ANNOUNCEMENT

Program Name Change

The Adult Forensic Services (AFS) Program is changing its newest program's name from the **"AB 109 Program"** to the

CHOICE Program

"Choosing Healthy Options to Instill Change and Empowerment"

Locations:

- San Bernardino—104 W. 4th Street, (909) 382-7881
  (Mental Health Outpatient Program)
- Victorville—15505 Civic Drive, (760) 243-8145
  (Mental Health Outpatient Program)
- Rancho Cucamonga—9478 Etiwanda Boulevard, (909) 463-7682
  (Mental Health & Substance Use Disorder Outpatient Programs)
- Colton—1330 E. Cooley Drive, (909) 580-3705
  (Mental Health Outpatient and Day Treatment Programs)

AB 109 Funding and Related Services

2014-15 BUDGET FACT SHEET

Prepared by the California State Association of Counties

Purpose

To maintain AB 109 programmatic funding stability in 2014-15 and make targeted service investments to improve outcomes for the realigned criminal justice populations.

Background

The Governor's 2014-15 budget proposal makes a number of important funding commitments in support of the successful management of criminal justice system responsibilities transferred to counties in 2011. The budget recommends several key policy changes and, notably, contains a proposed $500 million in additional lease revenue bonds to expand counties' capacity to improve jail facilities and design vital programming and treatment space.

However, counties are facing a one-time, temporary drop in funding to support implementation of AB 109. When the state estimated workload associated with AB 109 implementation, it modeled the shift in criminal justice population to counties. The two largest components are (1) the offenders who now serve time for lower-level felonies in county jail and (2) those who are supervised on post-release community supervision (PRCS) by county probation departments following release from state prison. The latter cohort was expected to diminish in the fourth year of implementation (2014-15), and the state assumed a commensurate drop in funding. It now appears, however, that counties are seeing a flattening[1] – but not a significant drop – in the PRCS population. The table below details anticipated funding to be received by counties in this and next fiscal year.

AB 109 Funding (Actual/estimated cash received by fiscal year)

In millions	2013-14	2014-15	Difference
AB 109 programmatic funding	998.9	934.1	(64.8)
AB 109 growth	86.7 *	64.3 **	(22.4)
Total	$1,085.6	993.4	(87.2)

** Actual; ** Estimate*

Counties are at a critical stage in building long-term programming and supervision capacity at the local level. For a relatively small investment ($87 million), the state can smooth the temporary gap and sustain funding levels to ensure programmatic stability into next fiscal year. Without this one-time infusion of funds, counties will be forced to reduce budgets and make cuts to the core services and interventions needed to produce improved offender outcomes and community reintegration.

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[1] http://www.cpoc.org/assets/Realignment/dashboard.swf: Most recent CPOC data show that PRCS releases remain higher than anticipated; monthly numbers for the last quarter available (Quarter 1, 2013-14) indicate the population being released from prison is running between 103% and 114% higher than estimates.

INVESTMENT IN SERVICES

Further, CSAC is advocating for an additional $100 million build upon early intervention and prevention efforts that directly link individuals, particularly those with mental health issues, at high risk for criminal justice involvement. Counties support funding for a flexible grant-based program that would allow counties to expand and/or create multi-disciplinary approaches to responding to mental health crises and minimize placements in hospitals and jails – which could include Mentally Ill Offender Crime Reduction (MIOCR) grant programs and expansion of the Mental Health Wellness Act of 2013 (SB 82, Chapter 34, Statutes of 2013) services.

The funding would be used to support individuals in avoiding further legal contact after a crisis and allowable uses would include housing supports, employment, and screening, assessment and referrals for behavioral health treatment services (including substance use disorder treatment). This investment would go a long way toward addressing what have been higher-than-expected behavioral health needs of the realigned population and could prevent future criminal justice system involvement by participants.

According to the National Alliance on Mental Illness, "approximately 20 percent of state prisoners and 21 percent of local jail prisoners have 'a recent history' of a mental health condition" (*Mental Illness Facts and Numbers*, March 2013). Currently, counties cannot use Medi-Cal funds or Mental Health Services Act funds to deliver behavioral health services to individuals when they are incarcerated.

