

2018 NACo ANNUAL CONFERENCE & EXPOSITION



DAVIDSON COUNTY/
NASHVILLE, TENNESSEE

JULY
13-16



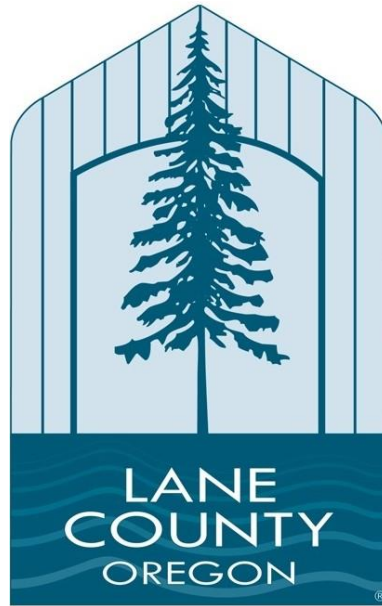
**2018 NACo
ANNUAL CONFERENCE *AND* EXPOSITION**



Criminal Justice and Behavioral Health Part III: Tracking Connections to Services and Outcomes for Individuals with the Highest Needs in Your Justice System



**@NACoTweets
#NACoAnn**

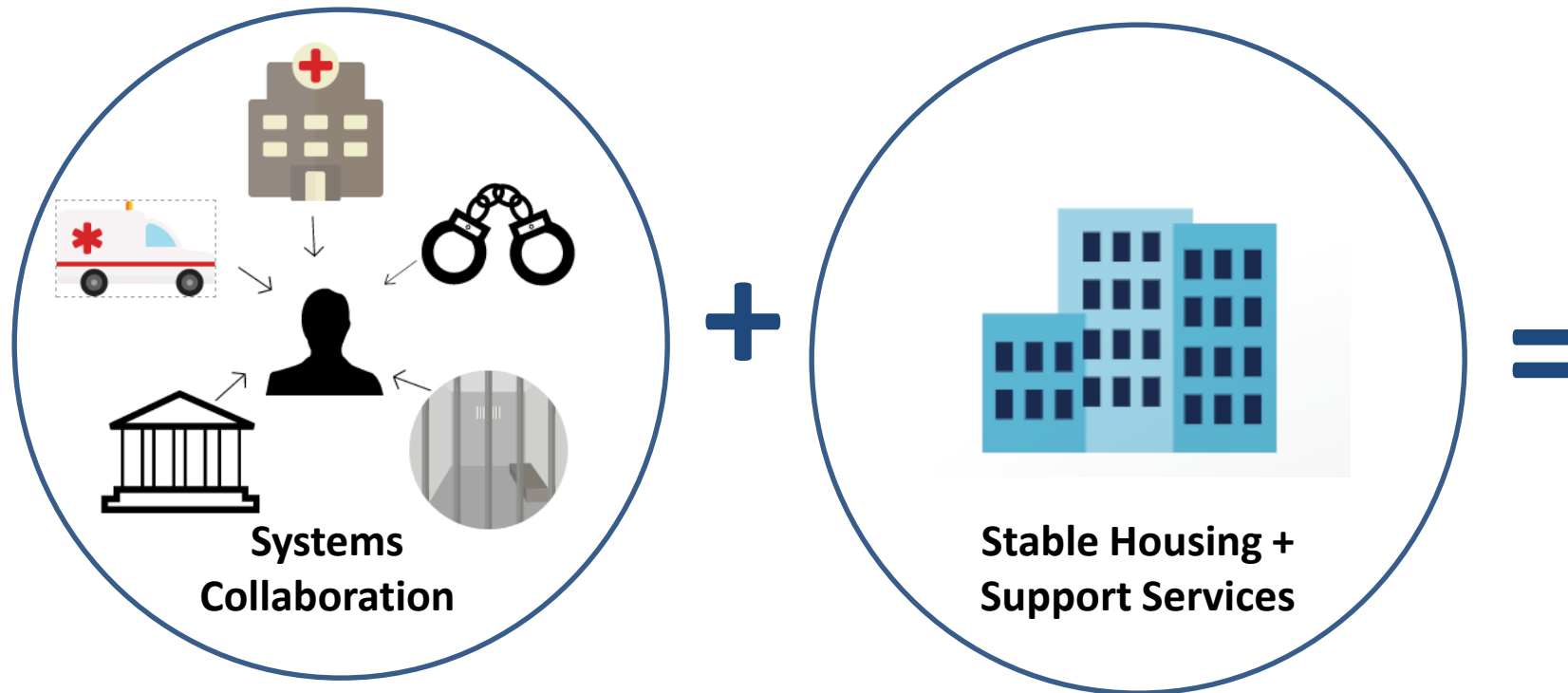


Lane County FUSE

Frequent User System Engagement

Presented by Commissioner Pat Farr

FUSE Model

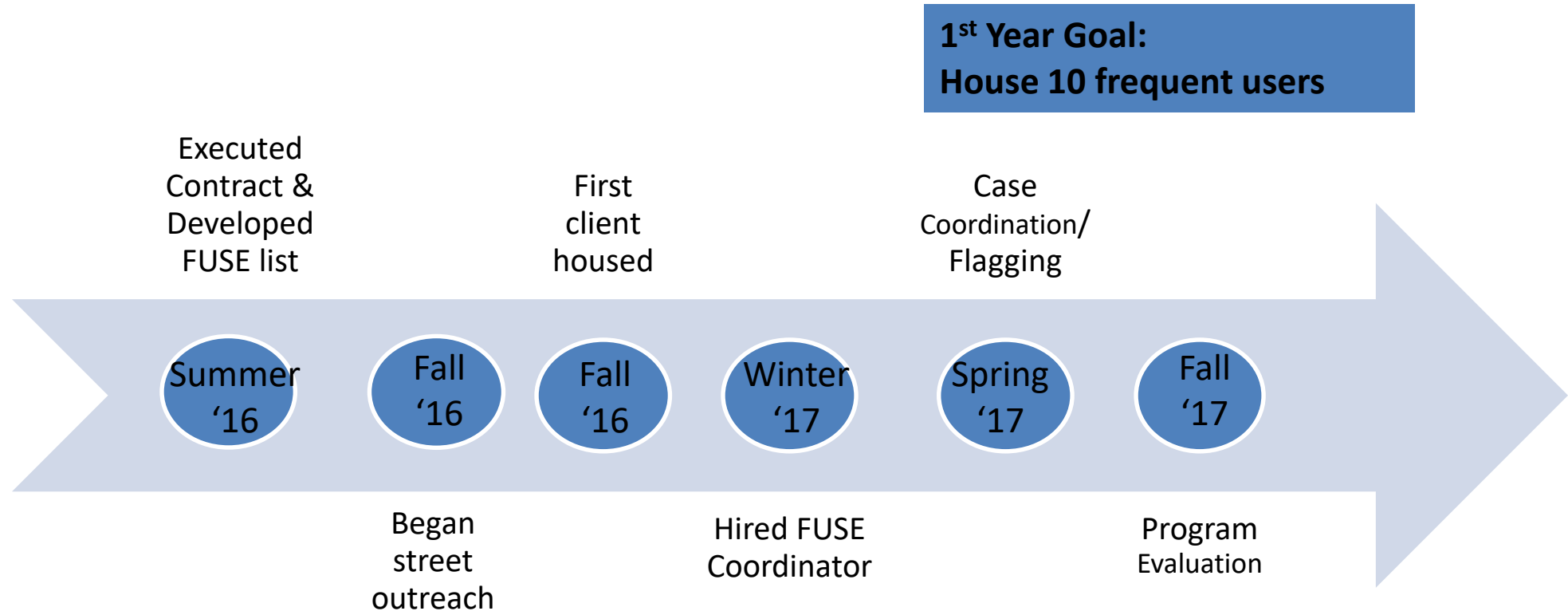


- ❖ Better outcomes
- ❖ Reduced inefficiencies
- ❖ Increased cost savings

Community Partners



Pilot Project



Developing the FUSE List

We have created a “top 100” list using the following data points:

- Police Services (arrests)
- Court Services (citations)
- Psychiatric Hospital (nights)
- In-Patient Hospital (nights)
- Emergency Departments (ER visits)
- Jail Stays (intakes)
- Emergency Shelters (nights)
- Banned from Public Transportation (Yes/No)
- Banned from Social Service Agencies: drop-in centers or food pantries (Number bans)
- Banned from Emergency Shelters (Number bans)

Top 100 FUSE Clients

Combo of 16 or more ED visits, hospitalizations, etc.

73% high health care utilizer

88% frequent arrests

7 or more arrests.

5 or more jail intakes.

52% frequent jail stays

30% Frequent court citations

5 or more court citations.

78% banned from Emergency Shelter

29% LTD Ban

Indicator of behavioral issues

Findings Highlights

- EPD arrests ↓ 82%
- EMC court citations ↓ 75%
- Overall healthcare costs ↓ 53%
- Emergency Department utilization ↓ 26%

Evaluation Method

- Pre-Post
 - Engaged vs not engaged
- “Engaged” means someone was enrolled in street outreach
- Conducted client interviews



