

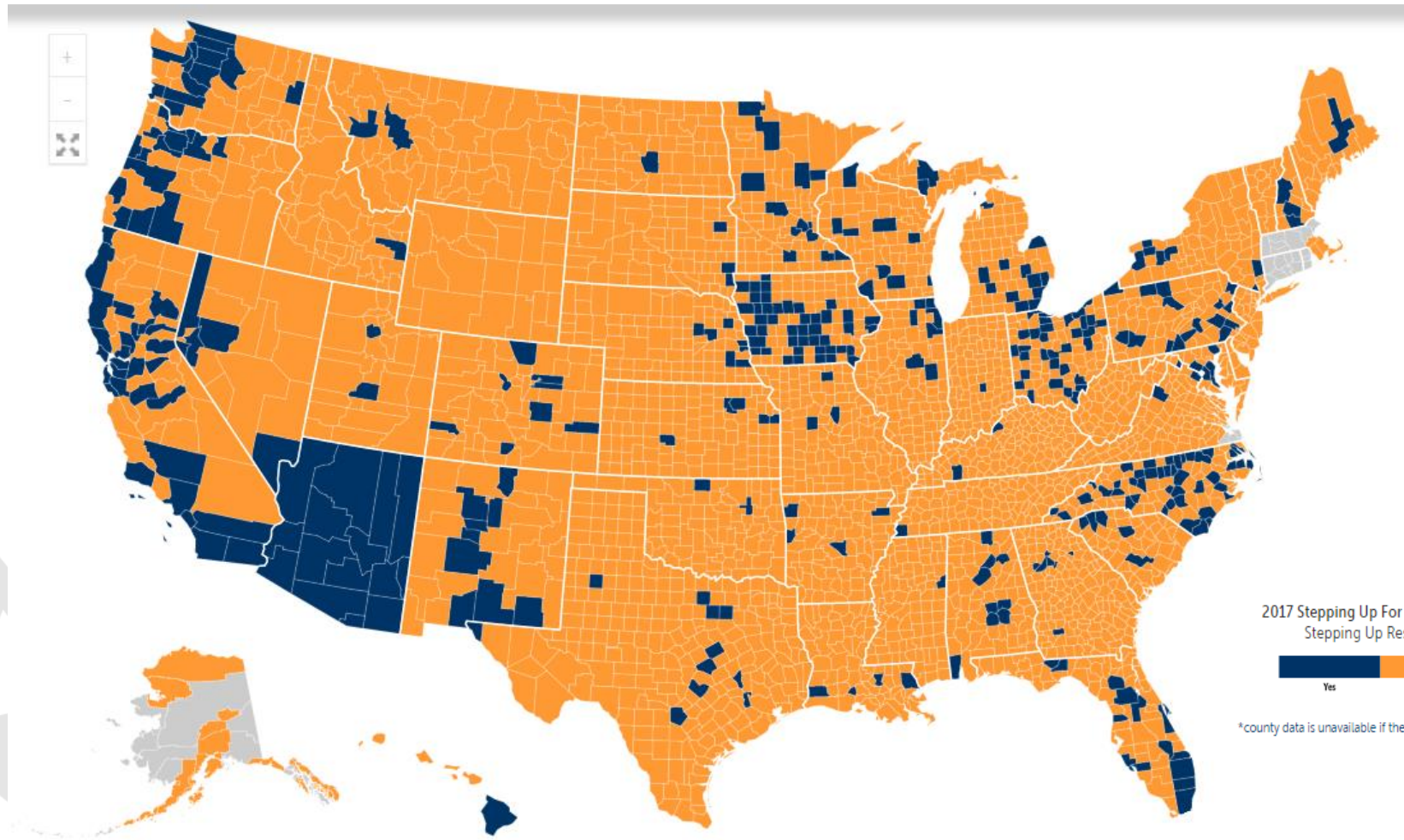
Prioritizing Policy, Practice and Funding Improvements for People with Mental Illnesses in Jails

August 2017



Counties are Stepping Up

Stepping Up Resolutions Received as of August 1, 2017



2017 Stepping Up For Mental Health
Stepping Up Resolution



*county data is unavailable if the county is colored grey

Speaker: Maria Fryer

Maria Fryer
Policy Advisor: Substance Abuse and Mental Health
Bureau of Justice Assistance
Office of Justice Programs
U.S. Department of Justice



Today's Webinar



Council of State Governments Justice Center

Hallie Fader-Towe
Senior Policy Advisor

Pacific County, Wa.

The Honorable Frank Wolfe
Commissioner

Katie Lindstrom
Public Health Director

Rosanne McPhail
Justice Mental Health Collaboration Coordinator

Speaker: Hallie Fader-Towe



Hallie Fader-Towe
Senior Policy Advisor
Council of State Governments Justice Center

JUSTICE ★ **CENTER**
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety



Stepping Up:

Prioritizing Policy, Practice, and Funding Improvements

Hallie Fader-Towe, Senior Policy Advisor, The CSG Justice Center

August 10, 2017

JUSTICE ★ **CENTER**
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

Reminder: To Reduce the Number of People With Mental Illnesses in Jails, County Leaders Should Ask These Questions




Released in January 2017

1. Is your leadership committed?
2. Do you have timely screening and assessment?
3. Do you have baseline data?
4. Have you conducted a comprehensive process analysis and service inventory?
5. Have you prioritized policy, practice, and funding improvements?
6. Do you track progress?

