



## Words to Deeds

#### From Silos to Solutions:

Cross System Implementation in California's Behavioral Health & Criminal Justice Reform Initiatives

September 25 - 26, 2025 Los Angeles, California

## A Glance at the Numbers Full Service Partnership Data Review

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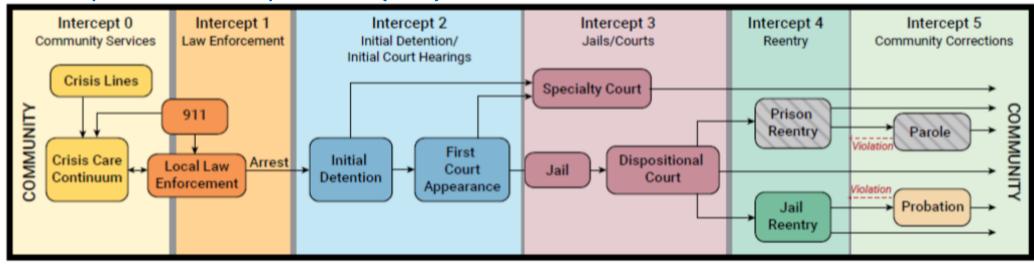
## A Glance at the Numbers

Aligning Health & Safety

September 25, 2025 | Hallie Fader-Towe, *Director, Justice & Health Initiatives* 

#### California's Recent Efforts Across the SIM

#### The Sequential Intercept Model (SIM)



988/ AB 988

Prop 36

Cal AIM Justice In-Reach

**Mobile Crisis** 

AB 1810, SB 1323, SB

Co-Response

317, SB 27

CARE Act, SB 43

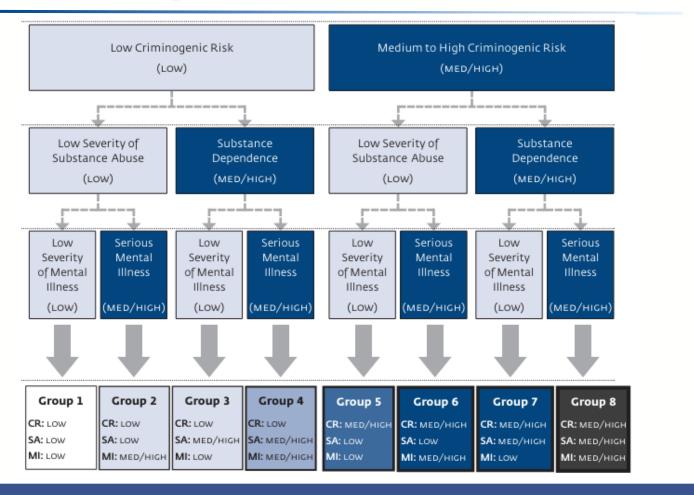
CARE Act, SB 43



# Another Way to Think About the SIM: It All Goes Back to the Same Community-Based Treatment & Supports

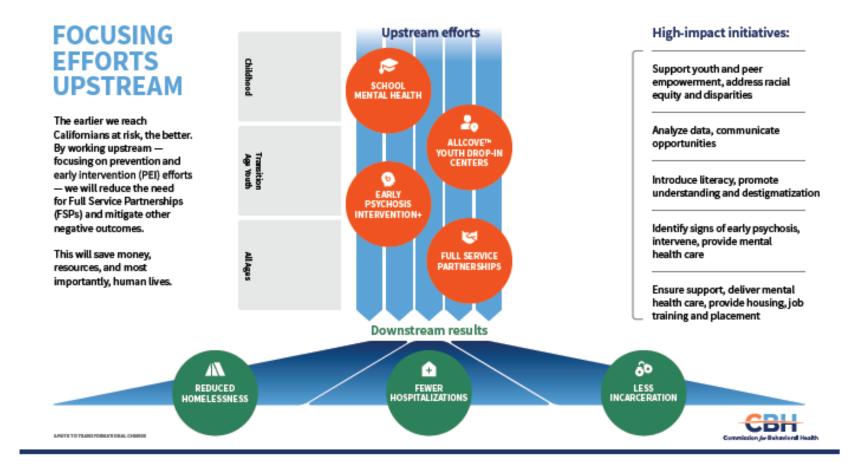


