stakeholder Report to Administrative Office of the Courts, "Facilitating Better Outcomes for Persons with Co-occurring Disorders in the Courts", May 6, 2009 An extensive search needs to be made of related activities and documentation provided. The Evaluation Committee of the Mental Health Services Oversight and Accountability Commission (authorized by the MHSA) will be releasing later in 2010 a request for proposals to evaluate the implementation of the MHSA by the State and the Counties. This activity and other evaluation efforts related to consumers in the criminal justice system need to be researched and documented. California state regulations and guidelines promulgated by the California Corrections and Standards Authority titled "Minimum Standards for Local Detention Facilities" (Title 15 – Crime Prevention and Corrections, Division 1, Chapter 1, Subchapter 4) may be utilized as a possible implementation tool. A specific Task Force recommendation could be matched up with a specific California regulation and the regulation then amended, as appropriate, to implement the recommendation. A monitoring effort of the local detention facilities would be needed to ensure	

Section 8: Recommendations General Comment.		
Commentator	**Comment**	**Committee Response**
	implementation is occurring as planned. Some of the more relevant California regulations and guidelines include: • Section 1029 Policy and Procedures Manual • Section 1040 Population Accounting • Section 1045 Public Information Plan • Section 1046 Death in Custody • Section 1050 Classification Plan • Section 1052 Mentally Disordered Inmates • Section 1055 Use of Safety Cell • Section 1056 Use of Sobering Cell • Section 1058 Use of Restraint Devices • Section 1070 Individual/Family Service Programs (includes pre-release and release assistance) • Section 1073 Inmate Grievance Procedure • Section 1202 Health Service Audits • Section 1206 Health Care Procedures Manual • Section 1207 Medical Receiving Screening • Section 1207.5 Special Mental Disorder Assessment • Section 1208 Access to Treatment • Section 1209 Mental Health Services and Transfer to Treatment Facility • Section 1210 Individualized Treatment Plans • Section 1213 Detoxification Treatment • Section 1217 Psychotropic Medications • Section 1219 Suicide Prevention Program The MHSA required counties to prepare a three year	

Section 8: Recommendations General Comment.		
Commentator	**Comment**	**Committee Response**
	plan. Some of these plans include programs addressing the needs of mental health consumers in the criminal justice system. An inventory of these programs should reveal some insights on how to proceed in implementing the Task Force recommendations. For example, the San Joaquin County three year plan includes the Forensic Court Full Service Partnership. California state law requires the establishment of county mental health boards comprised of consumers, family members, members of the general public, and a member of the county board of supervisors. In the development of Recommendation 134 (implementation plan), a possible role for the county mental health boards should be considered.	

Section 8: Recommendation 133.		
Commentator	**Comment**	**Committee Response**
No comments received		

Section 8: Recommendation 134.		
Commentator	**Comment**	**Committee Response**
No comments received		

Task Force for Criminal Justice Collaboration on Mental Health Issues

All comments are verbatim unless indicated by an asterisk (*).

Section 8: Recommendation 135.		
Commentator	**Comment**	**Committee Response**
Forensic Mental Health Services, San Diego County, Philip Hanger, Ph.D.	Suggest that the Judicial Council include the solicitation and of input from the forensic mental health stakeholder community as part of the report on implementation, and all subsequent progress reports (Recommendation #135).	The task force has removed Section 8: Implementation from the final report pending the receipt and approval of the final report by the Judicial Council. Comments related to this section will be forwarded to any future implementation working group for consideration.

Appendix D: Sample Discharge Plan

Jail Discharge and Community Reentry Plan.		
Commentator	**Comment**	**Committee Response**
Santa Clara County Office of the Public Defender, Nona Klippen Hughes, Assistant Public Defender	Counsel for the defendant should be included in this process from the outset to facilitate the release of information and to ensure, particularly in a serious case, that the defense is not compromised.	The task force agrees with the comment and has added that the individual's counsel should be included in the development of the discharge plan whenever possible.

ATTACHMENT A

Task Force for Criminal Justice Collaboration on Mental Health Issues: Final Report

RECOMMENDATIONS FOR CHANGING THE PARADIGM FOR PERSONS WITH MENTAL ILLNESS IN THE CRIMINAL JUSTICE SYSTEM

APRIL 2011

ADMINISTRATIVE OFFICE OF THE COURTS

CENTER FOR FAMILIES, CHILDREN & THE COURTS

Task Force for Criminal Justice Collaboration on Mental Health Issues: Final Report

Recommendations for Changing the Paradigm for Persons With Mental Illness in the Criminal Justice System

April 2011

ADMINISTRATIVE OFFICE OF THE COURTS

CENTER FOR FAMILIES, CHILDREN & THE COURTS

Judicial Council of California
Administrative Office of the Courts
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For more information on the California Task Force for Criminal Justice Collaboration on Mental Health Issues or to view the report and its supporting documents online, please visit *http://www.courts.ca.gov/3046.htm*.

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- Council of State Governments
- California Department of Mental Health and the Mental Health Services Act/Proposition 63

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Contents

Introduction

The Task Force for Criminal Justice Collaboration on Mental Health Issues was established by former Chief Justice Ronald M. George and its members were appointed in February 2008 as part of a national project designed to assist state judicial leaders in their efforts to improve responses to people with mental illnesses in the criminal justice system. The task force was charged to explore ways to improve practices and procedures in cases involving adult and juvenile offenders with mental illness, to ensure the fair and expeditious administration of justice, and to promote improved access to treatment for defendants with mental illness in the criminal justice system. The court's position of leadership and neutrality makes the judicial branch uniquely situated to convene criminal justice partners and other stakeholders, and to facilitate interagency and interbranch efforts to improve outcomes for people with mental illness in the criminal justice system. The task force created recommendations that address all facets of the criminal justice system and provide guidelines for developing effective responses to people with mental illness in the criminal justice system. The recommendations focus on the following areas:

- Community-based services and early intervention strategies that reduce the number of individuals with mental illness who enter the criminal justice system;

- Court responses that enhance case processing practices for cases of defendants with mental illness and reduce recidivism for this population;

- Policies and procedures of correctional facilities that ensure appropriate mental health treatment for inmates with mental illness;

- Community supervision strategies that support mental health treatment goals and aim to maintain probationers and parolees in the community;

- Practices that prepare incarcerated individuals with mental illness for successful reintegration into the community;

- Practices that improve outcomes for juveniles who are involved in the delinquency court system; and

- Education, training, and research initiatives that support the improvement of criminal justice responses to people with mental illness.

Background

The judicial system is uniquely positioned to take a leadership role in coordinating an appropriate response to the disproportionate number of people with mental illness[1] in the criminal justice system. According to the Bureau of Justice Statistics, 56 percent of state prisoners and 64 percent of jail inmates nationwide were clinically diagnosed as having a mental disorder, received treatment by a mental health professional, or experienced symptoms of a mental disorder in the previous 12 months.[2] A significant portion of this population has a serious mental illness,[3] which is usually defined to include mental disorders that cause the most serious impairment, such as schizophrenia and other psychotic disorders, bipolar disorder, other severe forms of depression, and some anxiety disorders. Although only 5.7 percent of the general population has a serious mental illness,[4] 14.5 percent of male and 31 percent of female jail inmates have a serious mental illness.[5] Similar to jail populations, approximately 23 percent of California's prison inmates have a serious mental illness.[6] It is noted that inmates with serious mental illness often need the most resources and can be the most challenging to serve while incarcerated.[7]

Sadly, many experts in the field refer to jails and prisons as today's de facto mental health treatment facilities. The Los Angeles County Jail is often cited as housing more people with mental illness than the largest psychiatric treatment facilities in the country. A recent study reported that in California there are almost four times more people with mental illness in jails and prisons than in state and private psychiatric hospitals.[8] Furthermore, California's state psychiatric hospitals currently provide treatment primarily to a forensic population. California's forensic state hospital population of approximately 4,600 includes mostly individuals who have been found Not Guilty by Reason of Insanity (NGI) and Incompetent to Stand Trial (IST) or who are categorized as Mentally Disordered Offenders (MDO) and Sexually Violent Predators (SVP).[9]

Persons with mental illness are also overrepresented in the courtroom. One study found that 31 percent of arraigned defendants met criteria for a psychiatric diagnosis at some point in their

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[1] See Appendix A: Glossary of Terms (glossary).
[2] Bureau of Justice Statistics Special Report, *Mental Health Problems of Prison and Jail Inmates* (September 2006), *www.nami.org/Content/ContentGroups/Press_Room1/2006/Press_September_2006/DOJ_report_mental_illness_in_prison.pdf.*
[3] See glossary.
[4] Ronald Kessler, Wai Tat Chiu, Olga Demler, and Ellen Walters, "Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R)," *Archives of General Psychiatry* 62(6) (2005), pp. 617–627.
[5] Henry J. Steadman, Fred C. Osher, Pamela C. Robbins, Brian Case, and Steven Samuels, "Prevalence of Serious Mental Illness among Jail Inmates," *Psychiatric Services* 60 (2009), pp. 761–765.
[6] Per e-mail correspondence with Division of Correctional Health Care Services, California Department of Corrections and Rehabilitation, May 24, 2009.
[7] Treatment Advocacy Center and the National Sheriffs' Association, *More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States* (May 2010).
[8] *Ibid.*
[9] Per e-mail correspondence with Long Term Care Services Division, California Department of Mental Health, January 13, 2009.

lives and 18.5 percent had a current diagnosis of serious mental illness.[10] In many instances, the traditional adversarial approach is ineffective when processing cases in which the defendant has a mental illness. Connecting the defendant to mental health treatment and support services is often essential to changing behavior and reducing recidivism. This, in turn, may require courts to adopt new collaborative approaches in working more closely with criminal justice partners and other community agencies if outcomes for offenders with mental illness are to be improved.

Once this population is released back to the community from either jail or prison, it is difficult to secure housing, treatment, and other necessary support services. In part, this is because many community agencies are hesitant to serve those with a criminal history and because services are often uncoordinated and supported by different funding sources. Many federal, state, county, and city government programs have complicated, overlapping, and sometimes conflicting eligibility requirements and fiscal restraints that can serve as barriers to accessing needed services and supports such as health coverage, housing, and employment. Large numbers of people with mental illness are released back to the community on probation[11] or parole[12] only to recidivate and return to the criminal justice system often because they lack access to services that support a smooth transition back into the community.

One study found that recidivism rates for probationers with mental illness are nearly double that of those without mental illness (54 percent compared to 30 percent). In addition, probationers with mental illness are significantly more likely to have their probation revoked than those without mental illness (37 percent compared to 24 percent).[13] Similarly, parolees with mental health issues are at a much higher risk of committing violations than those without mental health issues (36 percent higher risk of all types of violations and 70 percent higher risk of technical violations other than absconding).[14]

Not only does the current criminal justice system have high recidivism rates, it is also a costly system. The average annual cost per California prison inmate in 2008–09 was about $51,000.[15] Annual California jail bed costs in 2008–09 ranged from $25,000 to $55,000;[16] however, annual costs for inmates with mental illness are typically higher due to additional costs related to mental health staff, psychiatric medications, and other services that are associated with these inmates. For example, according to a 2007 survey of 18 California county probation departments,

[10]Nahama Broner, Stacy Lamon, Damon Mayrl, and Martin Karopkin, "Arrested Adults Awaiting Arraignment: Mental Health, Substance Abuse, and Criminal Justice Characteristics and Needs," *Fordham Urban Law Review 30* (2002–2003), pp. 663–721.
[11] See glossary.
[12] See glossary.
[13]Lorena L. Dauphinot, "The efficacy of community correctional supervision for offenders with severe mental illness," 57(9-B) Dissertation Abstracts International: Section B: The Sciences and Engineering 5912 (March 1997).
[14] Ryken Grattet, Joan Petersilia, and Jeffrey Lin, *Parole Violations and Revocations in California* (Washington, DC: National Institute of Justice, October 2008), *www.ncjrs.gov/pdffiles1/nij/grants/224521.pdf.*
[15] California Legislative Analyst's Office, Overview of Adult Correctional Health Care Spending, March 18, 2010.
[16] Jail unit costs from the California Drug Court Cost Analysis Phase 3 Site Specific Reports, Administrative Office of the Courts and NPC Research, 2009.

detained youth with mental illness can cost at least $18,800 more than other youth.[17] Furthermore, costs can be extremely high for inmates who are in need of intensive psychiatric treatment. For example, in 2008 the cost of a bed for acute mental health services in a psychiatric unit of a county jail in California was $1,350 per day.[18] Treatment in state hospitals is also costly. In 2007–08, the average cost per patient in a state hospital was $194,732.[19]

Housing and treating people with mental illness in such institutions is often more costly than if these individuals were to be treated in community-based outpatient mental health treatment programs. A 2009 study found that the yearly cost for an individual with mental illness in a supportive housing program[20] in Los Angeles was $20,412.[21] Furthermore, housing and providing services to this population can greatly reduce incarceration costs. For example, a study of AB 2034[22] mental health programs servicing individuals with mental illness who were previously homeless or incarcerated found that such programs were associated with an 81 percent decrease in the number of incarceration days.[23]

Outpatient Services Are Less Costly

- *Annual prison cost for general population = $51,000*
- *Annual jail cost for general population = $25,000–$55,000*
- *Annual state hospital cost per patient = $194,732*
- *Annual community housing and treatment cost for persons with mental illness = $20,412*

Jail diversion and reentry programs for persons with mental illness are an additional source of cost savings. A 2004 study of three postbooking programs and one prebooking program found that criminal justice costs were significantly lower ($184–$1,956 less) for those who participated in a diversion program compared to those who were not diverted over a 12-month period.[24] Savings are typically associated with the avoidance of costs related to jail and prison stays, court cases, and probation and parole. A 2010 multisite mental health court (MHC) study found that compared to members of a treatment-as-usual group, MHC participants had a lower number of subsequent arrests, lower subsequent arrest rates, and a lower number of subsequent days spent

[17] Edward Cohen and Jane Pfeifer, *Costs of Incarcerating Youth with Mental Illness—Final Report* (Chief Probation Officers of California and California Mental Health Directors Association, study conducted from 2005 to 2007), www.cdcr.ca.gov/COMIO/docs/Costs_of_Incarcerating_Youth_with_Mental_Illness.pdf
[18] Agreement between the County of San Mateo and the County of Santa Clara for Acute Inpatient Mental Health Services for Inmates, July 1, 2008.
[19] Office of State Audits and Evaluations, *California Department of Mental Health State Hospital Budget Estimate Review* (November 2008).
[20] See glossary.
[21] Daniel Flaming, Michael Matsunaga, and Patrick Burns, *Where We Sleep: The Cost of Housing and Homelessness in Los Angeles* (Economic Roundtable, November 2009).
[22] See glossary.
[23] Shannon Mong, Beth Conley, and Dave Pilon, *Lessons Learned From California's AB 2034 Programs* (March 2009).
[24] Alexander J. Cowell, Nahama Broner, and Randolph Dupont, "The Cost-Effectiveness of Criminal Justice Diversion Programs for People with Serious Mental Illness Co-Occurring with Substance Abuse," *Journal of Contemporary Criminal Justice* 20(3) (2004), pp. 292–314.

incarcerated.[25] A RAND evaluation of a mental health court found that the mental health court program was associated with a decrease in jail expenditures ($5,948 per person over two years).[26] It is also important to note that numbers of arrests can be used as indicators of public safety. Therefore, in addition to being associated with cost savings, MHCs and other diversion programs may also increase public safety by reducing criminal behavior as reflected in a reduction in arrests.

In addition to costs, issues related to civil rights, quality of life, service accessibility, interbranch and interagency collaboration, and training and research needs must be considered when addressing the overrepresentation of persons with mental illness in the criminal justice system. Because the criminal justice system is often where social and criminal problems intersect, courts are uniquely positioned to convene stakeholders to address the issues that surface when people with mental illness enter the criminal justice system. With the recognition that the judicial system can play a facilitative role in supporting the community safety net for people with mental illness, the Task Force for Criminal Justice Collaboration on Mental Health Issues was created.

[25] Henry J. Steadman, Allison Redlich, Lisa Callahan, Pamela Clark Robbins, and Roumen Vesselinov, "Effect of Mental Health Courts on Arrests and Jail Days," *Archives of General Psychiatry* (October 4, 2010), *http://archpsyc.ama-assn.org/cgi/content/short/archgenpsychiatry.2010.134v1?rss=1* (as of Feb. 23, 2011).
[26] Susan Ridgely, John Engberg, Michael D. Greenberg, Susan Turner, Christine DeMartini, and Jacob W. Dembosky, *Justice, Treatment, and Cost: An Evaluation of the Fiscal Impact of Allegheny County Mental Health Court* (RAND, 2007).

Task Force Charge

In 2007, the Council of State Governments (CSG) selected California as one of seven states to receive funding to establish a task force that would develop recommendations for policymakers related to the improvement of systemwide responses to offenders with mental illness. As a result, former Chief Justice Ronald M. George established the Task Force for Criminal Justice Collaboration on Mental Health Issues and appointed Justice Brad R. Hill of the Court of Appeal, Fifth Appellate District as task force chair. Task force members were appointed in 2008 and include representatives from all three branches of government and a variety of stakeholders involved at the interface of the mental health and criminal justice systems, including legislators, judicial officers, directors of state and local mental health and drug and alcohol programs, attorneys, consumer[27] and family mental health advocates, corrections administrators, researchers, and law enforcement personnel.

In establishing the Task Force for Criminal Justice Collaboration on Mental Health Issues, California builds upon previous efforts by judicial leaders nationwide in addressing issues related to people with mental illness in the criminal justice system. In July 2004, the Conference of Chief Justices and Conference of State Court Administrators adopted Resolution 22, which encourages states to expand the use of problem-solving court principles and methods. In January 2006, the Conference of Chief Justices adopted Resolution 11 in support of the Criminal Justice/Mental Health Leadership Initiative of the Council of State Governments, which urges chief justices to assume a leadership role in addressing criminal justice and mental health issues through the use of problem-solving court principles.

California's Task Force for Criminal Justice Collaboration on Mental Health Issues was established to explore ways to improve practices and procedures in cases involving adult and juvenile offenders with mental illness, to ensure the fair and expeditious administration of justice, and to promote improved access to treatment for defendants with mental illness in the criminal justice system.

The task force was charged with developing recommendations for policymakers, including the Judicial Council and its advisory committees, to improve systemwide responses to offenders with mental illness. Specifically, the task force was charged to do the following:

- Identify needs for court-related programs and services that address offenders with mental illness in adult and juvenile courts;
- Promote interbranch and interagency collaboration at state and local levels to identify barriers and create opportunities to improve case processing and outcomes;
- Disseminate locally generated best practices to trial courts and partner agencies;

[27] See glossary.

- Identify methods for evaluating the long-term effectiveness of mental health programs in the courts and for identifying best or promising practices that improve case processing and outcomes;
- Provide policymakers with recommendations to improve services and case processing for cases involving offenders with mental illness;
- Advise the Judicial Council and its advisory committees of funding needs and potential resources;
- Provide access to education and outreach programs designed to enhance the effectiveness of case processing and outcomes for cases that involve offenders with mental illness in adult and juvenile courts; and
- Serve as a clearinghouse for ideas, questions, and comments generated in the course of preparing recommendations.

Guiding Principles

Early on, task force members discussed principles that subsequently focused the work of the task force and the formulation of its recommendations. These guiding principles include the following:

- Courts should take a leadership role in convening stakeholders to improve the options and outcomes for those who have a mental illness and are at risk of entering or have entered the criminal justice system.
- Resources must be put toward identifying individuals with mental illness who are involved or who are likely to become involved with the criminal justice system. Interventions and diversion possibilities must be developed and utilized at the earliest possible opportunity.
- Diversion opportunities should exist for defendants with mental illness as they move through the criminal justice system.
- Treatment and disposition alternatives should be encouraged for individuals who are detained, arrested, or incarcerated primarily because of actions resulting from a mental illness or lack of appropriate treatment.
- Effective responses to this population require the collaboration of multiple systems and stakeholders because offenders with mental illness interface with numerous systems and agencies as they move through the criminal justice system.
- Flexible and integrated funding is necessary to facilitate collaboration between the various agencies that interact with offenders with mental illness.
- Offenders with mental illness must receive continuity of care as they move through the criminal justice system in order to achieve psychiatric stability.
- Information sharing across jurisdictions and agencies is necessary to promote continuity of care and appropriate levels of supervision for offenders with mental illness.
- Individuals with mental illness who have previously gone through the criminal justice system, and family members of criminally involved persons with mental illness, should be involved in all stages of planning and implementation of services for offenders with mental illness.
- Programs and practices considered best practice models should be adopted in an effort to effectively utilize diminishing resources and improve outcomes.