Why is this important?

To maximize the impact of existing resources and funding streams, and then identify new resources that help reduce the prevalence of people with mental illnesses in jails

- ❑ Develop findings & recommendations that are based on **qualitative and quantitative analysis**, and then identify recommendations for improvements
- ❑ Set **actionable targets** and ensure goals for improvement are **consensus-based** and **data-driven**
- ❑ Ensure that the state-level policy and funding supports are aligned with county-driven efforts



The planning team should have frequent communication with **county budget staff** to present ongoing efforts

Checklist for Question 5



Prioritized strategies

- Strategies should focus on systems-level changes and one or more of the **four key measures**: 1) jail bookings, 2) length of stay, 3) connection to care, 4) recidivism rates



Detailed description of needs

- Submit a proposal to the county board, which may include the need for policy reforms, additional staff, increased MH, substance use, and support services, information system updates, and training



Estimates/projections of the impact of new strategies

- The proposal should include the number of people to be impacted and estimated improvement in services, which helps explain how new investments will affect one or more of the **four key measures**

Checklist for Question 5 (Continued)



Estimates/projections account for external funding streams

- The proposal should describe how existing funding streams can be leveraged to fund additional staff, services, and other costs
 - Federal program funding
 - State grants
 - Federal and state discretionary funds
 - Local philanthropic resources



Description of gaps in funding best met through county investment

- The proposal should explain how county funds can meet a specific need or fill a gap that existing funding streams cannot fulfill


How Planning Often Happens

From . . .

Solicitation Released

OMB No. 1121-0329
Approval Expires 12/31/2018

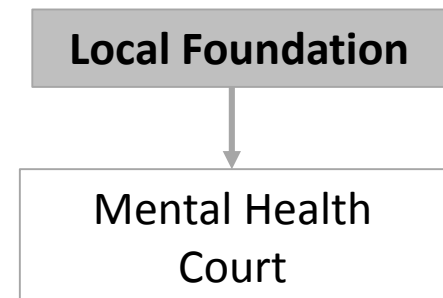
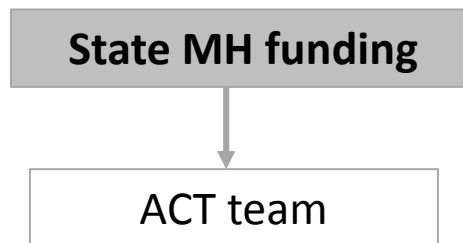
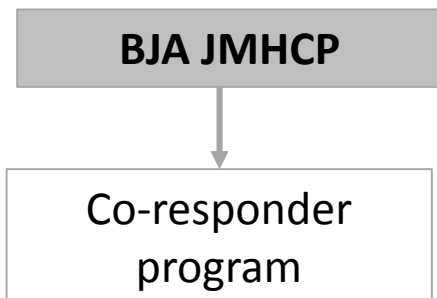
U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance



The [U.S. Department of Justice](#) (DOJ), [Office of Justice Programs](#) (OJP) [Bureau of Justice Assistance](#) (BJA) is seeking applications for funding for the Justice and Mental Health Collaboration Program. This program furthers the Department's mission by increasing public safety through innovative cross-system collaboration for individuals with mental illness who come into contact with the juvenile or adult criminal justice system.

**Justice and Mental Health Collaboration Program
FY 2017 Competitive Grant Announcement**
Applications Due: April 4, 2017

Group Convenes



A Data-Driven Planning Process

To...

County Example:

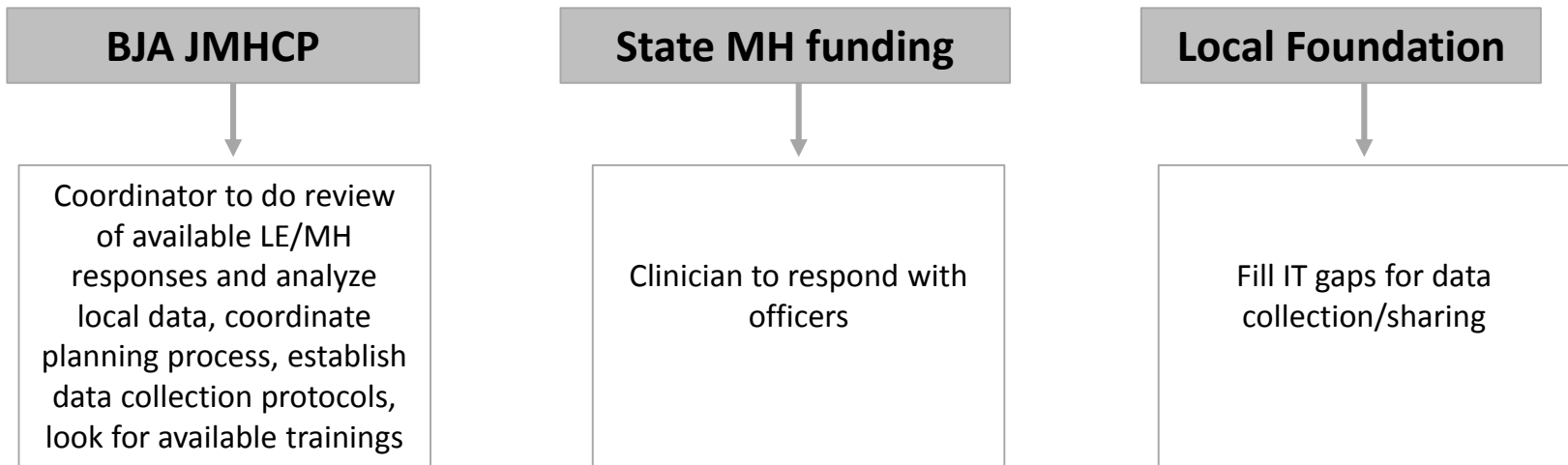
- **Jail Mental Health Count:** 500 ADP → **Reduction goal:** 10% (450 ADP)
- **Key Measures:**
 - 1. **Admissions:** 20/day
 - 2. **ALOS:** 30 days
 - 3. **Connection rate:** 55%
 - 4. **Recidivism:** 50%
- **Identified gap:** Response for MH LE calls to reduce admissions

