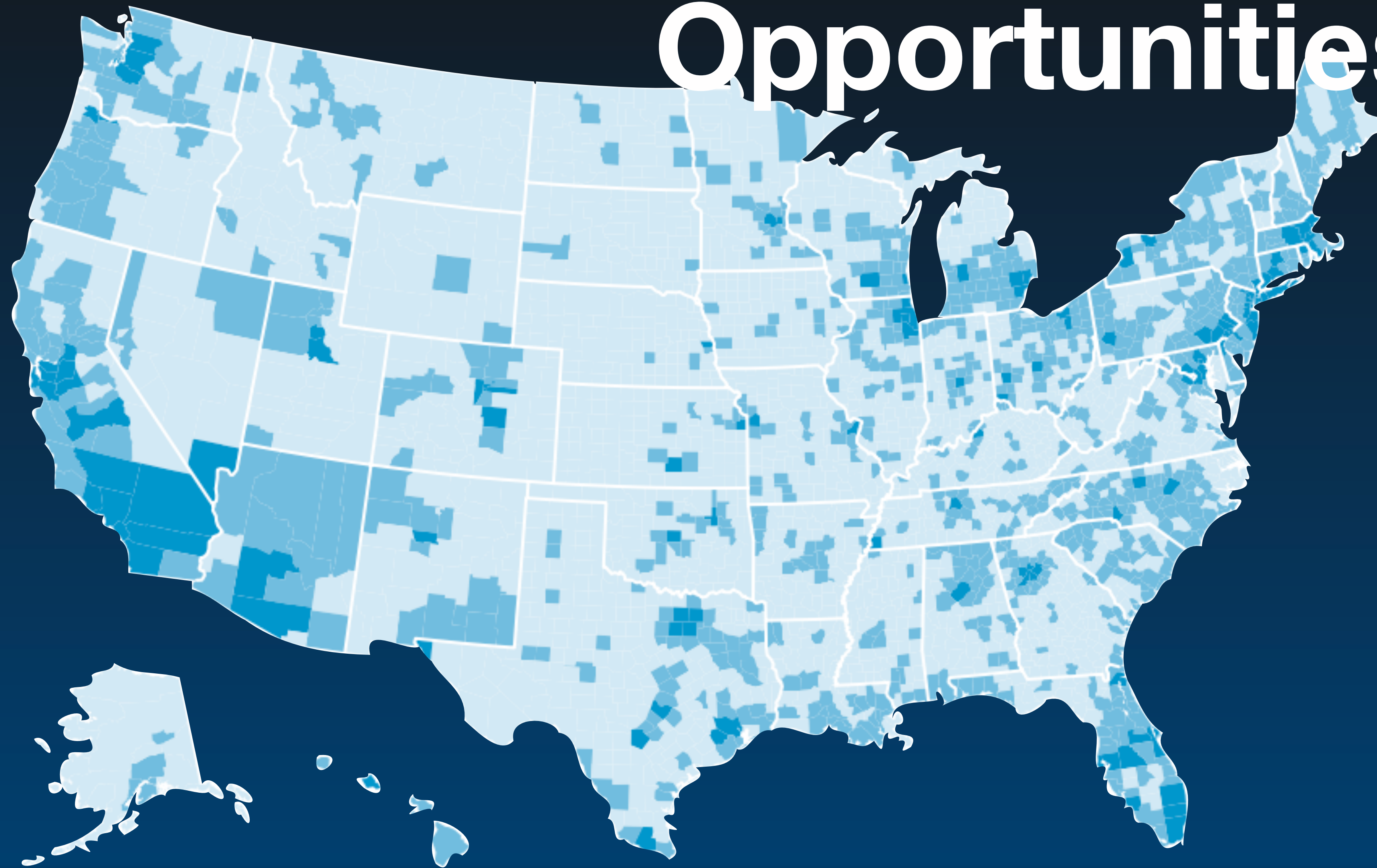


From Childhood Poverty to Income Opportunities



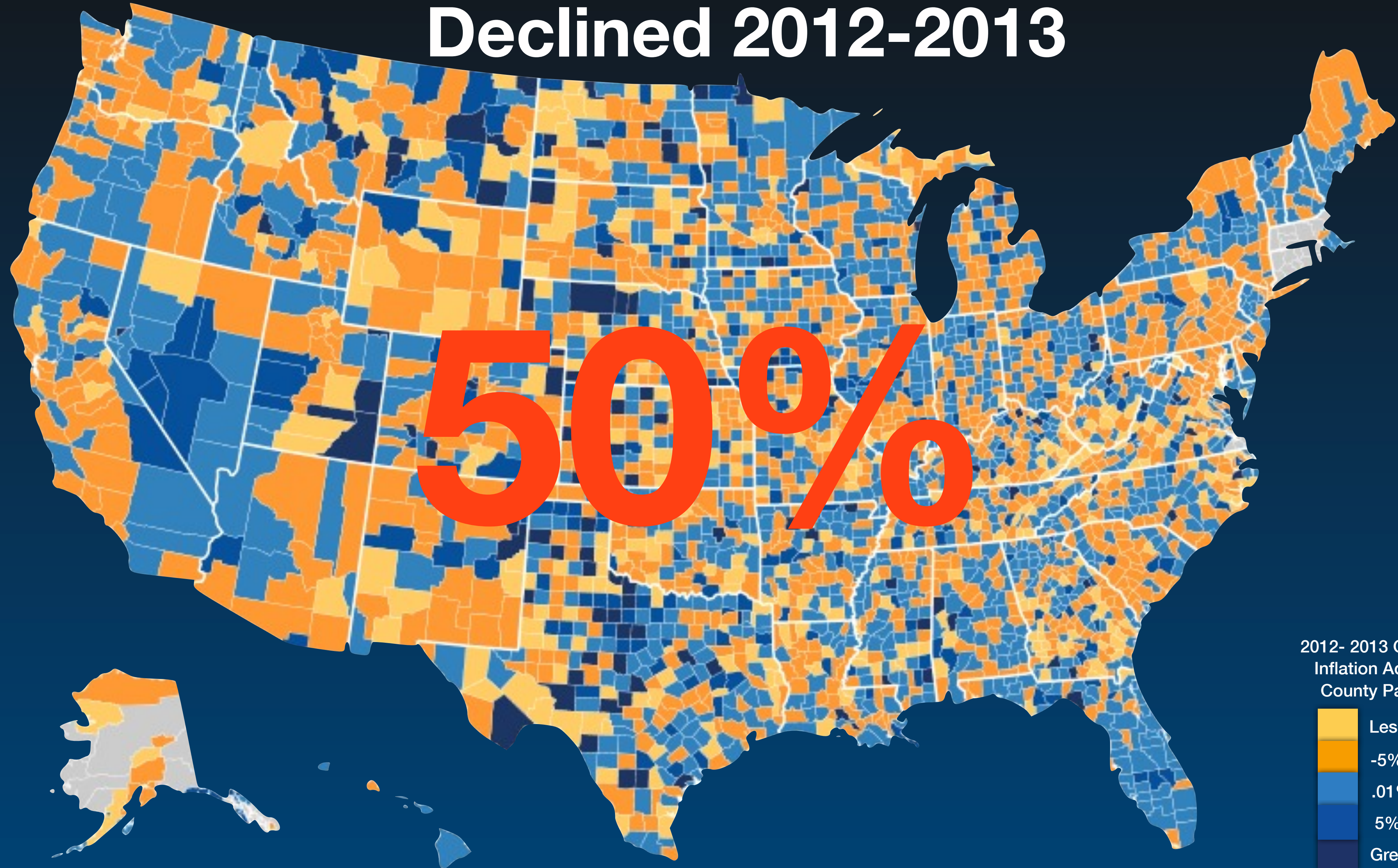
Workforce Challenges

Unemployment or underemployment 81%

Shortage of skilled workers 74%

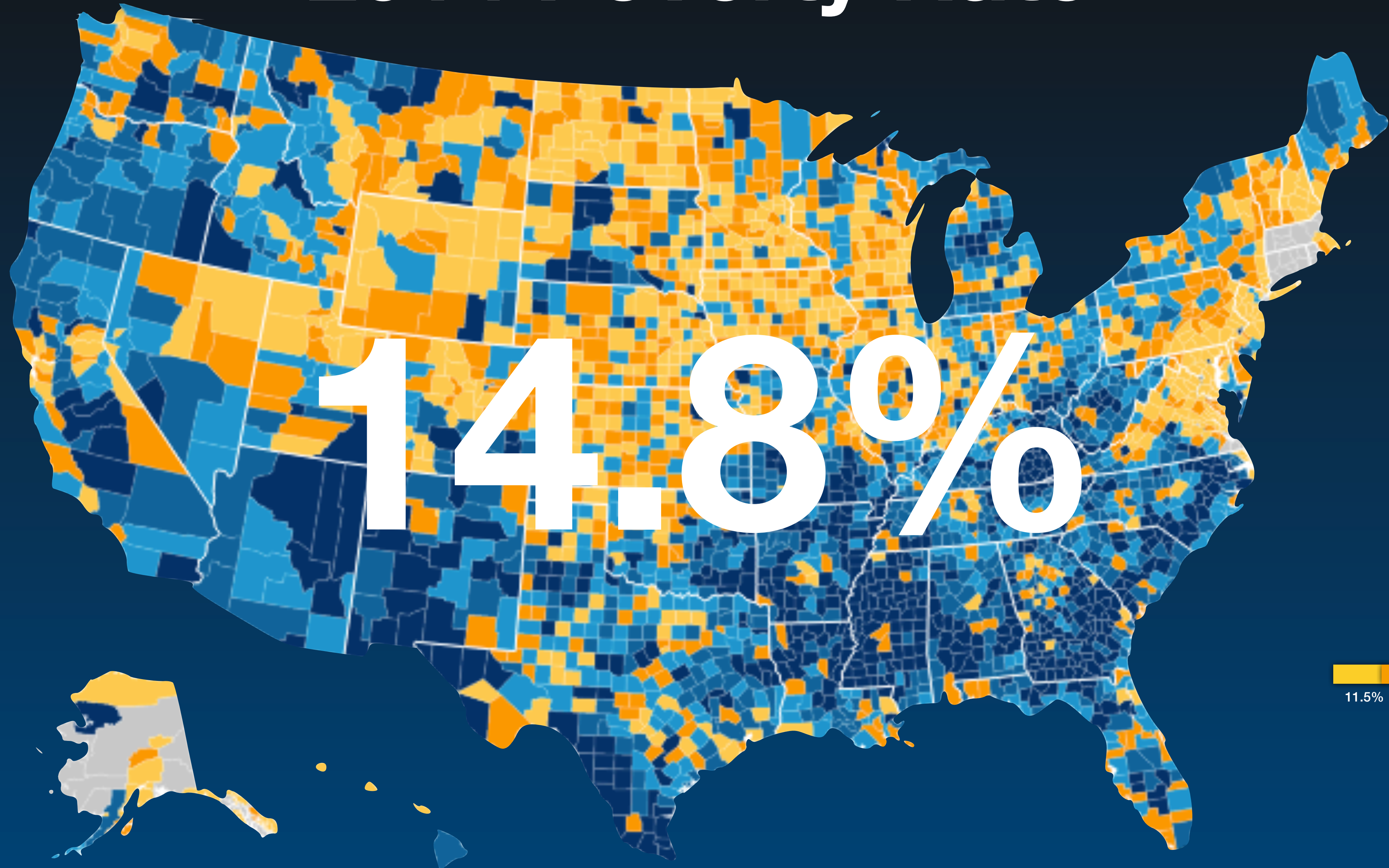
Inability to attract or retain young workforce 73%