In the pilot

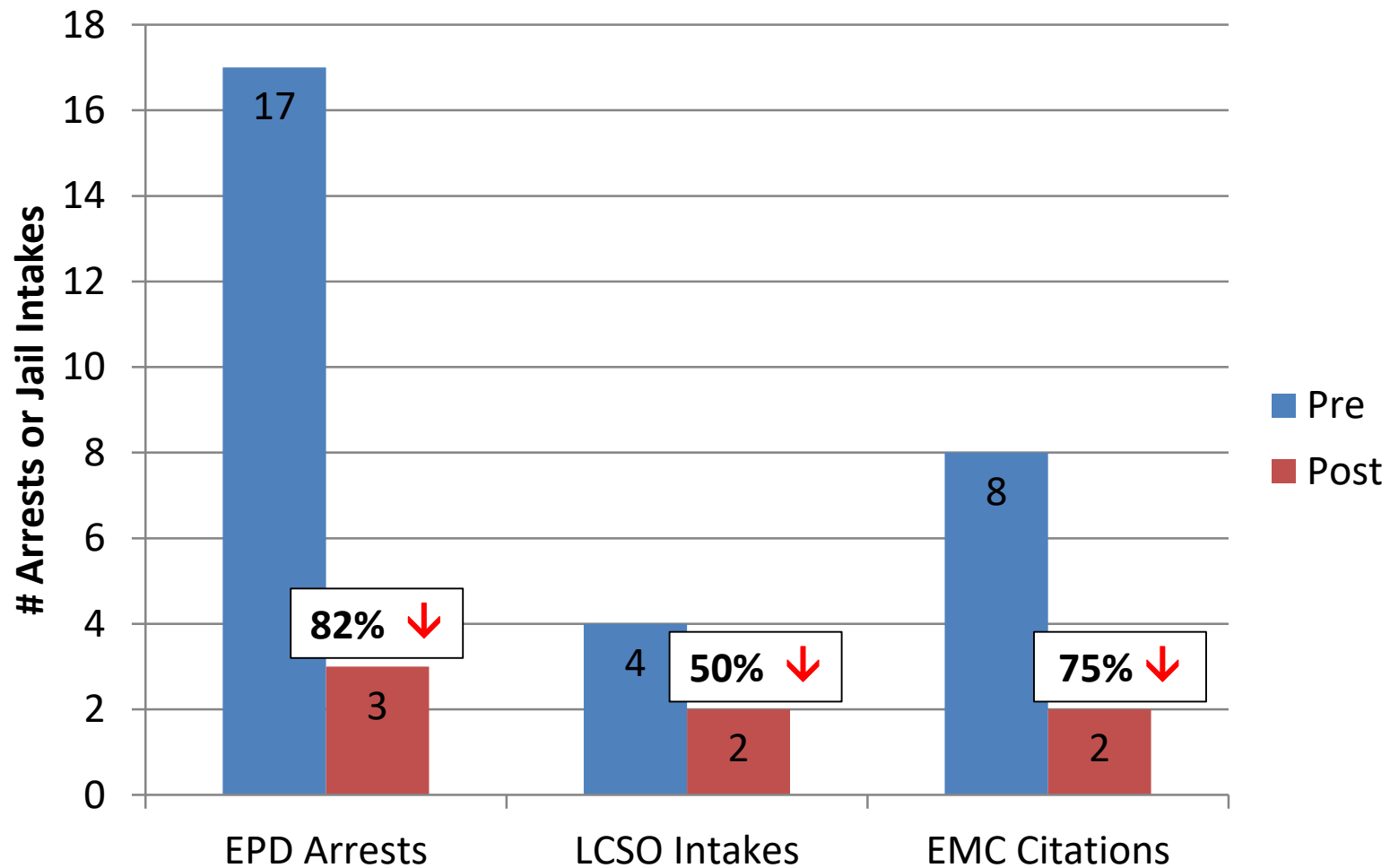


26 individuals
enrolled in street
outreach



Of those in street
outreach, 11
placed into
housing

Criminal Justice Findings



Healthcare Findings

Treatment	Rx	ED	BH	PCP	IP	Cost
Before	2,303	1,288	513	448	196	\$3,930
After	2,492	949	443	443	89	\$1,843
% Change	↑ 8.2%	↓26%	↓14%	↓<1%	↓55%	↓53%

Interview Findings

Most expressed that the biggest impact of FUSE was to have a warm place to stay

“Not being freezing outside and being in an apartment”

Others expressed being able to focus on their health

“Every day is a survival mode. You get unhealthy out there [streets].”

Limitations to the evaluation

- Small pilot
- Short timespan
- Pre-post method
 - Not a randomized control trial

Next Steps

- Continue evaluation efforts
- Expand the program
 - Permanent Supportive Housing
 - 13 slots for chronically homeless individuals
 - \$200,000 commitment from Medicaid CCO to expand the program
 - 10 additional slots
- 50 Unit Housing First Building
- Focus on capacity building & systems alignment

HOMELESSNESS AND CRIMINAL JUSTICE: EMERGING PRACTICES IN HONOLULU

CHAD KOYANAGI, M.D.

Community Psychiatrist, Institute for Human Services, Honolulu, Hawaii

National Association of Counties Annual Meeting, Nashville, TN

July 15, 2018



SIGNIFICANT CHALLENGES

- HIGHEST RATE OF HOMELESSNESS IN THE NATION
- Fragmented mental health system
- RIGHT TO REFUSE TREATMENT vs RIGHT TO ACCESS TREATMENT
- Disconnected jail system
- Methamphetamine epidemic
- Island geography
- Inadequate inventory of low-cost housing
- Impact of CoFA individuals coming to Hawaii

FRAGMENTED MENTAL HEALTH SYSTEM

- State hospital is a forensic-only hospital
- ACT Teams eliminated by the state about 10 years ago
- Large numbers of mentally ill individuals bouncing back and forth between jail, cell block, hospitals/ER
- System unwilling to address gravely mentally ill individuals
- Push/pull between police and acute care facilities

AN ARRAY OF SHELTER AND TRANSPORT OPTIONS

- READY WITH A SHELTER OPTION WHEN THEY ARE READY:
 - MEN'S, WOMEN'S OR FAMILY SHELTER
 - SHELTER OF COUPLES AND PEOPLE WITH PETS
 - MEDICAL RESPITE (TUTU BERT'S HOUSE)
 - VET (Veterans Engaged in Transition) HOUSE
 - RECOVERY SHELTER (KALIHI UKA)
- WITH TRANSPORTATION OPTIONS
 - BUS VOUCHERS
 - OUTREACH SHUTTLES
 - TAXI-CAB VOUCHERS

Home like settings

KALIHI UKA RECOVERY HOUSE: 1ST YEAR OUTCOMES

- TARGET POPULATION: SPMI WITH ALCOHOL OR OTHER DRUG ABUSE
- 49 LEAVERS IN 8-BED HOME
- **MEDIAN LENGTH OF STAY: 42 DAYS** (53% EXITS within 8 wks, 77.5% in 10 wks)
- EXITS:
 - 37% to SHELTER
 - 24.5% to HOUSING } **61.5%**
 - 10.2% TO HOSPITAL
 - 4% TO OTHER
 - ONLY 24.5% EXITED TO UNSHELTERED DESTINATIONS