Identified Gap	Data Illustrating Gap	Objective(s)	Key Measure Addressed	Projected Cost & Identified Sources of Funding	Data to be Tracked
CIT trained officers not available 24/7	Number of MH calls for service that did not have CIT trained officers	Identify best strategy to increase MH-capable responses to calls	Measure 1: Reduce the number of people with MI booked into jail	Cost: Project coordination, LE and/or MH time, training, IT Funding: Participating agencies, JMHCP, state MH funding, Local Foundation	Number of MH calls for service, percent of calls responded by CIT trained officers, number of calls disposed of without jail booking, compare against baseline data

A Data-Driven Planning Process (Continued)

To...

Goal: Increase # of trained officers to reduce daily jail admissions



Overall funding to achieve goals set by Stepping Up planning

Programs selected to address identified gaps
Funding streams based on funding criteria, availability

Prioritizing System Improvements

1

Reduce

The number of people with MI booked Into jail

- Police-Mental Health Collaboration programs
- CIT training
- Co-responder model
- Crisis diversion centers
- Policing of quality of life offenses

2

Shorten

The average length of stay in jails

- Routine screening and assessment for mental health and SUDs in jail
- Pretrial mental health diversion
- Pretrial risk screening, release, and supervision
- Bail policy reform

3

Increase

The percentage of connection to care

- Expand community-based treatment & housing options
- Streamline access to services
- Leverage Medicaid and other federal, state, and local resources