Flexible state grant funding would allow counties to build upon existing successful models to combat recidivism while addressing local needs – whether the need is clinicians partnering with city police and county sheriffs, building or acquiring housing in the community to support offenders and persons with mental illness, subsidizing employment programs, or creating on-the-job-training and apprenticeship programs. AB 109 has provided a base for counties to create these types of programs. However, the need is greater than the funding available. Targeted state investments and accountability controls could assist the state and counties in reducing recidivism and achieving the state's prison population reduction goals.

PROPOSED SOLUTION

The state and counties mutually benefit from a stable, sustainable, and successful implementation of 2011 public safety realignment. The proposed 2014-15 solution contains two elements – first to provide one-time funding to avoid the temporary drop in AB 109 programmatic funding and secondly to supplement existing funding to bolster vital services in support of the locally managed criminal offender population. CSAC recommends $187 million in investments will permit expansion of local behavioral health services, housing assistance and employment services.

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Existing Funding Source	Description	Gaps/Prohibitions
Mental Health Services Act (MHSA)	Voter-approved initiative to expand mental health services to children, youth, adults and older adults who have severe mental illnesses or severe mental health disorders and who service needs are not being met through other funding sources. Services are established through a local stakeholder process.	MHSA funds are prohibited from being used in a jail or prison and from being spent on services to parolees.
Medi-Cal	California provided Medi-Cal "specialty" mental health services under a waiver that includes outpatient specialty mental health services and psychiatric inpatient hospital services. Individuals who qualify for these services have "severe and persistent" mental illness and specific diagnosis. Individuals with mild to moderate mental health issues can get services through their Medi-Cal managed care plan (counseling, psychiatry, medications).	Medi-Cal funds cannot be used within a locked institution – county jail or institutions for mental disease (IMD). The IMD exclusion is making creation of residential treatment for substance use disorder treatment difficult in California and will require a federal waiver.
Mental Health Wellness Act of 2013 (SB 82, Chapter 34, Statutes of 2013)	Provides: ▪ Crisis Residential Treatment beds - $125 million one-time GF to provide grants to expand existing capacity by at least 2,000 crisis residential treatment beds over two years. ▪ Mobile Crisis Teams. $2.5 million ($2 million GF and $500,000 state MHSA) to purchase vehicles to be used for mobile crisis teams and $6.8 million ongoing ($4 million state MHSA and $2.8 million federal funds) to support crisis team personnel. ▪ Crisis Stabilization Units. $15 million one-time GF to provide grants to increase the number of crisis stabilization units. ▪ Triage Personnel. $32 million state MHSA funds and $22 million federal funds to add 600 mental health triage personnel in select rural, urban and suburban regions. 47 grant applications were received and 22 counties were awarded grant funding.	$76.5 million of the $142.5 million available is being awarded, primarily for crisis stabilization and mobile crisis vehicles. There will likely be a second round of funding as soon as the first round is disbursed. After the first round of funding, there are no funds left for Los Angeles to receive any additional funds. Not all counties applying for grant awards received them. Many small counties were not awarded grants in the first round.
Mentally Ill Offender Crime Reduction (MIOCR) grant programs*	Originally established in 1998 via a collaborative effort between county mental health directors and elected county sheriffs (SB 1485, Chapter 501, Statutes of 1998), the MIOCR grant program was designed to assist counties in treating and supervising a burgeoning mentally ill offender population. The MIOCR grant program was developed to deliver targeted community mental health services to this population both in custody and/or after incarceration. To ensure effectiveness, participating counties were required to collect and report common data elements, including intake numbers, intervention strategies, and outcome data.	*More than 40 counties participated in the competitive grant program until funding was eliminated in the 2008-09 Budget Act due to the Great Recession.
AB 109	Counties receive AB 109 funding as a block grant; the implementation plan developed by the Community Corrections Partnership (CCP) and the budget appropriations subsequently made by the board of supervisors guide specific local investments.	The funding can be used very broadly to address housing, supervision, treatment, and other supportive services needs of the realigned population. Indeed, AB 109 funds can legitimately be used to develop systems and services in support of the entire **adult** criminal justice population at the local level.