Annual Wages In Half Of County Economies Declined 2012-2013



Source: NACo Analysis of Moody's Analytics 2014 Data; US Bureau of Labor Statistics;
US Bureau of Economic Analysis; US Census Bureau

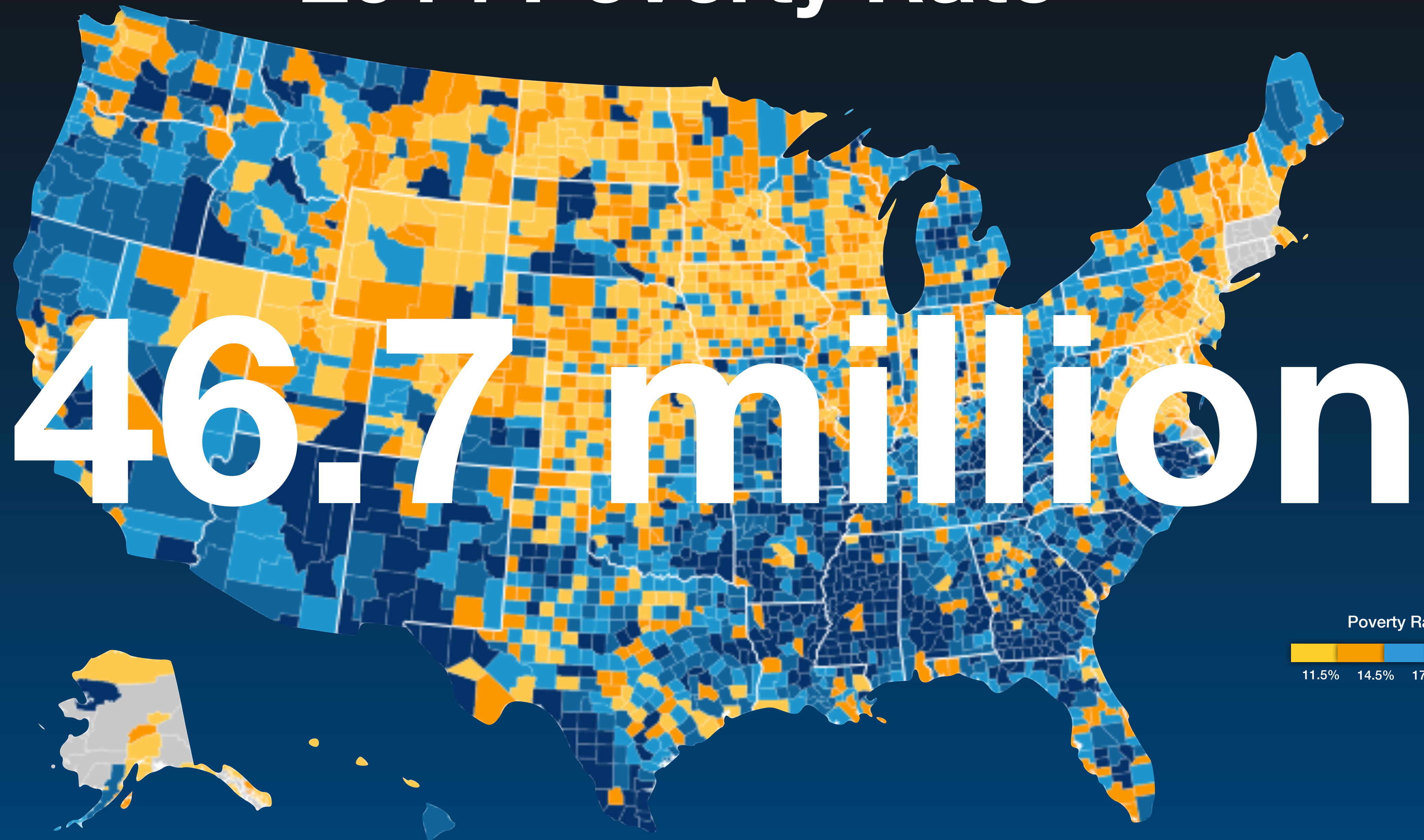
2014 Poverty Rate



Source: Census Bureau, 2014

Note: Average poverty threshold for family of four in 2014 was \$24,230

2014 Poverty Rate



Source: Census Bureau, 2014

Note: Average poverty threshold for family of four in 2014 was \$24,230

