Public Health
Meets Public Safety

Connecting data, policy, and people

Introduction to the Public Health Meets Public Safety Policy Framework

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About the CSG Justice Center

The Council of State Governments (CSG) Justice Center is a national nonprofit, nonpartisan organization that combines the power of a membership association, representing state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities. For more information about the CSG Justice Center, visit www.csgjusticecenter.org.

About the Council on Criminal Justice and Behavioral Health (CCJBH)

Established by California Penal Code Section 6044(a), the Council on Criminal Justice and Behavioral Health (CCJBH) is a 12-member council chaired by the Secretary of the California Department of Corrections and Rehabilitation (CDCR) and is comprised of the Department of State Hospitals (DSH), the Department of Health Care Services (DHCS), and appointed expert representatives from the criminal justice and behavioral health fields such as probation, court officers, and mental health care professionals. CCJBH serves as a resource to assist and advise the administration and legislature on best practices to reduce the incarceration of youth and adults with mental illness and substance use disorders (SUDs) with a focus on prevention, diversion, and reentry strategies.

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Background

Reducing the number of people with behavioral health needs in jail, in prison, and without stable housing is the goal of work underway in California at all levels of government and in communities across the state. People with direct experience—whether as policymakers, line staff, defendants, or family members—report that reducing criminal justice involvement requires changing what happens in the community before justice system contact and overcoming racial disparities in access to care, housing, and crisis response.

To address these issues, policymakers in California are using data to understand what can be done at the state level and locally to reduce the number of people with behavioral health needs in the criminal justice system and eliminate disparities for people of color and Native Peoples. In 2020, the Council on Criminal Justice and Behavioral Health (CCJBH) commissioned the development of a research-based policy framework to help use data to inform its work to reduce incarceration of people with behavioral health needs[1] and stop what is often referred to as the "revolving door" of involvement in the justice system. This first-of-its-kind effort marks a significant step toward data-driven policymaking at the intersection of criminal justice, behavioral health, and housing systems. To develop the framework, CCJBH engaged The Council of State Governments (CSG) Justice Center, which partnered with a team of experienced Californian policy and research specialists (listed above in the Project Credits), to review available research, existing data, and policy priorities. This brief introduces the *Public Health Meets Public Safety Policy Framework* and its components and provides references for people interested in learning more.

1. This is the statutory charge of CCJBH; see California Code, Penal Code - PEN § 6044(e).

Framework Purpose

The purpose of the policy framework is to identify and improve access to important data for policymakers and other stakeholders committed to the outcomes of significantly reducing justice system involvement in California for people with behavioral health needs and eliminating disparities in the justice system for this population. The framework also supports CCJBH and other state and local policymakers in their efforts to effectively address the prevalence of behavioral health needs among people in jails and prisons, length of incarceration stays, recidivism rates, and other criminal justice system outcomes.[2]

The framework provides an organized way to improve understanding of the complex relationship between criminal justice and behavioral health systems. The CSG Justice Center team analyzed published research and consulted with policymakers, practitioners, and people with personal experience in the criminal justice and behavioral health systems to organize relevant data and prioritize additional data for collection and analysis.

Often and understandably, leaders will seek to make changes in the criminal justice system to help reduce incarceration rates and disparities among those who are incarcerated. However, in addition to the important work of addressing policies and practices within the justice system that drive incarceration, published research and real-world accounts emphasize that focusing only on the criminal justice system may not always be sufficient to reduce justice system contact for people with behavioral health and housing needs. Reducing arrest, shortening average lengths of stay, and reducing recidivism, especially for people with behavioral health and housing needs, are also influenced by conditions such as the availability of housing and access to high quality care, as well as how crises are handled. Criminal justice partners, researchers, and people with direct lived experience in the criminal justice system agree that one of the keys to reducing criminal justice involvement is sometimes what happens outside of the justice system itself. Therefore, this framework seeks to outline the domains outside of the criminal justice system that policymakers should seek to address as they work to make meaningful justice system reforms. *The Public Health Meets Public Safety Policy Framework* describes the relationships between factors in the community—including the community environment, treatment landscape, and crisis response system—and criminal justice system outcomes.