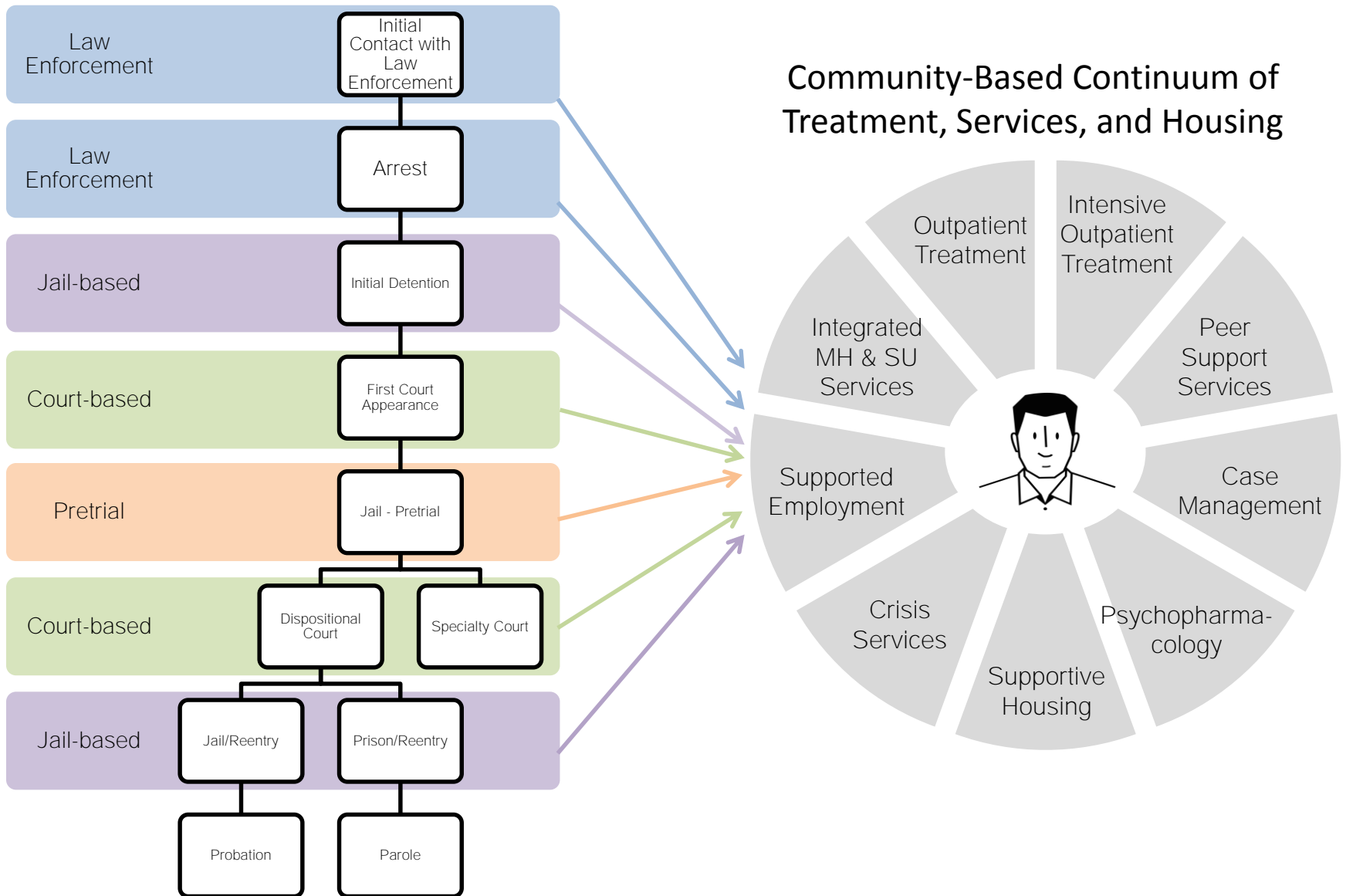
4

Lower

Rates of recidivism

- Apply Risk-Need-Responsivity principle
- Use evidence-based practices
- Apply the Behavioral Health Framework
- Specialized Probation
- Ongoing program evaluation

A System of Diversion to a System of Care



Santa Clara County, CA (Continued)

Setting Measurable Goals

Goals Excerpted from Report to Board, August 2016 (original numbers from report):

1. Reduce the number of people on the Jail Assessment Coordination (JAC) list (currently ranges from 80-100 people daily)

Goal: Eliminate incarceration of people who are held only because adequate residential and outpatient services are not available

4. Reduce the number of people with mental illness and/or co-occurring substance use disorders that are booked into jail

Goal: 250 fewer people over two years

5. Reduce the length of time people with mental illness and/or co-occurring substance use disorders remain in jail (current length of stay is 159 days for males and 58 days for females)

Goal: 80 days for males and 30 days for females

Preparing the Funding Proposal: Know Your Numbers

- Use data to demonstrate current capacity as compared to the need
- Use data to demonstrate numbers to be served and expected outcomes tied to 4 key measures
- Use real-life stories/support from advocacy groups
- Project costs
- Identify funding streams

Santa Clara County, CA (Continued)

Jail Diversion Subcommittee develops 35 recommendations

- Recommendations touch all parts of system plus administrative costs
- Recommendations prioritized as High, Medium or Other
- Time frames identified for recommendations
- Costs estimated and funding sources identified
- Agency lead identified



Presentation to Board of Supervisors (BOS) focuses on 10 recommendations

- Identifies existing resources to be leveraged
- Recommendations for Screening & Assessment, Treatment, Housing, Supervision, and Administrative Support/Data/Evaluation are pegged to funding from state mental health and justice money, Medi-Cal, and county General Funds
- Subcommittee recs that can be started immediately without additional money – such as team – building and a cross-systems work group- are started immediately
- Large investments – such as BH Urgent Care Centers and Permanent Supportive Housing Units – are staged over time



Approved unanimously by BOS on Aug. 31, 2016

Implementation plans and initial appropriations on Sept. 13, 2016

First monthly progress report to BOS on implementation Nov. 1, 2016



Estimated County Population: 1.92M
Jail ADP: 3,526

Potential Funding Sources

FEDERAL



Department of Justice

- Second Chance Act
- Justice and Mental Health Collaboration Program
- Byrne Memorial Justice Assistance Grant Program

Health and Human Services

- Mental Health / Substance Abuse Block Grants
- SAMHSA Diversion Grants
- SAMHSA Homeless Programs
- Community Services Block Grant
- Social Services Block Grant

Housing and Urban Development

- Continuum of Care Program
- Housing Choice Vouchers (Section 8) / Public Housing
- Section 811

Veterans Affairs

- Grant and Per Diem Program
- Supportive Services for Veterans and Families

FEDERAL / STATE



Medicaid

STATE



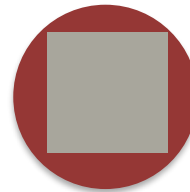
- Mental health general fund dollars
- Community corrections
- State housing trust funds
- Justice reinvestment

COUNTY / CITY



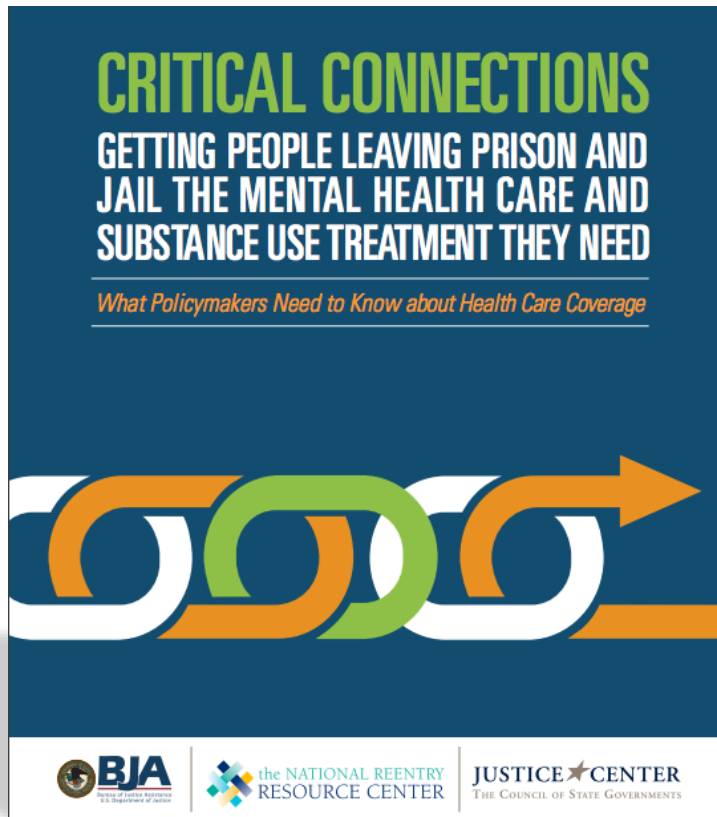
- General funds
- County-specific tax levies
- Municipal/city funds