Report and Recommendation Development

The Role of the Courts in Addressing the Needs of Offenders with Mental Illness

A systemic approach that brings together stakeholders in the justice system with mental health treatment providers and social service agencies is required to address the needs of offenders with mental illness. Courts are uniquely positioned to take a leadership role in forging collaborative solutions by bringing together these stakeholders.

The work of the Judicial Council's Task Force for Criminal Justice Collaboration on Mental Health Issues hinges upon the judicial branch's unique capacity to facilitate collaboration among the system partners involved. Task force membership represents the full array of stakeholders who were charged with developing systemwide responses to offenders with mental illness. The task force acknowledges the interrelated functions of different parts of the system. While some of the recommendations presented by the task force may initially appear to be outside of the domain of the judicial branch, it is recognized that not addressing particular areas of the system could have a deleterious impact on the branch and be antithetical to the charge of the task force.

Recommendation Development Process

The Task Force for Criminal Justice Collaboration on Mental Health Issues held its first meeting on April 23, 2008. Over the next three years, the task force held 8 public meetings, 2 special educational sessions, over 40 subcommittee meetings, and 2 public hearings.

The task force looked at evidence-based practices as the foundation for the development of recommendations, and task force members took part in numerous activities to inform their discussions while crafting the recommendations. They reviewed current research findings, invited representatives from innovative programs from across the state to share best or promising practices, participated in conferences related to the work of the task force, and took part in site visits at courts operating programs for defendants with mental illness. In addition, task force members met with key stakeholders, including state hospital administrators, Mental Health Services Act (MHSA/Proposition 63) interagency partners, youth advocates, and other constituencies not directly represented on the task force.

Lanterman-Petris-Short Act

During the recommendation development process, the task force spent a significant amount of time discussing issues related to the Lanterman-Petris-Short (LPS) Act,[28] Laura's Law,[29] and other legislation related to involuntary treatment. Involuntary treatment is a sensitive topic that has long been debated in the mental health field. The diverse perspectives found within the field on this topic were reflected in task force members' viewpoints. To highlight some of the significant issues related to involuntary treatment, the Administrative Office of the Courts hosted

[28] See glossary.
[29] See glossary.

an education session for task force members on voluntary and involuntary mental health treatment in California in January 2010.[30]

During the public comment period, several individuals and agencies submitted comments about the LPS Act. Some encouraged the task force to aggressively address issues outlined in the LPS Act, such as involuntary treatment and conservatorships, whereas other commentators asked the task force to remove all recommendations that touched upon such issues. Because LPS is a sensitive issue that was raised by several commentators and which the task force members discussed at length, a discussion of broad issues related to LPS and the task force's approach are outlined below.

The Lanterman-Petris-Short Act was passed in 1967 primarily in response to concerns about the inappropriate involuntary commitment of individuals with mental illness to mental institutions.[31] At the time the LPS Act was passed, the conditions in state hospitals were of serious concern and such facilities were becoming an unsustainable cost to the state. Prior to passage of the law, persons with mental illness could essentially be committed involuntarily upon the referral of a clinician and could be committed for indefinite periods of time. The act had an enormous impact on the mental health service delivery system by facilitating a shift from state hospitals as the focal point of care to community-based programs, and also significantly changed the conditions under which persons may be treated involuntarily for mental illness.[32] Under LPS, treatment may not be provided involuntarily unless it is proven that the individual is gravely disabled or is considered a danger to themselves or others.

Most mental health practitioners and policymakers agree that reform of the mental health system of during the 1950s and1960s was badly needed; however, some believe the reforms enacted are excessively restrictive and impede the system's ability to provide needed services to persons experiencing psychiatric distress. Critics often state that highly symptomatic persons with mental illness may not have the capacity to make treatment decisions for themselves but do not meet criteria for involuntary commitment and, therefore, go untreated. These untreated individuals can become involved in the criminal justice system due to behaviors that might have been managed with proper treatment. Many critics of LPS believe that modifying the legislation to facilitate the provision of treatment to those they consider most in need will result in reducing the number of individuals with mental illness involved in the criminal justice system.

Others believe that the current commitment criteria outlined in the LPS Act are adequate and provide necessary safeguards of individual rights through judicial review. Proponents of maintaining current LPS protections believe that LPS rightfully upholds an individual's freedom and preserves an individual's right to manage his or her health care. It is often asserted that there

[30] See Appendix F for the agenda of the educational session.
[31] Cal. Welf. & Inst. Code, § 5001.
[32] Harry R. Brickman, "Government and Medicine II: California's Short-Doyle Program, The New Mental Health System: Changes in Procedure, Implications for Family Physicians," *California Medicine* 109(5) (1968), pp. 403–408.

are legitimate reasons why a person would want to opt out of treatment, including that side effects of psychiatric medications can be severely uncomfortable and can involve serious health risks. Many believe that informed choice in regard to treatment is essential to recovery and maintaining one's mental health. Furthermore, negative experiences with involuntary treatment may make people more hesitant to access any form of treatment at a later point in time. Proponents of current LPS criteria often state that persons with mental illness are overrepresented in the criminal justice system not because of this legislation, but because of the dearth of voluntary community-based mental health services.

Ultimately, upon review of its charge, the task force decided that it would not address involuntary commitment criteria as outlined in the LPS Act. However, some recommendations that refer to other matters outlined under the LPS Act, such as the initiation of conservatorship proceedings, were developed. It is important to note that there was not unanimous agreement among task force members on recommendations about conservatorship proceedings.

Most experts in the mental health field and members of the task force agree that the array of community-based mental health services outlined in the LPS Act were never established and that the development and sustainment of a continuum of voluntary community-based mental health services is essential. If more mental health treatment and other support services were made available and easily accessible, the topic of involuntary treatment would perhaps be less on the forefront. In summary, task force members were profoundly interested in these topics and expressed a desire to continue a productive dialogue.

Implementation of Recommendations

Task force members recognize that some of the recommendations may require additional funding, legislative changes, or changes in the culture and practices of systems involved in responding to people with mental illness in the criminal justice system. Many of the original draft recommendations included qualifying statements such as "to the extent possible" or "as funding permits." Ultimately the task force removed such language after reaching a consensus that, in addition to recommendations that can be implemented immediately, the report should contain aspirational recommendations that serve as a blueprint for the best possible response to criminally involved people with mental illness.

During the development of recommendations, members of the task force were sensitive to the current economic climate and the fiscal difficulties faced by state and local government and community-based programs. As the task force was developing its report and recommendations, California was in the midst of the worst economic crisis since the Great Depression. This crisis had significant ramifications on California's ability to provide an adequate level of mental health services. In addition, the mental health system is still recovering from the loss of the Mentally Ill Offender Crime Reduction (MIOCR) grant program, eliminated by the California Legislature in 2009. In difficult economic times, it is imperative that courts and counties jointly develop and pursue programs, services, and interventions that will best maximize resources to improve outcomes for offenders with mental illness. The task force acknowledges that smaller counties

may have limited resources to implement some of the more costly or resource intensive recommendations and, therefore, encourages such counties to explore collaborative partnerships as a method for implementing many of the recommendations without additional funding.

It is important to note that task force members also put forward many cost-neutral recommendations that do not require additional funding. Even in the current fiscal environment, many recommendations can be implemented at little or no cost through cooperative ventures and through innovative collaborative efforts with state and local criminal justice and mental health partners. In fact, many of the recommendations are associated with cost savings as they often focus on ways to maintain offenders with mental illness in the community through connections to treatment services as an alternative to costly state hospital stays or incarceration in local or state facilities.

Recommendations were developed to provide a general guideline, acknowledging that courts and county partners may require flexibility in developing appropriate local responses to improving outcomes for people with mental illness in the criminal justice system. Although some recommendations are detailed and specific, many of the recommendations were written broadly to allow for flexibility regarding implementation. For example, various recommendations were created to be applicable to both jails and prisons as well as to both probation and parole, recognizing that the implementation of such recommendations will look different depending on the jurisdiction. Similarly, task force members were sensitive to the differences between California's counties and courts, recognizing that county size, county resources, and local county culture will influence what type of collaborative efforts would be most effective.

It is important to note that as task force members were finalizing recommendations, President Barack Obama signed health insurance reform into law. Early analyses suggest that implementation of this legislation could increase resources for mental health providers and expand coverage for many people with mental illness in California. Under the Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act of 2010, basic benefit packages for all health plans are required to cover mental health and substance use disorder services; Medicaid eligibility will be expanded and benefits must include coverage of mental health services covered at actuarial equivalence; a three-year Medicaid emergency psychiatric demonstration project will be implemented; and grants will be awarded to programs that colocate primary and specialty care in community-based mental health settings, and to programs that demonstrate excellence in the treatment of depressive disorders.[33]

Target Population

The work of this task force, per its charge, focused on offenders with mental illness or those with a mental illness who are at risk of committing crimes and becoming involved in the criminal

[33] Congressional Research Service, public law summary of the Patient Protection and Affordable Care Act; Democratic Policy Committee, "Affordable Care Act: Section-by-Section Analysis with Changes Made by Title X and Reconciliation," http://dpc.senate.gov/healthreformbill/healthbill96.pdf.

justice system. There is great diversity in the way mental illness and serious mental illness is defined. For purposes of this report, "mental illness" is used as a collective term for all diagnosable mental disorders; "serious mental illness" is defined to include schizophrenia and other psychotic disorders, bipolar disorder, other severe forms of depression, and some anxiety disorders, such as obsessive compulsive disorder, that cause serious impairment. The recommendations in this report primarily focus on individuals with diagnoses that fall within the scope of serious mental illness. Although some recommendations specifically mention co-occurring disorders,[34] the terms "mental illness" or "offenders/people with mental illness" throughout the report should be understood to include co-occurring disorders, as approximately 50 percent of those with a mental illness also have a co-occurring substance use disorder.[35] Furthermore, studies show that incarcerated individuals with a severe mental illness have a 72 percent rate of co-occurring substance use disorder. [36]

Throughout the report several terms are used to describe the population noted in the task force charge, depending on the status of the individual and where he or she is in the criminal justice system. For example, when referring to those who are in the process of case adjudication, the term "defendant with mental illness" is used, whereas those recommendations concerning postadjudication matters may use the term "offender with mental illness."

Services

The task force discussed the unique needs of subpopulations of persons with mental illness who are at risk of entering or who have already entered the criminal justice system. The experiences and needs of persons with mental illness who are elderly; women; veterans; transition age youth;[37] lesbian, gay, bisexual, or transgender (LGBT); whose first language is not English; who are from diverse cultures; and who are from minority and underserved populations must be considered and incorporated into the development of programs and services.[38] For example, persons from underserved populations often reside in communities that lack mental health services, making service availability and access a priority for these communities. Gender-specific and trauma-informed services are essential as incarcerated women with mental illness often have histories of trauma. Similarly, girls in the juvenile justice system have experienced higher rates of physical neglect and higher rates of physical, sexual, and emotional abuse than boys.[39] For elderly incarcerated individuals with mental illness, the coordination of medical and mental health services is essential to effectively manage medication needs and to prevent

[34] See glossary.
[35] California Department of Alcohol and Drug Programs, Co-Occurring Disorders Information *(Co-Occurring Disorders Fact Sheet*) *www.adp.state.ca.us/COD/documents.shtml (as of December 2010)*
[36] Karen M. Abram and Linda A. Teplin, "Co-Occurring Disorders Among Mentally Ill Jail Detainees: Implications for Public Policy," *American Psychologist* 46(10) (1991), pp. 1036–1045; the CMHS National GAINS Center, *The Prevalence of Co-Occurring Mental Illness and Substance Use Disorders in Jails* (2002), *www.gainscenter.samhsa.gov/html/resources/publications.asp*.
[37] See glossary.
[38] This list is not intended to be exhaustive.
[39] Kristen M. McCabe, Amy E. Lansing, Ann Garland, and Richard Hough, "Gender Differences in Psychopathology, Functional Impairment, and Familial Risk Factors Among Adjudicated Delinquents," *Journal of the American Academy of Child and Adolescent Psychiatry* 41(7) (2002), pp. 860–867.

unnecessary and harmful polypharmacy.[40] Veterans have unique experiences and needs often related to post-traumatic stress disorder (PTSD) and traumatic brain injuries (TBI), making it essential to connect veterans with veteran-specific resources and programs. Because it was not possible to tailor recommendations to each possibly relevant subpopulation, it should be understood that when services or programs are recommended within this report, it is anticipated that such services and programs must be developed to meet the unique needs of the specific population.

The task force intends for all services and programs described in the recommendations to support a recovery philosophy (in that they promote hope, personal empowerment, respect, social connections, self-responsibility, and self-determination), to be culturally and linguistically competent, and, whenever possible, to be informed by mental health clients who have had experiences with the criminal justice system. Furthermore, peer-run programs and services, such as self-help and wellness centers, warm lines, and crisis respite programs are encouraged and should always be considered as a possible option if available in the community.

It is also important to note that when the term "treatment" or "mental health treatment" is used in this report, it refers to the array of interventions and services that may be needed to promote client wellness and recovery. The term treatment should be understood to include, but not be limited to, behavioral counseling, including counseling that focuses on criminogenic risk factors and peer-provided counseling, support groups, case management, vocational services, supportive housing, medications, and medication management support.

Organization of Recommendations

The task force used the Sequential Intercept Model (SIM)[41] as a framework for formulating and organizing its recommendations. The SIM illustrates various points along the criminal justice continuum where interventions may be utilized to prevent individuals from entering the criminal justice system or from becoming more deeply involved in the system. Ideally, most people will be diverted before entering the criminal justice system, with decreasing numbers at each subsequent point along the criminal justice continuum.[42]

Similar to the SIM framework, this report begins with recommendations that aim to make evidence-based community mental health services more accessible to prevent people with mental illness from entering the criminal justice system. Recommendations regarding initial contact with law enforcement are also included in the first set of recommendations, recognizing that this is an important opportunity for diversion. The second set of recommendations is applicable for those who were not initially diverted from the criminal justice system and focuses on court-based strategies and responses. The third and fourth sets of recommendations outline responses related

[40] Judith F. Cox and James E. Lawrence, "Planning Services for Elderly Inmates With Mental Illness," *Corrections Today* (June 1, 2010).
[41] Created by Summit County, Ohio, and the National GAINS Center.
[42] Mark R. Munetz and Patricia A. Griffin, "Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness," *Psychiatric Services* 57 (April 2006), pp. 544–549.

to individuals in custody or on probation or parole. The fifth set of recommendations focuses on reducing recidivism and ensuring successful community reentry for offenders with mental illness. The sixth set of recommendations focuses exclusively on juveniles with mental health issues in the delinquency system. The final sections of the report highlight the education, training, and research necessary to effectively implement the recommendations and to measure the effectiveness of practices targeting offenders with mental illness.

Section 1: Prevention, Early Intervention, and Diversion Programs

There are several factors believed to contribute to the prevalence of people with mental illness in the criminal justice system. These include, but are not limited to, the nature of the illness, negative stigmatization, homelessness, and decentralized and often underfunded mental health service delivery systems.

When mental illness is not effectively managed, it can be extremely difficult to maintain a stable lifestyle and living situation, leaving a substantial number of people with mental illness homeless. Research shows that as many as 46 percent of those who are homeless have a mental illness.[43] The New Freedom Commission on Mental Health reports that "the lack of affordable housing and accompanying support services often causes people with serious mental illnesses to cycle between jails, institutions, shelters, and the streets."[44] People who live on the street often come into contact with law enforcement for quality-of-life crimes such as disturbing the peace and public intoxication. In addition, homeless people with mental illness often use drugs and alcohol, further exposing this population to interaction with law enforcement.

People with mental illness are more likely to be arrested than those in the general population for similar offenses.[45] This might be attributed to negative stigmas associated with mental illness or to "compassionate arrests" where an officer makes an arrest in order to secure services for the individual or to remove him or her from the street. Although law enforcement has frequent contact with people with mental illness and many departments have instituted specialized mental health training, officers may not have adequate education or training about mental illness and how to react to symptomatic behaviors. Furthermore, officers frequently don't have places other than jail to bring an individual in need of immediate attention. Contact with law enforcement can serve as a critical opportunity for diverting individuals with mental illness from the criminal justice system and connecting these individuals to appropriate mental health and social services. In the recommendations that follow, such opportunities for diversion are referred to as "prearrest diversion"[46] opportunities.

People with mental illness or co-occurring disorders are often in need of a multitude of resources, including, but not limited to, housing, income maintenance programs (e.g., Supplemental Security Income, Social Security Disability Insurance, and CalWORKs), medical insurance, vocational services, a variety of mental health treatments, and drug and alcohol services. These services are provided by different systems, and the coordination of such services can be overwhelming. The absence of standardized information-sharing systems further

[43] Martha Burt, "What will it take to end homelessness?" (2001) Urban Institute Brief.
[44] New Freedom Commission on Mental Health, "Subcommittee on Housing and Homelessness: Background Paper" (June 2004).
[45] Judith F. Cox, Pamela C. Morschauser, Steven Banks, and James L. Stone, "A five year population study of people involved in the mental health and local correctional systems: Implications for service planning," *The Journal of Behavioral Health Services and Research* 28(2) (2001), pp. 177–187.
[46] See glossary.

complicates the coordination of services, while issues of confidentiality can pose problems for intersystem collaboration and continuity of care. Finally, in challenging fiscal times many mental health and other supportive services are cut, making it difficult for this population to receive the services they need and are entitled to.

In addition to being adequate and available, mental health services must also be easily accessible, with eligibility and enrollment procedures that are clear and streamlined, outreach that is performed to an adequate extent, and services that are sensitive and tailored to the population in need. According to the U.S. Surgeon General's report on mental health, most people with mental disorders do not seek treatment, due to a multiplicity of reasons related to demographic factors, patient attitudes toward a service system that often neglects the special needs of racial and ethnic minorities, finances, and the organization of service systems. [47]

The recommendations below may be best addressed through local task forces as the recommendations focus on community agencies serving people with mental illness and on local law enforcement. By improving access to local services, and by training law enforcement to capitalize on opportunities for diversion, there will likely be fewer individuals with mental illness entering the justice system.

Coordination of Community Services

To prevent entry or reduce the number of people with mental illness entering the criminal justice system, both public and private services that support this population should be expanded and coordinated. Having a range of available and effective mental health treatment options can help prevent people with mental illness from entering the criminal justice system.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

1. Community partners should collaborate to ensure that community-based mental health services are available and accessible. Community services should include, but are not limited to, income maintenance programs,[48] supportive housing[49] or other housing assistance, transportation, health care, mental health and substance abuse treatment, vocational rehabilitation, and veterans' services. Strategies should be developed for coordinating such services, such as colocation of agencies and the provision of interagency case management services. Services should be client centered, recovery based, and culturally appropriate.

[47] U.S. Department of Health and Human Services, "The Fundamentals of Mental Health and Mental Illness: Overview of Treatment," part of chapter 2 in *Mental Health: A Report of the Surgeon General* (1999), *http://www.surgeongeneral.gov/library/mentalhealth/chapter2/sec6.html#issues* (as of Feb. 24, 2011).
[48] See glossary.
[49] See glossary.