TUTU BERT'S HOUSE: MEDICAL RESPITE

- 12 BEDS over 2 YEARS (211 PERSONS SERVED)
- REFERRALS FROM A LOCAL HOSPITAL (CONTRACTED BEDS) FOR D/C OF HOMELESS PERSONS w/SUB-ACUTE TREATMENT NEEDS (HOME CARE)
- 82% referred for wound care, IV antibiotics, PT or OT
- MEDIAN LENGTH OF STAY: 37 DAYS. (TOTAL OF 7,656 BED DAYS)
- 200 EXITS:
 - 32% SHELTER
 - 26% HOUSING } **58%**
 - 9.5% HOSPITAL
 - 1% EXPIRED
 - 29.5% returned to streets

**Multiply by cost of
hospital bed-day for
total \$\$ saved**

URGENT CARE + OUTREACH ENHANCES AMBULATORY DETOX & TX FOR SPMI

- TARGET POPULATION: ALCOHOLICS, OPIATE and METHAMPHETAMINE ADDICTS
- MEDICATION ASSISTED TREATMENT (MAT) offered as adjunctive treatment
- REFERRALS FROM IHS Homeless Outreach, IHS Shelter inreach, Chinatown Joint Outreach Center(JOC). Honolulu Police Department (HPD) hosts site. Combo of KINDNESS (Food, Ice cold water, & URGENT CARE) in A COMFORTABLE SPACE (A/C, Professional & Clean clinic) w/offer of clothing, a safe shelter in which to sleep and HOUSING when they complete treatment has SUCCESSFULLY ENGAGED PARTICIPANTS at JOC.
- Currently establishing a TREATMENT ALGORITHM using ALL community SA treatment options to MATCH treatment solutions to Level of Motivation & Diagnostic Profile.
- In the last 2 months, 6 chronically homeless people have been restarted or started on psychotropics as a result of the JOC outreach combo with urgent care by H4

HOMELESS INTENSIVE CASE MANAGEMENT

- 24/7 case manager response for HIGH FREQUENCY Emergency Department (ED) use or arrests by Law Enforcement. Eligibility: 3 episodes of arrest or ED use in 1 month
- In the first 11 months of this program, 79 referrals were made of homeless persons
 - 71 were served (8 could not be found)
 - 7 individuals had at least one episode after referral
 - 11 had recorded ED visits after entering program
 - 5 episodes of MH1 recorded after referral
 - 7 episodes of hospitalization
- 37 consumers linked to shelter or housing
- 50 consumers linked to resources (entitlements, health insurance etc.)
- 1 consumer relocated to the Big Island from which he came



COLLABORATIONS WITH POLICE: H.E.L.P. PILOT

- Homeless service providers working with community police
- Rapid referral to emergency shelters
- Other service referrals (MH, SA)
- Community Outreach Court
- Improved perception of police by homeless
- Increased training of police re: MH, SA, homelessness

COLLABORATIONS WITH POLICE: L.E.A.D. PILOT

- Based on Seattle program
- Pre-booking diversion for minor crimes
- Option to treatment linkage instead of arrest
- 30 social service agencies participating in service array
- Response within 30 minutes of police call
- Will track various measures include recidivism, treatment outcomes and housing/homelessness

STREET MEDICINE FOR SERIOUSLY MENTALLY ILL

- WEEKLY STREET ROUNDS BY TEAM COMPOSED OF ANY COMBO OF PSYCHIATRIST, HOMELESS OUTREACH SPECIALIST, RN
- ENGAGEMENT ENHANCED BY INDIVIDUALIZED CONTINGENCY MANAGEMENT, WOUND & URGENT CARE
- ASSESSING READINESS FOR CHANGE WITH EVERY ENCOUNTER
- USE OF INJECTABLE, LONG-ACTING ANTIPSYCHOTICS e.g. Invega Sustenna or Abilify Maintena, etc. along with other psychiatric medications have made recovery possible for some chronically homeless.



