

Transforming Behavioral Health for Justice Populations: A California Snapshot

Far too often, people with complex mental health and substance use (“behavioral health”) needs interact with multiple public systems without receiving the appropriate coordinated and sustained support necessary for long-term recovery. This can leave people stuck in what feels like a costly, unbreakable cycle of incarceration, hospitalization, and housing instability.

In recent years, California has reallocated more than \$10 billion to help communities break these cycles. But the work to truly address people’s needs requires an intentional, cross-system approach in each county that aligns behavioral health, criminal justice, and housing efforts. By improving the quality of and coordination across these systems, communities can create more effective pathways to care, recovery, and stability—helping people live healthier and keeping communities safer while reducing the strain on public systems.

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.¹



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

11% higher rate of reconviction than people without mental health conditions.³

IN MAY 2025

15% of all people on parole were unhoused and unsheltered, 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.⁴



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.²

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.⁵

Meeting the Opportunity

California's investments are helping modernize health delivery systems and enhance accountability and transparency. They are also making it possible for people to access appropriate care in the least restrictive setting based on their needs and the safety risk they pose. These are outcomes that happen over time through dedicated local partnerships that effectively provide the services that people need.

- With intensive mental health services through Full Service Partnership (FSP) programs, **arrests among adults** (ages 26 to 59) **decreased by 34 percent** over the 9 years FSP programs have been active.⁶
- State and local partners have worked to **decrease the felony Incompetent to Stand Trial (IST) waitlist by 70 percent** from 2021 to 2023. During the same time period, the IST census from the California Department of State Hospitals increased from 1,951 people to 2,869 people.⁷
- Among people eligible for Medi-Cal who left CDCR, **51 percent of people with mental health-only designations, 37 percent of people with substance use disorders, and 59 percent of people with co-occurring disorders** received at least one Medi-Cal behavioral health service within 1 year of leaving CDCR in Fiscal Year 2021–22. Connections to Enhanced Case Management (ECM) for people leaving CDCR **jumped from 39 percent in 2022 to 61 percent in 2023**.⁸

Fully realizing the promise of these investments requires strong coordination between state and local entities responsible for service delivery. By working across systems, **California can build a more comprehensive, community-based continuum of care that reduces:**

- Reliance on the criminal justice system as an access point for care
- Incarceration of people with behavioral health needs
- Unsheltered homelessness
- Overreliance on state hospitals and conservatorship.

These efforts can help communities break harmful cycles and ensure people have access to the care and stability they need to thrive.

Recent Initiatives for Justice-Involved Services in California

See the opportunities your community can tap to improve outcomes for people with behavioral health needs and justice system involvement.



¹ CSG Justice Center staff analysis of "Jail Profile Survey Dashboard," California Bureau of State and Community Corrections (BSCC), <https://tinyurl.com/ms5f65yu>.

² Office of the Inspector General, October 8, 2024 C-ROB Report (Sacramento: California Rehabilitation Oversight Board, 2024), <https://tinyurl.com/4ydrpty9>.

³ CSG Justice Center staff analysis compared people in the Psychiatric Inpatient Program to those with no mental health designation. See, Kevin Grassel et al., Statewide Recidivism Report for Individuals Released from the California Department of Corrections and Rehabilitation in Fiscal Year 2019–20 (Sacramento: California Department of Corrections and Rehabilitation [CDCR] Division of Correctional Policy Research and Internal Oversight Office of Research, 2025), <https://tinyurl.com/tyhbmnnv>.

⁴ CSG Justice Center staff analysis of "Parole Population Housing Status," CDCR Office of Research, accessed July 10, 2025, <https://tinyurl.com/yeuwnmys>.

⁵ Health Workforce Research Data Center, Health Workforce Research Data Center Annual Report to the Legislature (Sacramento, CA: Department of Health Care Access and Information, April 2025), <https://tinyurl.com/yzuhcxk5>.

⁶ "The Criminal Justice Mental Health Project: Data, Demographics, and Outcomes: Using Full Service Partnerships and Department of Justice Linked-Data 2007–2016," California Commission for Behavioral Health, accessed August 18, 2025, <https://bhsoac.ca.gov/transparency-suite/criminal-justice/>.

⁷ CSG Justice Center staff analysis of California Department of State Hospitals (DSH), Department of State Hospitals 2021–22 May Revision Proposals and Estimates (Sacramento, CA: DSH, 2022), <https://tinyurl.com/48fwnden> and DSH, Department of State Hospitals 2024–25 May Revision Proposals and Estimates (Sacramento, CA: DSH, 2025), <https://tinyurl.com/ys86b48r>; Denise M. Allen et al., ISUDT 3rd Annual Outcomes Report: Impacts of the Integrated Substance Use Disorder Treatment (ISUDT) Program on Morbidity and Mortality (Elk Grove, CA: CDCR & California Correctional Health Care Services, 2024), <https://tinyurl.com/y4nnaryz>.

⁸ Council on Criminal Justice and Behavioral Health, Medi-Cal Utilization Project: A Report on the Medi-Cal Enrollment and Behavioral Health Services Utilization for Individuals Released from the California Department of Corrections and Rehabilitation (Sacramento, CA: CDCR, April 2025), <https://tinyurl.com/374fmezD>.