2. State and county departments of mental health and drug and alcohol should design and adopt integrated approaches to delivering services to people with co-occurring disorders that cross traditional boundaries between the two service delivery systems and their funding structures. Resources and training should be provided to support the adoption of evidence-based integrated co-occurring disorder treatment, and information from existing co-occurring disorder work groups (e.g., Co-Occurring Joint Action Council and Mental Health Services Oversight and Accountability Commission) should inform the development of integrated service delivery systems.

3. Mental health programs, including both voluntary and involuntary services, should be funded at consistent and sustainable levels. Funding should be allocated to programs serving people with mental illness that utilize evidence based practices (e.g., programs established under AB 2034[50] that serve homeless individuals with mental illness).

4. Community mental health agencies should utilize resources such as the California Network of Mental Health Clients;[51] National Alliance on Mental Illness, California (NAMI CA);[52] the United Advocates for Children and Families;[53] local community-based programs that interact with populations most in need; and peer networks to perform outreach and education about local mental health services, drug and alcohol programs, and other programs that serve individuals with mental illness in order to improve service access.

A program, run by the City Attorney's Office in Los Angeles, helps homeless individuals, many of whom have mental illnesses and/or substance abuse problems, obtain a clean criminal record and receive housing and services. The Homeless Alternatives to Living on the Street (HALO) program has several components, including a prefiling jail diversion program (previously called Streets or Services); a postfiling diversion program where defendants are placed in housing and services and may have their cases dismissed upon successful completion of the program; a citation clinic where citations and warrants are dismissed if the individual participates in four hours of community service or treatment; and a Homeless Court.

Early Interventions/Prearrest Diversion Programs

Criminal justice partners, local mental health agencies, other service providers, and mental health clients and family members should collaborate to create early intervention strategies, including prebooking diversion programs to prevent people with mental illness from entering the criminal justice system.

[50] See glossary.
[51] See glossary.
[52] See glossary.
[53] See glossary.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

5. Local task force or work groups composed of representatives from criminal justice and mental health systems should be created to evaluate the local needs of people with mental illness or co-occurring disorders at risk of entering the criminal justice system, to identify and evaluate available resources, and to develop coordinated responses.

6. Local mental health agencies should coordinate and provide education and training to first responders about mental illness and available community services as options for diversion (e.g., detoxification and inpatient facilities, crisis centers, homeless shelters, etc.).

7. Law enforcement and local mental health organizations should continue to expand the development and utilization of Crisis Intervention Teams (CIT),[54] Mobile Crisis Teams (MCT),[55] and Psychiatric Emergency Response Teams (PERT)[56] to effectively manage incidents that require responses by law enforcement officers. Such teams provide mental health expertise through specially trained police officers or through mental health professionals who accompany officers to the scene. Smaller counties unable to assemble response teams should consider alternative options such as a mental health training module for all cadets and officers.

8. Community-based crisis centers that operate 24 hours daily, 7 days a week, should be designated or created to ensure that law enforcement officers have increased options for people with suspected mental illness in need of timely evaluation and psychiatric stabilization. Local mental health providers, hospitals, and law enforcement agencies should collaborate to designate or create such crisis centers so that individuals are appropriately assessed in the least restrictive setting.

The Restorative Policing Program in San Rafael *is an interagency collaboration specializing in the treatment of people with mental illness who frequently have contact with law enforcement. Each month, social service, criminal justice, and treatment-providing agencies meet to develop individualized case management plans for each client referred by law enforcement. The partnership allows community service providers to utilize law enforcement to gain the outreach and community presence required to intervene with those with mental illness at risk of entering the criminal justice system. Furthermore, the partnership also assists police departments with difficult cases or situations involving people with mental illness.*

[54] See glossary.
[55] See glossary.
[56] See glossary.

9. People with mental illness, working with their mental health care providers, should be encouraged to create Psychiatric Advance Directives (PADs)[57] to distribute to family members or members of their support system so that vital treatment information can be provided to law enforcement officers and other first responders in times of crisis. The development of PADs should be encouraged for persons discharged from correctional or inpatient facilities. PADs should be included in clients' personal health records and abbreviated PADs could be made available in the form of a wallet card.

10. Discharge planning protocols should be created for people released from state and local psychiatric hospitals and other residential facilities through collaborations among the hospitals, community-based agencies, and pharmacies to ensure that no one is released to the streets without linkage to community services and stable housing. Discharge planning should begin upon facility entry to support a successful transition to the community that may prevent or minimize future interactions with the criminal justice system. Clients, as well as family members when appropriate, should be involved in the development of discharge plans.

Psychiatric advance directives *express an individual's preferences and instructions for treatment in the event that he or she is unable to consent to care. Such directives may provide information about the effectiveness or ineffectiveness of current or past treatment as well as provider contact information. Finally, PADs can relay information about contraindications for particular treatments considered. As a result, PADs can beneficially inform treatment providers, support the efficacy of treatments chosen, and prevent adverse treatment incidents. They may also address issues related to non-consent including the absence of consent or refusal to consent in the midst of a mental health crisis. Consequently, determining the existence of and implementing PADs can support effective jail-based mental health care and facilitate the implementation of court-ordered treatment.*

[57] See glossary.

Section 2: Court Responses

Once people with mental illness enter the criminal justice system and are involved in the court process, they face a new set of complications and difficulties. The negotiation of dispositions may require more time for cases involving defendants with mental illness. In some instances, defendants with mental illness are not granted the same opportunities for pretrial release and deferred prosecution programs as are defendants with similar cases who do not have a mental illness.[58] The quality of representation that defendants with mental illness receive is dependent on their attorneys' knowledge about mental illness and its impact on behavior. Defense attorneys often do not have information related to their client's current mental health status or their mental health history, and may not be aware of community mental health services available to the client. In summary, judicial officers and counsel need specialized knowledge to address the issues that often surface when adjudicating cases of defendants with mental illness.

In some instances having a mental illness can interfere with a defendant's ability to understand and participate in the adjudication of his or her case. Defendants with mental illness may be found incompetent to stand trial due to their mental disorder, resulting in the suspension of case proceedings until competency is restored. The restoration process, which usually involves the provision of psychiatric medications, must take place in a state hospital or a public or private treatment facility approved by the community program director. Restoration of competency is often a lengthy process as local facilities and state hospitals are constantly at capacity. The wait time for state hospital admission can sometimes last up to six months. Although defendants can be restored in the community (depending on the charge), many counties don't have the resources for outpatient placement, and judicial officers, staff of Conditional Release Programs (CONREP),[59]and county mental health directors may be hesitant to utilize this option as it requires closer supervision, and community mental health providers might not be experienced in serving forensic clients.

In 2007, California Senate Bill 568 was passed, designating jails as treatment facilities for the purpose of administering antipsychotic medications to defendants found incompetent to stand trial due to a mental disorder (Pen. Code, § 1369.1). This bill was passed as an interim measure to address the long waiting periods for state hospital admission due to inadequate bed space and a lack of community alternatives. However, treatment in a jail with antipsychotic medication is not a substitute for timely transfer to and appropriate treatment in a state hospital.[60] Many jails do not have expertise or resources to be considered treatment facilities. Furthermore, task force members expressed concerns about the use of jails as treatment facilities when the overrepresentation of people with mental illness in correctional facilities is already a problem. Because interim measures often become the status quo, there is an urgent need to utilize and expand alternatives that provide competency restoration outside of jails.

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[58] John Clark, *Non-Specialty First Appearance Court Models for Diverting People with Mental Illness: Alternatives to Mental Health Courts* (Delmar, NY: Technical Assistance and Policy Analysis Center for Jail Diversion, 2004).
[59] See glossary.
[60] *In Re Mille* (2010) 182 Cal.App.4th 635.

Another challenge regarding competency restoration procedures is the frequency with which individuals returned to jail after restoration of mental competency do not obtain appropriate treatment, suffer remission, and are again determined incompetent to stand trial, thereby restarting the restoration process. Procedures to address this phenomenon need to be created.

Some criminal defendants with mental illness may be conserved or may be involved in conservatorship proceedings at the same time that their criminal case is being processed. Because these cases are currently heard by different judicial officers on different calendars, judicial officers hearing either the civil or criminal case often do not have all applicable information, which can result in conflicting orders and other complications for the defendant. An additional challenge regarding conservatorships is that judicial officers are unable to initiate conservatorship proceedings even if there is reasonable cause to believe that the defendant is gravely disabled and counsel agrees that conservatorship may be an appropriate part of disposition for the criminal case.

Finally, people with mental illness who have become involved in the criminal justice system are often clients of other public systems, making collaboration between the courts and community partners essential. For example, the disposition of a case may require the defendant to receive mental health treatment. However, without established methods for communication and information-sharing procedures in place, collaboration between courts and local mental health and social service systems can be difficult.

Solutions to these court-based problems can often be found in collaboration with criminal justice and mental health partners and by applying collaborative justice/problem-solving approaches that have been demonstrated to be effective. Many of the recommendations discussed in the following section are based on collaborative justice court principles,[61] which emphasize partnerships with stakeholders in and outside the courts. These principles can be applied, when appropriate, in cases heard outside of the intensive and specialized collaborative justice court calendar, though it is noted that mental health courts have shown to be effective, cost-efficient approaches in many jurisdictions.[62] For example, local evaluations have found that mental health court participants have significantly lower rearrest rates (26–47% lower) compared to similar defendants in traditional court.[63] Lower rearrest rates translate into cost savings as costs associated with a new arrest (e.g., arrest, booking, jail stay, and court costs) are avoided.

[61] See glossary.
[62] Susan M. Ridgely, John Engberg, Michael D. Greenberg, Susan Turner, Christine DeMartini, and Jacob W. Dembosky, "Justice, treatment, and cost: An evaluation of the fiscal impact of Allegheny County Mental Health Court" (Santa Monica, Calif.: RAND Corporation, 2007).
[63] Dale McNiel and Renee Binder, "Effectiveness of a mental health court in reducing criminal recidivism and violence," *American Journal of Psychiatry* 164 (2007), pp. 1395–1403; Marlee Moore and Virginia Hiday, "Mental health court outcomes: A comparison of re-arrest and re-arrest severity between mental health court and traditional court participants," *Law and Human Behavior* 30 (2006), pp. 659–674.

Judicial Leadership

Courts should provide judicial leadership in facilitating an interbranch and interagency coordinated response to people with mental illness who have entered the criminal justice system.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

11. California Rule of Court 10.952 (Meetings concerning the criminal court system) should be amended to include participants from parole, the police department, the sheriff's department, and Conditional Release Programs (CONREP), the County Mental Health Director or his or her designee, and the County Director of Alcohol and Drug Programs or his or her designee.

12. Courts and court partners identified under the proposed amendment of California Rule of Court 10.952 should develop local responses for offenders with mental illness or co-occurring disorders to ensure early identification and appropriate treatment. The goals are to provide better outcomes for this population, reduce recidivism, and respond to public safety concerns.

13. Courts and court partners identified under the proposed amendment of California Rule of Court 10.952 should identify information-sharing barriers that complicate collaborations, service delivery, and continuity of care for people with mental illness involved in the criminal justice system. Protocols, based on best or promising practices, and in compliance with Health Insurance Portability and Accountability Act (HIPAA),[64] and other federal and state privacy protection statutes, rules, and regulations, should be developed to facilitate effective sharing of mental health–related information across agencies and systems.[65] Agencies should be encouraged to maintain mental health records electronically and to ensure compatibility between systems.

14. The presiding judge, or the judge designated under California Rule of Court 10.952, should obtain from county mental health departments a regularly updated list of local agencies that utilize accepted and effective practices to serve defendants with mental illness or co-occurring disorders and should distribute this list to all judicial officers and appropriate court personnel.

15. Courts should become involved with local Mental Health Services Act stakeholder teams in order to promote greater collaboration between the courts and local mental health agencies and to support services for people with mental illness involved in the criminal justice system.

[64] See glossary.
[65] See 2007 GAINS article, "Dispelling the Myths about Information Sharing Between Mental Health and Criminal Justice Systems" by John Petrila, *www.gainscenter.samhsa.gov/text/integrated/Dispelling_Myths.asp.*

Case Processing

Courts should use collaborative methods for processing cases involving defendants with mental illness or co-occurring disorders. By adopting problem-solving approaches and employing collaborative justice principles, courts can connect defendants with mental illness to treatment, reduce recidivism, and protect public safety.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

16. Each California trial court should have a specialized method based upon collaborative justice principles for adjudicating cases of defendants with mental illness, such as a mental health court, a co-occurring disorders court, or a specialized calendar or procedures that promote treatment for the defendant and address public safety concerns. Judicial leadership is essential to the success of these efforts.

17. Information concerning a defendant's mental illness should guide case processing (including assignment to a mental health court or specialized calendar program) and disposition of criminal charges consistent with public safety and the defendant's constitutional rights.

18. Local courts, probation, and mental health professionals should collaborate to develop supervised release programs to reduce incarceration for defendants with mental illness or co-occurring disorders, consistent with public safety.[66]

19. Prosecutors should utilize, as appropriate, disposition alternatives for defendants with mental illness or co-occurring disorders.

20. In accordance with the Victim's Bill of Rights Act of 2008 (Marsy's Law), judicial officers should consider direct input from victims in cases involving

*There are over 40 **mental health courts** in 27 counties in California. Although mental health courts vary across jurisdictions, common elements include a separate docket for people with mental illness, collaboration between criminal justice and mental health professionals, judicial supervision of required mental health treatment and other services in lieu of jail time, provision of intensive case management, and voluntary participation. Local evaluations have found that mental health court participants have significantly lower rearrest rates compared to similar defendants in traditional court.*

*The Superior Court of Orange County operates **a collaborative justice court program** that is a postadjudication alternative serving individuals with serious mental illness who are homeless or at risk of becoming homeless and have pending criminal charges. Participants are provided intensive mental health or substance abuse treatment, case management, and intense judicial and probation supervision and monitoring.*

[66] Postbooking diversion (see glossary).

defendants with mental illness or co-occurring disorders to inform disposition or sentencing decisions, recognizing that many victims in such cases are family members, friends, or associates.

21. The court system and the California Department of Mental Health cooperatively should develop and implement video-based linkages between the courts and the state hospitals to avoid delays in case processing for defendants being treated in state hospitals and to prevent the adverse consequences of repeated transfers between hospitals and jails. The use of video-based procedures is to be voluntary, and clients should retain the right to request live hearings. Policies and procedures should be in place to ensure that clients have adequate access to private conversations with defense counsel.

22. Judicial officers should require the development of a discharge plan[67] for defendants with mental illness as a part of disposition and sentencing. Discharge plans should be developed by custody mental health staff, pretrial services, or probation, depending on the status and location of the defendant, in collaboration with county departments of mental health and drug and alcohol or other designated service providers. Discharge plans must include arrangements for housing and ongoing treatment and support in the community for offenders with mental illness.

23. Court administrators should develop local policies and procedures to ensure that medical and mental health information deemed confidential by law is maintained in the nonpublic portion of the court file. Mental health information not otherwise a part of the public record, but shared among collaborative court partners, should be treated with

Increasing numbers of veterans are entering the criminal justice system with charges often related to substance abuse or combat-related mental illness. A 2000 Bureau of Justice Statistics report found that 25 percent of all justice-involved veterans were identified as mentally ill. Twenty percent of all veterans from Iraq and Afghanistan report symptoms of post-traumatic stress disorder or major depression. Diversion programs tailored to this population are necessary to connect veterans with needed services.*

As of November 2010, eight ***veterans courts*** *had been established in California.* ***Veterans courts*** *are a type of collaborative justice court that connect veterans to services while providing judicial supervision.*

Penal Code section 1170.9 allows the court, under certain circumstances and if the defendant consents, to substitute treatment for incarceration for veterans suffering from combat-related mental health disorders.

* Terri Tanielian, Lisa H. Jaycox, Terry L. Schell, Grant N. Marshall, M. Audrey Burnam, Christine Eibner, Benjamin R. Karney, Lisa S. Meredith, Jeanne S. Ringel, Mary E. Vaiana, and the invisible wounds study team. *Invisible Wounds of War: Summary and Recommendations for Addressing Psychological and Cognitive Injuries* (RAND, 2008).

[67] See glossary. Discharge plans are also discussed in greater detail in recommendations 46, 47, and 76–81.

sensitivity in recognition of an individual's rights to confidentiality.

Coordination of Civil and Criminal Proceedings

Courts should develop protocols that ensure the coordination of conservatorship and criminal proceedings for defendants with mental illness.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

24. Conservatorship proceedings and criminal proceedings should be coordinated where a defendant is conserved and has a pending criminal case or a defendant has a pending criminal case and is then conserved. Such coordination could include designating a single judicial officer to preside over both the civil and criminal proceedings, when all parties agree, or a protocol for how such proceedings can be coordinated when heard by different judicial officers. If a judicial officer presides over both civil and criminal proceedings, he or she should have training in each area.

25. Legislation should be enacted that allows judicial officers to join the county conservatorship investigator (Welf. & Inst. Code, § 5351), the public guardian (Gov. Code, § 27430), private conservators, and any agency or person serving as public conservator to criminal proceedings when the defendant is conserved or is being considered for conservatorship.

26. Existing legislation should be modified and new legislation should be created where necessary to give judicial officers hearing criminal proceedings involving defendants with mental illness the authority to order a conservatorship evaluation and the filing of a petition when there is reasonable cause to believe that a defendant is gravely disabled within the meaning of Welfare and Institutions Code section 5008(h). The conservatorship proceedings may be held before the referring court if all parties agree.[68] Judicial officers should have training in the area of LPS law if ordering the initiation of conservatorship proceedings.

27. When the criminal court has ordered the initiation of conservatorship proceedings, the conservatorship investigation report should provide recommendations that include appropriate alternatives to conservatorship if a conservatorship is not granted.[69]

[68] There is precedence for allowing such coordination in section 241.1 of the Welfare and Institutions Code, which requires coordination and communication between the dependency and delinquency courts when a child appears to come within the description of both section 300 and section 601 or 602.

[69] Nevada and Los Angeles counties have implemented Assisted Outpatient Treatment programs (Laura's Law/AB 1421 [see glossary]), which provide intensive court-ordered treatment in the community and may be utilized as an alternative to LPS conservatorship (see glossary).

Competence to Stand Trial

Courts, in collaboration with state hospitals and local mental health treatment facilities, should create and employ methods that prevent prolonged delays in case processing and ensure timely access to restoration programs for defendants found incompetent to stand trial.[70]

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

28. There should be a dedicated court or calendar where a specially trained judicial officer handles all competency matters. Competency proceedings should be initiated and conducted in accordance with California Rule of Court 4.130 and relevant statutory and case law.[71]

29. Each court should develop its own panel of experts who demonstrate training and expertise in competency evaluations.

30. Mental health professionals should be compensated for competency evaluations in an amount that will encourage in-depth reports.

31. California Rule of Court 4.130(d)(2) should be amended to delineate the information included in the court-appointed expert report in addition to information required by Penal Code section 1369. The report should include the following:[72]

    a. A brief statement of the examiner's training and previous experience as it relates to examining the competence of a criminal defendant to stand trial and preparing a resulting report;
    b. A summary of the examination conducted by the examiner on the defendant, including a current diagnosis, if any, of the defendant's mental disorder and a summary of the defendant's mental status;
    c. A detailed analysis of the competence of the defendant to stand trial using California's current legal standard, including the defendant's ability or inability to understand the nature of the criminal proceedings or assist counsel in the conduct of a defense in a rational manner as a result of a mental disorder;

[70] The task force examined the difficult problem of the defendant who may not have "a sufficient present ability to consult with his lawyer with a reasonable degree of rational understanding and . . . a rational as well as factual understanding of the proceedings against him" (*Dusky v. U.S.* (1960) 362 U.S. 402), but not as a result of a mental disorder or developmental disability as currently required by Penal Code section 1367. Judges often encounter defendants who seem to lack these abilities as a result of cognitive impairments resulting from organic brain damage, fetal alcohol syndrome, or other causes, which have not been formally diagnosed as developmental disabilities. This is an area that requires further research.

[71] See also Center for Judicial Education and Research (CJER) Benchguide #63 (revised 2010).