2. These outcomes are highlighted by the national Stepping Up initiative, which has been adopted by 37 California counties and CCJBH itself. Additional criminal justice outcomes could include people with behavioral health needs on probation and on parole, pretrial release rates, use of the Incompetent to Stand Trial process, and behavioral health diversion as a case resolution.

Framework Structure

The *Public Health Meets Public Safety Policy Framework* is organized by domains, focus areas, and metrics. The domains present three priority policy areas where existing conditions contribute to the overrepresentation of people with behavioral health needs in the justice system and the racial disparities in their system involvement. The three domains are **community environment**, **treatment landscape**, and **crisis response system**. The focus areas identify existing conditions related to the three domains. The metrics highlight concrete and specific ways to track progress in achieving outcomes.[3] The framework also allows users to observe the relationships between the focus areas and metrics and a variety of justice system outcomes, such as jail bookings, prevalence of people with behavioral health needs in jails and prisons, average length of stay, and recidivism for communities over time. It also emphasizes the importance of examining disparities across multiple dimensions, including race, ethnicity, gender, and geography.[4] This brief provides a description of each domain, including supporting research, concluding with a table that shows the metrics.

The Ideal and the Real in Statewide Cross-Systems Data

Public Health Meets Public Safety is a new way for states to recognize the importance of data from multiple systems in criminal justice outcomes. In order to narrow down the universe of relevant data, the CSG Justice Center team developed the framework based on priorities identified through published literature and conversations with stakeholders. In each case, the team articulated ideal metrics based on these sources. Some of the data to populate these metrics exist, are regularly collected, and are publicly available. However, for many of these metrics, data are fragmented across different stakeholders at different levels of government. For example, within the treatment landscape domain, data about time from referral to admission may exist within the databases of individual treatment providers but may not be aggregated or reported. Other data for these metrics are not yet even collected in any consistent way. In the crisis response system domain, for example, more communities are starting to code calls for service to better understand how many emergency calls involve people with behavioral health needs and how these calls are resolved. However, this is far from standard practice at this time. Demographic data that would allow analysis of disparities are also not consistently collected or universally available. The *Public Health Meets Public Safety Policy Framework* aims to bring together available data while also shining a light on future needs for data collection and reporting to better understand the factors associated with criminal justice outcomes.

3. As part of this project, the team is also developing an interactive data visualization that populates some of these metrics with data available for California, which includes its own specific methodology section. The precise methodology for populating the framework's metrics will adapt over time and in different contexts as different data sources become available.

4. Because different datasets are organized according to different geographic units, "geography" is used generally within this document. Given that many criminal justice and health services are managed at the county level in California, county-to-county comparisons are a logical initial point of analysis.

Domain 1: Community Environment

This report defines a community environment as the environment in which people are born, grow up, learn, work, play, and age. The community environment plays a significant role in either mitigating or exacerbating the likelihood that individuals with behavioral health needs will become involved with the criminal justice system. Inequities in resources at the community level can also translate into disparities in criminal justice system involvement for people with behavioral health needs. The focus areas for community environment are socioeconomic stability, health, and safety. The metrics outlined in this domain highlight key opportunities for policymakers to target interventions and resources at the community level to improve individual and intergenerational outcomes.

Socioeconomic Stability

Socioeconomic stability at the community level protects community members against justice system involvement and creates resources for resilience in the face of traumatic experiences. Socioeconomic stability can be measured through many metrics at the community level. The published literature and stakeholder research indicate the importance of understanding community levels of income, employment, education, and housing.[5]

Health

The health environment at the community level affects access to appropriate care, including utilization of primary care, acute care, and behavioral health care.[6] Data about health insurance coverage, health professional staffing patterns, and life expectancy all help paint a picture of community health.