Income Potential Starts in Childhood

Children in Poverty

15.5 million

Living in Poverty

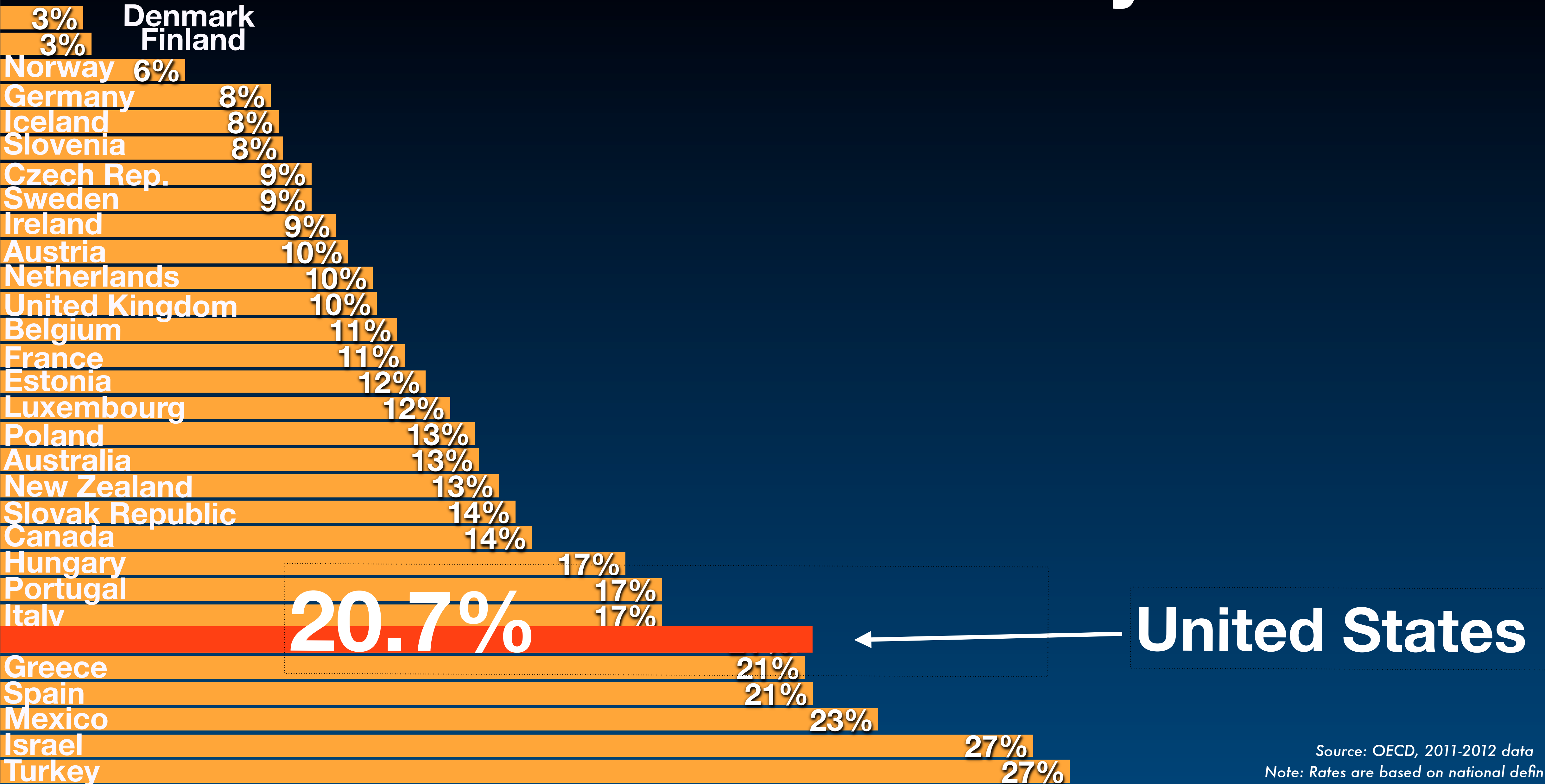
Children in Poverty

33%

Children in Poverty

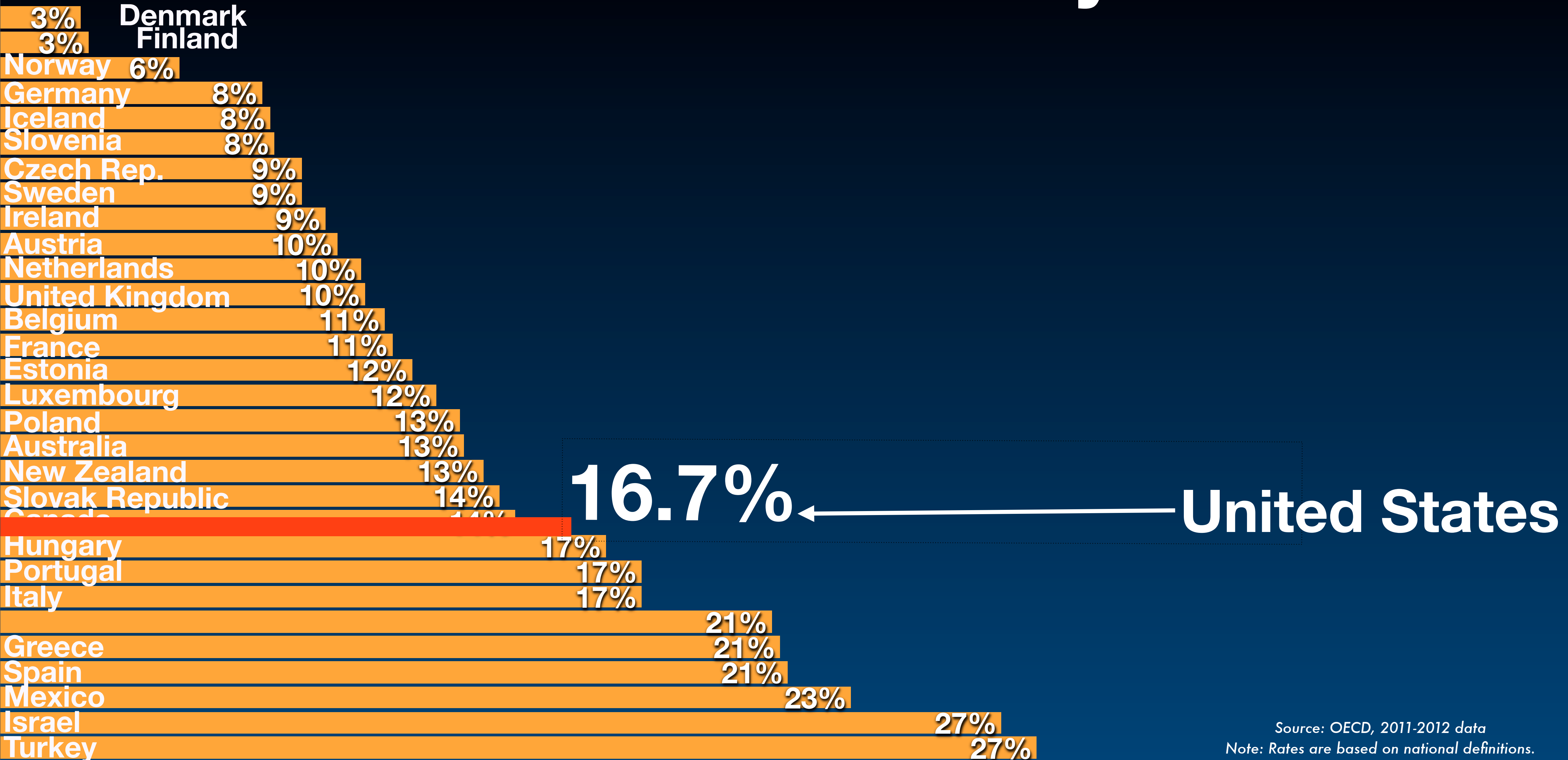
1 in 5 children

Children in Poverty



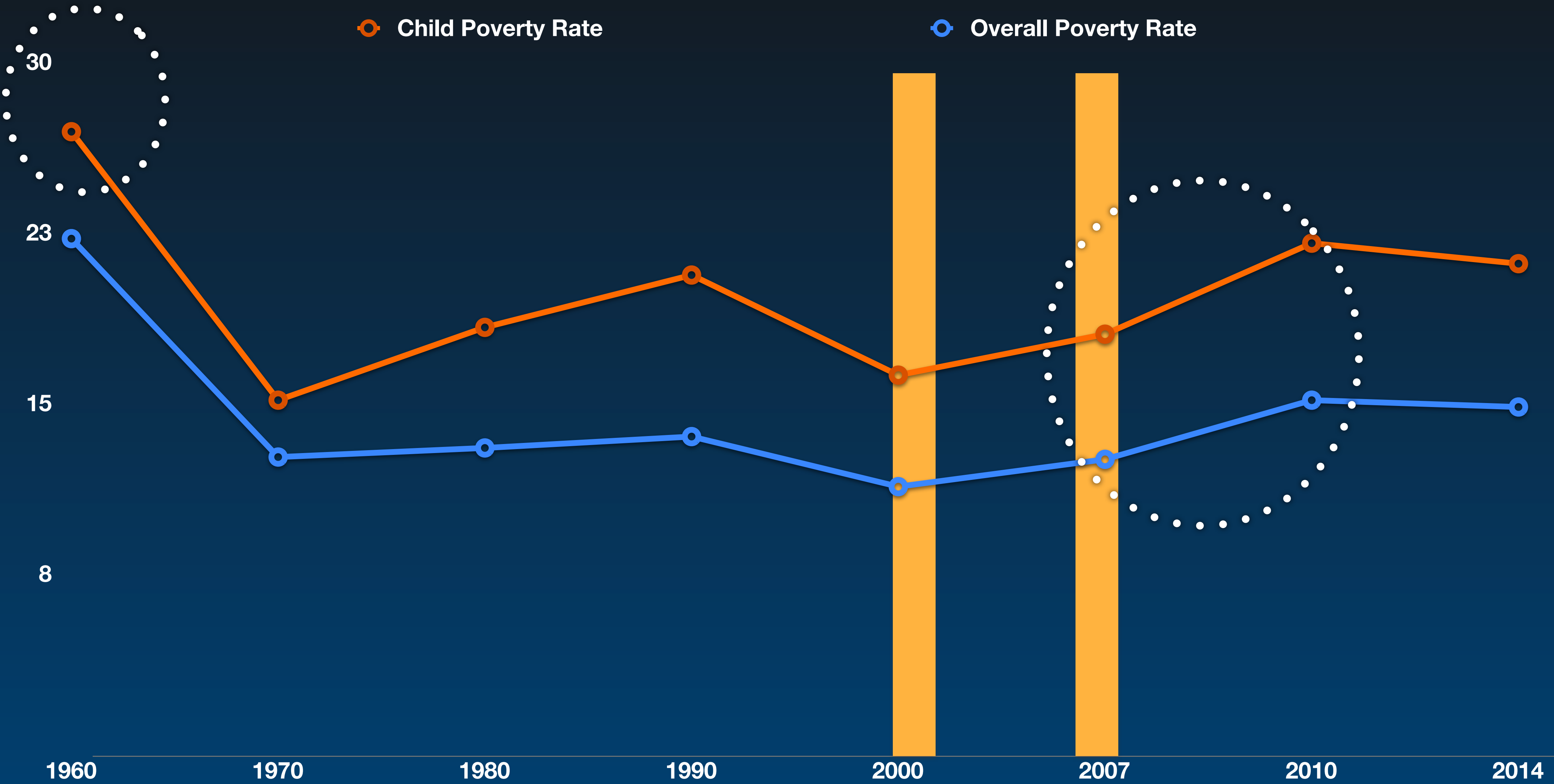
Source: OECD, 2011-2012 data
Note: Rates are based on national definitions.

Children in Poverty

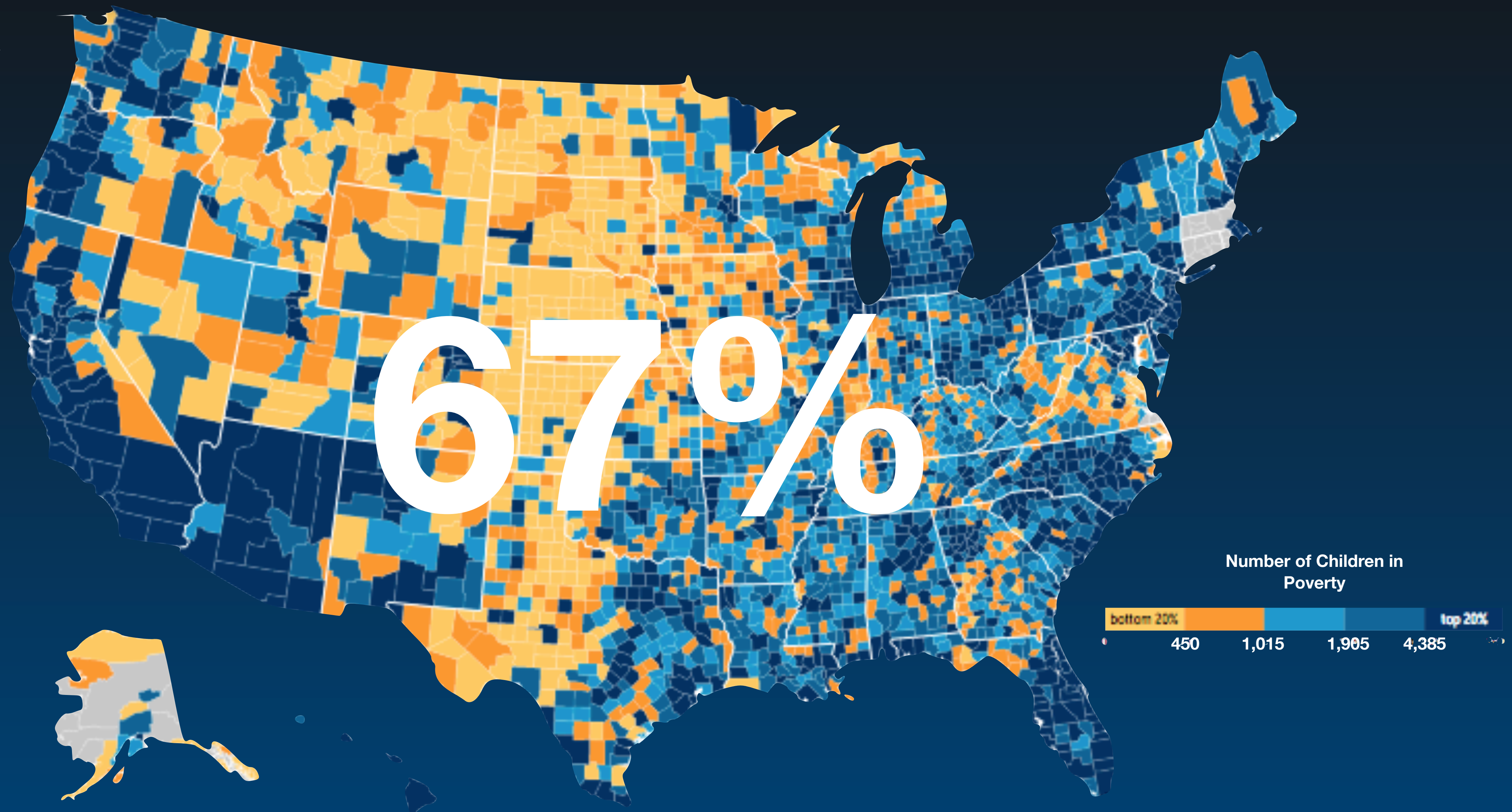


Source: OECD, 2011-2012 data
Note: Rates are based on national definitions.