[72] A preliminary draft of information that should be included in expert reports originally came from the Council on Mentally Ill Offenders (see glossary).

d. A summary of an assessment conducted for malingering, or feigning symptoms, which may include, but need not be limited to, psychological testing;
e. Pursuant to Penal Code section 1369, a statement on whether treatment with antipsychotic medication is medically appropriate for the defendant, whether the treatment is likely to restore the defendant to mental competence, a list of likely or potential side effects of the medication, the expected efficacy of the medication, possible alternative treatments, whether it is medically appropriate to administer antipsychotic medication in the county jail, and whether the defendant has capacity to make decisions regarding antipsychotic medication;
f. A list of all sources of information considered by the examiner, including, but not limited to, legal, medical, school, military, employment, hospital, and psychiatric records; the evaluations of other experts; the results of psychological testing; and any other collateral sources considered in reaching his or her conclusion;
g. A statement on whether the examiner reviewed the police reports, criminal history, statement of the defendant, and statements of any witness to the alleged crime, as well as a summary of any information from those sources relevant to the examiner's opinion of competency;
h. A statement on whether the examiner reviewed the booking information, including the information from any booking, mental health screening, and mental health records following the alleged crime, as well as a summary of any information from those sources relevant to the examiner's opinion of competency; and
i. A summary of the examiner's consultation with the prosecutor and defendant's attorney, and of their impressions of the defendant's competence-related strengths and weaknesses.

32. An ongoing statewide working group of judicial officers, the Administrative Office of the Courts, Department of Mental Health, CONREP, and other stakeholders should

CONREP has established a pilot program *in collaboration with Napa State Hospital to improve CONREP's ability to accurately identify individuals who can be safely and effectively restored to competence for trial in an outpatient setting rather than the state hospital. San Francisco and Sacramento CONREP program officers will be trained in the use of a preplacement assessment protocol.*

The protocol assesses severity of psychiatric symptoms, the defendant's ability to understand court procedures and charges, and the possibility that the defendant is feigning mental illness (malingering). The protocol also includes an actuarial assessment of risk for violence. It is anticipated that with the successful implementation of these practices, CONREP will be able to place more defendants in the community for competency restoration, identify inmates who might be malingering, and identify inmates who have become almost or fully competent since the initial competency evaluation.

be established to collaborate and resolve issues of mutual concern regarding defendants found incompetent to stand trial.

33. State hospitals and mental health outpatient programs should be adequately funded to ensure effective and timely restoration of competency for defendants found incompetent to stand trial in order to eliminate the need to designate jails as treatment facilities (Pen. Code §1369.1).

34. There should be more options for community placement through CONREP and other community-based programs for felony defendants found incompetent to stand trial on nonviolent charges so that not all such defendants need be committed to a state hospital for competency restoration.

35. Courts are encouraged to reopen a finding of incompetence to stand trial when new evidence is presented that the person is no longer incompetent. If the defendant is re-evaluated and deemed competent he or she should not be transferred to a state hospital.

36. Existing legislation should be modified or new legislation be created to give judicial officers hearing competency matters access to a variety of alternative procedural and dispositional tools, such as the jurisdiction to conditionally release a defendant found incompetent to stand trial to the community, where appropriate, rather than in a custodial or hospital setting, to receive mental health treatment with supervision until competency is restored.

37. Care and treatment of defendants with mental illness should be continued after restoration of competence. Penal Code section 1372(e) should be expanded, consistent with *Sell v. United States,* to ensure that competence is maintained once restored and that medically appropriate care is provided to defendants until such time that a defendant's incompetent-to-stand-trial status is no longer relevant to the proceedings. In an effort to maintain a defendant's competence once restored, courts, state hospitals, and the California State Sheriff's Association should collaborate to develop common formularies to ensure that medications administered in state hospitals are also available in jails.

Additional Court Resources

Courts are encouraged to provide additional supports to defendants with mental illness.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

38. Forensic Peer Specialist Programs[73] should be utilized within the courts, particularly in mental health courts to assist defendants with mental illness in navigating the criminal justice system.

39. Court Self-Help Centers should provide materials to defendants with mental illness, family members, and mental health advocates about general court processes, mental health courts or other court-based programs and services for defendants with mental illness, and community and legal resources.

[73] See glossary.

Section 3: Incarceration

As stated earlier, jails and prisons have reluctantly become de facto mental health treatment facilities. Correctional facilities, however, are not appropriate places to provide treatment, and incarceration often exacerbates symptoms of an inmate's mental illness. Functional impairments can make it difficult for inmates with mental illness to abide by the myriad jail and prison rules. Not surprisingly, these individuals are often at higher risk for being charged with facility rule violations and prison infractions.[74] In addition, individuals with mental illness are often more vulnerable to the hostile incarceration culture. For example, prisoners with mental illness are more likely to be physically and sexually assaulted and exploited by other inmates.[75] As a result, prisoners with mental illness are more likely to be placed in administrative segregation than the general inmate population.[76] Isolation and segregation can exacerbate symptoms of mental illness, however.

Jails and prisons in California are overcrowded and have a shortage of qualified mental health professionals, both of which can contribute to substandard care of inmates with mental illness. Booking and receiving staff are often not able to adequately screen incoming people for mental illness. Therefore, many prisoners and jail inmates are not appropriately placed and may not receive sufficient treatment until they decompensate to the point where an emergency response is required. In addition, prisons, jails, and county mental health departments usually have different drug formularies, meaning the inmate will likely have to switch psychiatric medications upon transfers, which can result in further destabilization as abrupt withdrawal from and sometimes changes in psychiatric medications can lead to relapses and psychosis.[77]

The inadequacy of treatment for people with mental illness in jails and prisons has been litigated many times. In 1995, in *Coleman v. Wilson*, it was found that treatment of California prisoners with mental illness violated the Eighth Amendment's prohibition of cruel and unusual punishment because of a lack of screening mechanisms, inadequate mental health staffing levels, delays and denial of medical attention, and inappropriate use of punitive measures.[78]

Although a primary goal of the task force is to find ways to divert this population from jail and prison when appropriate, the following recommendations address ways to provide appropriate care to those people with mental illness who are incarcerated.

The task force crafted many of the recommendations below with county jails in mind; however, the general principles described in the recommendations below may be applied to California prisons as well.

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[74] Treatment Advocacy Center and the National Sheriffs' Association, *More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States* (May 2010).
[75] Human Rights Watch, "Ill-equipped: US Prisons and Offenders with Mental Illness" (2003).
[76] *Ibid.*
[77] *Ibid.*
[78] *Coleman v. Wilson* (9th Cir. 1996) 101 F.3d 705.

The Booking/Admission Process: Early Identification and Continuity of Care

As part of the county jail booking and prison admission process, individuals with mental illness should be identified and assessed, and procedures and services that prepare defendants for their eventual release should be initiated.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

40. At the time of initial booking or admission, all individuals should be screened for mental illness and co-occurring disorders through a culturally competent[79] and validated mental health screening tool to increase the early identification of mental health and co-occurring substance use problems of incarcerated individuals.

41. The California State Sheriff's Association, California Department of Corrections and Rehabilitation, Corrections Standards Authority, California Department of Mental Health, California Department of Alcohol and Drug Programs, County Alcohol and Drug Program Administrators in California, California Mental Health Directors Association, and the Chief Probation Officers of California should collaborate to develop and validate core questions for a Mental Health and Co-occurring Disorder Initial Screening instrument based on evidence based practices and consistent with the defendant's constitutional rights. All jails and prisons in California should adopt the screening instrument to standardize procedures statewide and to promote consistency and quality of information across counties. The content of such a screening instrument can be expanded upon or automated by local programs.

42. The adopted screening instrument should inquire about the individual's mental health and substance use history, history of trauma, other co-occurring conditions (including physical and metabolic conditions), and military service status, as well as his or her current housing status and any history of homelessness. The screening should be conducted in the incarcerated individual's spoken language whenever possible, the instrument must be sensitive to cultural variations, and staff administering the tool must understand inherent cultural biases.

43. If the initial screening indicates that an individual in custody has a mental illness or co-occurring disorder, a formal mental health assessment should be administered to determine the level of need for treatment and services while in custody. The assessment should be conducted by a qualified mental health practitioner as close to the date of the initial screening as possible.

44. Mental health staff should be available at jail-booking and prison admission facilities at all times.

[79] See glossary.

45. Upon booking or admission, individuals with mental illness should be housed in an appropriate setting within the jail or prison based on their medical and mental health needs as identified in the mental health screening and evaluation.

46. A discharge plan should be developed for incarcerated individuals with mental illness or co-occurring disorders. The discharge plan will build upon information gathered from the mental health screening and assessment instruments and will document prior mental health treatment and prescribed psychiatric medications to ensure continuity of essential mental health and substance abuse services in order to maximize psychiatric stability while incarcerated as well as after being released. Treatment and services outlined in the discharge plan should be culturally appropriate (e.g., according to ethnicity, race, age, gender) for the individual with mental illness.

47. Discharge plans should follow the individual across multiple jurisdictions, including local and state correctional systems and mental health and justice agencies to ensure continuity of care. Information sharing across agencies and jurisdictions must follow criminal justice, HIPAA, and other federal and state privacy protection statutes, rules, and regulations.

Custody Mental Health Treatment and Services

Jails and prisons should address the mental health needs of offenders with mental illness. Practices and protocols should be established to coordinate continuity of care while the offender is incarcerated and after being released.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

48. Jails and prisons should have sufficient resources and staff to ensure access to mental health treatment services. Assessment and treatment services must begin immediately upon entry into jail or prison and should include, but not be limited to, the following: an assessment and discharge plan developed by custody mental health and psychiatric staff, appropriate psychotherapeutic medications, psychiatric

The Men's Psychiatric Sheltered Living Unit (PSLU), *located in the San Francisco County Jail, prepares clients to reenter the community and increases clients' probability of retention and treatment success in community programs. Clients are seen weekly for individual therapy and attend a variety of groups that emphasize their strengths and are most relevant to their treatment goals, including Expressive Arts, Medication Education, Men's Health, Conflict Resolution, and Restorative Justice. Clients have an active role in operating the program; clients lead various groups, facilitate weekly PSLU community meetings, and organize various peer activities and projects such as a biannual newsletter in which they publish their writings, articles, poems, and artwork.*
**See glossary.*

follow up, custody mental health staff to monitor treatment progress, and behavioral and counseling interventions,
including peer-based services.

49. Jails and prisons should implement therapeutic communities or other evidence based programming for incarcerated individuals with mental illness or co-occurring disorders where clinically appropriate.

50. Custody nursing and mental health staff should be available 24 hours a day in order to sufficiently respond to the needs of incarcerated individuals with mental illness or co-occurring disorders.

51. Custody mental health staff should continue the treating community physician's regimen in order to prevent relapse and exacerbation of psychiatric symptoms for incarcerated individuals assessed as having a mental illness, unless a change in treatment regimen is necessary to improve or maintain mental health stability.

52. The California Department of Mental Health, California Department of Corrections and Rehabilitation, California State Sheriff's Association, and California Department of Health Care Services — Medi-Cal should coordinate, to the greatest extent possible, drug formularies among jail, prison, parole, state hospitals, and community mental health agencies and establish a common purchasing pool to ensure continuity of appropriate care for incarcerated individuals with mental illness. The coordination of formularies should not further restrict the availability of medications.

53. In the absence of a common drug formulary, jails, prisons, parole, state hospitals, and community mental health agencies should obtain expedited treatment authorizations for off-formulary medication to ensure psychiatric stabilization and continuity of care when necessary.

54. The California State Sheriff's Association and California Department of Corrections and Rehabilitation should consider utilizing the NAMI California Inmate Mental Health Information Form[80] for use in all California jails and prisons. Both the original jail form and its more recent adaptation by the prison system provide family members an opportunity to share diagnosis and historical treatment information with correctional clinical staff.

[80] Inmate Mental Health Information Forms can be found at *www.namicalifornia.org/criminaljustice-arrested.aspx?tabb=arrested&lang =ENG*.

Section 4: Probation and Parole

People with mental illness are overrepresented among parole and probation populations, with estimates ranging from two to four times the general population.[81] In 2004, 13 percent of all adults released on parole in California were identified as having a mental disorder.[82] Probation officers and parole agents often find probationers and parolees with mental illness to be difficult to supervise as this population has diverse treatment and service needs. Probation officers and parole agents have increasingly large case loads and limited resources for probationers and parolees. Many supervision officers have not received specialized training about mental health issues, the needs of the population, or how mental disorders can interfere with the ability to adhere to supervision requirements. Finally, mental health treatment is often an essential component to living in the community and complying with community supervision requirements; however, representatives from treatment and supervision rarely collaborate to share necessary information or to synthesize treatment and supervision goals.

Many probationers and parolees with mental illness live in poverty, are unemployed, and have few social supports, which can make it difficult for this population to meet supervision requirements. In addition, people with mental illness may have functional impairments and may experience relapses that further complicate their ability to adhere to supervision conditions. Furthermore, many probationers and parolees have their public benefits such as Supplemental Security Income, Social Security Disability Insurance, and Medi-Cal terminated or suspended while incarcerated. Therefore, once released from either jail or prison, many are without benefits until applications are processed. Without public assistance and medical insurance, this population is not able to access community supports essential to successful supervision adherence. It is therefore not surprising that people with mental illness under community supervision are more likely to violate their terms of supervision and have their community supervision revoked.[83] Studies have reported that parolees with mental illness have a 70 percent higher risk of committing technical violations (excluding absconding) [84] and are twice as likely as parolees without mental illness to have their parole suspended.[85]

The recommendations below outline alternative supervision strategies that address public safety concerns while ensuring improved outcomes for this population. Many of the recommendations in this section target probationers under the jurisdiction of county probation departments. Although parolees are under the jurisdiction of the Department of Corrections and Rehabilitation

[81] Seth J. Prins and Laura Draper, *Improving Outcomes for People with Mental Illnesses under Community Corrections Supervision: A Guide to Research-Informed Policy and Practice* (New York: Council of State Governments Justice Center, 2009), p. 11.
[82] Jennifer E. Louden, E. Dickinger, and Jennifer L. Skeem, "Parolees with mental disorder: Toward evidence-based practice" (in press).
[83] Lorena L. Dauphinot, "The efficacy of community correctional supervision for offenders with severe mental illness," 57(9-B) Dissertation Abstracts International: Section B: The Sciences and Engineering 5912 (March 1997).
[84] Ryken Grattet, Joan Petersilia, and Jeffrey Lin, "Parole Violations and Revocations in California" (Washington, D.C.: National Institute of Justice, October 2008), *www.ncjrs.gov/pdffiles1/nij/grants/224521.pdf.*
[85] Frank J. Porporino and Laurence L. Motiuk, "The prison careers of mentally disordered offenders," *International Journal of Law and Psychiatry* 18 (1995), pp. 29–44.

and usually receive mental health services from Parole Outpatient Clinics rather than local county mental health systems, the recommendations in this section, are, in principle, equally applicable to parolees with mental illness.

Coordination of Mental Health Treatment and Supervision

The following alternative supervision strategies and evidence-based practices that consider the treatment and service needs of probationers and parolees with mental illness should be utilized in order to improve outcomes for this population.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

55. The court should have jurisdiction to join to the proceedings those agencies and providers that already have legal obligations to provide services and support to probationers and parolees with mental illness. Before joinder, any agency or provider should have advance notice of and an opportunity to be heard on the issue.

56. In cases where the offense is committed and sentencing occurs in a county other than the probationer's county of residence, before the court grants a motion to transfer jurisdiction to that county (pursuant to Pen. Code, § 1203.9), judicial officers should give very careful consideration to the present mental stability of the probationer and determine whether or not the probationer will have immediate access to appropriate mental health treatment and other social service supports in the county of residence. The court must ensure that adequate discharge planning has taken place, including referral to a mental health court if appropriate, to ensure a direct and immediate connection with treatment and services in the county of residence.

57. Probation and parole supervision should follow the discharge plan approved by the judicial officer as part of the disposition of criminal charges or by California Department of Corrections and Rehabilitation at the time of release. The discharge plan should include probationers' or parolees' treatment and other service needs as well as risks associated with public safety, recidivism, and danger to self. Individuals with low risk or needs may require no supervision and early

The Mentally Ill Offender (MIO) Program in San Diego County *is a unit in the county's probation department that supervises a caseload of offenders with mental illness. Through a collaborative and client-centered approach, the program links offenders to community-based services and provides intensive case management. Initially, the probationer receives close supervision with a caseload ratio of 1 to 50. Standard probation conditions for the MIO program include that the probationer participate in treatment, therapy, and counseling as suggested by validated assessment tests; take psychotropic medications as prescribed; and provide written authorization for the probation officer to receive progress reports.*

termination of probation or parole, whereas individuals with high risk or needs may need to receive intensive supervision joined with intensive mental health case management.

58. Probation and parole conditions should be the least restrictive necessary and should be tailored to the probationers' or parolees' needs and capabilities, understanding that successful completion of a period of community supervision can be particularly difficult for offenders with mental illness.

59. Probationers and parolees with mental illness or co-occurring disorders should be supervised by probation officers and parole agents with specialized mental health training and reduced caseloads.

60. Specialized mental health probation officers and parole agents should utilize a range of graduated incentives and sanctions to compel and encourage compliance with conditions of release. Incentives and positive reinforcement can be effective in helping offenders with mental illness stay in treatment and follow conditions of probation or parole.[86]

61. Specialized mental health probation officers and parole agents should conduct their supervision and other monitoring responsibilities within the communities, homes, and community-based service programs where the offender with mental illness spends most of his or her time.[87] This approach should reorient the supervision process from enforcement to intervention.

*Under Penal Code section 3015(b), the Department of Corrections and Rehabilitation must employ a **parole violation decisionmaking instrument** to determine the most appropriate sanctions for parolees who violate their parole conditions. The violation decisionmaking instrument is a standardized tool that provides ranges of appropriate sanctions for parole violators, given relevant case factors, including, but not limited to, offense history, risk of reoffense based on a validated risk assessment tool, and need for treatment services.*

62. Specialized mental health probation officers and parole agents should work closely with mental health treatment providers and case managers to ensure that probationers and parolees with mental illness receive the services and resources specified in their discharge plans, and that released offenders are connected to a 24-hour crisis service.[88]

63. Working agreements and relationships should be developed between community-based service providers and probation and parole to increase understanding and coordination of

[86] Council of State Governments Justice Center, *The Criminal Justice/Mental Health Consensus Project Report*, Policy Statement #22 (2002).
[87] *Ibid.*
[88] *Ibid.*

supervision and treatment goals and to ensure continuity of care once supervision is terminated.

64. Probationers and parolees with mental illness or co-occurring disorders should receive mental health and substance abuse treatment that is considered an evidence based or promising practice.[89]

Alternative Reponses to Probation/Parole Violations

Traditional formal violation hearings for offenders with mental illness should be a last resort after alternative interventions have failed.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

65. Judicial officers should avoid stating fixed sentencing terms that mandate state prison for an offender with mental illness upon violation of probation conditions regardless of the seriousness of the violation.

66. Judicial officers hearing probation violation calendars and deputy commissioners of the Board of Parole Hearings should carefully review the offender's discharge plan and consider the seriousness of the alleged violation(s) as well as the offender's progress or lack thereof in mental health treatment. Absent new serious criminal behavior by the probationer or parolee, alternative responses short of reincarceration should be considered. Incarceration should be reserved for those violations that demonstrate a threat to public safety.

67. Specialized calendars or courts for probationers and parolees with mental illness at risk of returning to custody on a supervision violation should be established in every jurisdiction. Such courts (e.g., reentry courts[90]) or calendars should be modeled after collaborative drug and mental health courts. If an individual is a participant in a mental health court and violates probation, he or she should be returned to

*Penal Code section 3015(d) authorizes the Department of Corrections and Rehabilitation to refer parolees with a history of substance abuse or mental illness who violate their parole conditions, to a **reentry court program.** The purpose of a reentry court is to promote public safety, hold parolees accountable, reduce recidivism, and help parolees successfully transition back into the community.*

Key elements for effective reentry courts include court supervision, a team approach, accountability, and services that address substance abuse, mental health, housing, vocational needs, and family reunification. Reentry courts show promise as a strategy to maintain parolees in the community and avoid return to prison or jail.