Safety

The level of safety in a community affects the likelihood of victimization and exposure to trauma, which are linked to higher rates of behavioral health needs and criminal justice system involvement.[7] Historical trauma, particularly that experienced by Black and Native Peoples, may heighten these risks.[8] Historical trauma can be defined as a "cumulative wounding across generations as well as during one's life span"[9] generated from the experience of oppression, racism, and colonization.

5. Steven Raphael and Rudolf Winter-Ebmer, "Identifying the Effect of Unemployment on Crime," *Journal of Law and Economics* 44, no. 1 (2001): 259–283; Lance Lochner and Enrico Moretti, "The Effect of Education on Crime: Evidence from Prison Inmates, Arrests, and Self-Reports," *American Economic Review* 94, no. 1 (2004): 155–189; Philip J. Cook and Songman Kang, "Birthdays, Schooling, and Crime: Regression-Discontinuity Analysis of School Performance, Delinquency, Dropout, and Crime Initiation," *American Economic Journal: Applied Economics* 8, no. 1 (2016); Songman Kang, "Inequality and Crime Revisited: Effects of Local Inequality and Economic Segregation on Crime," *Journal of Population Economics* 29 (2016): 593–626.

6. Jacob Vogler, "Access to Healthcare and Criminal Behavior: Evidence from the ACA Medicaid Expansions," *Journal of Policy Analysis and Management* 39, no. 4 (2020): 1166–1213.

7. Lyndsay N. Boggess and John R. Hipp, "Violent Crime, Residential Instability, and Mobility: Does the Relationship Differ in Minority Neighborhoods?" *Journal of Quantitative Criminology* 26 (2010): 351–370; Bryanna Hahn Fox et al., "Trauma Changes Everything: Examining the Relationship between Adverse Childhood Experiences and Serious, Violent, and Chronic Juvenile Offenders," *Child Abuse and Neglect* 46 (2015): 163–173; Benjamin Meade, Benjamin Steiner, and Charles F. Klahm IV, "The Effect of Police Use of Force on Mental Health Problems of Prisoners," *Policing and Society* 27, no. 2 (2017): 229–244.

8. Kimberly Westcott, "Race, Criminalization, and Historical Trauma in the United States: Making the Case for a New Justice Framework," *Traumatology* 21, no. 4 (2015): 273–284; Jessica L. Garcia, "Historical Trauma and American Indian/Alaskan Native Youth Mental Health Development and Delinquency," *New Directions for Child and Adolescent Development* 169 (2020): 41–58; Monica Deza, Johanna Catherine Maclean, and Keisha T. Solomon, *Local Access to Mental Healthcare and Crime* (Cambridge, MA: National Bureau of Economic Research, 2020).

9. Maria Yellow Horse Brave Heart, "Oyate Ptayela: Rebuilding the Lakota Nation through Addressing Historical Trauma among Lakota Parents," *Journal of Human Behavior in the Social Environment* 2, no. 1-2 (1999): 109–126.

The community environment focus areas and sample metrics are summarized in the table below.

Community Environment		
Focus Area	**Metrics**	**Disparities**
Socioeconomic Stability	• Percentage of population in poverty • Percentage of population that is unemployed • High school incompletion rate • Percentage of people experiencing homelessness who have also experienced chronic homelessness[10] • Percentage of Census tracts with low income and low food access/ food security	Race, ethnicity, gender, age, geography
Health	• Percentage of population without health insurance coverage • Number of primary care health professionals per 100,000 people • Average years of life expectancy	
Community Safety	• Rate of deaths caused by external causes per 100,000 people[11] • Rate of reported violent crime per 100,000 people • Rate of substantiated child maltreatment per 100,000 youth	