PHILANTHROPY / PRIVATE



- Foundations
- Corporations
- Managed care
- Hospitals

Further Information on Federal, State, and Local Resources to Address Gaps in Services and Promote Evidence-Based Practices



Released in January 2017

Highlights state- and county-level strategies for improving connections to **health care coverage and benefits** (e.g. Medicaid, SSI/SSDI, VA).

Highlights ways that states and counties can fully leverage **Medicaid** to improve coverage and delivery of the behavioral health treatment and services needed by people leaving correctional settings, supplemented by block grants and state funding.



THANK YOU

For more information, please contact:

Hallie Fader-Towe, Senior Policy Advisor, The CSG Justice Center

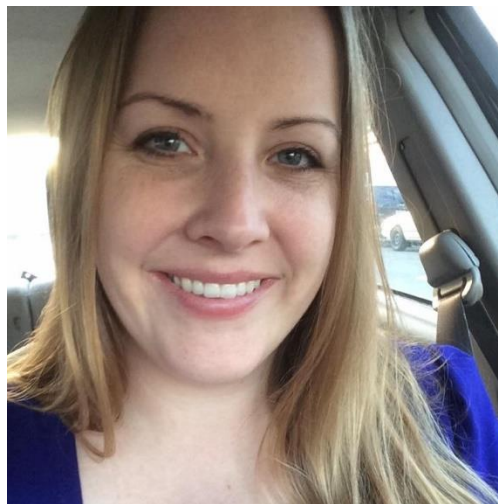
hfader@csg.org

THE
STEPPINGUP
I N I T I A T I V E

Speakers: Pacific County, Wa.



The Honorable Frank Wolfe
Commissioner



Katie Lindstrom
Public Health Director



Rosanne McPhail
Coordinator
Justice Mental Health
Collaboration

Stepping Up in Pacific County

Prioritizing Policy, Practice and Funding



Pacific County
PROSECUTING ATTORNEY
Mark McClain, Prosecutor



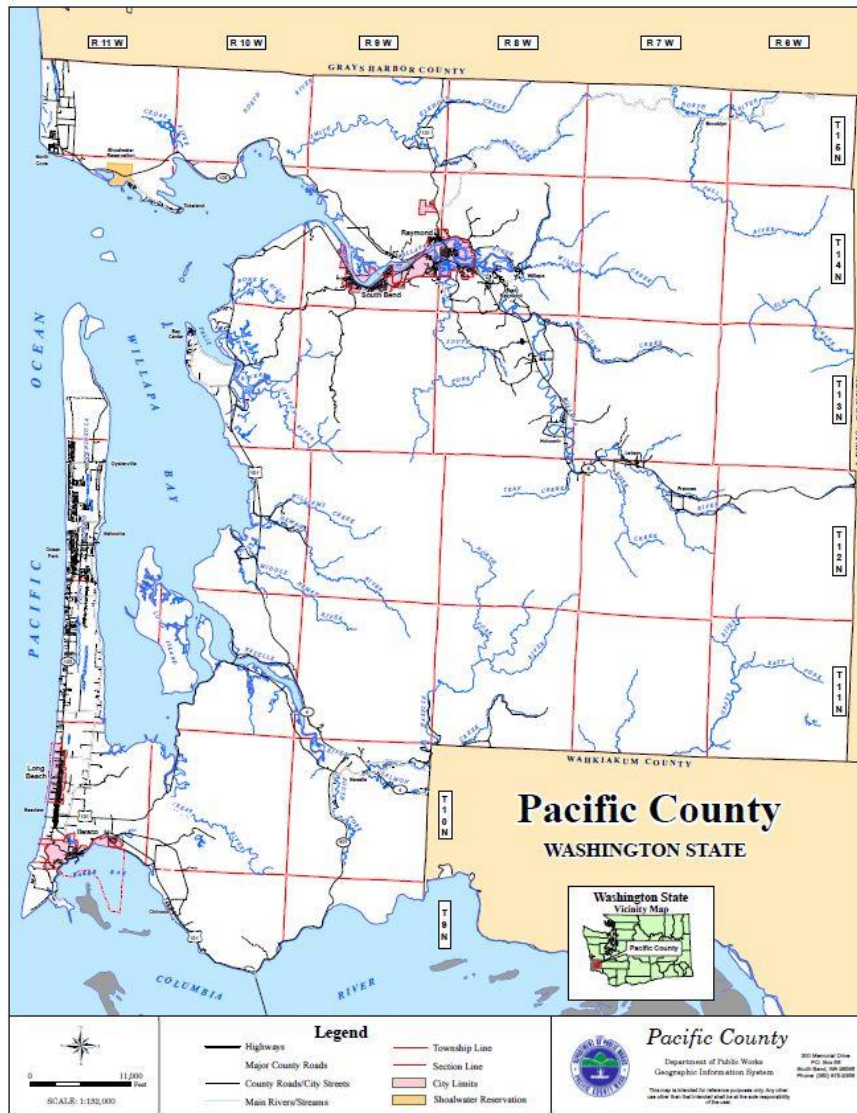
Presented by:

Frank Wolfe, Pacific County Commissioner

Katie Lindstrom, Pacific County Public Health Deputy Director

Rosanne McPhail, Justice Mental Health Collaboration Coordinator

Pacific County, Washington



Population: 20,848 (2015)

933 square miles

22.5 person per square mile

4 Incorporated Cities

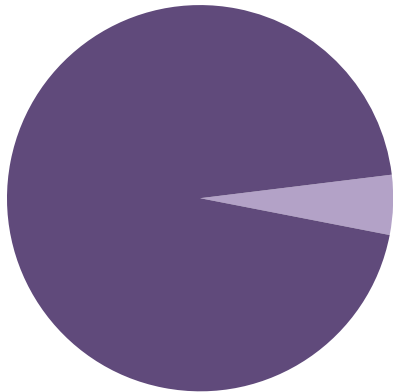
Economy based on tourism industry, logging, lumber manufacturing, oyster harvesting, seafood canning, crabbing, sports and commercial fishing, dairy farming, stock raising and cranberry farming.

Why do elected officials care?

| The Problem

General Population

5% Serious Mental Illness



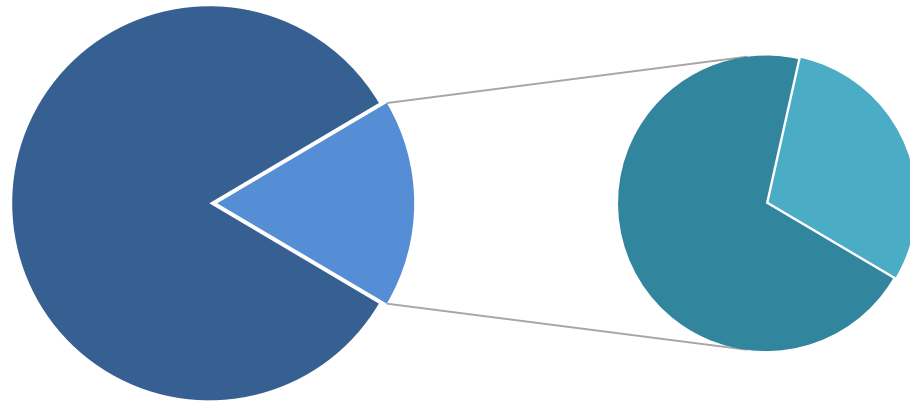
Our population: 20,848

5%: 1042

Jail Population

17% Serious Mental Illness

72% Co-Occurring Substance Use Disorder



2016 Annual Jail population: 845

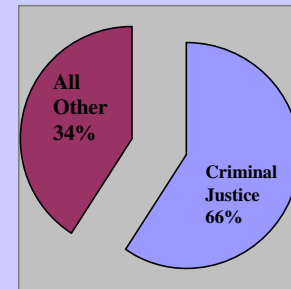
17%: 143

72%: 103

Costs Associated with Un-treated Mental Illness & Substance Use Disorders

- Decrease in tourism dollars coming into the county due to increased crime/vandalism and other problems associated with untreated mental illness and substance use disorders and decreased quality of life
- Increased absenteeism and less productive work force associated with mental illness and addiction
- Decrease in property values
- Health care business writes off extensive “bad debt” due to non-paying patients with mental illness and/or substance use disorders
- Excessive time and money spent by law enforcement and courts in dealing with mental health and SUD related crime
- Diversion of time, money, and other resources service providers who must spend disproportionate amounts of energy on individuals struggling with addiction and/or mental illness