Child Poverty Rates Increasing in the US

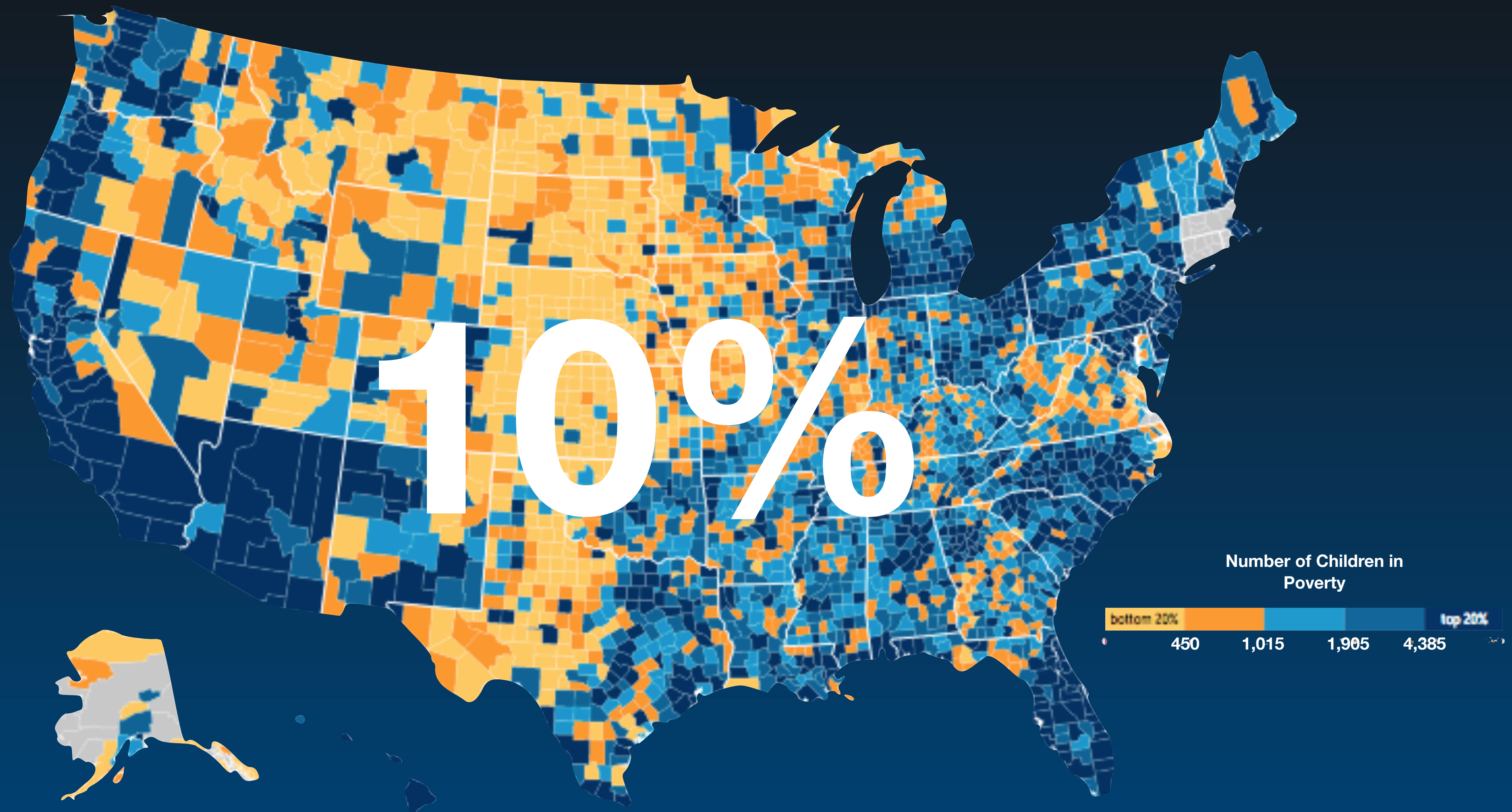


Number of Children Living in Poverty



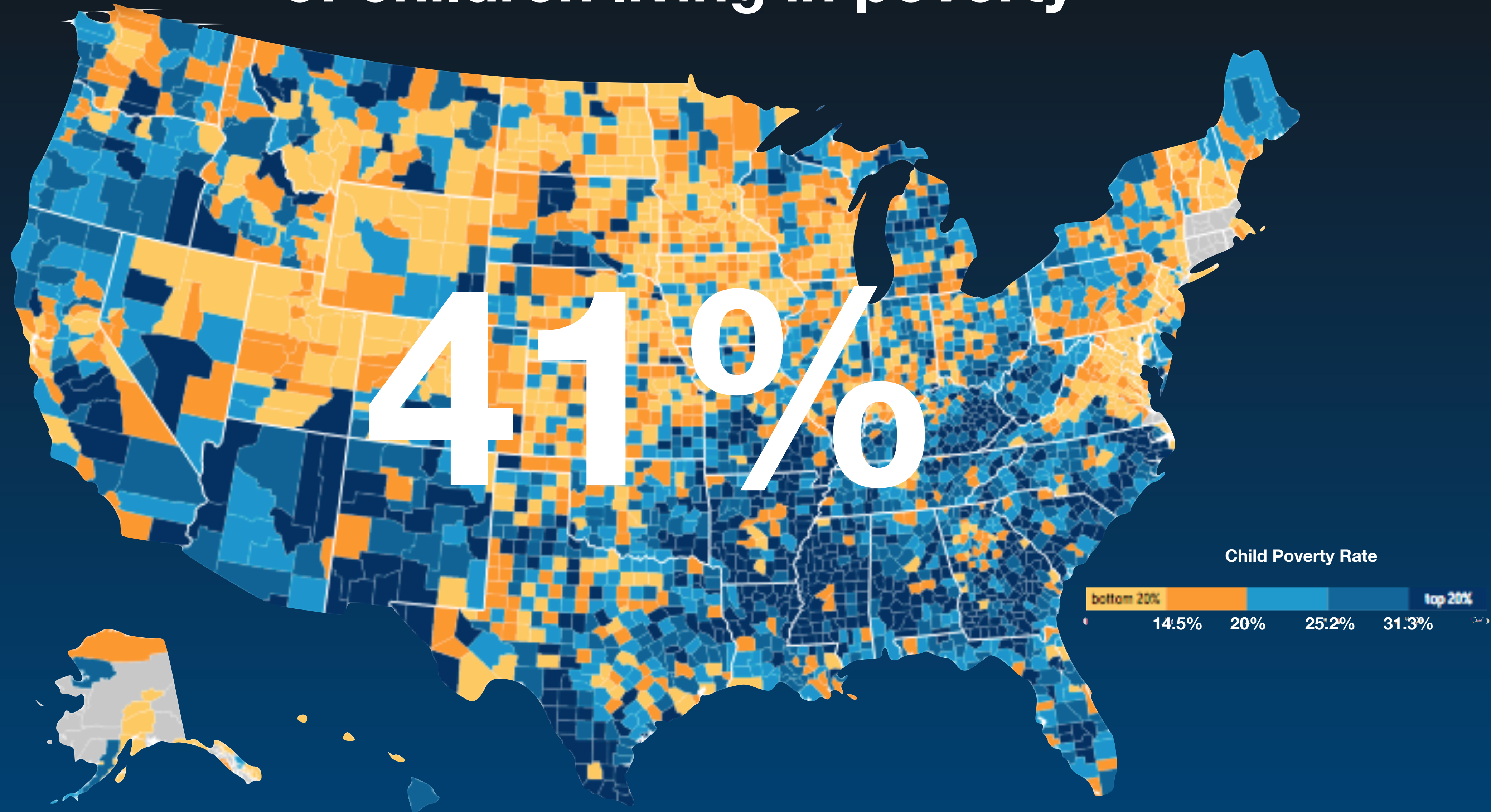
Source: Census Bureau, 2014

Number of Children Living in Poverty



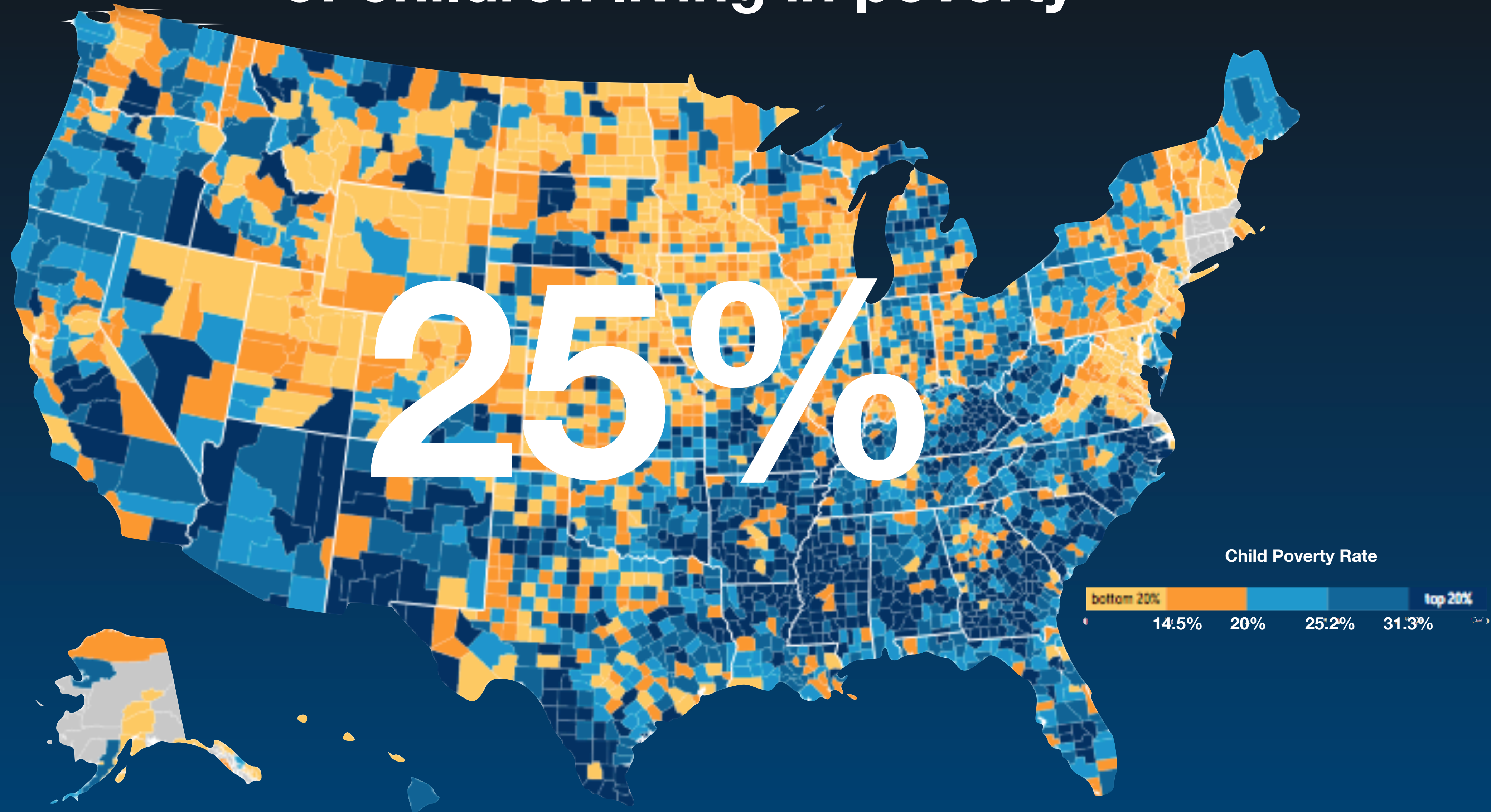
Source: Census Bureau, 2014

Small Counties are more likely to have high shares of children living in poverty



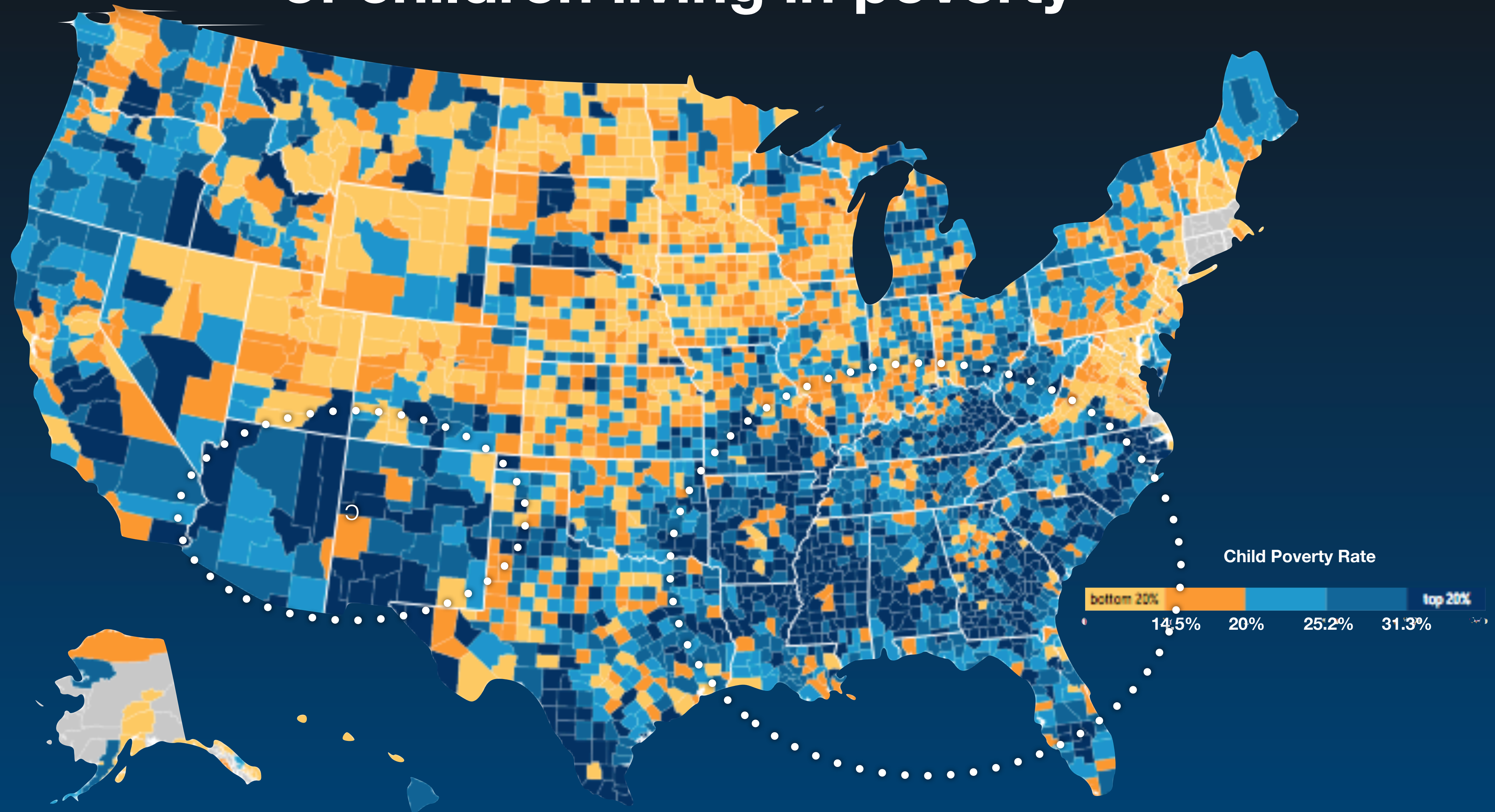