[89] The Council of State Governments Justice Center, *Improving Responses to People with Mental Illnesses: The Essential Elements of Specialized Probation Initiatives* (2009).
[90] See glossary.

the mental health court for adjudication of the violation.

68. Immediate treatment interventions should be made available to a probationer or parolee with mental illness who considerably decompensates after his or her release or appears to be failing in community treatment.

69. Probation officers and parole agents should utilize graduated sanctions and positive incentives and work with mental health treatment providers to increase the level of treatment or intervention or initiate new treatment approaches when probationers and parolees with mental illness violate conditions of supervision.

70. Probation officers, parole agents, and treatment providers should provide pertinent treatment information to custody staff for those probationers or parolees with mental illness who are returned to jail or prison to ensure continuity of care.[91]

[91] The Council of State Governments Justice Center. *Improving Responses to People with Mental Illnesses: The Essential Elements of Specialized Probation Initiatives* (2009).

Section 5: Community Reentry

California's prisons release nearly 120,000 prisoners each year. Roughly two-thirds will be back in prison within three years (27 percent for a new criminal conviction and 39 percent for a technical or administrative violation)—the highest return-to-prison rate in the nation.[92] On any given day, six out of ten admissions to California prisons are returning parolees.[93] Parolees with mental illness are more likely than other populations to face possible revocation since this population has a 36 percent higher risk of committing all violation types and a 70 percent higher risk of committing technical violations (excluding absconding).[94]

Although reentry is often discussed in terms of prisoners being released back to the community, reentry can happen at many different points after an individual with mental illness has entered the criminal justice system. People can reenter the community through jail diversion programs, through mental health courts, from state hospitals, from jail after serving a sentence, and through probation.

Offenders with mental illness experience many barriers and obstacles to successfully transitioning to the community. Offenders' federal and state benefits are revoked or suspended while they are incarcerated. In many cases offenders cannot reinstate or apply for benefits until they are released, resulting inevitably in a period of time (often several months) when these individuals are without health insurance (through Medi-Cal or Medicare) or income supports such as Supplemental Security Income. Even when offenders are released with the means to access necessary psychiatric medications, they are often not able to receive the same medications administered in jail or prison under their insurance plan. Having a criminal history further complicates obtaining mental health treatment and other scarce community services that enable a successful transition back to the community. Parolees, in particular, are underserved. Mental Health Services Act funds can't be allocated toward parolees, meaning this population is excluded from many county and other community-based programs. Furthermore, it is difficult for parolees to access mental health services at California Department of Corrections and Rehabilitation's Parole Outpatient Clinics if they were not given particular mental health designations while in prison.

Many individuals with mental illness are released from jail and prison without housing arrangements, making it nearly impossible to succeed in managing their mental illness. The California Department of Corrections and Rehabilitation (CDCR) reports that, at any given time, 10 percent of the state's parolees are homeless. Furthermore, the percentage of parolees who are homeless ranges from 30 percent to 50 percent in major urban areas such as San Francisco and Los Angeles.[95]

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[92] Ryken Grattet, Joan Petersilia, and Jeffrey Lin, "Parole Violations and Revocations in California" (Washington, DC: National Institute of Justice, October 2008),, *www.ncjrs.gov/pdffiles1/nij/grants/224521.pdf.*
[93] *Ibid.*
[94] *Ibid.*
[95] California State Department of Corrections, "Prevention Parolee Failure Program: An Evaluation" (National Criminal Justice Reference Service, 1997).

Central to successful community reentry is the creation and implementation of discharge plans. Discharge plans decrease the chance of recidivating for offenders with mental illness by identifying and arranging services needed in order to live successfully in the community. According to the Bazelon Center for Mental Health Law, however, only one third of inmates with mental illnesses receive discharge planning services. Furthermore, successful implementation of discharge plans depends on the level and quality of communication between correctional staff and community service providers.

The recommendations below highlight actions that can be taken while the offender is incarcerated to ensure successful reentry; they also outline crucial steps for linking offenders to services immediately following release and emphasize the essential role that stable housing plays in promoting improved outcomes for this population. The following recommendations are related primarily to county jails and superior courts rather than the prison and parole systems, which are the responsibility of CDCR. In principle, however, the recommendations in this section are equally applicable for prisoners with mental illness released into the community.

Preparation for Release

Procedures and services that prepare people with mental illness for release should be provided or established while the individual is still in custody.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

71. A community mental health care manager should initiate person-to-person contact with the incarcerated individual in jail who has a mental illness prior to his or her release from custody through an in-reach[96] process in order to engage the individual in the development of his or her community treatment plan, and to provide a "bridge" to the community, thereby increasing the probability that the individual will follow up with treatment upon release. The community health care manager should also work with those involved in the development of the discharge plan to find appropriate stable housing for the incarcerated individual upon release.

72. A formal jail liaison[97] should be designated by local mental health departments and local correctional facilities to improve communication and coordination between agencies involved in the discharge planning and postadjudication services for offenders with mental illness. Jail liaisons provide a single point of access within each system for problem identification and resolution regarding care of specific individuals as well as coordination of systems.

[96] See glossary.
[97] See glossary.

73. Peer support services, through an in-reach process, should be offered to offenders in jail with mental illness while incarcerated and upon release to help ensure successful community reentry.

74. Legislation and regulations, as well as local rules and procedures, should be modified or enacted to ensure that federal and state benefits are suspended rather than terminated while offenders with mental illness are in custody. Administrative procedures should be streamlined to ensure that benefits are reinstated immediately after offenders with mental illness are released from jail or prison.

75. Offenders with mental illness who do not have federal and state benefits, or have lost them due to the length of their incarceration, should receive assistance from jail or prison staff or in-reach care managers in preparing and submitting the necessary forms and documentation to obtain benefits immediately upon reentry into the community.

Implementation of the Discharge Plan

Successful implementation of the discharge plan requires close coordination of the court, custody staff, probation, parole, the community mental health system, family members where appropriate, and all necessary supportive services.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

76. The discharge plan for release from jail, approved by the judicial officer as part of the disposition of criminal charges, should be implemented immediately upon release. The discharge plan should include arrangements for mental health treatment (including medication), drug and alcohol treatment, case management services, housing, applicable benefits, food, clothing, health care, and transportation.

77. Offenders with mental illness should be released during daytime business hours rather than late at night or in the early morning hours to ensure that offenders can be

Senate Bill 618–San Diego Prison Reentry Program, *which became effective in January of 2006, prepares prisoners for successful community reentry by conducting assessments, creating discharge plans, and providing services prior to, during, and following release from prison. Participants' needs are assessed before their sentence begins, and a life plan is created by a multidisciplinary team that is modified as the participant's needs change. Participants receive services, including case management, while in prison and are connected to community services upon release. Once the client is released, a Community Roundtable made up of various stakeholders identified by the client, including his or her community case manager, meet regularly to ensure that community reentry challenges are successfully addressed.*

*San Diego Association of Governments, *Improving Reentryfor Ex-Offenders in San Diego County: SB 618, Second Evaluation Report* (February 2009).

directly connected to critical treatment and support systems.

78. Upon release from jail, the sheriff's department should provide or arrange the offender's transportation to the location designated in the discharge plan. CDCR should utilize similar procedures, to the greatest extent possible, when releasing an offender to parole.

79. Upon release from jail, the sheriff's department should facilitate access to an appropriate supply of medication as ordered in the discharge plan, a prescription, and a list of pharmacies accepting the issued prescription. CDCR should utilize similar procedures, to the greatest extent possible, when releasing an offender to parole.

80. Upon release from jail, the care manager who engaged the offender through in-reach services[98] while in custody should facilitate timely follow-up care, including psychiatric appointments as outlined in the discharge plan. CDCR should utilize similar procedures, to the greatest extent possible, when releasing an offender to parole.

81. The sheriff's department should give advanced notice of the offender's release date and time from jail to the offender's community treatment coordinator as specified in the discharge plan as well as to members of his or her family, as appropriate, and others in his or her support system. CDCR should utilize similar procedures, to the greatest extent possible, when releasing an offender.

Housing Upon Release

Appropriate housing in the community at the time of release is critical for successful reentry for offenders with mental illness since it serves as the foundation from which this population can access treatment and supportive services. Every offender with mental illness leaving jail or prison should, as a part of his or her discharge plan, have in place an arrangement for safe housing.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

82. Offenders with mental illness should be released with arrangements for appropriate safe and stable housing in the community as provided in the discharge plan.

83. Courts, prisons, jails, probation, parole, and community partners, including CONREP, should be prepared to assume the role of housing advocate for the releasee, recognizing that there are explicit as well as implicit prejudices and exclusions based on either mental illness or the criminal history of the releasee.

[98] See glossary.

84. Courts, prisons, jails, and community partners, including law enforcement, discharge planners, service providers, probation, and parole, should establish agreements with housing programs, including supportive housing, to develop a housing referral network to coordinate stable housing placements for offenders with mental illness who are returning to the community.

85. Need-based housing options should be available, recognizing that offenders with mental illness and co-occurring disorders require different levels of housing at release that may change over time.

86. Legislation should be enacted to provide incentives (e.g., funding, tax credits) to housing developers; providers of supportive housing, including peer-run organizations; and owners of rental units, to support the development and availability of housing to incarcerated offenders with mental illness when they are released to reenter the community.

87. Mental Health Services Act (MHSA)[99] funding dedicated to housing, per the local stakeholder process, should be leveraged with other funding sources to ensure equal access to housing for offenders with mental illness, including those on probation. The state Director of Mental Health and the Mental Health Oversight and Accountability Commission (MHSOAC) should ensure that county plans include provisions to secure equal access to housing paid for with MHSA funding for offenders with mental illness.

Project 50 *is a demonstration program in Los Angeles to identify, engage, house, and provide integrated supportive services to the most vulnerable, long-term chronically homeless adults living on the streets of Skid Row, many of whom have a mental illness.*

In phase one of the program, 50 of the most vulnerable persons eligible for the program were identified. In phase two of the program, an outreach team assessed the needs of these individuals and engaged them in services, including transitional and permanent housing. In the final phase of the program, multidisciplinary teams are providing intensive integrated health, mental health, and substance abuse services to clients once they are placed in housing. Other supportive services provided to participants include money-management services, around-the-clock crisis services, recovery-based self-help and support groups, employment services, transportation services, education opportunities, medication management services, and benefit (re)establishment.

[99] See glossary.

Section 6: Juvenile Offenders

The large number of youth with mental health disorders involved in the juvenile justice system is a significant concern. According to a 2006 study, 70.4 percent of youth in the juvenile justice system meet criteria for at least one mental health disorder. When conduct disorder and substance use disorders (common disorders among delinquent youth) were excluded from the analysis, 45.5 percent of youth were identified as having a mental disorder.[100] Approximately 27 percent of these youth had a severe mental disorder (i.e., met criteria for certain severe disorders, or had been hospitalized for a mental disorder), which suggests that more than a quarter of youth should be receiving some form of mental health services while involved in the juvenile justice system.[101]

Several key issues recur as challenges or barriers to providing effective services to juvenile offenders with mental health issues. These challenges include connecting juveniles to appropriate and available services and resources, both while under the jurisdiction of the court and after reentering the community. Other challenges include establishing procedures and infrastructure to deal with juveniles who may be incompetent to stand trial, encouraging collaboration among stakeholders, providing sufficient education and training about juvenile mental health issues for stakeholders, and conducting necessary research to utilize evidence based practices.

In spite of the challenges, addressing the mental health issues of juveniles in the delinquency system is important. Early recognition and treatment of mental health issues can prevent these individuals from later entering the adult criminal justice system. Juveniles need to be screened and assessed for mental health problems so that appropriate services are offered, particularly if the juvenile will be in detention or placement. For example, if a juvenile is severely depressed or has a mental illness, putting him or her in isolation can significantly increase the risk of suicide. Risks can also be exacerbated if the juvenile does not have access to prescribed medications. Often, it takes time for psychiatrists in detention facilities to see a juvenile who has entered the facility, and mental health symptoms can increase during this time that the juvenile is not taking prescribed medication. Appropriate services and resources are equally important when juveniles are leaving the jurisdiction of the juvenile court and reentering the community.

A growing concern in the juvenile delinquency court is the insufficient guidelines, procedures, and infrastructure for dealing with juveniles who may be incompetent to stand trial. Although case law and recently enacted legislation address this issue to some extent, procedures must be further outlined, and the lack of infrastructure to treat and restore juveniles found incompetent to stand trial must be addressed.

Since juveniles may be involved with several agencies (e.g., schools, probation, mental health, etc.), collaboration among key stakeholders is essential to ensuring that juveniles are receiving

[100] Jennie Shufelt and Joseph Cocozza, "Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence study," *Research and Program Brief* (Delmar, NY: National Center for Mental Health and Juvenile Justice, 2006).
[101] *Ibid.*

appropriate services. In addition, since mental illnesses can manifest different symptoms in juveniles than in adults, specialized education and training are necessary so that individuals working across multiple systems with juveniles are aware of potentially dangerous indicators of mental health problems. It is equally important for these individuals and agency stakeholders to know what services are best for certain populations as well as what services are available for the juveniles with whom they work. In order to know what the best services are for particular populations, more research must be conducted to identify best and promising practices for juveniles with mental health issues who are in the delinquency system.

Several reports were considered in the development of recommendations within this section, including the *Juvenile Delinquency Court Assessment (JDCA),*[102] the first-ever comprehensive assessment of California's delinquency court system; the State Commission on Juvenile Justice's *Juvenile Justice Operational Master Plan: Blueprint for an Outcome Oriented Juvenile Justice System*; and the California Endowment's report *Promising Practices from the Healthy Returns Initiative: Building Connections to Health, Mental Health, and Family Support Services in Juvenile Justice.*

This section includes recommendations regarding the recurring issues surrounding delinquency matters. Some recommendations address issues related to juvenile offenders with developmental disabilities and developmental immaturity as it is difficult to differentiate these conditions from mental illness in youth. Although there may be overlap with other sections of this report, the uniqueness of juvenile mental health and the juvenile court system necessitates an independent discussion.

Issues related to criminally involved transition age youth were not addressed in the following recommendations. Because the needs and experiences of transition age youth are uniquely different from those of adults and juveniles, the task force believes that a separate effort is necessary to adequately explore these issues.

Juvenile Probation and Court Responses

Juveniles with mental illness involved in the delinquency court system should be identified, assessed, and connected to appropriate services.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

88. Each presiding judge of the juvenile court should work with relevant stakeholders, including family members, to develop procedures and processes to provide appropriate services to youth in the delinquency system who have a diagnosable mental illness or a developmental disability, including developmental immaturity, or a co-occurring

[102] Center for Families, Children & the Courts, Administrative Office of the Courts, *Juvenile Delinquency Court Assessment* (2008), *www.courtinfo.ca.gov/programs/cfcc/resources/publications/JuvenileDelinquency.htm.*

disorder. These procedures should include collaboration with mental health systems, probation departments, and other community resources.

89. Every juvenile who has been referred to the probation department pursuant to Welfare and Institutions Code section 602 should be screened or assessed for mental health issues as appropriate.

90. Protocols should be developed for obtaining information regarding a child's mental health diagnosis and medical history. Emphasis should be placed on acquiring thorough information in an expedited manner. Memorandums of understanding should be utilized to control the use and communication of information.

91. Juveniles in detention should have a medication evaluation upon intake into the detention center. Any psychotropic medication that a juvenile in detention is currently prescribed should be available to that juvenile within 24 hours of intake into detention unless an evaluating psychiatrist determines that it is no longer in the child's best interest.

92. Each court should have informational and educational resources for juveniles and their families, in multiple languages if needed, to learn about juveniles' rights, resources available, and how to qualify for services and benefits as they relate to issues of mental health. Those resources could include specially trained personnel, written materials, or any other sources of information. Each local jurisdiction should develop listings of available support and educational nonprofit organizations to assist families in need.

93. Mental health services should continue to be available to youth upon completion of their involvement with the delinquency system. Specifically, services should be extended in a manner consistent with the extension of

Use of CASA: *El Dorado Superior Court often assigns Court Appointed Special Advocates (CASAs) to juveniles with mental health issues in the delinquency system. CASAs are appointed to the case at the earliest point possible and help communicate the needs of the youth to the various partners involved with the case. The advocate is involved in meetings with juvenile hall staff, court-appointed mental health experts, treatment providers, school officials, etc., and do everything from coordinate access to pharmaceutical needs once the child leaves custody, to helping the child transition back into school, home, and the community at large. If a problem develops, the CASA will contact probation or the court to convene a meeting with all relevant players to coordinate services and an appropriate response.*

services to dependent youth after they turn 18. [103] This includes services provided for systemically appropriate transition age youth (18–25 years of age) who were formerly adjudicated as delinquent wards.

94. Communication between the delinquency system and the adult criminal justice system should be improved to ensure that if a person once received mental health treatment as a juvenile, the information regarding that treatment is provided in a timely and appropriate fashion if they enter the adult criminal justice system. Information sharing must be in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other federal and state privacy protection statutes, rules, and regulations. When deemed appropriate upon assessment, treatment should continue in a consistent fashion if a minor transitions into the adult criminal justice system.

The Court for the Individualized Treatment of Adolescents (CITA), *Santa Clara County Superior Court, Juvenile Delinquency Division, was the first juvenile mental health court in the country and was developed with no additional funding. CITA has developed an evolving set of graduation criteria that now have been replicated by other courts throughout the country. CITA holds the juvenile accountable, attempts to treat the underlying causes of the juvenile's behavior in a collaborative manner, and aims to reduce recidivism through approaches that are community based, family centered, culturally appropriate, and supportive of the individual. Approximately 67 percent of participants successfully complete the one-year program.*

Competence to Stand Trial

It is critical that procedures to determine a juvenile's competence to stand trial be clarified and improved. They need to take into consideration the cognitive abilities and the differences separating juveniles from adult offenders. Reformed standards should be supported with a developmentally appropriate infrastructure and services such that children subject to a competency hearing will have a timely resolution of the issue and appropriate services and procedural protections whether they are found competent or incompetent to stand trial.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends that:

95. Experts in juvenile law, psychology, and psychiatry should further study the issue of juvenile competence, including the need for appropriate treatment facilities and services, for the purpose of improving the systemic response to youth found incompetent to stand trial in the delinquency court.

[103] Extension of services beyond the age of 18 for dependent youth is discussed in the California Blue Ribbon Commission on Children in Foster Care's final report and action plan at the following citation: Center for Families, Children & the Courts, Administrative Office of the Courts, "A New Future for California's Children: Ensuring Every Child a Safe, Secure, and Permanent Home" (May 2009), *www.courtinfo.ca.gov/jc/tflists/documents/brc-finalreport.pdf* (as of Feb. 25, 2011).

96. Existing legislation should be modified[104] or new legislation should be created to refine definitions of competency to stand trial for juveniles in delinquency matters and outline legal procedures and processes. Legislation should be separate from the statutes related to competency in adult criminal court and should be based on scientific information about adolescent cognitive and neurological development and should allow for appropriate system responses for children who are found incompetent as well as those remaining under the delinquency court jurisdiction.

Juvenile Reentry

The juvenile court and probation should work together to ensure that juveniles have a plan for treatment, necessary medication, and other necessary services when they reenter the community after being in detention or placement.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

97. Youth exiting the juvenile delinquency system, including those returning from out-of-state placements, should receive appropriate reentry and aftercare services, including, but not limited to, stable housing, and a discharge plan that addresses mental health, education, and other needs.

98. Upon release from detention or placement, the probation department should facilitate access to an adequate supply of medication to fill any gap in time before having a prescription filled as ordered in the discharge plan. Upon release juveniles should have a scheduled appointment with a mental health agency.

99. The presiding judge of the juvenile court, working with the probation department, should create memoranda of understanding with local pharmacies and mental health service providers to ensure that juveniles leaving detention or placement have a reasonable distance to travel to fill prescriptions and obtain other necessary mental health services.