# Importance of Getting People to Right Level of Care, Support, Supervision



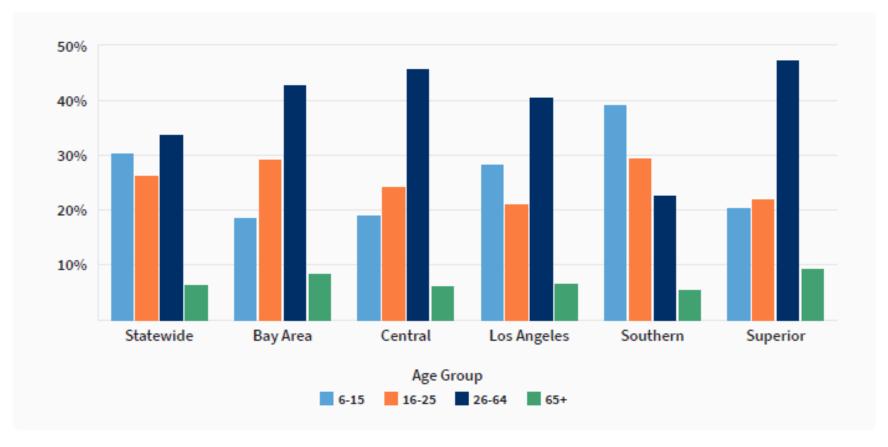


#### FSPs are California's Last Upstream Efforts to Reduce Negative Outcomes





#### Age Composition of FSPs "Ever"

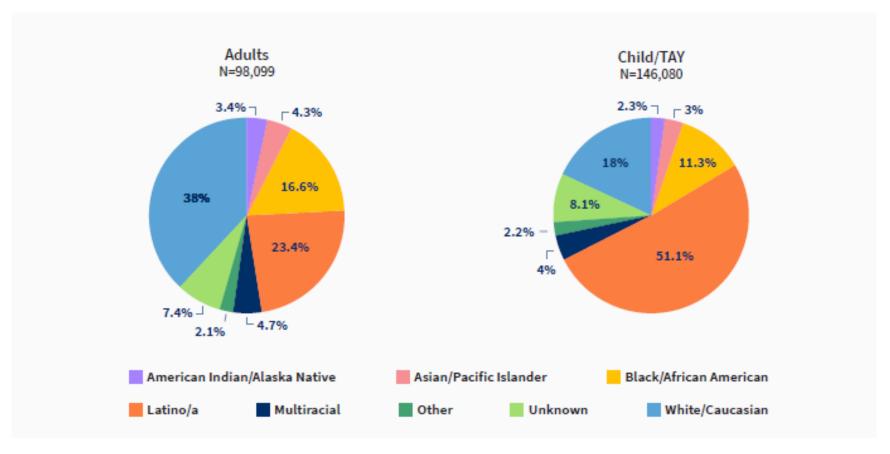


Notes: N=244,179. Data tables can be found in Appendix C. Age is age at completion of Partnership Assessment Form (PAF). For more information on methodology for demographic reporting, please read Appendix A1 of this report.



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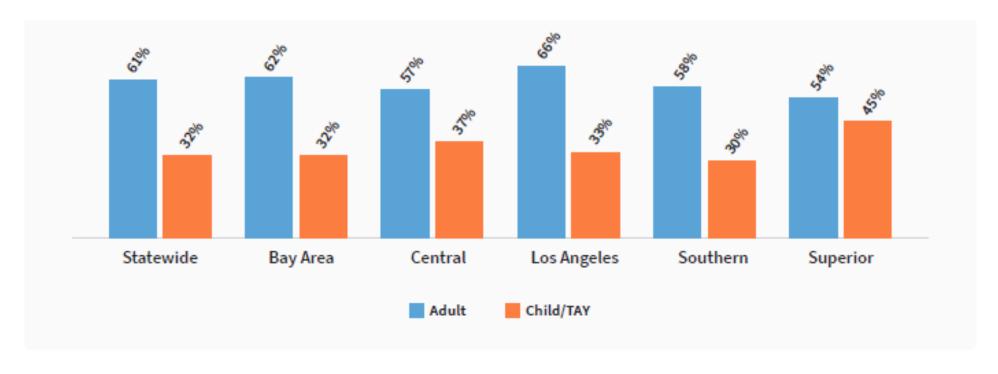
#### Race/Ethnicity Composition of FSPs "Ever"



Notes: N=244,179. Data tables can be found in Appendix C7 of this report. For more information on methodology for demographic reporting, visit Appendix A1 of this report.