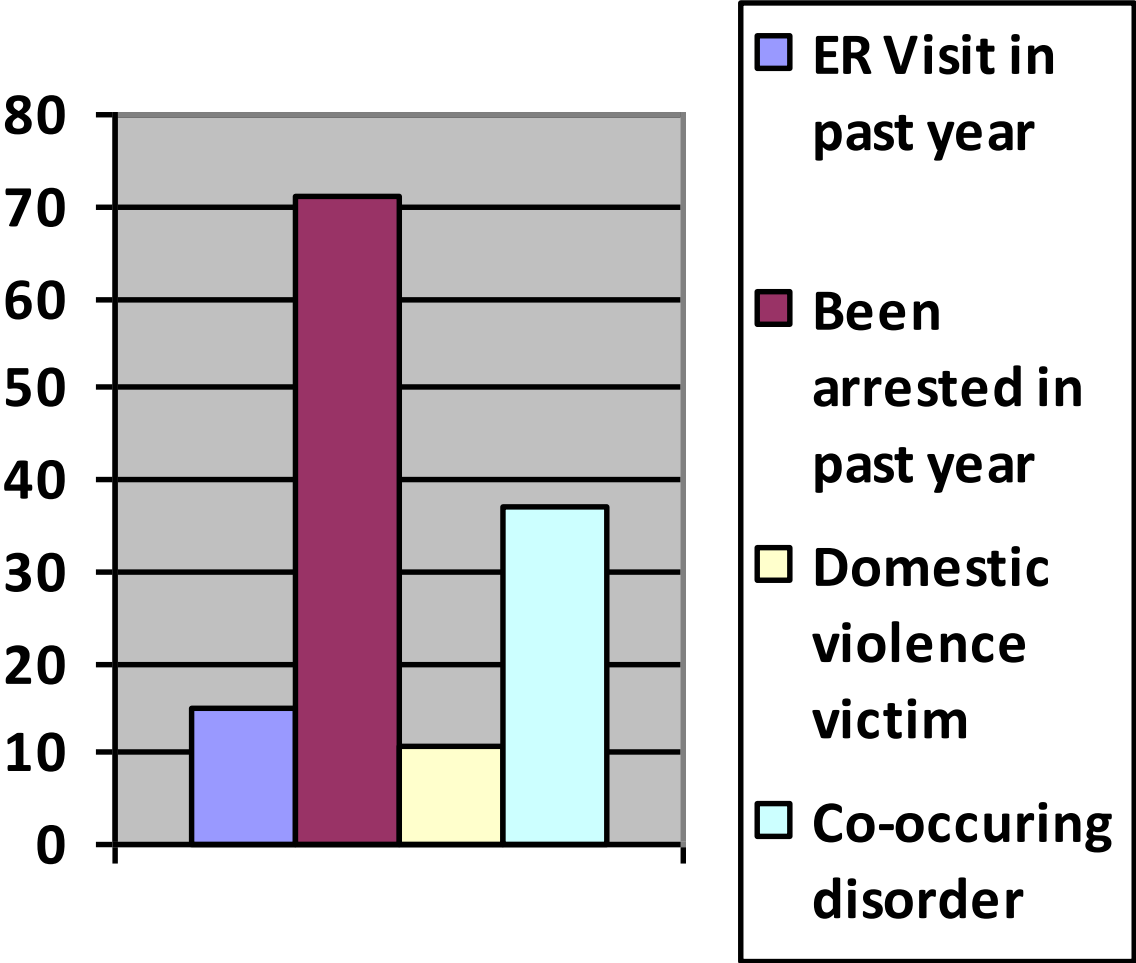
Pacific County Budget (2016)



Courts +
Sherriff +
Jail +
Juvenile +
Prosecutor +

Criminal
Justice Costs

Characteristics of Individuals in Treatment in Pacific County



Convene or draw on a diverse team



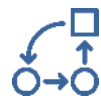
Mandate from county elected officials



Representative planning team



Commitment to vision, mission, and guiding principles



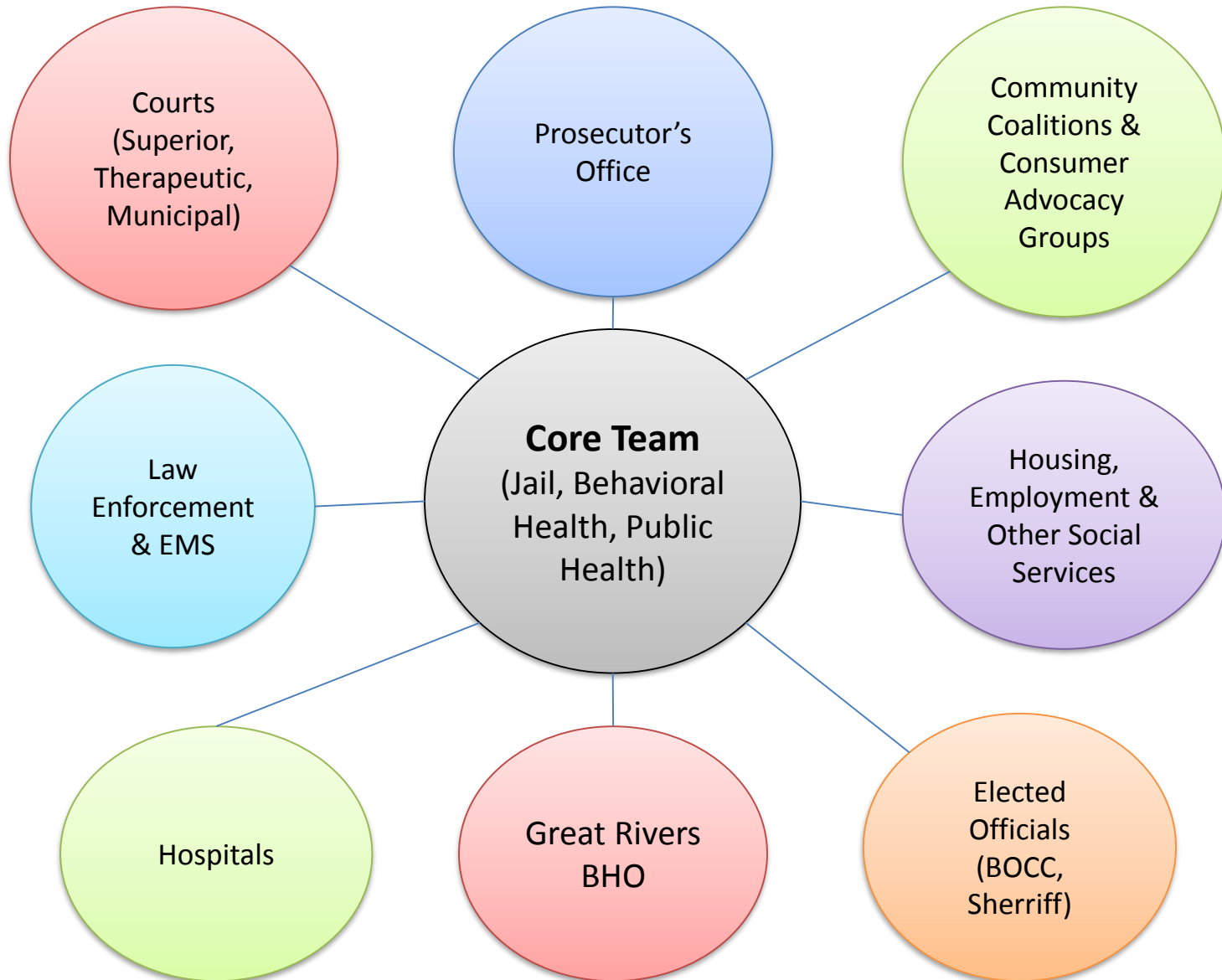
Designated project coordinator and organized planning process