Domain 2: Treatment Landscape

Mental health and/or substance use treatment is critical to stopping the cycle of repeated justice system involvement for those with behavioral health needs. In providing treatment for this population, it is essential to consider three key focus areas in the continuum of care that are needed to interrupt the cycle. The treatment landscape focus areas are the availability of, access to, and effectiveness of *appropriate* treatment programs and recovery supports. Appropriate treatment and recovery supports are defined as high quality, culturally responsive, trauma-informed service delivery, which centralizes professional expertise in meeting the needs of individuals in the justice system. Licensing strategies of treatment programs can support providers to include these vital components in their service delivery design.[12]

Treatment Availability

Availability of appropriate behavioral health treatment and recovery supports in communities may be limited or nonexistent. Treatment program designs may not be structured for cultural inclusion and responsiveness. Practitioners may not be trained, nor committed to delivering services in culturally affirming ways. Trauma-informed care within program and service delivery designs may be restricted in scope to specialists in the

10. According to the U.S. Department of Housing and Urban Development (HUD), chronic homelessness is defined as "having experienced homelessness for at least 12 months or 4 separate occasions in the last 3 years." See "Definition of Chronic homelessness," HUD Exchange, accessed November 9, 2022, https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/.

11. External causes of death may include accidents, overdose deaths, suicides, and homicides. Although these are not all directly related to crime, they nevertheless have an impact on the sense of community safety.

12. Substance Abuse and Mental Health Services Administration, *Principles of Community-Based Behavioral Health Services for Justice-Involved Individuals: A Research-Based Guide*. HHS Publication No. (SMA) 19-5097 (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019); Barbara C. Wallace, Latoya C. Conner, Priscilla Dass-Brailsford, "Integrated Trauma Treatment in Correctional Health Care and Community-based Treatment Upon Reentry," J *Correct Health Care* 17, no. 4 (2011): 329–343.

field, and not organization wide. Furthermore, expertise in serving people involved in the justice system may be minimal. In other words, although a substantial number of treatment programs and recovery supports may be available in some communities, the type and quality of care may not meet the specific needs of people in the justice system who have behavioral health needs.[13]

Treatment Access

Although appropriate treatment and recovery support programs may be available in some communities to people involved in the justice system, access to these programs may be difficult. At the administrative level, a lack of enrollment in Medi-Cal or another insurance may be a barrier to connecting people to community behavioral health services upon release from jail or prison. Even for those with coverage, wait times to be admitted to the treatment programs may be lengthy. Some admission processes and procedures may be fragmented or cause excessive stress and frustration to those who may need treatment the most and whose level of functioning is compromised by untreated mental health needs and/or addiction issues. Intake and assessment processes may cause re-traumatization.

Another significant challenge faced by individuals with behavioral health needs who are involved in the justice system is the ability of professional staff to engage with them in a timely and coordinated manner during the initial "window of opportunity" when a person who needs treatment is open to considering a change for the better. If the "window of opportunity" is missed, individuals can exhaust their reserves of motivation to seek help while simultaneously coping with their life circumstances and untreated mental health needs and/or substance use. This challenge alone, or together with the other identified access issues, can create barriers to treatment for this population.[14]

Treatment Effectiveness

The ability to access treatment is irrelevant if the treatment provided is not effective in addressing the individual's needs. The promotion of maximum opportunities for continual engagement throughout pre-admission, intake, assessment, entrance into placement, participation in the treatment programming, entrance into the post-treatment phase, and connection with recovery supports is central to treatment effectiveness. Without continual engagement, retention decreases or disappears, often resulting in non-completion of treatment and/or recovery support programming. For continuous and impactful engagement to occur, and retention to program completion, several components are necessary. One is the use of screening and assessment tools that are culturally affirming and address mental health and substance use. It is important that the kind of tools used, and the way they are used, do not create or exacerbate possible trauma for the client being evaluated.

Another component of treatment effectiveness is programming that encourages the treatment experience to be tailored to the individual, rather than using a "one-size-fits-all" approach that is convenient for the provider but does not really meet the client's needs, as each client is unique. Recruiting and employing clinicians

13. Crime and Justice Institute and Wayne Scott, *Effective Clinical Practices in Treating Clients in the Criminal Justice System* (Washington, DC: National Institute of Corrections, 2008); Substance Abuse and Mental Health Services Administration, *Principles of Community-Based Behavioral Health Services*.