MILWAUKEE COUNTY: POST-BOOKING STABILIZATION

July 2018



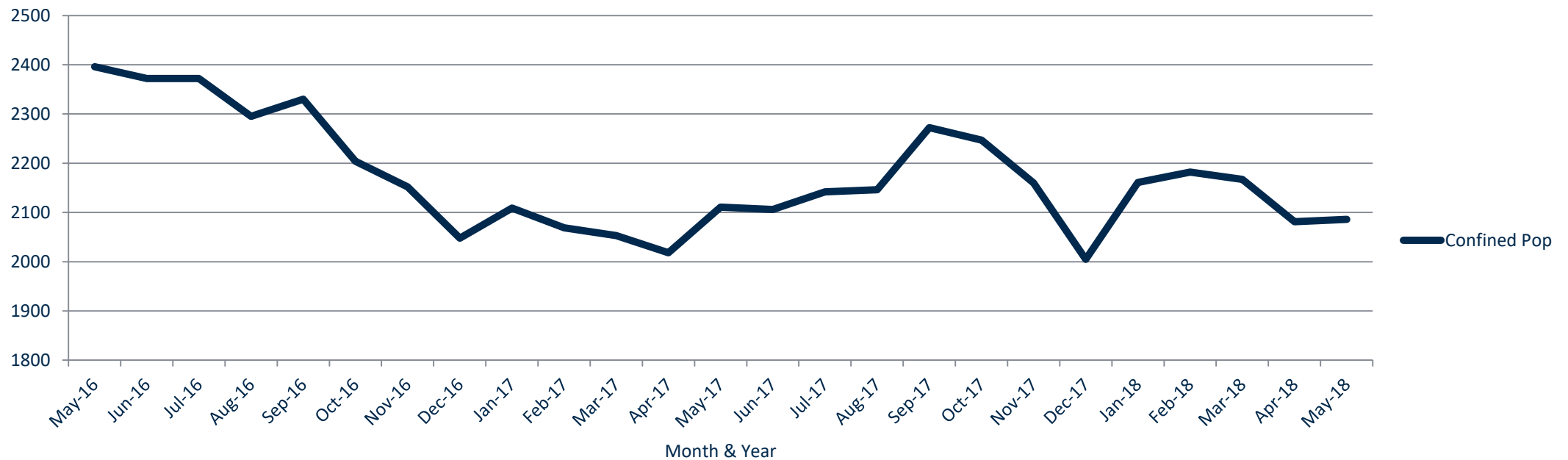
Milwaukee County

- Population ~952,085
 - 64.6% White
 - 27.2% African American
 - 29.7% Bachelor Degree or Higher
- \$45,263 Median Household Income
- 3.5% Unemployment
- ~19.8% Persons in Poverty

<https://www.census.gov/quickfacts/fact/table/milwaukeecountywisconsin/PST045217>

Incarcerated Population

Total Confined Population
Snapshot for Last Day, May 2016 - May 2018



BACKGROUND

Milwaukee County Community Justice Council (CJC)

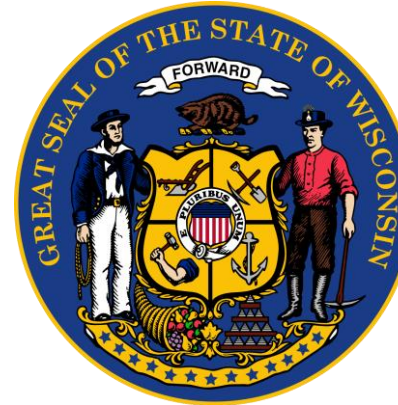
County Board Resolution - 2007

“The purpose of the Justice Council is to function as an independent entity governed by key justice system leaders that is empowered to define broad justice system goals, monitor/analyze justice system performance, facilitate collaboration among justice system performance, provide technical assistance and research, and act as a conduit between the justice system and the larger community without impacting in any way the autonomy or decision-making authority of any criminal justice system agency.”



– Adopted by the Justice Council Executive Committee
March 19, 2014

CJC Executive Committee



Benedict Center

Compassion • Justice • Action • Transformation

JUSTICE POINT



Criminal Justice Initiatives & Grants

- 2007 - Community Justice Council established
- 2007, 2012, 2017 – Treatment Alternatives and Diversion (TAD)
- 2009, 2013, 2015 – Bureau of Justice Assistance – Adult Drug Treatment Court
- 2011 – National Institute of Correction’s Evidence-Based Decision Making (EBDM) Phase II
 - 1 of 7 sites selected
- 2011, 2013, 2014, 2017 – EBDM Phases III-VI
- 2011, 2013, 2015 – Bureau of Justice Assistance Justice Reinvestment Site
- 2015 – MacArthur’s Safety & Justice Challenge Phase I
 - 1 of 20 sites selected from 191 applications
- 2016 – MacArthur’s Safety & Justice Challenge Phase II
 - 1 of 11 sites selected from 20 applications

Post-Booking Stabilization

Lead Agencies

- District Attorney's Office
- Public Defender's Office
- Milwaukee County Circuit Courts
- Milwaukee Housing Division
- Behavioral Health Division
- Milwaukee County Sheriff's Office
- JusticePoint

- New entity based on the collaboration and trust already in place

POST-BOOKING STABILIZATION

Pre-Safety & Justice Challenge

- Universal Screening
- Early Interventions
 - Diversions, Deferred Prosecutions, Drug Treatment Court, Veteran's Treatment Initiative
- Pretrial Supervision

Post-Booking Stabilization

- Goal
 - Create process to divert individuals with mental health conditions from jail into community-based support services
- Benefits
 - Connect individuals to treatment and support
 - Avoid in-custody decompensation and need to restore competency
- Pilot May-June 2017
- Program launched September 2017

Post-Booking Stabilization Process

1. Booked into CJF
2. Universal Screening
3. CIS reviews pretrial reports
4. Notification sent to assigned ADA and PDs for review
5. ADA notifies PD and CIS for possible eligibility
6. PD & CIS meet with individual in CIU
7. BHD conducts CARS assessment
8. Individual released to CIS for transportation
9. CIS connects individual to community case management/treatment/housing
10. Weekly staffings to review status of participants

Brief Jail Mental Health Screen

- Conducted during the Universal Screening Process

Questions	No	Yes	General Comments
1. Do you <i>currently</i> believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you <i>currently</i> feel that other people know your thoughts and can read your mind?			
3. Have you <i>currently</i> lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are <i>currently</i> much more active than you usually are?			
5. Do you <i>currently</i> feel like you have to talk or move more slowly than you usually do?			
6. Have there <i>currently</i> been a few weeks when you felt like you were useless or sinful?			
7. Are you <i>currently</i> taking any medication prescribed for you by a physician for any emotional or mental health problems?			
8. Have you <u>ever</u> been in a hospital for emotional or mental health problems?			