Accountability for results



Pacific County Partners





Examine treatment and service capacity and identify state and local policy and funding opportunities and barriers

- Data/sequential intercept mapping
 - Efficiencies (improve current systems vs building new)
 - Capacity (behavioral health and ancillary social services)

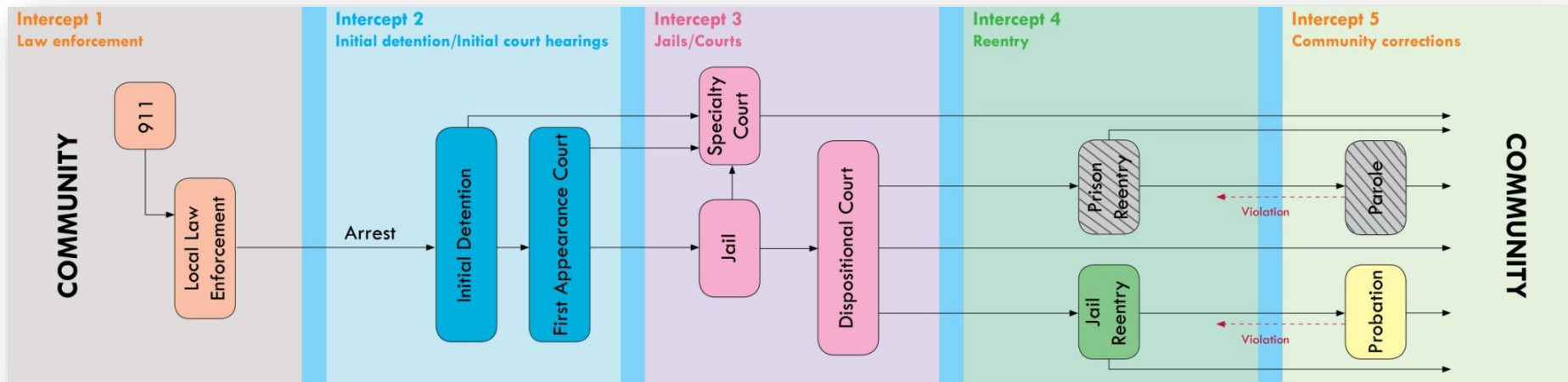
- County investment and partner buy-in
 - Geography/equity across county

- Sustainability
 - Funding opportunities/Timing (parallel process)
 - Opportunities to leverage across systems

- Adapting to changes

- Four key measures

Develop and implement a plan



Protocol

Crisis Team

Community contact form

CIT Training

Mental Health First Aid

Improved screening

*ORAS

*BJMHS

*GAIN-SS

Jail based services

Mental Health Diversion Program (MHDP)

District Court Options

Reentry planning

Permanent Supported Housing

Funding ideas

- County .1% Sales Tax, Millage, and/or County General Funds
- Behavioral Health Organizations (BHOs)
- Justice Mental Health Collaboration Grant (BJA)
- WA State Prosecutorial Diversion Grant (5177)
- Trueblood Grant
- Medicaid (for related covered services)
- Medicaid Transformation Grant (ACH- Care Transitions)
- Criminal Justice Treatment Account (CJTA)
- Partner match/in-kind
- Community coalitions (for training/coordination)

A decorative graphic consisting of a purple arrow pointing right, which overlaps with a light purple arrow pointing right. The text "Create a process to track progress" is centered within the light purple arrow.

Create a process to track progress

Four Key Measures

- Prevalence rate of mental illnesses in jail population
- Length of time people with mental illnesses stay in jail
- Connections to community-based treatment, services, and supports
- Recidivism rates

Contact Us!

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Monthly Webinars and Networking Calls

- **Network Call:** Prioritizing Policy, Practice and Funding Improvements for People with Mental Illnesses in Jails (August 16 at 2pm ET)
- **Webinar:** Tracking Progress on Reducing the Number of People with Mental Illness in Jails (October 12 at 2pm ET)
- Register at www.StepUpTogether.org/Toolkit

Poll Questions

Contact Information

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