14. Henry J. Steadman, Suzanne M. Morris, and Deborah L. Dennis, "The Diversion of Mentally Ill Persons from Jails to Community-Based Services: A Profile of Programs," *American Journal of Public Health* 85, no. 12 (1995): 1630–1635; Crime and Justice Institute and Scott, *Effective Clinical Practices*.

and other professionals extensively trained in trauma-informed care is another aspect of effectiveness. It is also important that clinicians and other professionals who provide treatment services have lived experience in the communities the clients most closely identify with and are skilled in serving people involved in the justice system and their families. This includes familiarity with the personal impact of justice system involvement and interventions designed to address needs associated with risk of future system involvement (i.e., "criminogenic needs").[15]

An additional key component is the smooth coordination of effective care for this population between treatment staff and recovery community supports. This coordination should be started with ample time before the client completes treatment, instead of after. In too many situations, individuals are left by themselves in a vulnerable state after completing treatment, trying to use new skills in a sober lifestyle without timely and important supports and resources. They often must wait too long for the supports and resources to be available because of disjointed coordination or no coordination at all. Trying to navigate the barriers created by the lack of coordination between systems, practicing new ways of coping, and facing the consequences of a past lifestyle is sometimes too much to manage all at once and clients disengage, often returning to unhealthy ways of living.

Treatment programs that prioritize these components throughout their organization are the best suited to serve this population. Not only do they know what works best, but they know their community well, and especially what works in their geographical area.

The treatment landscape focus areas and sample metrics are summarized in the table below.

Treatment Landscape

Focus Areas	Metrics	Disparities
Availability	• Number of behavioral health treatment and recovery support programs that are culturally responsive, trauma informed, and specific to people involved in the justice system who have co-occurring disorders • Number of openings for licensed inpatient treatment programs	Race, ethnicity, gender, age, geography
Access	• Average number of days from time of referral to admission in appropriate treatment programs • Percentage of referrals resulting in placements in appropriate treatment programs • Percentage of people released from custody with active Medi-Cal by custody setting and release type	
Effectiveness	• Percentage of clients completing appropriate treatment and recovery support programs	

15. Fred C. Osher et al., *Adults with Behavioral Health Needs under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery* (New York: The Council of State Governments Justice Center, 2012).

Domain 3: Crisis Response System

Much work is currently underway nationally and in California to facilitate quality responses to people experiencing behavioral health crises. While in recent years crises have been handled through 911 emergency services, policymakers and communities are increasingly adopting strategies to ensure that those who respond to behavioral health crises are well-equipped to interact on the scene and make appropriate connections to crisis care. This means focusing law enforcement on public safety crises while diversifying potential crisis responders to include trained behavioral health clinicians and community members. The quality of the system response to crises strongly influences whether individuals enter behavioral health clinic settings or the criminal justice system. The extent to which the criminal justice system is unable to effectively respond to crises can drive higher and inequitable rates of criminal justice involvement for people with behavioral health needs.[16] Using a broad definition of "crisis" that includes calls to all emergency numbers (i.e., 911 and 988), three focus areas within this domain shape whether people with behavioral health needs become involved in the criminal justice system: crisis response dispatch, crisis response effectiveness, and appropriate crisis resolution.[17] The sections below identify metrics within each of these focus areas. This domain, in particular, is one where data collection and reporting are emergent and quickly evolving. At this time, few jurisdictions have well-established policies and processes for the metrics listed below. Bringing together data from call for service, to response by a growing array of potential responders, through to resolution is ambitious. However, it is the only way to help understand the role of crisis response in reducing criminal justice system involvement among people with behavioral health needs.