Section 3 (Optional)

Officer's Comments/Impressions (check *all* that apply):

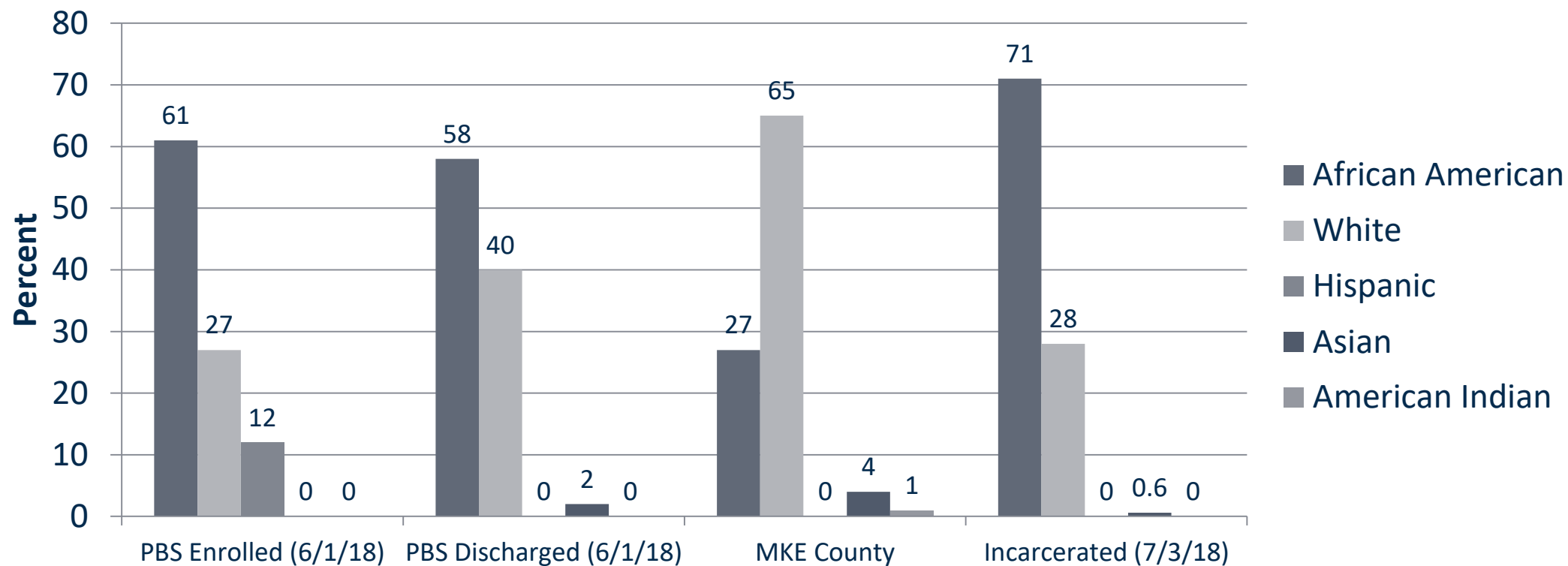
- ☐ Language barrier ☐ Under the influence of drugs/alcohol ☐ Non-cooperative
- ☐ Difficulty understanding questions ☐ Other, specify: _____

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

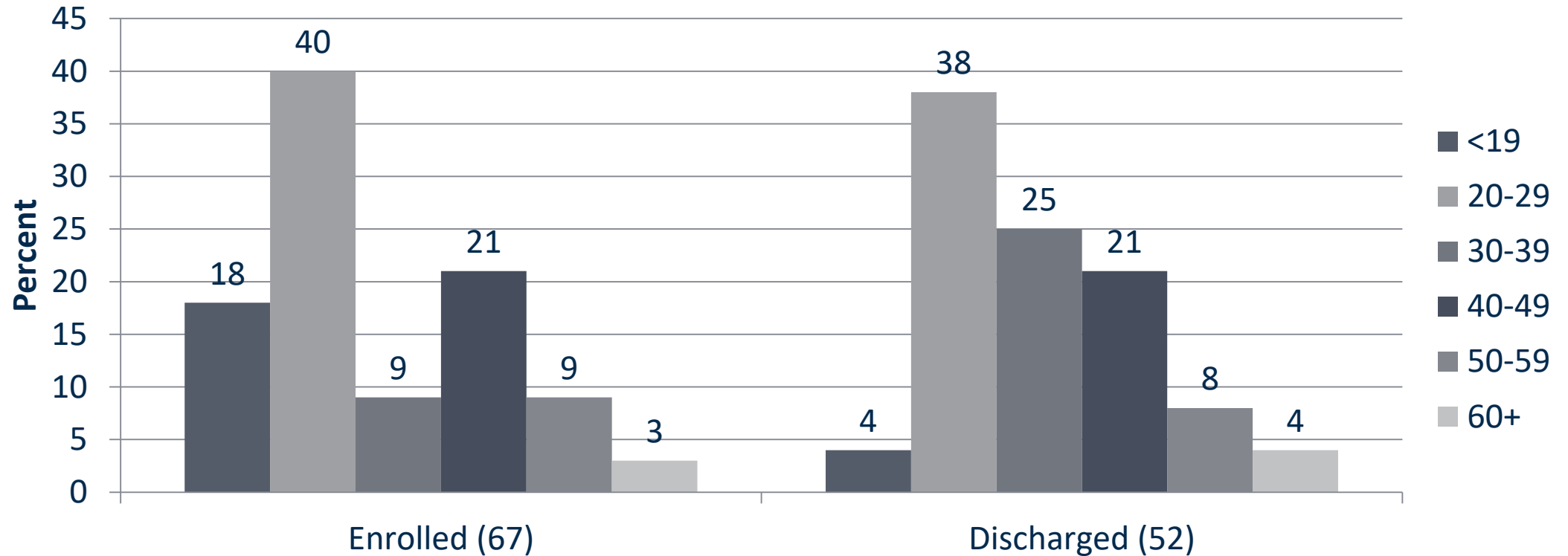
- YES to item 7; OR
- YES to item 8; OR
- YES to at least 2 of items 1 through 6; OR
- If you feel it is necessary for any other reason

