

# NORA and Mental Health *Yes on 5*



## The Nonviolent Offender Rehabilitation Act of 2008

California's prison overcrowding problem has reached crisis levels, leading to court orders to improve mental health care for people in prison. Meanwhile, promising efforts to provide drug rehabilitation through the criminal justice system have been hampered by budget cuts, law enforcement opposition and incomplete links with mental health care for the many clients who are dually diagnosed with substance abuse problems and mental health issues.

A new ballot measure, Proposition 5, the **Nonviolent Offender Rehabilitation Act (NORA)**, would respond to these problems by dramatically reforming the prison system and parole policies, while also expanding court-supervised treatment programs. In all of these major areas, improving mental health care for people who are in the criminal justice system is a specific priority of NORA.

NORA will appear on the Nov. 4th, 2008, ballot. It is principally sponsored by the Drug Policy Alliance Network (DPAN), which sponsored Proposition 36 (Substance Abuse and Crime Prevention Act, Nov. 2000), with a list of supporters that includes the California Council of Community Mental Health Agencies (CCCMHA), and is growing every day.

### **\$385m for Mental Health Care and Addictions Treatment for Clients in Court-Supervised Programs**

For people arrested for nonviolent drug possession offenses, NORA creates a unified system of care with three levels of intensity, and provides \$385 million per year to pay for drug treatment and related costs. NORA requires a clinical assessment of each person's needs in terms of addiction treatment and mental health care, and requires the court to place the person in appropriate treatment matched to the assessment. NORA also expressly forbids the denial of care to a person due to a psychiatric or developmental disorder.

Under NORA, mental health services are, for the first time, expressly incorporated into the definition of "treatment" for people in court-supervised programs under the measure's Tracks I, II and III. Mental health care may be required in addition to drug treatment and other services, but not in lieu of all other services.

Finally, while NORA requires other funding sources to be used first, NORA's treatment funds can be used directly for mental health services when necessary. This is a major change from current law, under which neither Prop. 36 funds nor drug court funds are available to assist with clients' mental health needs.

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## **Rehabilitative Mental Health Care for Prisoners and Parolees Paid by State**

NORA requires the prison system to make a fundamental adjustment of its mission toward greater rehabilitation of all people in prison and on parole supervision.

CDCR must provide appropriate, individually tailored rehabilitation services at least 90 days before an inmate's release from prison. Then, the prison agency is required to provide services, specifically including mental health services, to every person on parole. According to NORA, CDCR "shall provide rehabilitation programs tailored to the parolee's needs as defined by the case assessment."

To encourage continued care, NORA also requires CDCR to pay for rehabilitation, including mental health services, for up to one year for any person discharged from parole who needs and requests services. (Post-parole services are to be coordinated through the county probation department.) Consistent with the terms of Proposition 63 (Mental Health Services Act [MHSA], Nov. 2004), NORA does not allow CDCR to use Prop. 63 funds to pay for services for parolees; CDCR funds must be used.

## **Coordination with Prop. 63/Mental Health Services Act (MHSA)**

NORA clearly stipulates that dually diagnosed people in court-supervised treatment programs are to be considered for mental health services paid for by Prop. 63/MHSA funds. Many dually diagnosed people are currently eligible and receiving services under both Prop. 36 and Prop. 63. NORA would add clarity by making an express reference to dually diagnosed clients in Tracks I-III as people who may have a qualifying "serious mental disorder" or "severe mental illness" that qualifies them for Prop. 63/MHSA funds.

In addition, NORA puts drug treatment providers, county alcohol and drug program administrators and judges at the table to help design counties' Prop. 63/MHSA implementation plans, to ensure better integration of Tracks I-III with each county's mental health systems. And NORA requires that counties document their progress in serving dually diagnosed clients who receive treatment through the courts.

## **Stakeholder Involvement in Implementation, Oversight**

NORA provides for close, independent oversight of its programs and insists upon much greater stakeholder involvement and authority over program implementation than is typically found with state programs. The measure creates two separate oversight commissions, one devoted to the corrections system, and one

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devoted to treatment diversion programs for which funding is to be administered by the Dept. of Alcohol and Drug Programs (ADP). Key stakeholders comprise the membership of both commissions, with health and social services professionals playing prominent roles.

On the CDCR side, the Parole Reform Oversight and Accountability Board (PROAB) consists of 19 voting members, of which 3 would be rehabilitation service providers (including mental health service providers). On the ADP side, the Treatment Diversion Oversight and Accountability Commission (“Oversight Commission”) consists of 23 voting members, of which 11 would be drug treatment providers, counselors, mental health (dual diagnosis) care providers and county alcohol and drug administrators.

Both oversight panels are chartered to “review, direct and approve the implementation” of NORA by the lead agencies. They each have the authority to review and approve, or block, regulations pertaining to NORA. The lead agencies are required to provide staff to the oversight panels sufficient to support and facilitate their operations.

NORA also provides funding for ongoing research to evaluate programs and to recommend best practices.