Crisis Response Dispatch Options

The ability to dispatch a community or behavioral health professional instead of or alongside law enforcement may decrease the likelihood that a behavioral health crisis is responded to as a public safety issue. The ability to dispatch community responders, mobile crisis, co-responders, behavioral health-trained officers, or other responses is clearly dependent upon the availability of those options.[18]

Crisis Response Options Used

Different types of crisis situations warrant different responses. Some situations may require a law enforcement response to secure public safety, while others may best be served by a behavioral health care professional who can de-escalate a situation and get help for people by connecting them right away to crisis care. Employing an effective response to a crisis call and the resulting situation is critical for reducing criminal justice system involvement. Dispatchers play an important role by understanding the nature of a crisis and sending the least restrictive appropriate response. Training of dispatchers should include understanding culturally responsive approaches to crisis, as well as familiarity with local response options. This training should cover how to appropriately select a response based on information from the crisis call.

16. Committee on Psychiatry and the Community for the Group for the Advancement of Psychiatry, *Roadmap to the Ideal Crisis Response System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response* (Washington, DC: National Council for Mental Wellbeing, 2021).

17. Substance Abuse and Mental Health Services Administration, *National Guidelines for Behavioral Health Crisis Care: A Best Practice Toolkit* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020).

18. To learn more about different models of crisis response, see The Council of State Governments Justice Center, *Preparing 911 Dispatch Personnel for New First Responder Teams* (New York: The Council of State Governments Justice Center, 2021), https://csgjusticecenter.org/wp-content/uploads/2021/12/CSGJC_Field-Notes_Preparing-911-Dispatch-Personnel_2019-MO-BX-K001_508.pdf.

Effective Crisis Resolution

A common concern of stakeholders is whether crisis response truly stabilizes people or leads to another crisis call shortly after discharge. Addressing how well the crisis resolution has stopped or slowed the "revolving door" of criminal justice involvement is paramount in understanding appropriate crisis resolution for individuals and communities.

The crisis response system focus areas and sample metrics are summarized in the table below.

Crisis Response System

Focus Areas	Metrics	Disparities
Dispatch Options	• Percentage of 911 calls for behavioral health services • Number of co-responder teams per 100,000 people • Number of community responders per 100,000 people	Race, ethnicity, gender, age, geography

Crisis Response Options Used	• Percentage of behavioral health crisis calls (911 and 988) responded to by:
	  • Community responder
	  • Mobile crisis
	  • Co-response
	  • Law enforcement with behavioral health training
	  • Other
	• Percentage of behavioral health crisis calls that:
	  • Are resolved on the phone
	  • Are resolved without dispatching law enforcement
	  • Result in arrest
	  • Are resolved at the scene
	  • Result in an assault on an officer or use of force by an officer
	  • Result in transport to crisis services
	  • Result in emergency department bookings	

Effective Crisis Resolution	For all people with identified behavioral health needs discharged from the emergency department, crisis services, or jail: • Percentage of individuals discharged into community-based treatment • Percentage of individuals who receive follow-up care within 48 hours by a clinical team • Percentage of individuals who are stable in the community for more than 45 days • Percentage of individuals who are connected to Coordinated Entry (for housing) • Rearrest rates within 45 days of discharge	

Conclusion

Effective responses to people with behavioral health needs who are involved in the justice system are of vital importance. These individuals are overrepresented in the criminal justice system, while accessing behavioral health treatment and enjoying housing stability at lower rates, and within this population, disparities exist for people of color and Native Peoples. The causes of the overrepresentation and disparities can be better understood through analysis of data from the domains of community environment, treatment landscape, and crisis response system.

The *Public Health Meets Public Safety Policy Framework* supports access to data for state policymakers and other stakeholders to promote positive outcomes of health and sustained well-being for individuals, families, and communities by relying on research and evidence-based best practices. Utilizing the framework to inform policymaking now and in the future can support the reduction of justice system involvement for people with behavioral health needs and decrease the inequitable disparities that occur for people of color and Native Peoples in California. As the current unmet needs of this population have far-ranging and multigenerational effects, so will the effective solutions.

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The following is a list of selected literature references used to develop the framework.

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