☐ Not Referred

Racial Makeup

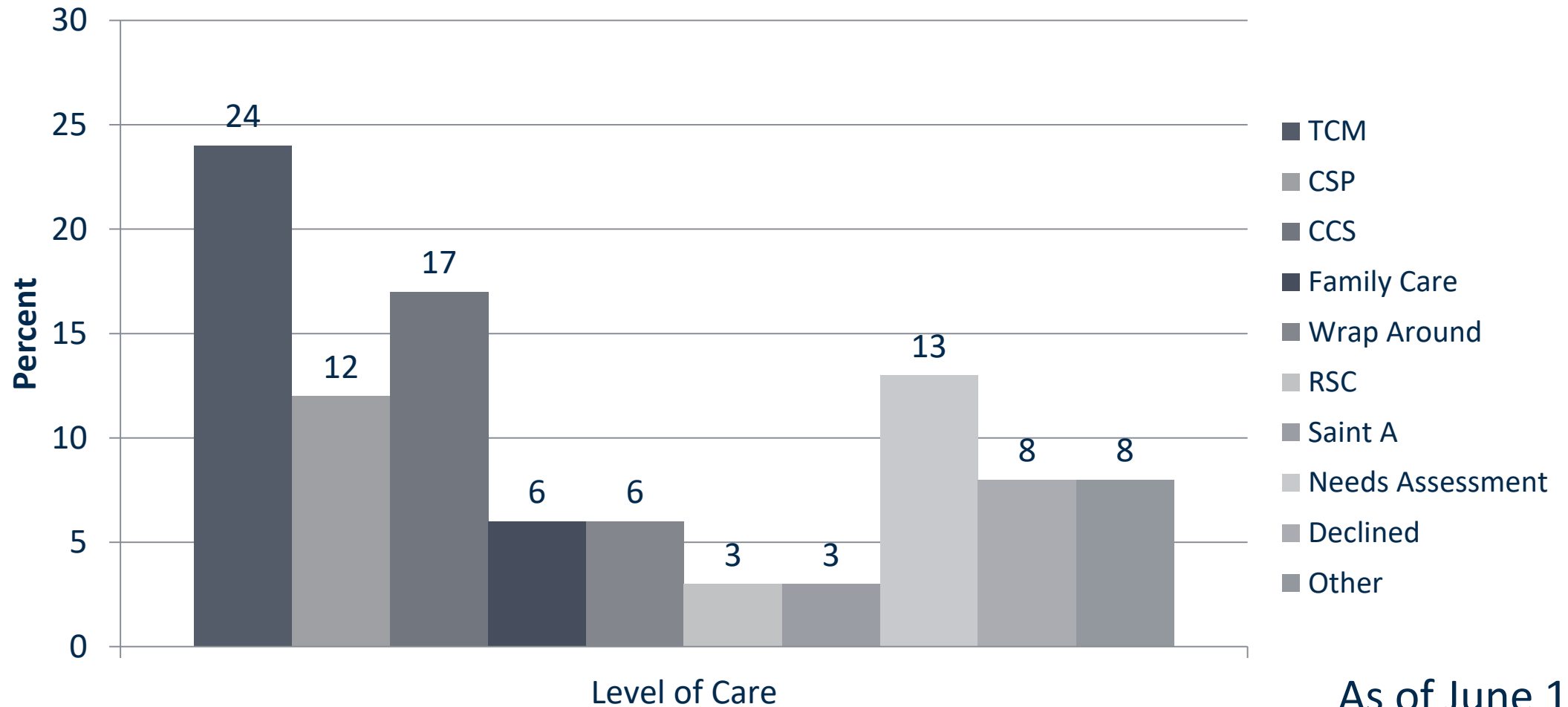


Participant Age



As of June 1, 2018

Enrolled Level of Care

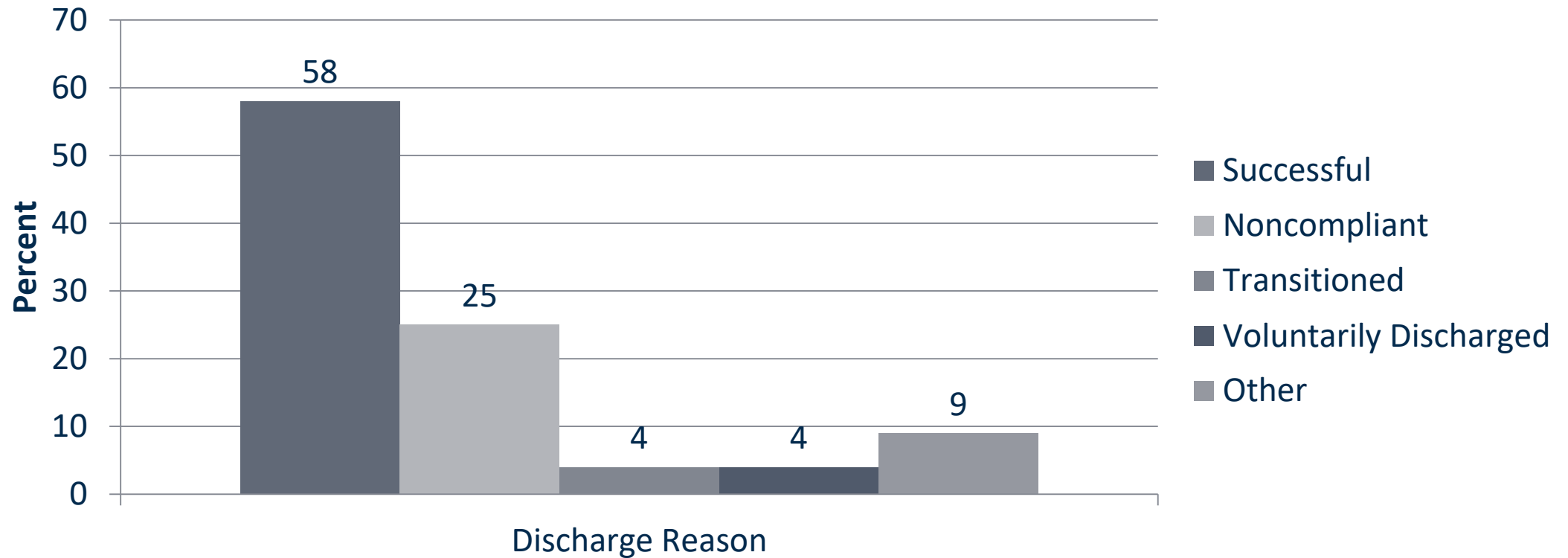


As of June 1, 2018

Community-Based Treatment & Support

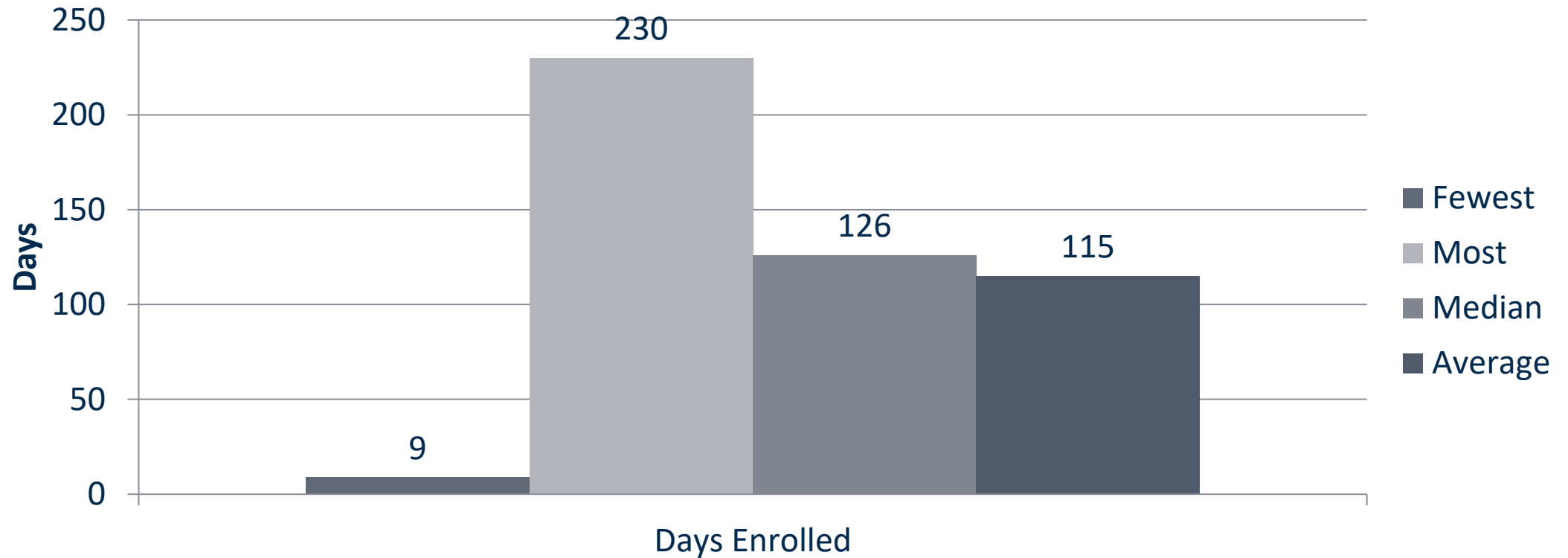
- **CSP** – Community Support Programs are for adults living with serious and persistent mental illness
- **TCM** – Targeted Case Management also supports adults with serious and persistent mental illness, but services are less intensive
- **CCS** – Comprehensive Community Services offers a variety of supports based on a consumer's needs
- **Family Care** – Long-term care program supporting frail elders and adults with disabilities
- **Wraparound** – A unique managed care entity serving children and adolescents with serious emotional disorders
- **RSC** – Recovery Support Coordination addresses AODA treatment
- **Saint A** – An agency providing services for children, families, and adults

Discharge Reasons



As of June 1, 2018

Average Days Enrolled for Discharged Population



As of June 1, 2018

Next Steps

- Continue the learning process
- Add Peer Support Specialists
- Address and add in the pre-booking population
- Streamline and expedite the referral/review/release processes
- Increase utilization of the CART for program
- Develop sustainability

Thank you

Maxine Aldridge White
Chief Judge, First Judicial District

Stephanie Garbo

Judicial Operations Manager



SafetyAndJusticeChallenge.org



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Questions



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