Source: Census Bureau, 2014

Small Counties are more likely to have high shares of children living in poverty



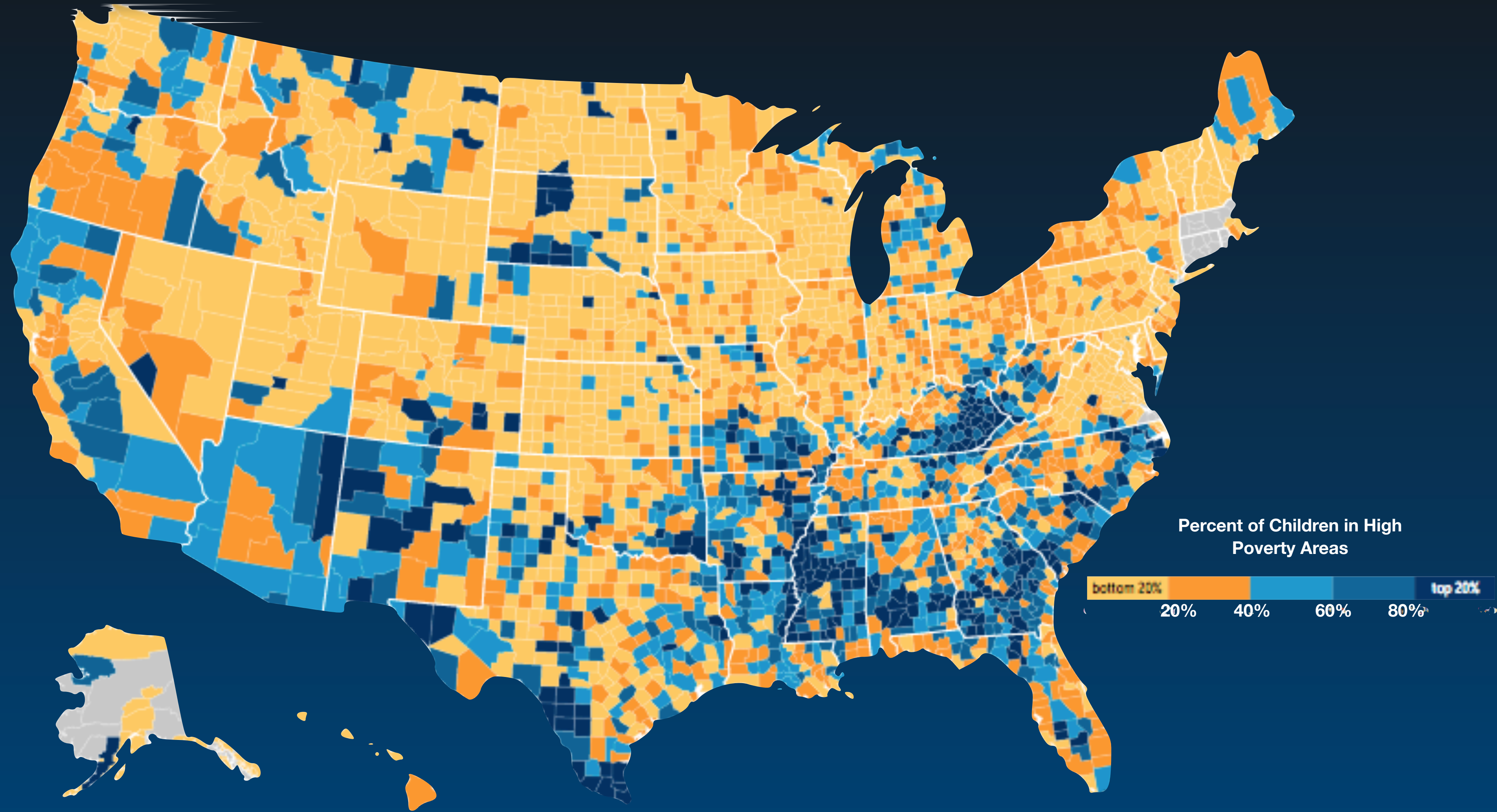
Source: Census Bureau, 2014

Small Counties are more likely to have high shares of children living in poverty



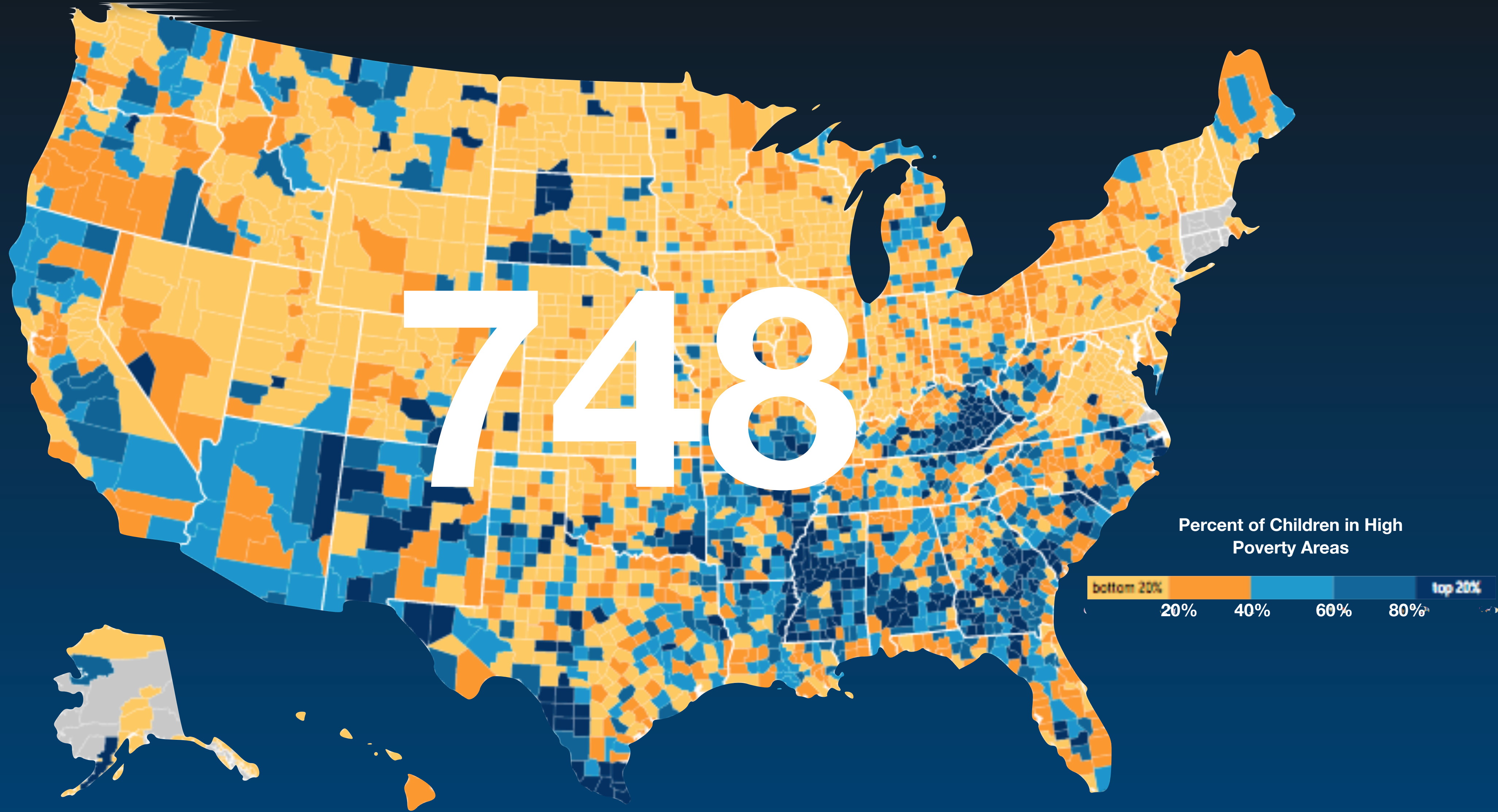
Source: Census Bureau, 2014

Concentrated Poverty



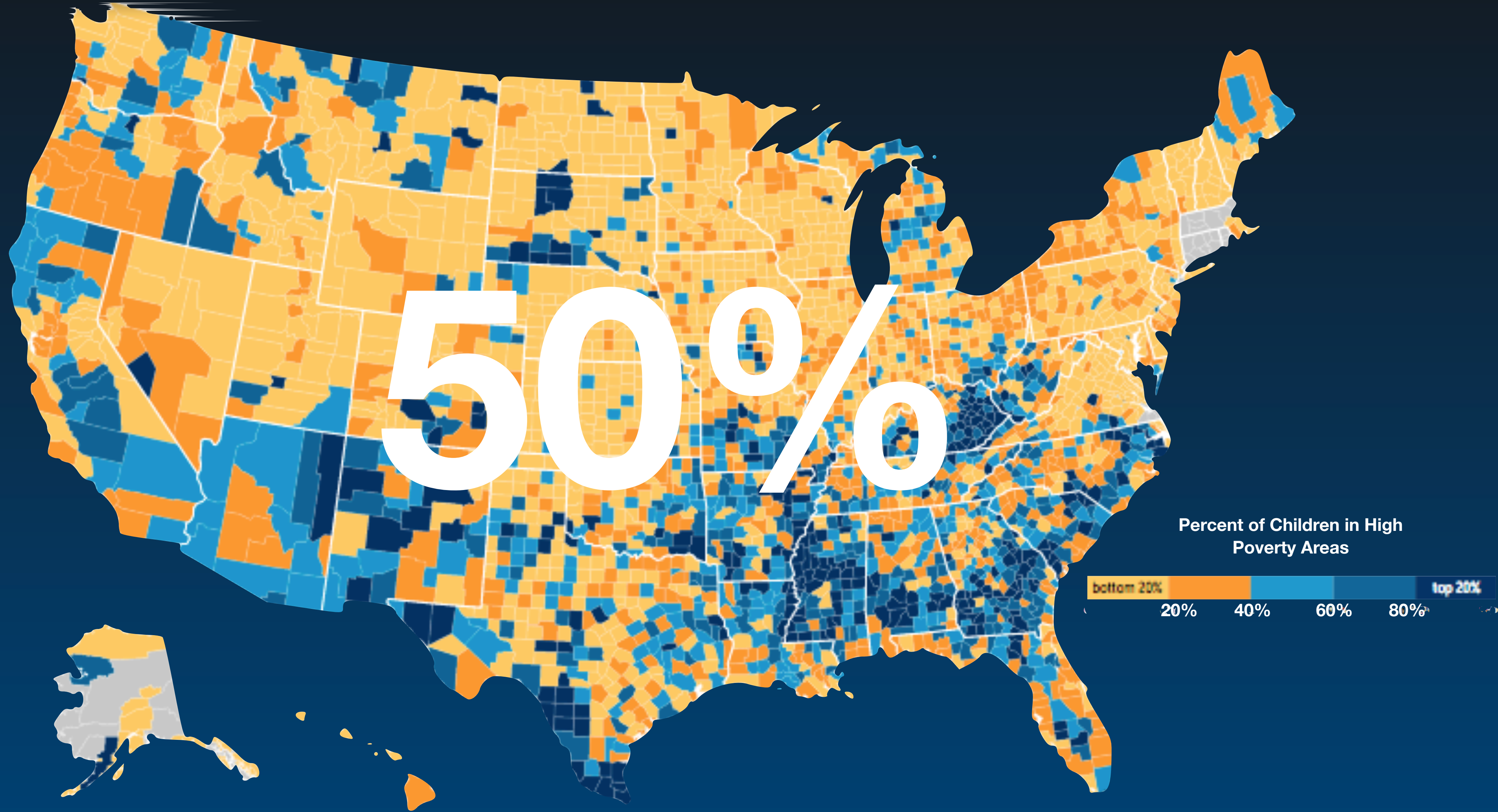