100. Administrative procedures should be revised and streamlined to ensure that benefits of youth with mental illness are suspended instead of terminated during any period in detention and that those benefits are reinstated upon an individual's release from detention or placement. A youth's probation officer or mental health case manager should assist youth and their families with any associated paperwork.

[104] While the task force received public comment on this report, California Assembly Bill 2212 was passed (2010) adding section 709 to the Welfare and Institutions Code regarding the mental competency of juveniles in juvenile court. However, it's the belief of the committee that this legislation doesn't adequately address the issue.

Collaboration

Juvenile courts should collaborate with community agency partners to coordinate resources for juveniles with mental illnesses who are involved in the delinquency court system.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

101. The presiding judge of the juvenile court should work collaboratively with relevant local stakeholders to ensure that mental health services are available for all juveniles in the juvenile court system who need such services, including facilitating the delivery of culturally competent and age appropriate psychological and psychiatric services.

102. The presiding judge of the juvenile court of each county should work collaboratively with relevant agencies to ensure that youth in detention receive adequate and appropriate mental health treatment.

103. The presiding judge of the juvenile court should establish an interagency work group to identify and access local, state, and national resources for juveniles with mental health issues. This work group might include, but is not limited to, stakeholders such as schools, mental health, health care, social services, local regional centers, juvenile probation, juvenile prosecutors, juvenile defense attorneys, and others.

104. Guidelines for processes and procedures should be created for information sharing among institutions that protects juveniles' right to privacy, privilege, confidentiality, and due process.

105. Counties should uniformly apply standards of care for youth in detention who have mental illness or developmental disabilities. Local jurisdictions should collaborate to develop strategies and solutions for providing services to youth with mental health issues that meet this minimum statewide standard of care utilizing available local and state resources.

106. The presiding judge of the juvenile court of each county should work collaboratively with relevant local stakeholders to ensure that out-of-custody youth with co-occurring disorders are obtaining community-based mental health services. These stakeholders can include, but are not limited to, schools, mental health, social services, local regional center, juvenile probation, juvenile defense attorneys, drug and alcohol programs, family members, and others.

Education and Training

The Administrative Office of the Courts should provide training and education about juvenile mental health issues to individuals and agencies who work with children in accordance with California Government Code section 68553.5. This section of the Government Code stipulates,

in part, that "to the extent resources are available, the Judicial Council shall provide education on mental health and developmental disability issues affecting juveniles in delinquency proceedings . . . to judicial officers and, as appropriate, to other public officers and entities that may be involved in the arrest, evaluation, prosecution, defense, disposition, and post disposition or placement phases of delinquency proceedings."

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

107. Education and training related to juvenile development, mental health issues, co-occurring disorders, developmental disabilities, special education, and cultural competency related to these topics should be provided to all judicial officers, probation officers, law enforcement, prosecutors, defense attorneys, court evaluators, school personnel, and social workers. This education and training should include information about the identification, assessment, and provision of mental health, developmental disability, and special education services, as well as funding for those services.

108. Education and training that is culturally competent should be provided to judicial officers, juvenile defense attorneys and prosecutors, court evaluators, probation officers, school personnel, and family members on how to assist juveniles and their families in qualifying for appropriate mental health treatment services for youth under the jurisdiction of the juvenile delinquency court (e.g., Medi-Cal, housing, SSI).

109. The Administrative Office of the Courts should disseminate information to the courts regarding evidence-based collaborative programs or services that target juvenile defendants with mental illness or co-occurring disorders.

Research

Research should be conducted to determine the number of juveniles and transition age youth in the delinquency system who have a mental illness; to assess and evaluate how mental illness affects juvenile offenders; to identify services available to juvenile offenders; and to evaluate programs targeted at this population in order to inform current and future efforts.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

110. The California Courts website should include links to national and international research on collaborative justice and juvenile mental health issues, as well as information on juvenile mental health courts, promising case processing practices, and subject matter experts available to assist the courts.

111. Assessments and evaluations of the current data, processes, and outcomes of juvenile competence to stand trial in California should be conducted. This research should

include, but is not limited to, an assessment of the number of cases in which the issue of competence is raised, the number of youth found incompetent versus competent, and what happens when a youth is found to be incompetent to stand trial.

112. Additional research should be conducted related to juvenile mental health issues, including assessments and evaluations of the following:

    a. The mental health services available to juveniles and transition age youth in each county; and
    b. Any overlap between youth who enter the delinquency system and youth who are eligible to receive mental health services under a special education program provided by the Individuals with Disabilities Education Act[105] (IDEA, in accordance with AB 3632).
    c. The prevalence of youth with disabilities or mental illness who enter the criminal justice system later as adults.

113. Ongoing data should be collected about juveniles diverted from the juvenile delinquency court to other systems, including, but not limited to, the mental health system or juvenile mental health court.

[105] See glossary.

Section 7: Education, Training, and Research

Education and training for judicial officers, court staff, and mental health and criminal justice partners are critical components of any program or response designed to improve outcomes for people with mental illness involved in the criminal justice system. Planning and implementation of education and training programs should incorporate legal and mental health perspectives and reflect a multidisciplinary and multisystem approach to ensure that evidence based practices are included as well as current information about mental health treatment and research findings that may impact criminal justice and court responses to people with mental illness.

Training programs should include, at a minimum, information about mental illness (diagnosis and treatment), the impact of mental illness on individuals and families, indicators of mental illness, stabilization and deescalation strategies, legal issues related to mental illness, and community resources (public and private). Training for judicial officers should include additional information about strategies for developing effective court responses for defendants with mental illness. Cross-training between criminal justice, mental health, and drug and alcohol services partners, and training in developing effective collaborations between the courts and mental health and criminal justice partners is critical if effective practices are to be designed and implemented to improve outcomes for individuals with mental illness in courts, jails, and prisons. All training initiatives should be designed to include mental health consumers and family members.

Additional research is needed to identify best practices in California as well as the costs associated with traditional and alternate responses to people with mental illness in the criminal justice system. This information will help programs become more effective and will assist California's judicial, executive, and legislative branch leaders in crafting public policy to improve outcomes for criminally involved persons with mental illness.

The recommendations below highlight actions that can be taken to heighten awareness and to provide the information and knowledge base necessary for improving outcomes for people with mental illness in the criminal justice system.

Education and Training for Judicial Officers, Attorneys, and Criminal Justice Partners

Judicial officers, counsel, and criminal justice partners should receive ongoing mental health education and training in strategies for working effectively with defendants with mental illness.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

114. Funding for education on collaborative justice principles and mental health issues should be sought from local, state, federal, and private sources.

115. The Administrative Office of the Courts should disseminate to the courts, using advanced technology, information regarding evidence-based collaborative programs or services that target defendants with mental illness or co-occurring disorders.

116. The Administrative Office of the Courts, in collaboration with consumer and family groups, the Forensic Mental Health Association, California Institute of Mental Health (CIMH), California Mental Health Directors Association (CMHDA), and other professional mental health organizations, should develop and provide ongoing education for judicial officers, appropriate court staff, and collaborative partners on mental health issues and strategies for responding to people with mental illness or co-occurring disorders in the criminal justice system. Education should include information on diversion programs and community services that target this population.

117. Judicial officers should participate in ongoing education on mental illness and best practices for adjudicating cases involving defendants who have a mental illness or co-occurring disorder. An overview of such information should be provided to all judges during judicial orientation and/or judicial college and should be included in a variety of venues for ongoing education.

Crisis Intervention Team (CIT) training *for law enforcement usually consists of a 40-hour training program designed to improve outcomes of interactions between law enforcement and people with mental illness. Specialized training includes basic information about mental illnesses, instruction on how to recognize signs of psychiatric distress, verbal de-escalation training, role playing, information about local mental health systems and local laws, and participation from mental health clients and family members.*

118. Ongoing training should be provided to judicial officers and attorneys with assignments in collaborative justice courts on collaborative justice principles and all areas related to defendants with mental illness or co-occurring disorders, including diagnoses, communication techniques, and treatment options. Training should include recent outcome research on collaborative court programs.

119. Continuing Legal Education (CLE) courses focusing on mental health law and participation by mental health professionals in the criminal process should be developed.[106]

120. Pretrial services and probation personnel should receive training regarding symptoms of mental illness so that they can refer, or recommend that a judicial officer refer, people

[106] Council of State Governments Justice Center, *The Criminal Justice/MentalHealth Consensus Project Report*, Policy Statement #29 (2002).

who may suffer from a mental illness to trained mental health clinicians for a complete mental health assessment.[107]

121. Probation officers and parole agents should receive education and training about mental illness to increase understanding of the unique challenges facing these offenders and to obtain better outcomes for this population. Education and training should promote a problem-solving approach to community supervision that balances both therapeutic and surveillance goals and includes information regarding communication techniques, treatment options, and criminogenic risk factors.

122. Deputy commissioners of the Board of Parole Hearings who are responsible for hearing parole violations should receive education about mental illness and effective methods for addressing violations of supervision conditions by parolees with mental illness.

123. Crisis intervention training and suicide prevention training should be provided to law enforcement, including jail custody personnel and correctional officers, on an ongoing basis to increase understanding of mental illness and to improve outcomes for and responses to people with mental illness. CIT training and suicide prevention training should also be part of the standard academy training provided to new officers.

124. All mental health training and education should include information on cultural issues relevant to the treatment and supervision of people with mental illness. Custodial facilities, courts, probation, parole, and treatment agencies should be encouraged to actively seek practitioners who have the cultural and language skills to directly relate to people with mental illness.

In September 2010, the County of San Diego Health and Human Services Agency launched the **"It's Up to Us" campaign** to empower San Diegans to talk openly about mental illness, recognize symptoms, utilize local resources and seek help. The campaign aims to eliminate negative stigma associated with mental illness and to inspire wellness and recovery by raising awareness, educating the community, and facilitating easy access to local services. The five-year campaign, funded by the County of San Diego Mental Health Services Act, provides messages about mental illness in both English and Spanish on the Internet, television, radio, billboards, buses, and bus shelters, as well as in newspapers and movie theaters.

125. Education and training programs for criminal justice partners should utilize mental health advocacy organizations and include presentations by mental health consumers and family members.

[107] (*Ibid.*)

126. Mental Health Services Act funding should be actively utilized, per the local stakeholder process as applicable, for state and local educational campaigns and training programs for the general public that reduce stigma and discrimination toward those with mental illness. Educational campaigns and training programs should incorporate the recommendations of the California Strategic Plan on Reducing Mental Health Stigma and Discrimination.[108]

Collaboration With California Law Schools

The Administrative Office of the Courts, California law schools, and the State Bar of California should collaborate to promote collaborative justice principles and expand knowledge of issues that arise at the interface of the criminal justice and mental health systems.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

127. All accredited law schools in California should expand their curricula to include collaborative justice principles and methods, including those focused on defendants with mental health issues.

128. The Administrative Director of the Courts should transmit this report to California law school deans and urge them to consider the following strategies:

    a. Develop effective strategies to institutionalize collaborative justice principles and methods in training programs for law school faculty and staff;
    b. Provide faculty with access to periodic training that focuses on understanding mental illness and how to best represent those with mental illness based on collaborative justice principles and methods; and
    c. Encourage faculty to develop teaching methods and engage speakers who can integrate the practical aspects of how collaborative justice principles and methods relate to the reality of legal practice in the substantive areas being taught.

129. The State Bar of California admissions exam should be expanded to include questions testing knowledge of collaborative justice principles and methods, including those focused on defendants with mental health issues. The Board of Governors and the Committee of Bar Examiners of the State Bar of California should collaborate, as appropriate, with law school deans regarding the inclusion of collaborative justice principles and methods into bar examination questions.

130. The Administrative Director of the Courts should transmit this report to the Law School Admissions Council (LSAC) and the Board of Governors of the State Bar of California for its information and consideration.

[108] See glossary.

Research

Research should be conducted to evaluate practices aimed at improving outcomes for people with a mental illness involved in the criminal justice system. Research findings should be distributed to courts and court partners and should inform the expansion of such interventions.

The Task Force for Criminal Justice Collaboration on Mental Health Issues recommends the following:

131. Funding for research initiatives outlined in this report should be sought from local, state, federal, and private sources.

132. The California Courts website should include links to national and international research on collaborative justice and mental health issues, as well as information regarding mental health court and calendar best practices and subject matter experts available to assist the courts.

133. There should be further research on the effectiveness of programs that serve people with mental illness involved in the criminal justice system, such as crisis intervention teams, mental health courts, reentry courts, and specialized mental health probation programs. Research should analyze mental health, recidivism, and criminal case outcomes, costs, and savings, as well as the elements of such programs that have the most impact. Research should evaluate outcomes for different subgroups (e.g., according to race, gender, diagnosis, etc.) within the participant population.

134. Programs targeting offenders with mental illness should track outcome data. Although programmatic goals will determine the data collected, key data elements should include the following:

    a. Participant data (e.g., number served and relevant characteristics, such as diagnosis and criminal history);
    b. Service data (e.g., type of service received, frequency of service, length of service provision);
    c. Criminal justice outcomes (e.g., number of arrests, types of charges, jail days);

The Council of State Governments' Criminal Justice/Mental Health Consensus Project *has an online accessible research and document library. Many of the reports published on this site help courts and local programs translate research into practice. Recent reports include "Improving Responses to People with Mental Illness: The Essential Elements of Specialized Probation Initiatives"; "Mental Health Courts: A Guide to Research Informed Policy and Practice"; and "The Advocacy Handbook: A Guide to Implementing Recommendations of the Criminal Justice/Mental Health Consensus Project."*

d. Mental health outcomes (e.g., number of inpatient hospitalizations and lengths of stay, number of days homeless);[109] and
e. Program costs and savings data.

135. Statewide evaluations should be conducted to identify and study the effectiveness of inpatient and outpatient programs that regularly accept forensic mental health clients. Barriers to the placement of individuals under forensic mental health commitments should be identified.

136. Independent researchers should evaluate the effectiveness of competency restoration programs.

137. Local public agencies, including law enforcement, should collaborate to create a system, in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations, that identifies individuals involved in the criminal justice system who frequently access services in multiple public systems in order to distinguish those most in need of integrated interventions, such as permanent supportive housing. Public agencies can use this system to achieve cost savings by stabilizing the most frequent and expensive clients.

[109] Henry J. Steadman, *A Guide to Collecting Mental Health Court Outcome Data* (Council of State Governments Justice Center, 2005), *http://consensusproject.org/mhcp/MHC-Outcome-Data.pdf*.

Conclusion

When members of the Task Force for Criminal Justice Collaboration on Mental Health Issues met for the first time in April 2008, it was noted that this task force had a unique opportunity to impact the future of people with mental illness in the criminal justice system. It was agreed that, in spite of organizational and fiscal challenges, resolutions to long-standing problems are possible through collaborative and innovative efforts that strengthen and expand relationships between the courts and their mental health and criminal justice partners.

Through their individual and collective efforts to learn more about the problems of the traditional response to criminally involved persons with mental illness, task force members reached a fuller understanding of the issues associated with the overrepresentation of persons with mental illness in the criminal justice system. The comprehensive nature of this report is attributable to the collective knowledge and experiences of task force members. Members brought to the table diverse perspectives on the nature of the problem, contributing factors, and approaches for tackling these complex issues. By drawing upon each other's differences in experiences and ideologies, as well as their shared dedication and passion for changing the status quo, task force members outlined a blueprint to vastly improve responses to criminally involved persons with mental illness.

Before the report was finalized, task force members had already begun working collaboratively to implement some of the recommendations. Many task force members expressed a strong willingness to continue to assist with implementation efforts at both the state and local levels. With their enthusiasm and commitment and with judicial branch leaders uniquely positioned to continue to lead such efforts, it is possible to proceed on the actions proposed in this report and make a real and lasting difference in the lives of people with mental illness in our courts, our jails and prisons, and our communities.

Appendices

Appendix A: Glossary of Terms

AB 2034 Initiative: In 1999, the California State Legislature passed Assembly Bill 34 (AB34), which provided $10 million in funding for pilot programs addressing the needs of homeless people with serious mental illness in Stanislaus, Los Angeles, and Sacramento Counties. Assembly Bill 2034, passed in 2000, sustained the initial AB34 programs and created additional programs statewide. AB 2034 programs were successful in reducing days spent homeless, in jail, and in psychiatric hospitals through cost-efficient methods. Funding for AB 2034 programs was eliminated in 2007.[110]

California Network of Mental Health Clients: The California Network of Mental Health Clients (CNMHC) is a solely consumer-run organization whose membership consists of affiliates and individuals throughout California. It provides a statewide advocacy voice for California's mental health consumers.[111]

California Strategic Plan on Reducing Mental Health Stigma and Discrimination: In collaboration with the Mental Health Services Oversight and Accountability Commission, the Department of Mental Health convened the Stigma and Discrimination Advisory Committee, which developed a strategic plan with input from other community leaders, researchers, advocates, and the public at large to reduce mental health stigma and discrimination in systems throughout the state of California.[112]

Collaborative justice court principles: Collaborative justice courts (also known as problem-solving courts) promote accountability by combining judicial supervision with rehabilitation services that are rigorously monitored and focused on recovery. These courts are distinguished by the following elements: a problem-solving focus, a team approach to decision making, integration of social and treatment services, judicial supervision of the treatment process, community outreach, direct interaction between defendants and judicial officers, and a proactive role for the judicial officer inside and outside the courtroom. Collaborative justice courts adhere to the following principles:

- Collaborative justice courts integrate services with justice-system processing;
- Collaborative justice courts emphasize achieving desired goals without using the traditional adversarial process;
- Eligible participants are identified early and promptly placed in the collaborative justice court program;

[110] U.S. Psychiatric Rehabilitation Association, *Lessons Learned from California's AB 2034 Programs* (2009).
[111] California Network of Mental Health Clients website, *www.californiaclients.org* (as of March 1, 2010).
[112] California Department of Mental Health, *Stigma and Discrimination Reduction Advisory Committee—Strategic Plan, www.dmh.ca.gov/PEIStatewideProjects/StrategicPLan.asp*

- Collaborative justice courts provide access to a continuum of services, including treatment and rehabilitation services;
- Compliance is monitored frequently;
- A coordinated strategy governs the court's responses to participants' compliance, using a system of sanctions and incentives to foster compliance;
- Ongoing judicial interaction with each collaborative justice court participant is essential;
- Monitoring and evaluation measure the achievement of program goals and gauge effectiveness;
- Effective collaborative justice court operations require continuing interdisciplinary education;
- Forging partnerships between collaborative justice courts, public agencies, and community-based organizations increases the availability of services, enhances the program's effectiveness, and generates local support; and
- Effective collaborative justice courts emphasize a team and individual commitment to cultural competency. Awareness of and responsiveness to diversity and cultural issues help ensure an attitude of respect within the collaborative justice court setting. [113]

Conditional Release Program (CONREP): The Department of Mental Health's statewide system of community-based services for specified forensic patients. CONREP is charged with the treatment and supervision in community settings of people referred by criminal courts or by the Board of Prison Terms to the Department of Mental Health. People served by CONREP include those found by the courts to be Not Guilty by Reason of Insanity (Pen. Code, § 1026 or Welf. & Inst. Code, § 702.3) and Incompetent to Stand Trial (Pen. Code, § 1370); those committed as Mentally Disordered Sex Offenders under the provisions of Penal Code section 6316 (repealed in 1981); Mentally Disordered Offenders (Pen. Code, § 2962); prison inmates required to receive mental health treatment as a condition of parole; and civilly committed Mentally Disordered Offenders (MDO) (Pen. Code, § 2972) or MDO parolees in CONREP who have completed their sentence but remain severely mentally ill. [114]

Consumer: An individual with mental illness who may utilize mental health services. The term consumer is sometimes synonymous with the terms "mental health client" or "mental health service user."