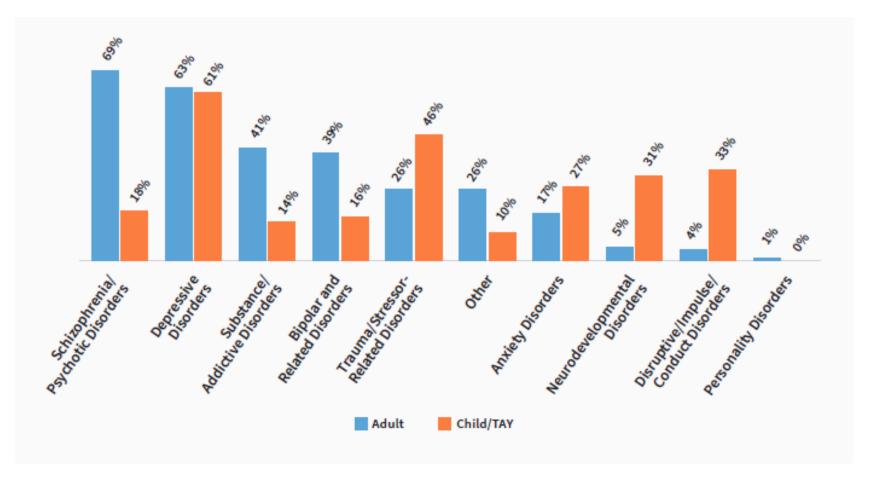
#### Percent of Housing Insecure or Homeless FSP Partnership Clients



Notes: N=244,179. Data tables can be found in Appendix C17 of this report. For more information on methodology for demographic reporting, visit Appendix A1 of this report.



#### Percent of Partners with a Diagnosis by Age Group



Notes: N=244,179. This figure presents the percent of partnerships where the client received a given diagnosis at any time between 2000 and 2022. Diagnoses are not mutually exclusive and are calculated at the partnership level. Only primary and secondary diagnoses are included. It is possible that a client may have more than two psychiatric diagnoses. Data tables can be found in Appendix C13 of this report. For more information on methodology, visit Appendix A1 of this report.



### **CBH's CJ Mental Health Project**

Years of DOJ x FSP Data

2007-2016

**Total Partners** 

64,294

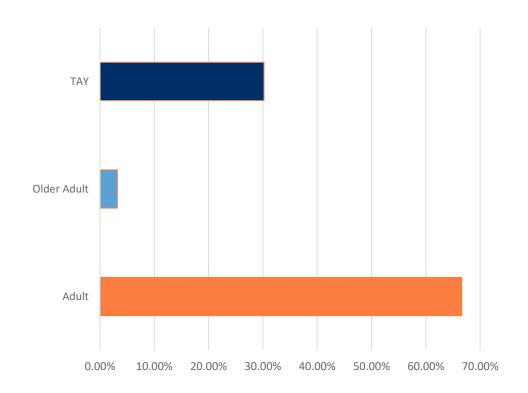
Partners w/ Arrest

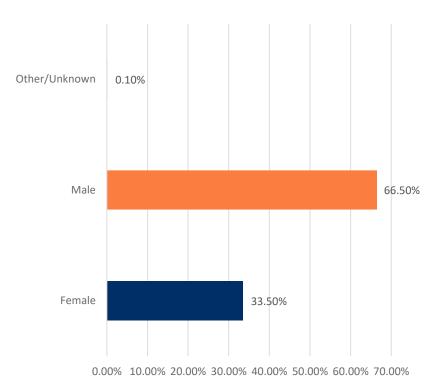
19,251

29.9%

Partnerships with an Arrest by Age 2007-2016



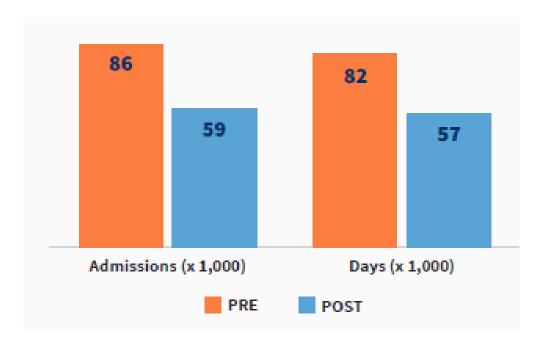




Reference: CBH's Transparency Suite



#### **Psychiatric Hospitalizations Pre and Post Enrollment**



Note: Data for this figure is restricted to clients who entered a partnership between 2012 and 2022 as hospitalization data is not available prior to 2011.