Source: Census Bureau, 2014

Concentrated Poverty



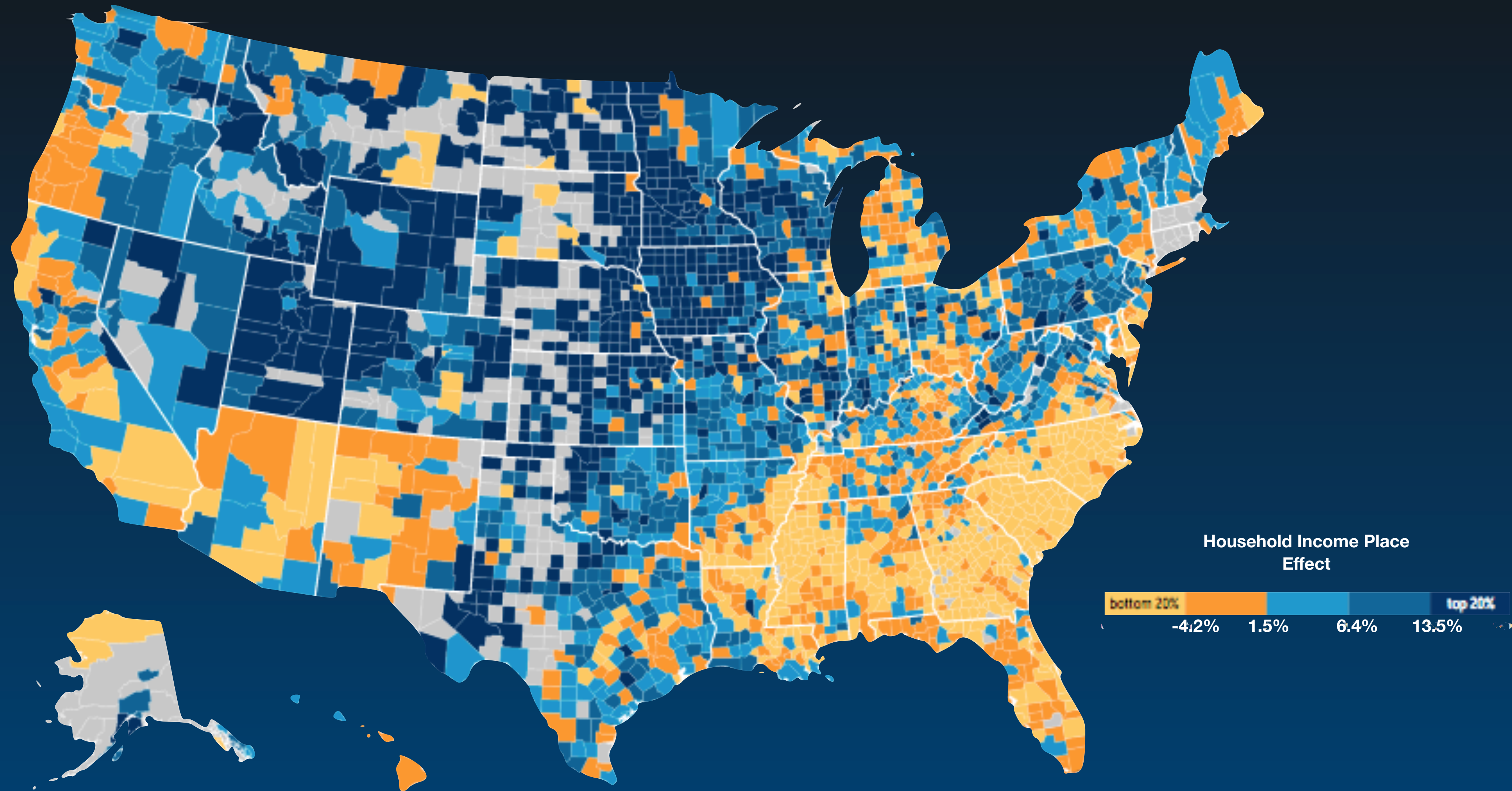
Source: Census Bureau, 2014

Concentrated Poverty



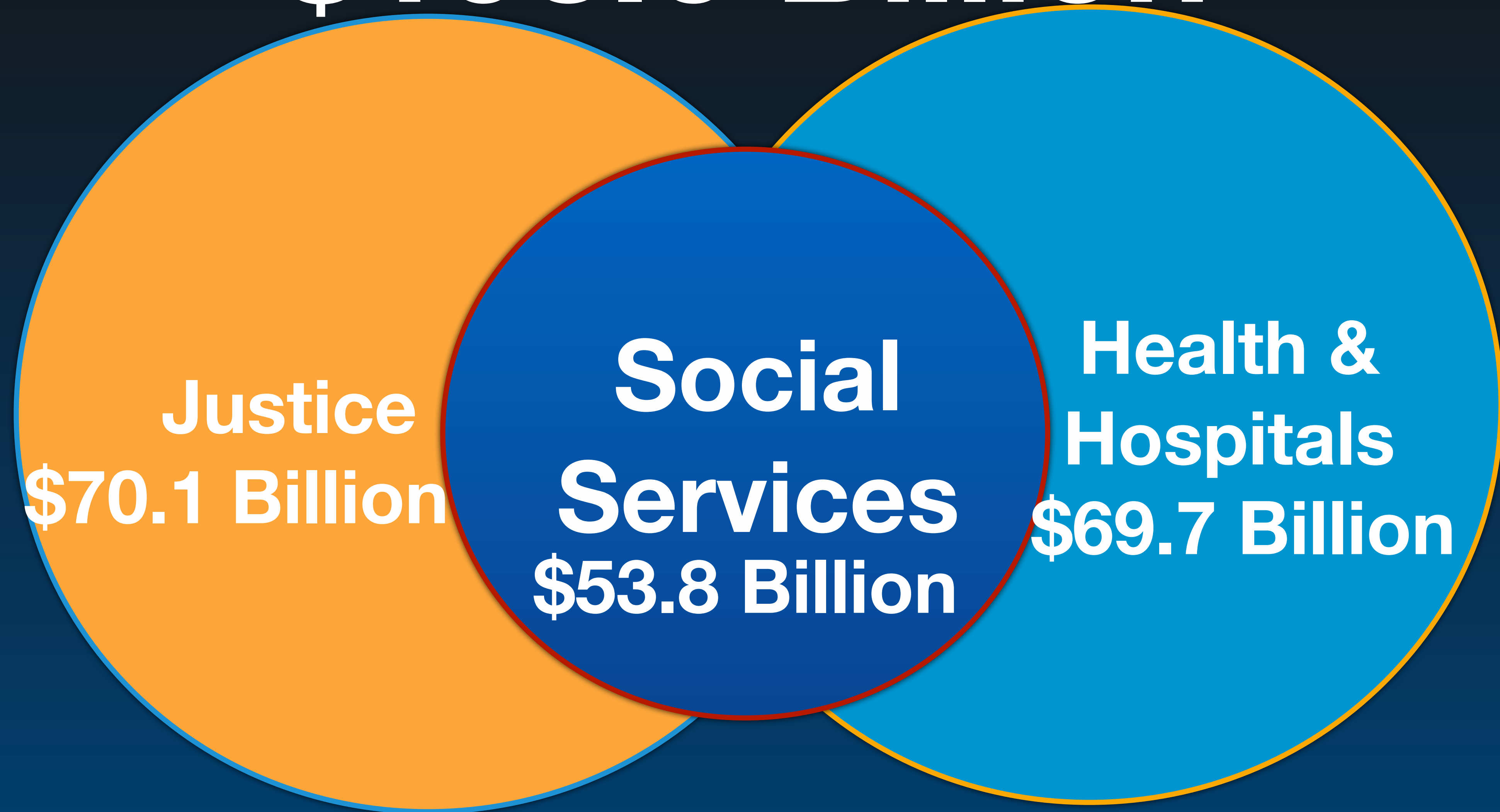
Source: Census Bureau, 2014

Effect of Place of Childhood on Income



Source: Census Bureau, 2014

\$193.6 Billion



Mental Illness in Jails

ADDRESSING MENTAL ILLNESS AND MEDICAL CONDITIONS IN COUNTY JAILS

NATALIE ORTIZ, PH.D.