Co-occurring disorder: The task force defines this term as a disorder in which an individual has a mental illness and an accompanying disorder, such as a substance use disorder, a developmental disability, or conditions that are physical or metabolic in nature. Traditionally, this term refers to an individual with one or more substance use disorders and one or more psychiatric disorders.

[113] Judicial Council of California website, "Collaborative Justice Programs," *www.courtinfo.ca.gov/programs/collab* (as of March 1, 2010).
[114] California Department of Mental Health, *Forensic Conditional Release Program (CONREP), www.dmh.ca.gov/Services_and_Programs/Forensic_Services/CONREP/default.asp* (as of March 1, 2010).

Council on Mentally Ill Offenders (COMIO): On October 12, 2001, former Governor Gray Davis signed Senate Bill No. 1059 (Chapter 860, Statutes of 2001) (Perata) creating the Council on Mentally Ill Offenders (COMIO). The Legislature identified that the primary purpose of the Council is to "investigate and promote cost-effective approaches to meeting the long-term needs of adults and juveniles with mental disorders who are likely to become offenders or who have a history of offending."[115]

Crisis Intervention Teams (CIT): Police officers who have received specialized mental health training act as primary or secondary responders to every call involving people with mental illnesses. CIT is a type of prebooking jail diversion program designed to improve the outcomes of interactions between law enforcement and people with mental illnesses. The CIT approach was developed by the Memphis (TN) Police Department.

Cultural competence: A set of skills, behaviors, attitudes, and policies in a system, an agency, or among people providing services that enables the system, agency, or service providers to work effectively in cross-cultural situations.[116]

Discharge plan: A document that builds upon jail mental health screening and evaluation information and outlines the care and services an individual with mental illness is to receive upon release. Discharge plans should arrange for transportation, housing, food, mental and physical health care, and other necessary services.

Dual diagnosis: See co-occurring disorders.

Evidence-based practice: A practice that has been demonstrated by research to be associated with positive outcomes, such as reduced recidivism, reduced substance use, or improved psychosocial functioning.

Forensic Peer Specialist Programs: Peers are individuals with a mental illness or co-occurring disorder who have experienced past involvement in the criminal justice system. Peer specialists provide recovery-oriented direct services to their peers currently involved in the criminal justice system. Forensic Peer Specialist Programs can provide services in a variety of settings, including jail or prison, upon discharge, during the proceedings of a mental health court, and in working with probation and parole. Effective peer support requires that peer staff (and volunteers) be provided with training and ongoing supervision and support.

Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules: The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule permits the disclosure of personal health information needed for patient

[115] Department of Corrections and Rehabilitation, *COMIO: Council on Mentally Ill Offenders, www.cdcr.ca.gov/COMIO*.
[116] Title 9 of the California Code of Regulations section 1810.211.

care and other important purposes. The Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities to use to ensure the confidentiality, integrity, and availability of electronic protected health information.[117]

Income maintenance programs: Social welfare programs or services that provide financial resources for people who are unable to provide for themselves (e.g., Supplemental Security Income, CalWORKs, General Assistance, etc.).

Individuals with Disabilities Education Act: The Individuals with Disabilities Education Act (IDEA) is a United States federal law, 20 U.S.C. §1400 et seq., most recently amended in 2004, meant to ensure "a free appropriate public education" for students with disabilities, designed to meet the individual needs of each student in the Least Restrictive Environment. The act requires that public schools provide necessary learning aids, testing modifications, and other educational accommodations to children with disabilities. The act also establishes due process in providing these accommodations.[118]

In-reach services: Services provided to jail or prison inmates with mental illness that prepare them for release and connect them to needed services in the community.

Jail liaison: Jail liaisons are designated staff who serve as boundary spanners between local mental health systems and correctional facilities. Jail liaisons improve communication between systems and address and resolve problems that arise in the planning and coordination of services for offenders with mental illness during incarceration and upon release into the community. The designation of formal liaisons provides a single point of access within each system for problem identification and resolution regarding care of specific individuals as well as coordination between systems.

Lanterman-Petris-Short (LPS) Act: California legislation passed in 1967, which changed the conditions under which persons may be treated involuntarily for mental illness. The legislation aimed to end indefinite involuntary commitment, establish the due process rights of individuals for whom commitment was being sought, and provide for a system of prompt evaluation and treatment of persons with serious mental illness.[119]

Laura's Law (AB 1421): Assembly Bill 1421, passed in California in 2002, gives counties the option to implement assisted outpatient treatment programs. Assisted outpatient treatment programs provide intensive court-ordered treatment in the community to those who have a

[117] U.S. Department of Health and Human Services, *Understanding Health Information Privacy*, *www.hhs.gov/ocr/privacy/hipaa/understanding/index.html* (as of March 1, 2010).
[118] K12 Academics, U.S. Education Legislation, *Individuals with Disabilities Education Act*, *www.k12academics.com/us-education-legislation/individuals-disabilities-education-act-idea* (as of March 1, 2010).
[119]Harry R. Brickman, "Government and Medicine II: California's Short-Doyle Program, The New Mental Health System: Changes in Procedure, Implications for Family Physicians," *California Medicine* 109(5) (1968), pp. 403–408.

mental illness, are unlikely to survive safely in the community without supervision, have a history of mental health treatment noncompliance, and whose mental illness has either been a significant factor in the individual's hospitalization or incarceration within the last 36 months or has resulted in one or more acts, attempts, or threats of serious violent behavior toward self or others within the last 48 months.[120]

Mental Health Services Act (MHSA): The MHSA, passed in November 2004, imposes a one-percent income tax on personal income in excess of $1 million. The majority of the funding is provided to county mental health programs to fund programs consistent with their local plans. The Act addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that will effectively support California's mental health system.[121]

Mental illness: A collective term for all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.[122] (Also see serious mental illness.)

Mobile Crisis Teams (MCT): A mobile crisis team is an interdisciplinary team of mental health professionals who provide a range of services, including assessment, crisis intervention, information and referrals, linkage with appropriate community-based mental health services for ongoing treatment, and follow-up. Mobile crisis teams provide consultation to police and may respond to psychiatric emergency calls initially handled by other police units or may accompany police officers to the scene.

National Alliance on Mental Illness, California (NAMI CA): A nonprofit charitable grassroots organization of families and individuals whose lives have been affected by serious mental illness. NAMI CA advocates for lives of quality and respect, without discrimination or stigma, for all of their constituents and provides leadership in advocacy, legislation, policy development, education, and support throughout California.

Parole: Parole is the legal status of all prisoners upon release from a California prison after serving their sentence. Upon release from prison, most parolees are supervised in the community by parole agents of the California Department of Corrections and Rehabilitation.

Postbooking diversion programs: Postbooking diversion programs identify and divert individuals with mental illness from the criminal justice systems after they have been arrested. Points at which individuals may be diverted postbooking include (1) at or immediately after

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[120] California Welf. and Inst. Code, § 5346.
[121] California Department of Mental Health, *Mental Health Services Act (Proposition 63), www.dmh.ca.gov/prop_63/MHSA/default.asp* (as of March 1, 2010).
[122] U.S. Department of Health and Human Services, "Introduction and Themes," part of chapter 1 in *Mental Health: A Report of the Surgeon General* (1999), *www.surgeongeneral.gov/library/mentalhealth/chapter1/sec1.html.*

booking into jail, before the formal filing of charges; (2) upon release from pretrial detention, with the condition of participation in treatment; (3) prior to disposition, for example, upon the prosecutor's offer of deferred prosecution; (4) at disposition or sentencing (this may include deferred sentencing or release on probation with conditions that include participation in treatment); and (5) when at risk of, or following, a violation of probation related to a prior conviction.[123]

Prearrest or prebooking diversion programs: Prearrest or prebooking diversion occurs at the point of contact with law enforcement officers and relies heavily on effective interactions between police and community mental health and substance abuse services. Most prebooking programs are characterized by specialized training for police officers and a 24-hour crisis drop-off center with a no-refusal policy for people brought in by the police.[124]

Probation: Probation is the community supervision of criminal offenders. The court may sentence criminal offenders to probation instead of or in addition to jail time. In California, community supervision of probationers is conducted by county departments of probation. County probation officers work with probationers on their caseload to ensure compliance with conditions of probation, to protect the community, and to help reduce risk and recidivism.

Psychiatric advance directives (PADs): Psychiatric advance directives are relatively new legal instruments that may be used to document a competent person's specific instructions or preferences regarding future mental health treatment in preparation for the possibility that the person may lose capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness. Typically, these instruments authorize a surrogate decision maker with Durable Power of Attorney for Healthcare to act in accordance with an incapacitated patient's previously expressed wishes or known values or to act in the patient's best interest if the patient's preferences are unknown.[125] Information about PADs in California can be found at *www.nrc-pad.org/content/view/67/54/*.

Psychiatric Emergency Response Teams (PERT): A licensed mental health clinician is paired with an officer or deputy to respond to situations determined by the dispatcher or another officer to involve a person suspected of having a mental illness. These teams conduct mental health assessments and process referrals to county providers if appropriate.[126]

Reentry courts: According to Penal Code section 3015(e)(1), reentry courts are a type of collaborative justice court that use a highly structured model, including close judicial supervision and monitoring, dedicated calendars, nonadversarial proceedings, frequent drug and alcohol

[123] National GAINS Center, *Types of Jail Diversion Programs*, *www.gainscenter.samhsa.gov/html/jail_diversion/types.asp* (as of March 1, 2010).
[124] *Ibid.*
[125] National Resource Center on Psychiatric Advance Directives, *www.nrc-pad.org/content/section/6/41* (as of March 1, 2010).
[126] Council of State Governments Justice Center, *The Criminal Justice/Mental Health Consensus Project Report*, Policy Statement 3: On-Scene Assessment (2002).

testing, and close collaboration between the respective entities involved to improve the parolee's likelihood of success on parole. Parolees with a history of substance abuse or mental illness who violate their conditions of parole may be referred to a reentry court program by the California Department of Corrections and Rehabilitation.

Serious mental illness: Serious mental illness is defined differently across programs, policies, and in research literature. Serious mental illness is usually defined by the type of diagnosis, the duration of the illness, and the level of impairment. The definition of serious mental illness as stated in Public Law 102-321, the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act requires the person to have at least one 12-month disorder, other than a substance use disorder, that met criteria described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, and to have serious impairment as determined by a Global Assessment of Functioning score. Much of the research literature defines serious mental illness to include schizophrenia and other psychotic disorders, bipolar disorder, other severe forms of depression, and sometimes anxiety disorders, such as obsessive compulsive disorder, that cause serious impairment.

Supportive housing: Supportive housing for persons with mental illness is designed to provide safe, permanent, and affordable housing in combination with social services that help these individuals live in the community.

Transition age youth: Youth typically between the ages of 18 and 25. The term often refers to youth in public systems, such as the foster care system or the juvenile justice system.

United Advocates for Children and Families (UACF): An agency dedicated to improving the quality of life for all children and youth with mental, emotional, and behavioral challenges and to eliminate institutional discrimination and social stigma. UACF currently operates three programs to meet its mission, a direct service program in two California counties, a statewide advocacy and training program, and a national training and technical assistance center. With the passing of the Mental Health Services Act, UACF's primary goal in California is to assist independent family organizations at the county level to identify their missions and incorporate and build intentional and effective strategies to transform California's mental health service delivery system for children.[127]

[127] United Advocates for Children and Families, *UACF History*, *www.uacf4hope.org/au_history.htm* (as of June 3, 2010).

Appendix B: Mental Health Court Fact Sheet

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OF THE COURTS
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FACT SHEET April 2008

Mental Health Courts

"People with mental illness are falling through the cracks of this country's social safety net and are landing in the criminal justice system at an alarming rate."

Council of State Governments,
Criminal Justice/Mental Health Consensus Project, June 2002

What Are Collaborative Justice Mental Health Courts?

Like drug courts, collaborative justice mental health courts focus on treatment to restore health and reduce criminal activity. They focus on providing mentally ill offenders with better access to treatment, consistent supervision, and support to reconnect with their families. The primary goal is to reduce episodes of incarceration and recidivism by linking mentally ill offenders to an array of local service and support options.

A quick review of the literature reveals the following facts about mental illness and its impact on the criminal justice system:

- Of the nearly 11 million people arrested each year in the United States, at least 600,000 have an acute mental illness while another 7 million have substance abuse and/or mental disorders;
- Nearly half the inmates in prison with a mental illness are incarcerated for committing a nonviolent crime; and
- Studies indicate that offenders with mental illness have three or more prior probations, incarcerations, or arrests as compared to those without mental illness.

Crises in community mental health care and the long-term effects of de-institutionalization, the drug epidemic of the 1980s and 1990s, the dramatic increase in homelessness over the last two decades, and widespread jail overcrowding have all led to an increase in mental health courts. As of 2008, California trial courts reported having approximately 40 mental health courts operating statewide, serving adult and juvenile populations.

Common Elements in Mental Health Courts

Several types of mental health court models have developed throughout the state, but courts in general apply the following common elements.

- Participation in a mental health court is voluntary. The defendant must consent to participation before being placed in the program.
- Each jurisdiction accepts only persons whose involvement with the criminal justice system can be attributed to a demonstrable mental illnesses.
- The key objective of a mental health court is to either prevent the jailing of mentally ill offenders or to secure their release from jail for appropriate community services.
- Public safety is a high priority, and mentally ill offenders are carefully screened for appropriate inclusion in the program.
- Early intervention is essential, with screening and referral occurring either immediately after arrest or up to a maximum of three weeks after arrest.
- A multidisciplinary team approach is used, with the involvement of justice system representatives, mental health providers, and other support systems.
- Intensive case management includes supervision of participants, with a focus on accountability and monitoring of each participant's performance.
- The judge is the center of the treatment and supervision process.

Benefits of Mental Health Court

Although research on mental health courts (MHCs) is emerging, individual research conducted on mental health court programs across the nation has produced some promising findings:

- MHCs can provide greater access to treatment than traditional court. Defendants in treatment prior to appearing before a mental health court may be more likely to stay in treatment than those in treatment whose cases are handled by a traditional court.
- MHCs can play a productive role in a comprehensive strategy to break the cycle of poor treatment, worsening mental illness, escalating criminal behavior, and increasing arrest and incarceration.

- MHC participants demonstrated significant improvements in global functioning and quality of life, as well as reductions in the psychological distress and drug and alcohol problems.
- A juvenile MHC resulted in a dramatic decrease in the need for residential and inpatient care, resulting in an ability to serve twice the number of juvenile clients.

Evaluation of Mental Health Courts

Local evaluations show reduced recidivism overall, though results and research quality vary. An evaluation in Seattle found a 27 percent lower rate of recidivism for mental health court participants, as compared to participants in traditional court.

A study conducted in Broward County, Florida, found a reduction in the number of violent acts after eight months of mental health court compared to the group in traditional court.

A 2007 study by the RAND Corporation found significant cost savings in a mental health court in Allegheny County, Pennsylvania.

Mental Health Court Resources

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Steadman, H. J. (2005). *A guide to collecting mental health court outcome data*. New York, NY: Council of State Governments. Retrieved April 15, 2008, from http://www.consensusproject.org/mhcourts/MHC-Outcome-Data.pdf

Appendix C: Mental Health Court Research Brief

Mental illness is a considerable problem within U.S. jails and prisons, with many arguing that jails and prisons are the new asylums for the mentally ill and that correctional institutions are now the primary providers of services for the mentally ill (Lamb, Weinberger, & Reston-Parham, 1996; Moore & Hiday, 2006; Robison, 2005). James and Glaze of the Bureau of Justice Statistics (2006) reported that 56% of state prisoners, 45% of federal prisoners, and 64% of jail inmates had a mental health diagnosis or symptoms of mental health problems in the previous 12 months. Despite this prevalence, only about half of state prisons provide 24-hour mental health care (Beck & Maruschak, 2001). The most common mental health problems found in forensic settings include major depression, bipolar disorder, schizophrenia, and other psychoses (James & Glaze; Lurigio, Rollins, & Fallon, 2004). The prevalence of these illnesses is approximately three to four times higher than that of the general public (Ditton, 1999). In addition, Ditton estimated that 1 in 10 inmates take psychotropic medication and only 1 in 8 receives mental health counseling.

One strategy for addressing the issues and challenges of mentally ill offenders is through a mental health court, a criminal court that has a dedicated calendar and judge for offenders with mental illness. Mental health courts apply collaborative justice principles to combine judicial supervision with intensive social and treatment services to offenders in lieu of jail or prison. These collaborative justice principles include a multidisciplinary, nonadversarial team approach with involvement from justice system representatives, mental health providers, and other support systems in the community. Mentally ill offenders are carefully screened for inclusion in mental health courts, with screening and referral occurring as soon as possible after arrest. Each offender who consents to participate receives intensive case management that includes supervision focused on accountability and treatment monitoring. Across the country there are now more than 200 mental health courts, and in California there are more than 40 mental health courts in 30 counties. Across the country and in California, evaluations have been conducted on mental health courts to determine their outcomes and cost effectiveness. A nonexhaustive list of relevant studies and their results can be found at the end of this document.

Evaluation of Mental Health Courts

Since mental health courts first emerged in the 1990s, researchers have been examining whether mental health courts reduce recidivism among its participants. An additional factor in evaluations is whether these courts save money for the jurisdictions in which they are located. Although few rigorous evaluations have been conducted, all show promising results, including increased utilization of treatment services, reduced recidivism, and cost savings.

Utilization of Treatment Services

An early study conducted on Seattle's mental health court showed that the mental health court is effectively linking mentally ill offenders with the necessary treatment services and that mental health court participants have a greater likelihood of treatment success and access to housing and

critical supports compared to mentally ill offenders in traditional court (Trupin, Richards, Wertheimer, & Bruschi, 2001). Another evaluation of one of the country's first mental health courts in Florida also showed that participation in the mental health court increases the likelihood of participants' engaging in treatment (Boothroyd, Poythress, McGaha, & Petrila, 2003).

Recidivism

Several evaluations have also illustrated mental health courts' impact on reducing recidivism. In one early study, researchers found that one year after sentencing, offenders who were court mandated to complete judicially monitored mental health treatment had significantly better outcomes than those who were merely recommended to receive treatment (Lamb et al., 1996). Outcome were defined as avoiding hospitalizations, rearrests, violence against others, and homelessness. Other researchers found similar outcomes for mental health courts. In the evaluation of Seattle's mental health court, Trupin et al. (2001) found that participants' arrests significantly decreased—by nearly half—between the time they entered the program and a year after they entered the program. Herinckx, Swart, Ama, Dolezal, and King (2005) also found that mental health court participants' number of arrests was significantly reduced between 12 months prior to enrolling and 12 months after enrolling. In the 12 months after enrollment, there was also a significant reduction in probation violations.

In an evaluation of one of the first mental health courts in the country, Broward County, Florida, Christy, Poythress, Boothroyd, Petrila, and Mehra (2005) found that participants' average number of arrests significantly decreased between one year before participating and one year after entering the mental health court program. When compared to arrest rates of those who went through traditional case processing, however, there were no significant differences. Christy et al. did find, though, that mental health court participants spent significantly fewer days in jail compared to the comparison group.

More recently, Moore and Hiday (2006) found that mental health court participants in another Southeastern state were rearrested significantly less often than were those in a comparison group of traditional criminal court defendants; the mental health court participants had a rearrest rate of about half that of the comparison group. The researchers also found that a "full dose" of mental health court, or completion, had a significant effect on recidivism. In a follow-up study, Hiday and Ray (2009) followed mental health court graduates for two years and found that their proportion and number of arrests continued to be significantly lower than in the two years prior to entering the mental health court. In addition, those who completed the mental health court program had fewer arrests and a longer time to rearrest than did noncompleters of the program.