# BH Transformation has included investments in a range of treatment for MH & SUD in different settings, as well as supportive housing

TREATMENT BEDS		TREATMENT BEDS/ HOUSING	HOUSING	
ACUTE	SUBACUTE	COMMUNITY AND RESIDENTIAL TREATMENT	INTERIM	HOUSING WITH SUPPORTS
Highly structured insti- tutional setting aimed at stabilizing acute condi- tions, with 24/7 staffing	Secured and struc- tured setting aimed at rehabilitation, with 24/7 staffing	Intensive services in a residential setting focused on stability; a step-down from higher level of care	Supportive and temporary housing with a range of services and supports; typically transitional	Long-term, low-struc- ture setting with a range of services and supports for stable individuals
<ul> <li>Acute psychiatric hospital</li> <li>General acute care hospital</li> <li>State psychiatric hospital</li> <li>Psychiatric health facility</li> <li>Psychiatric residential treatment facility</li> </ul>	<ul> <li>Mental health rehabilitation center</li> <li>Skilled nursing facility         <ul> <li>special treatment program</li> </ul> </li> <li>State psychiatric hospital</li> <li>Community treatment facility</li> </ul>	<ul> <li>➤ Adult Residential         Care Facility and         Residential Care         Facility for the Elderly         (ARF/RCFE) (board         and care)</li> <li>➤ Short-term residential         therapeutic program</li> <li>➤ Congregate care         facility</li> <li>➤ Social rehab facility</li> <li>➤ Crisis residential         program</li> <li>➤ Peer supported         housing</li> <li>➤ Peer respite</li> </ul>	➤ ARF/RCFE  ➤ Emergency and interim shelter  ➤ Recuperative care  ➤ Short-term posthospitalization  ➤ Tiny home  ➤ Hotel/motel  ➤ Modular home  ➤ Recommissioned property  ➤ Other types of housing as developed locally	<ul> <li>ARF/RCFE</li> <li>Permanent supportive housing</li> <li>Public subsidized housing</li> <li>Scattered site</li> <li>Master lease</li> <li>Single-room occupancy</li> <li>Boarding home</li> <li>Other types of housing as developed locally</li> </ul>

- Cal AIM- ECM, Justice In-Reach, Community Supports
- CARE Act
- BH Connect
- BHSA/Prop 1
- BHCIP
- Community Care Expansion
- IST Diversion
- BH Bridge Housing
- Homekey
- HomeSafe



## **Numbers Only Make Sense with this Context**

- How well are we avoiding crisis?
- When crisis happens, how well are we responding?
- Are we safely reducing jail bookings? Average length of stay?
- Are we able to make connections to appropriate treatment and supports in the community?
   Are people engaging with those supports?
- Are we reducing recidivism?











## **Transforming BH for Justice Populations**

#### FROM 2023 TO 2025

## Active mental health cases rose 10% in California jails.

At the same time, jail average daily populations decreased by 1 percent.



People with the highest level of psychiatric care who left CDCR in 2020 had almost an

#### 11% higher rate of re-conviction

than people without mental health conditions.3

#### IN MAY 2025



with 51 percent of them having a highly probable substance use disorder, a mental health designation, or co-occurring mental health and substance use disorder.<sup>4</sup>

#### IN 2024

#### 25,851 people

in the community on
California Department of
Corrections and Rehabilitation
(CDCR) parole were assessed
as having moderate to high
levels of need for reentry
substance use disorders.<sup>2</sup>

Across all Californians, the state needs approximately 3,000 psychiatrists and 43,000 licensed clinicians to meet the workforce capacity needs of people with behavioral health disorders.



## **Thank You!**

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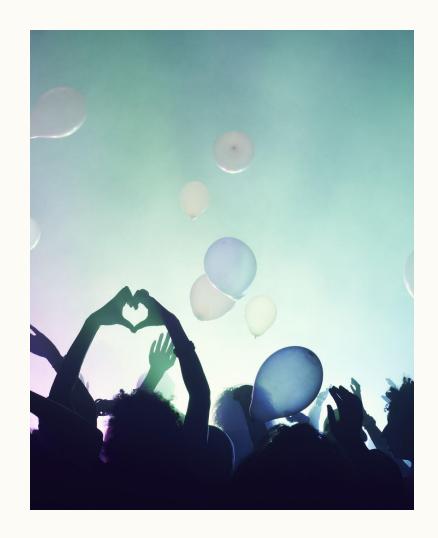
https://csgjusticecenter.org/resources/newsletters/

For more information, please contact Hallie at hfader@csg.org

The presentation was developed by members of The Council of State Governments Justice Center staff. The statements made reflect the views of the authors and should not be considered the official position of The Council of State Governments Justice Center, the members of The Council of State Governments, or the funding agency supporting the work.

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#### **Thank You!**

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To subscribe to Commission update emails, visit:

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2025 Convening - Los Angeles, CA