NACo WHY COUNTIES MATTER SERIES • ISSUE 3 • SEPTEMBER 2015 • www.NACo.org

KEY FINDINGS

Protecting public safety and ensuring the health and well-being of residents are essential functions of county governments. County governments own and operate a majority of all jails in the U.S. and spend \$70 billion annually on the criminal justice system. Counties balance the pursuit of justice with the strategic management of the jail population and prudent county spending on the corrections system, including for the healthcare of the jail population.

The jail population has complex healthcare needs. Better management of the inmates with mental illnesses and chronic medical conditions may assist counties with reducing the number of people in jail that require medical and mental health treatment. This approach may also reduce costs and better provide for the healthcare needs of this population. An analysis of U.S. Department of Justice Bureau of Justice Statistics (BJS) data on the jail population and the results of a 2015 NACo survey of county jails finds:

1 A LARGE SHARE OF THE JAIL POPULATION HAS A MENTAL ILLNESS OR MEDICAL CONDITION. County jails have large jail populations with serious healthcare needs, including mental illnesses and medical conditions (See Key Terms). According to BJS, 40 percent of inmates have a chronic medical condition (See Figure 1).¹ High blood pressure/hypertension is the most frequent medical condition in the jail population. Female jail inmates are more likely than male inmates to have a chronic medical condition and these conditions are more common among the persons in jail over 35 years.² One-third of individuals who enter jail with a chronic medical condition were receiving medical treatment in the month prior to their admission to jail.³ A significant share of jail inmates with a chronic medical condition take prescription medication while in jail.⁴

64% OF JAIL INMATES HAVE A MENTAL ILLNESS

40% OF INMATES IN JAIL IN 2011–2012 HAD A CHRONIC MEDICAL CONDITION

40% OF JAIL INMATES WITH A CHRONIC MEDICAL CONDITION TAKE PRESCRIPTION MEDICATION WHILE IN JAIL

To read the companion case studies and learn more about the 2015 NACo survey of county jails, visit:
www.NACo.org/JailHealthServices



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ADDRESSING MENTAL ILLNESS AND MEDICAL CONDITIONS IN COUNTY JAILS

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COOK COUNTY, ILLINOIS

THE OPPORTUNITY FOR CHANGE

Located on more than eight city blocks in Chicago, the Cook County Jail is one of the largest single site county jails in the United States, with 10 divisions, a health services facility, two education departments and more. The jail primarily holds pretrial detainees, admitting approximately 200–300 people every day. Many individuals in the jail could benefit from expanded access to Medicaid, particularly those with behavioral health needs, and leaders from the courts, jail and health care systems in Cook County, Ill., all recognized this early on. Approximately 15–30 percent of individuals in the Cook County Jail are estimated to have a serious mental illness, and county leaders cite a growing understanding, locally as well as nationally, of the drivers that can cause individuals with mental health and substance abuse issues to enter into the criminal justice system. In anticipation of Medicaid expansion under the Patient Protection and Affordable Care Act (ACA), in October 2012 Illinois obtained approval from the Centers for Medicaid and Medicare Services to get an early start on Medicaid expansion for adults in Cook County. Initial planning began in late 2011, and in 2012 the Justice & Health Initiative steering committee was formed that included high-level members from the Sheriff's Office, Cook County Health & Hospitals System (CCHHS), the courts, probation and other related agencies. Cook County's application enrollment process began in the jail in April 2013, through a partnership with CCHHS, the jail and Treatment Alternatives for Safe Communities (TASC), which is a local provider of case management services for people with histories of drug problems, health conditions and involvement in the justice system. Because the jail sees such a large number of individuals, it was crucial that the enrollment process be quick.

COOK COUNTY'S MODEL

The Justice & Health Initiative worked together to evaluate justice enrollment priority locations. The goals were to maximize the number of applicants that got covered and get to them as early after arrest as possible. They looked at many spots, including probation intake, but determined that the largest number of likely eligible/high need people were passing through the jail. Since 25 percent of detainees leave the jail within 24 hours, they determined that intake was the place where they would reach the largest number of people. This met the goals of the health system (to maximize enrollment of the newly eligible population) and the justice system (to put in the hands of the most people the tools to avoid future arrests).

COOK COUNTY, ILLINOIS
POPULATION: 5,240,000¹
JAIL CAPACITY: 1,000²
AVERAGE DAILY JAIL POPULATION: 1,000³



¹ http://factfinder.census.gov/servlet/ST0303?_lang=en
² <http://www.cookcounty.com/corrections/952030/>
³ For 2014, <https://performance.cookcounty.com/corrections>



For the key terms used in this report, the companion case studies and to about the 2015 NACo survey of county jails, visit: www.NACo.org/JailHealthServices

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ADDRESSING MENTAL ILLNESS AND MEDICAL CONDITIONS IN COUNTY JAILS

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KING COUNTY, WASHINGTON

THE OPPORTUNITY FOR CHANGE

King County started preparing in 2013 for the implementation of health insurance coverage changes under the Patient Protection and Affordable Care Act (ACA), including a major push by Public Health to coordinate a community network (AS agencies) of in-person enrollment assistants at places frequented by the public such as libraries and shopping malls.

The county has a strategic plan to incorporate equity and social justice in all departments to address racial disparities, and in response to this the County also trained a Jail Health Services (JHS) project manager and release to be in-person enrollment assistants within the King County jail. Enrolling individuals in the jail was important to County leaders because an estimated 90 percent of people who come into the jail are eligible for expanded Medicaid, and people of color have some of the highest health disparities and incarceration rates in King County.

KING COUNTY'S MODEL

The JHS project manager spent a great deal of time reaching out to the criminal justice community—from police to defender agencies, prosecuting attorneys, courts, and the many other entities involved along the way—to ensure that all stakeholders understood how expanded Medicaid eligibility would provide opportunities and open doors for the justice-involved population. Providing outreach services at the jail and other locations like the court house and Court Resource Center allows staff to work one-on-one with clients and enroll them into services. This customer service model supports the most vulnerable members of the community.

For individuals receiving release planning services, the enrollment process takes place 30 days prior to release from jail. This ensures health care enrollment as well as the coordination into service upon release. "We ruled out having a booth at the actual release point—they just want to leave. They have a multitude of things to do—finding shelter, food, etc.—upon release, so it is not an opportune time for enrollment," says Bette Pine, the JHS Director. "Similarly, we didn't think booking was the best time because people are dealing with a number of issues at that point. We also struggled with enrolling the general population, since approximately 50 percent of the people in our jail are released within the first 72 hours, this doesn't leave us time to complete the enrollment process."

KING COUNTY, WASHINGTON
POPULATION: 2,200,000¹
JAIL CAPACITY: 2,000²
AVERAGE DAILY JAIL POPULATION: 2,000³



¹ http://factfinder.census.gov/servlet/ST0303?_lang=en
² <http://www.kingcounty.gov/medialibrary/952030/>
³ For 2014, <https://performance.kingcounty.com/corrections>



For the key terms used in this report, the companion case studies and to about the 2015 NACo survey of county jails, visit: www.NACo.org/JailHealthServices

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ADDRESSING MENTAL ILLNESS AND MEDICAL CONDITIONS IN COUNTY JAILS

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MONTGOMERY COUNTY, MARYLAND

THE OPPORTUNITY FOR CHANGE

In Montgomery County, a lack of community resources coupled with overall reductions in state and local mental health funding has resulted in the jail becoming the default response for individuals requiring mental health residential placement and treatment services. While overall jail intakes have been declining, the number of people assessed for mental health has increased over the years. In addition, the number of mentally and physically ill individuals, and the severity of their illnesses, within jail facilities is growing. The Montgomery County Department of Correction and Rehabilitation (DCOR) estimates that serious and persistent mental illness impacts at least 20 percent of the jail population.

In an effort to seek out and implement needed changes to how people with mental illnesses are treated within the justice setting, a Criminal Justice Behavioral Initiative was founded by the County Council in 2001. This initiative, a joint effort of the County Police Department, the County Department of Correction and Rehabilitation (DCOR) and the County Department of Health and Human Services (HHS), addresses the specific needs of people with mental illnesses both in the community and within correctional settings through the following:

- A Police Crisis Intervention Team (CIT) and a Health and Human Services Mobile Crisis Team
- Clinical Assessment and Triage Services (CATS)
- A Crisis Intervention Unit within the jail, and
- Community re-entry case management and discharge planning.

MONTGOMERY COUNTY'S MODEL

Over 13,000 people annually arrive at the Montgomery County Detention Center's Central Processing Unit. All individuals are first seen by jail intake and medical staff, where they administer three different assessments that gather mental health and other important medical information: the Initial Medical Screening form, the Inmate Past Medical History Report and a Suicide Screening form. The latter form is completed three times during different points of processing. If any mental health item is endorsed or anyone suspects symptoms reflective of a mental illness, a mental health referral is submitted. In addition, all juveniles, sex offenders, self-referrals and people with a known mental illness, as well as anyone with a high bond (\$300,000) or who is high profile, are assessed for mental health treatment needs. Lawyers, family members, law enforcement and correctional officers and others also may refer an individual to mental health services at any time during a person's incarceration.