In California, Cosden, Ellens, Shnell, and Yamini-Diouf (2005) compared mental health court participants to a "treatment as usual" comparison group two years after participants entered the program. They found that both participants and those in the comparison group had a significant decrease in the number of jail days between the times, although those with a dual diagnosis were less affected by treatment than were others. The researchers concluded that judicial training and

changes in community practice affected both participants in the program and those who were receiving "treatment as usual" since that usual treatment changed as well. A more recent study in California also showed the effectiveness of mental health courts on recidivism. McNeil and Binder (2007) compared mental health court participants to defendants in traditional court who also had a mental illness in San Francisco and found that mental health court participants were 26 percent less likely to be charged with new crimes and 55 percent less likely to be charged with violent crimes than were those in the comparison group. In addition, the researchers found that after 18 months, the risk of mental health court graduates was about half of that of the comparison group. In a recent study of four mental health courts—two in California, one in Minnesota, and one is Indiana—researchers found that mental health court participants had a lower rearrest rate and fewer incarceration days than did a "treatment as usual" group (Steadman, Redlich, Callahan, Robbins, & Vesselinov, 2010). In addition, those who graduated from a mental health court program had lower rearrest rates than those whose participation was terminated before graduation. The researchers noted that "the appropriate question for mental health courts is not 'do they work?' but 'for whom, and under what circumstances do they work?'" (p. E5). They found that having a diagnosis of schizophrenia or depression rather than bipolar disorder and having used illegal drugs in the past 30 days were associated with more incarceration days during the follow-up period. They also found that longer exposure to the mental health court program is associated with better improvement after leaving the program.

Cost Savings

Research on cost savings of mental health courts is limited; however, Ridgely, Greenberg, DeMartini, and Dembosky of RAND (2007) have looked at the cost effectiveness of mental health courts. The researchers examined the fiscal impact of a mental health court and found that the mental health court did not result in substantial short-term costs over traditional case processing. However, they suggested that there could be substantial long-term savings due to reductions in recidivism as well as reductions in utilizing expensive, intensive treatment such as hospitalization.

Conclusion

Evidence shows that jails and prisons have become the new institutions for the mentally ill. With such a large proportion of offenders having a mental illness, mental health courts have become a useful tool in providing the appropriate treatment to these offenders. Numerous evaluations over the last decade have shown promising results for mental health courts in several areas, including participants' utilization of services, reduced recidivism, and cost savings to counties and states.

Despite the promising results shown thus far, continued research with strong and rigorous designs is recommended. These would include studies with equivalent comparison groups, extended follow-up to determine how long the mental health court's effect lasts, and large sample sizes.

Nonexhaustive List of Relevant Studies and Their Findings

Author (Year)	Study	Findings
Boothroyd, Poythress, McGaha, & Petrila (2003)	The Broward mental health court: Process, outcomes, and service utilization	Participation in mental health court increases the likelihood of participants' engaging in treatment.
Christy, Poythress, Boothroyd, Petrila, & Mehra (2005)	Evaluating the efficiency and community safety goals of the Broward County mental health court	Mental health court participants spent fewer days in jail for the index arrest than did a comparison group. There was no difference in re-arrests up to one year after enrollment between participants and comparison group. Participants reported fewer acts of violence than did the comparison group at 8 months.
Cosden, Ellens, Shnell, & Yamini-Diouf (2005)	Efficacy of a mental health treatment court with assertive community treatment	There was reduced recidivism and improved psychosocial functioning for mental health court participants compared to a treatment-as-usual group. Mental health court was not as effective for participants with serious drug and alcohol problems, or dual-diagnoses.
Cuellar, McReynolds, & Wasserman (2006)	A cure for crime: Can mental health treatment diversion reduce crime among youth?	Youth who participated in a juvenile mental health diversion program were significantly less likely to be rearrested than a comparison group.
Herinckx, Swart, Ama, Dolezal, & King (2005)	Rearrest and linkage to mental health services among clients of the Clark County mental health court program	The number of arrests for mental health court participants was significantly reduced between 12 months prior to enrolling and 12 months after enrolling. In the 12 months after enrollment, there was also a significant reduction in probation violations.
Hiday & Ray (2009)	Arrests after exiting mental health court	The proportion and number of arrests of mental health court graduates continued to be significantly lower two years after entering the mental health court. In addition, those who completed the mental health court program had fewer arrests and a longer time to rearrest than did noncompleters of the program.

Author (Year)	Study	Findings
McNeil & Binder (2007)	Effectiveness of a mental health court in reducing criminal recidivism and violence	At 18 months, the likelihood of mental health court participants being charged with any new crimes was 26% lower than for individuals receiving treatment as usual, and graduates of mental health court maintained reduced recidivism after they were no longer under court supervision.
Moore & Hiday (2006)	Mental health court outcomes: A comparison of re-arrest and re-arrest severity between mental health court and traditional court participants	Mental health court participants had a rearrest rate of about half that of a comparison group. Also, a "full dose" of mental health court, or completion, had a significant effect on recidivism.
Ridgely, Greenberg, DeMartini, & Dembosky (2007)	Justice, treatment, and cost: An evaluation of the fiscal impact of Allegheny County Mental Health Court	Fiscal impact analyses showed that entry into the mental health court program leads to an increase in the use of treatment services in the first year as well as a decrease in jail time for program participants during both the first and second years after entry. The decrease in jail expenditures mostly offsets the cost of the treatment services.
Steadman, Redlich, Callahan, Robbins, & Vesselinov (2010)	Effect of mental health courts on arrests and jail days: A multisite study.	Mental health court participants in four sites had significantly lower rearrest rate and fewer incarceration days than did a "treatment as usual" group. Those who graduated from a mental health court program had lower rearrest rates than those whose participation was terminated before graduation. Those who had a diagnosis of schizophrenia or depression rather than bipolar disorder and who had used illegal drugs in the past 30 days were associated with more incarceration days during the follow-up period. Longer exposure to the mental health court program is associated with better improvement after leaving the program.

Author (Year)	Study	Findings
Sullivan, Veysey, Hamilton, & Grillo (2007)	Reducing out-of-community placement and recidivism: Diversion of delinquent youth with mental health and substance use problems from the justice system	A juvenile mental health diversion program significantly reduced recidivism among participants 120 days after referral to the program. Recidivism continued to decrease during the two-year study period. Participants also had a decreased rate of out-of-community placement.
Trupin, Richards, Wertheimer, & Bruschi (2001)	City of Seattle mental health court evaluation report	Mental health court participants' arrest rates significantly decreased between the time they entered the program and a year after they entered the program. The mental health court also effectively links mentally ill offenders with services.

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Christy, C., Poythress, N. G., Boothroyd, R. A., Petrila, J. D., & Mehra, S. (2005). Evaluating the efficiency and community safety goals of the Broward County mental health court. *Behavioral Sciences and the Law, 23,* 227–243.

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Trupin, E., Richards, H., Wertheimer, D. M., & Bruschi, C. (2001). *City of Seattle mental health court evaluation report*. Seattle: Seattle Municipal Court.

Appendix D: Sample Discharge Plan

Jail Discharge and Community Reentry Plan (JD/CRP)

Introduction

The following are key activities and elements that must be addressed in a Jail Discharge/ Community Reentry Plan (JD/CRP). A JD/CRP that is initiated as early as possible during incarceration is widely understood as key to ensuring a successful transition and return of an offender with mental illness to his or her community.[128] The sample JD/CRP, outlined on pages 75–78, is not all-inclusive; it is intended as a template to identify critical needs and issues that must be addressed prior to release from jails or other correctional facilities.

Recommended Process:

1. At the earliest time feasible after booking into jail, custody mental health staff or other designated professionals administer a risk/needs assessment of the offender with mental illness. Evidence based assessment instruments should be utilized. It is important to note that the assessment may need to be administered more than once if the offender remains in custody for an extended period of time. Assessments should always be re-administered if an offender with mental illness is released and subsequently returns to custody.

2. The community supervision agency (probation/parole) and the community mental health services agency designee, after reviewing the risk/needs assessment and all other relevant and available information, are to develop a JD/CRP prior to release for offenders who are the most seriously mentally ill. The JD/CRP development should be initiated as early as possible during the time of incarceration and should involve the offender's counsel if possible. Every effort shall be made to engage the offender with mental illness, and where appropriate (and feasible) the offender's family members, in developing the JD/CRP.

3. The JD/CRP shall be submitted to the court for consideration, modification as needed, and adoption at the time of sentencing, or at any other court proceeding or hearing where a judge will consider the possible release of an offender with mental illness from custody into the community.

4. Whenever feasible, the JD/CRP will indicate agreements by participating community supervision agents (probation/parole) and service providers regarding the type, intensity, and frequency of services to be provided during the initial reentry period.

5. The JD/CRP should follow the offender with mental illness from the correctional facility to the community. In the event of a re-offense, this plan should be reviewed and updated for subsequent release planning.

[128] Each county should designate an entity, depending on local agencies and partnerships, that is responsible for ensuring that the discharge plan is completed and delivered to appropriate staff in partnering agencies.

Jail Discharge and Community Reentry Plan

Client name: _____

Contact information: _____

_____

Family/Others contact information:

1. _____
2. _____

Staff/Person(s) completing the JD/CRP:

Name: _____

Agency: _____

1. Community Supervision

Judicial Supervision

a) Judge and court: _____

_____

Probation/Parole program

a) Supervising agent name and unit: _____

b) Phone and e-mail contact: _____

c) After-hours/emergency contact: _____

Community Supervision Plan

a) Describe prerelease contact with supervising probation officer, parole agent, or other person designated to monitor offender on release: _____

_____

b) Anticipated type and frequency of contact postrelease
Within 72 hours postrelease: _____

First 30 days postrelease: _____

c) First supervision appointment
Date: _____

Time: _____

Address: _____

Name of supervising agent/agency: _____

2. Postrelease Housing/Living Arrangement

a) Type of housing or facility *(Indicate type of housing, including if temporary shelter, supervised/treatment facility, family residence, etc.)*: _____

_____

b) Address: _____

c) Phone: _____

d) Staff contact if supervised housing: _____

3. Transportation

a) Describe immediate postrelease transportation needs and arrangements: _____

_____

_____

_____

4. Benefits

a) Describe financial and health benefit status
- Income/financial: _____
- Health coverage: _____

b) Plan for follow-up to apply or reinstate benefits *(including contact information for the individual who will assist the offender and any actions the offender is to take immediately upon release)* _____

_____

_____

5. Community Services Plan

Services Coordination and Plan

a) Services coordinator name and agency: _____

b) Phone and e-mail contact: _____

c) After-hours/emergency contact: _____

d) Has a services coordinator met with offender? YES ❑ NO ❑

e) Immediate postrelease services coordination plan: _____

_____

_____

Medications _____

a) Number of days of medications provided on release: _____

b) Prescription(s) to be filled by date: _____

c) Name and location of pharmacy: _____

d) List of current medications and directions attached? YES ❑ NO ❑

Psychiatric Services

a) Name of provider: _____

b) Appointment date: _____

c) Contact information: _____

Mental Health, Substance Abuse Treatment, and Other Services *(Describe service, program location, appointment information, etc.)*

- _____
- _____
- _____

Daily Activity *(Employment, job training, school, etc.)*

- _____
- _____
- _____

Health Care: Indicate any known health-care providers and needs for follow-up referrals and appointments.

- _____
- _____
- _____
- _____

6. **Recovery Plan:** Strengths, Triggers for Relapse and/or Decompensation, and Actions to Address Triggers.

a) Strengths:

- _____
- _____
- _____

b) Triggers—Indicators of Risk of Relapse/Decompensation:

- _____
- _____

c) Actions to Address Triggers and Utilize Strengths:

- _____
- _____
- _____

7. **Other needs:** Indicate if the individual has needs or requires additional support not reflected above.
   - _____
   - _____

Individual to be Released

Name: _____

I have discussed___ and agree___ with this JC/CRP for my release.

Signature: _____

Staff/Person(s) completing the JD/CRP

Name: _____

I have discussed this JC/CRP with _____ (*client name*) on _____ (*date*)

Signature: _____

Appendix E: Sample Inmate Mental Health Information Form

INMATE MENTAL HEALTH INFORMATION FORM

INMATE INFORMATION

FULL LEGAL NAME OF INMATE: _____

STREET ADDRESS: _____CITY: _____ STATE: ____ ZIP CODE: _____

DOB: _____ BOOKING #:_____

JAIL LOCATION: TOWER: _____ FLOOR: _____ POD#:_____

FAMILY CONTACT INFORMATION

FAMILY CONTACT NAME: _____ RELATIONSHIP _____

STREET ADDRESS: _____CITY: _____ STATE: ____ ZIP CODE: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

CONTACT SIGNATURE: x_____

PSYCHIATRIST/TREATMENT FACILITY INFORMATION

PSYCHIATRIST/LAST TREATMENT FACILITY: _____ DATE LAST TREATED: _____

STREET ADDRESS: _____CITY: _____ STATE: ____ ZIP CODE: _____

PHONE: _____ FAX: _____

MEDICAL INFORMATION

DIAGNOSIS: _____

DAYTIME MEDICATIONS: _____

_____

NIGHTTIME MEDICATIONS: _____

_____

PRIOR ADVERSE MEDICATION EFFECTS (i.e. side effects, allergies, poor efficacy): _____

_____

_____

IS SUICIDE A CONCERN? NO _____YES _____ IF YES, WHY? _____

_____

_____

_____

OTHER MEDICAL CONCERNS: _____

_____

_____

_____

MEDICAL DOCTOR'S NAME: _____ OFFICE PHONE: _____

STREET ADDRESS: _____CITY: _____ STATE: ____ ZIP CODE: _____

JAIL MENTAL HEALTH SERVICE FAX NUMBERS

MEN'S FAX: WOMEN'S FAX:

SHERIFF'S MEDICAL SERVICES BUREAU – MEN'S FAX: WOMEN'S FAX:

FAX TO BOTH NUMBERS WHEN OTHER MEDICAL CONDITIONS APPLY

Appendix F: Juvenile Competency Issues in California Educational Session

Task Force for Criminal Justice Collaboration on Mental Health Issues

Juvenile Subcommittee

April 28, 2009
Administrative Office of the Courts
San Francisco, California

ADMINISTRATIVE OFFICE OF THE COURTS

CENTER FOR FAMILIES, CHILDREN & THE COURTS

Agenda

TUESDAY, APRIL 28

10:00 – 10:30 a.m.	Welcome *Judge Christina L. Hill, Chair, Superior Court of Los Angeles County*
10:30 - 11:30 a.m.	30 minute presentation, 30 minute discussion *Sue Burrell, Attorney, Youth Law Center, San Francisco*
11:30 – 12:20 p.m.	Discussion over lunch – Subcommittee
12:20 – 12:50 p.m.	20 minute presentation, 10 minute discussion *Arthur Bowie, Supervising Assistant Public Defender, County of Sacramento*
12:50 – 1:00 p.m.	Discussion – Subcommittee
1:00 – 1:30 p.m.	20 minute presentation, 10 minute discussion *Jim Salio, Assistant Chief Probation Officer, San Luis Obispo Probation Department*
1:30 – 1:40 p.m.	Break
1:40 – 2:10 p.m.	20 minute presentation, 10 minute discussion *Jim Salio, Assistant Chief Probation Officer, San Luis Obispo Probation Department*
2:10 – 2:20 p.m.	Discussion – Subcommittee
2:20 - 2:50 p.m.	20 minute presentation, 10 minute discussion *Rick Lewkowitz, Supervising Deputy District Attorney, County of Sacramento*
2:50 - 3:00 p.m.	Break
3:00 - 3:50 p.m.	Discussion and recommendations – Subcommittee
3:50 - 4:00 p.m.	Wrap up
4:00 p.m.	Adjourn

Appendix G: Mental Health Treatment Issues in California Educational Session

Task Force for Criminal Justice Collaboration on Mental Health Issues

ADMINISTRATIVE OFFICE OF THE COURTS
CENTER FOR FAMILIES, CHILDREN & THE COURTS

Educational Session: Voluntary and Involuntary Mental Health Treatment in California

January 29, 2010

Judicial Council Conference Center
Catalina A and B

San Francisco, California

Agenda

FRIDAY, JANUARY 29

9:00 – 9:30 a.m.	Registration, Review of Materials
9:30 – 9:45 a.m.	Welcome and Introductions ▪ Agenda Review ▪ Overview of Goals and Objectives ▪ Administrative Matters *Hon. Brad R. Hill, Chair*
9:45 – 10:15 a.m.	Historical Overview of Voluntary/Involuntary Treatment Issues in California *Dr. Sandra Goodwin, President and CEO, California Institute of Mental Health (CIMH)*
10:15 – 11:15 a.m.	Consumer/Survivor Perspectives *Ms. Sally Zinman, former Executive Director of the California Network of Mental Health Clients; Member, Client and Family Leadership Committee of the Mental Health Services Oversight and Accountability Commission*
11:15. – 12:15 p.m.	Alternatives for Access to Care and Treatment *Dr. Cameron Quanbeck, Associate Clinical Professor, University of California San Francisco, School of Medicine, Department of Psychiatry, San Francisco General Hospital* *Mr. Randall Hagar, Director of Government Affairs for the California Psychiatric Association*
12:15 – 12:45 p.m.	Lunch *(task force members and presenters)*
12:45 – 2:00 p.m.	Experiences With AB 1421/Laura's Law: Views and Experiences From Two California Counties *Hon. Thomas M. Anderson, Superior Court of Nevada County* *Ms. Mary Marx, Los Angeles Mental Health Clinical District Chief; Los Angeles County AB 1421 Representative*
2:00 – 3:30 p.m.	Task Force Member Discussion

Appendix H: California Counties With Collaborative Justice Courts

Superior Court of California, County of	COMMUNITY	DRUG - ADULT	DRUG - JUVENILE DELINQUENCY	DRUG - DEPENDENCY	DUI	ELDER	HOMELESS/ STAND-DOWN	MENTAL HEALTH - ADULT	MENTAL HEALTH - JUVENILE	REENTRY	TRUANCY	VETERANS	YOUTH/PEER
Alameda		X		X		X	X	X	X	X	X		X
Alpine													
Amador		X	X										X
Butte		X	X	X	X								X
Calaveras		X											X
Colusa													X
Contra Costa		X	X			X	X	X					X
Del Norte		X		X									
El Dorado		X	X	X	X			X					X
Fresno		X	X	X			X	X	X				X
Glenn		X	X	X									
Humboldt		X	X	X			X	X					X
Imperial													X
Inyo		X											
Kern		X	X				X	X					X
Kings		X											
Lake		X	X	X									
Lassen		X											X
Los Angeles		X	X	X			X	X	X	X		X	X
Madera		X	X										
Marin		X	X					X					X
Mariposa		X											
Mendocino		X	X	X									X
Merced		X	X	X									
Modoc		X	X	X									X
Mono													
Monterey		X	X					X	X				
Napa		X	X	X				X					X

Superior Court of California, County of	COMMUNITY	DRUG - ADULT	DRUG - JUVENILE DELINQUENCY	DRUG - DEPENDENCY	DUI	ELDER	HOMELESS/ STAND-DOWN	MENTAL HEALTH - ADULT	MENTAL HEALTH - JUVENILE	REENTRY	TRUANCY	VETERANS	YOUTH/PEER
Nevada		X	X	X				X					X
Orange	X	X	X	X	X		X	X			X	X	X
Placer		X	X	X	X			X					X
Plumas		X											
Riverside		X		X				X					X
Sacramento		X	X	X			X	X					X
San Benito		X											
San Bernardino		X	X	X			X	X	X			X	X
San Diego		X	X	X			X	X	X	X		X	X
San Francisco	X	X	X	X			X	X	X	X			X
San Joaquin		X	X	X	X		X	X	X	X	X		X
San Luis Obispo		X	X	X				X					
San Mateo		X	X					X					
Santa Barbara		X	X				X	X					X
Santa Clara		X	X	X			X	X	X	X	X	X	
Santa Cruz		X		X									X
Shasta		X	X										X
Sierra		X											X
Siskiyou		X	X	X									
Solano		X	X	X	X								
Sonoma		X	X	X	X		X	X	X			X	X
Stanislaus		X		X				X					X
Sutter		X											
Tehama		X		X									X
Trinity			X										
Tulare		X	X					X				X	X
Tuolumne		X		X									X
Ventura		X	X	X			X		X			X	X
Yolo		X	X				X						
Yuba		X											