MONTGOMERY COUNTY, MARYLAND
POPULATION: 1,030,447¹
JAIL CAPACITY: 1,229²
AVERAGE DAILY JAIL POPULATION: 652³



¹ http://factfinder.census.gov/servlet/ST0303?_lang=en
² This encompasses the 200-bed capacity of the MCDC and the 1,029-bed capacity of the MCDC.
³ This includes both populations at MCDC and MCDC II. <https://reports.data.montgomerycountymd.gov/corrections/departments/corrections>

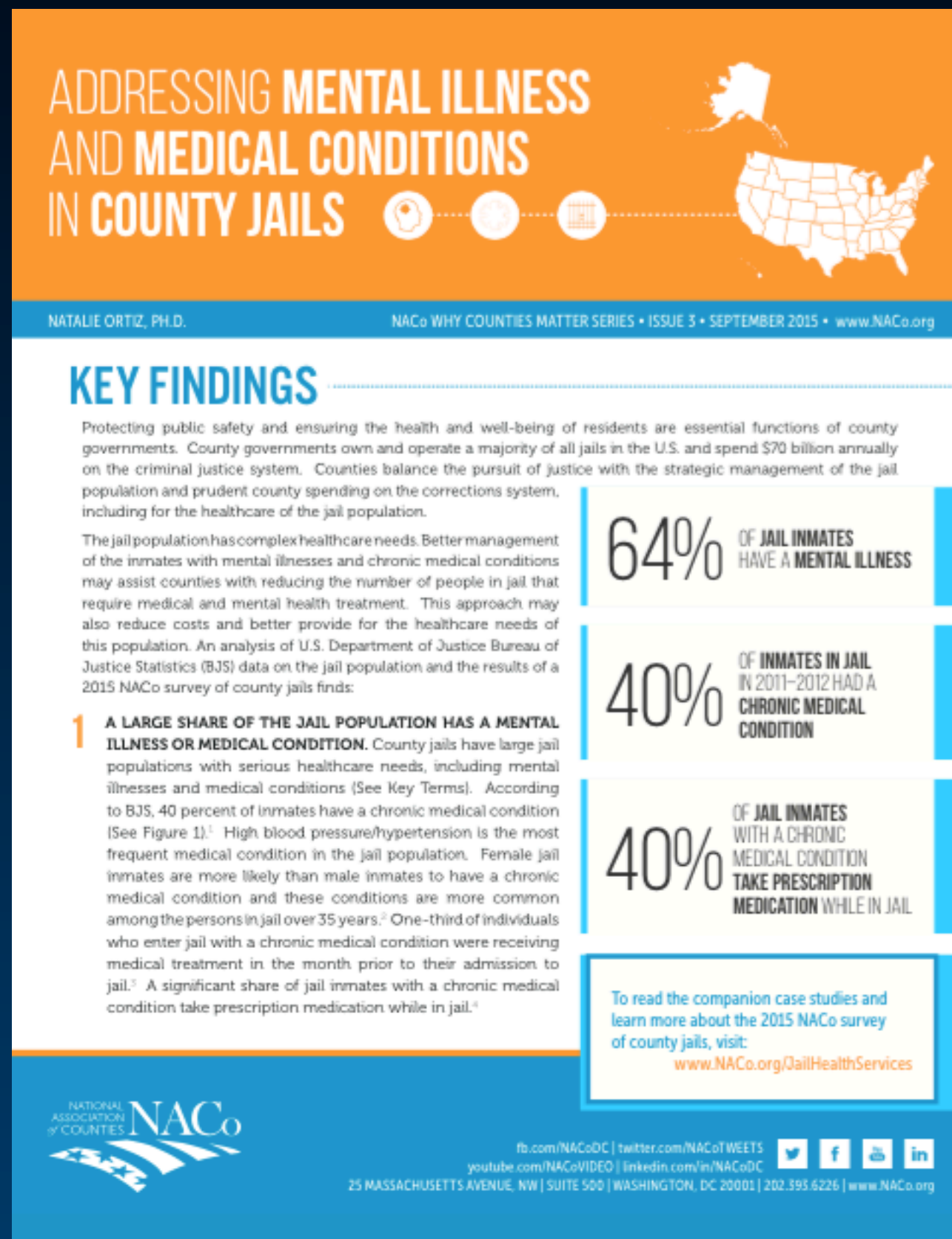


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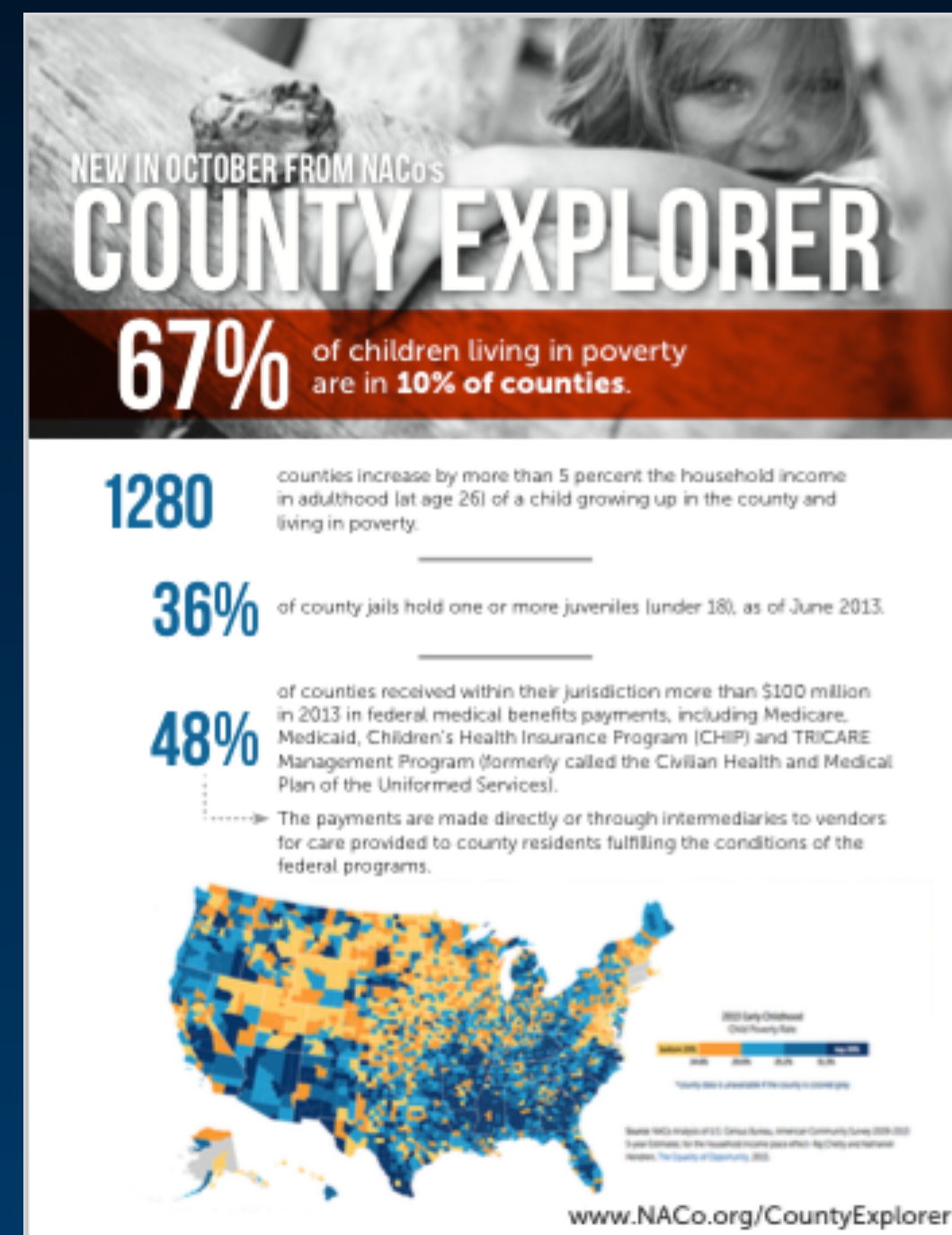
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NACo Resources

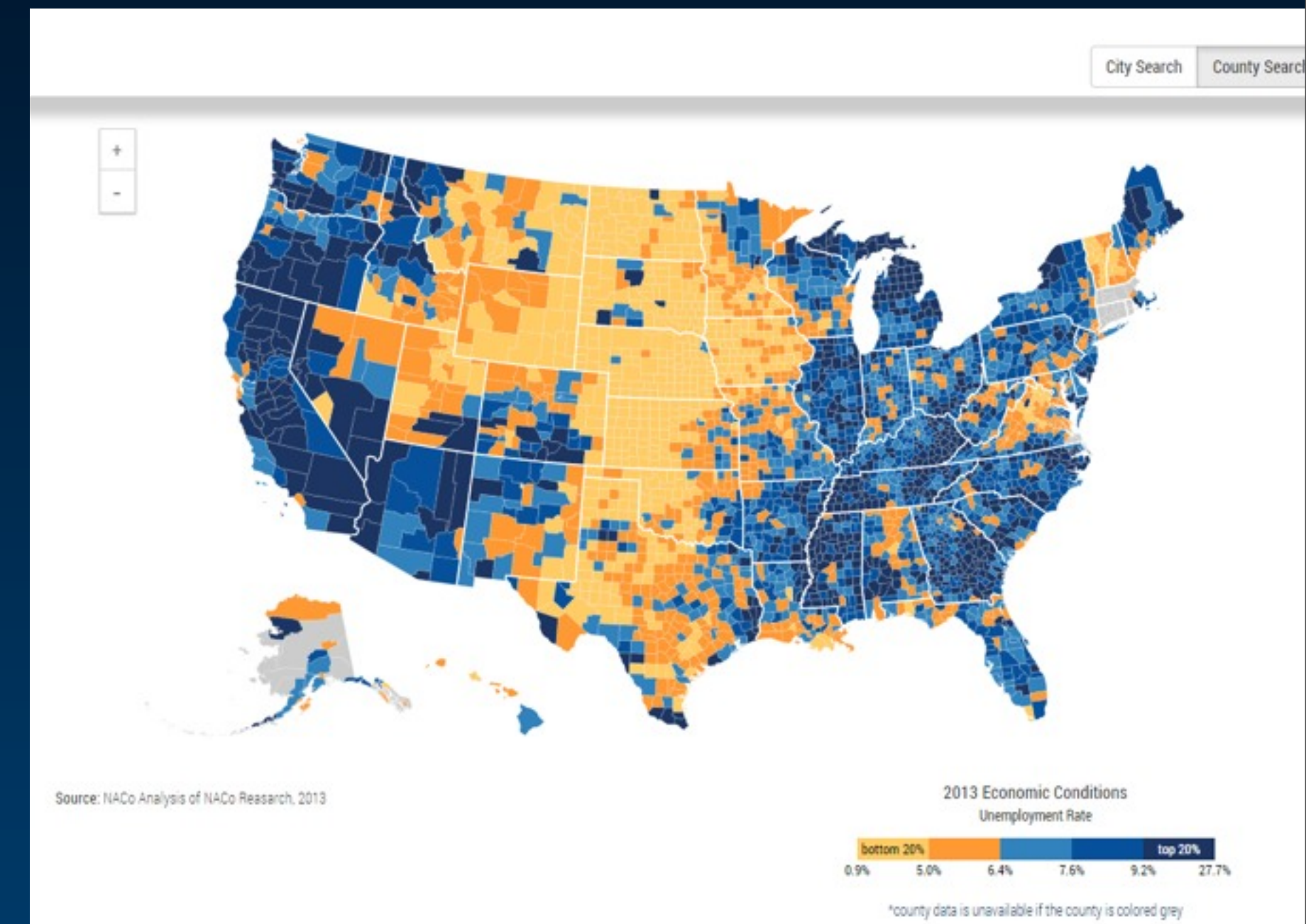
NACo.org/CountyExplorer
NACo.org/JailHealthServices



Research Report



Monthly Updates



Data Interactive



Emilia Istrate | Research Director

Seattle, WA / October 2, 2015