

2018 NACo ANNUAL CONFERENCE & EXPOSITION



DAVIDSON COUNTY/
NASHVILLE, TENNESSEE

JULY
13-16



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



Criminal Justice and Behavioral Health Part II: Identifying and Treating the People with the Highest Needs in Your Justice System



**@NACoTweets
#NACoAnn**

TULSA COUNTY SHERIFF'S OFFICE

- TODAY OUR MENTAL HEALTH CARE SYSTEM IS FRAGMENTED, UNDERFUNDED AND DIFFICULT TO NAVIGATE. MENTAL ILLNESS OFTEN RESULTS IN A VICIOUS CYCLE OF POVERTY, HOMELESSNESS AND INCARCERATION.
- JAILS ARE THE LARGEST PROVIDERS OF MENTAL HEALTH SERVICES IN THIS COUNTRY.



TULSA COUNTY SHERIFF'S OFFICE

- CDC REPORT - OKLAHOMA RANKS IN THE TOP 10 IN SUICIDES PER YEAR IN THE U.S.
- OKLAHOMA HAS THE HIGHEST INCARCERATION RATE IN THE WORLD (MEN AND WOMEN).
- 1,079 OUT OF EVERY 100,000 PEOPLE IN OKLAHOMA ARE INCARCERATED.
- #2 IS EL SALVADOR WITH A RATE OF 614 PER 100,000.



TULSA COUNTY SHERIFF'S OFFICE

- WOMEN IN OKLAHOMA JAILS ARE MUCH MORE LIKELY TO SUFFER FROM MENTAL ILLNESS AND SUBSTANCE ABUSE THEN MEN.
- APPROXIMATELY 70 PERCENT OF INCARCERATED WOMEN HAD AN ACTIVELY MANAGED OR SERIOUS MENTAL ILLNESS COMPARED TO 44 PERCENT OF INCARCERATED MEN.



TULSA COUNTY SHERIFF'S OFFICE

- 2014: FORMED OUTSIDE/INSIDE COLLABORATION FOR JUSTICE (OICJA)
- 2015: TULSA COUNTY ADOPTED THE “STEPPING UP INITIATIVE” FOCUSING ON MENTAL ILLNESS IN THE JAIL



GOALS

1. REDUCE NUMBER OF PEOPLE WITH MENTAL ILLNESS BOOKED INTO JAIL
2. SHORTEN THE AVERAGE LENGTH OF STAY FOR PEOPLE WITH MENTAL ILLNESS
3. INCREASE THE PERCENTAGE OF CONNECTION TO CARE FOR PEOPLE WITH MENTAL ILLNESS IN THE JAIL
4. LOWER RATES OF RECIDIVISM



MENTAL HEALTH PODS

- OPENED APRIL 2017
- MAX CAPACITY - 100
- LEVELS 1-4
- STAFFED WITH CRISIS INTERVENTION TRAINING (CIT) TRAINED DETENTION OFFICERS
- PSYCHOLOGIST/PSYCHIATRIST
- DISCHARGE PLANNER



MENTAL HEALTH PODS



MENTAL HEALTH PODS



MENTAL HEALTH PODS



MENTAL HEALTH PODS



IDENTIFYING/ASSESSMENT

JAIL MENTAL HEALTH ASSESSMENT:

- QUESTIONNAIRE
- MEDICATION(S)
- TREATMENT



“MY HEALTH” SYSTEM

STATEWIDE SYSTEM THAT ALLOWS ACCESS TO
INDIVIDUALS MEDICAL/MENTAL HEALTH
TREATMENT HISTORY



TULSA COUNTY SHERIFF'S OFFICE

FIRST RESPONDER APP - DEVELOPED BY OICJ

WWW.FRSCREEN.COM

DEPUTIES CAN ACCESS FOR RESOURCES:

- SCREENING QUESTIONS & DEFINITIONS
- ASSESSMENT PROCEDURES
- PLACEMENT RESOURCES
- MEDICATIONS



SHERIFF'S MENTAL HEALTH UNIT

WORKS CLOSELY WITH MENTAL HEALTH COURT

1. MENTAL HEALTH PICKUPS
2. IDENTIFICATION OF REPEAT OFFENDERS
3. WELFARE CHECKS
4. TRANSPORTATION TO APPOINTMENTS



CRISIS RESPONSE TEAM

COUNTY-WIDE TEAM CONSISTING OF LAW
ENFORCEMENT, FIRE, MEDICAL AND MENTAL
HEALTH



TULSA COUNTY SHERIFF'S OFFICE

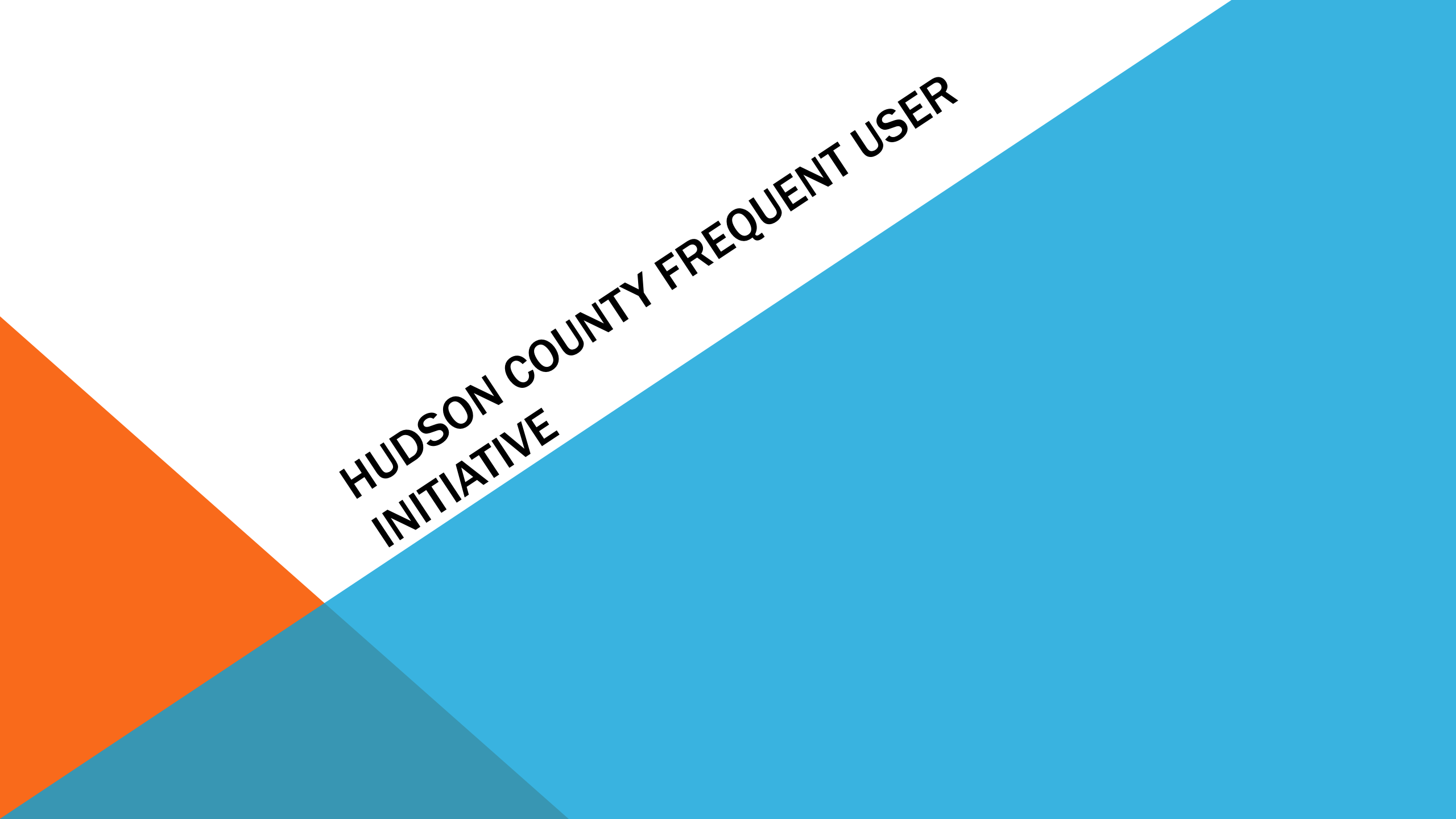
- THE AVERAGE ANNUAL COST TO HOUSE AN INDIVIDUAL WITH MENTAL ILLNESS IS APPROXIMATELY \$23,000.
- AVERAGE COST PER PERSON WITH MENTAL ILLNESS IN MENTAL HEALTH COURT IS \$5,400.
- MENTAL HEALTH COURTS IMPROVE UNEMPLOYMENT RATES, DECREASE JAIL DAYS AND DECREASE INPATIENT HOSPITALIZATION DAYS.



TULSA COUNTY SHERIFF'S OFFICE

- WHO'S PROBLEM IS THIS???
- COURTS - JUDGES, PROSECUTORS, PUBLIC DEFENDERS...
- LAW ENFORCEMENT - JAIL ADMINISTRATION, SHERIFF'S, MUNICIPAL AGENCIES
- COMMUNITY BASED PROVIDERS - NON-PROFITS AND CLINICIANS
- PRIVATE BUSINESSES
- FAITH-BASED GROUPS





HUDSON COUNTY FREQUENT USER INITIATIVE



HUDSON COUNTY, NEW JERSEY

- Estimated population: 675,000 in 12 municipalities.
- Located across the river from NYC, Hudson County was the fastest growing county in New Jersey in 2015
- Geographically the smallest and most densely populated county in New Jersey and the 6th most densely populated county in the United States.



DIVISION OF HOUSING AND COMMUNITY DEVELOPMENT

- Receives and administers approximately \$4.5 Million annually in CDBG, ESG and HOME Investment Partnership Program funding
- **Continuum of Care Lead**
 - Organized as the Hudson County Alliance to End Homelessness
 - Over \$6.5 Million awarded to nonprofits in 2017
 - Homeless Coordinated Entry and Assessment Program


HUDSON COUNTY DEPARTMENT OF CORRECTIONS

- 2200 Bed Facility
- Progressive Community Reintegration Program

Discharge planning begins at intake

- Written discharge plan 30 days prior to actual discharge
- COMPAS risk assessment used to determine plan

Services provided in jail

- Connection to benefits pre-release (i.e. Medicaid)
 - Inpatient Drug and Mental Health Treatment, Cognitive Behavioral Therapy
 - GED Programming
 - Vocational Training through Hudson County Community College
- 

COMMUNITY REINTEGRATION PROGRAM

- **Community-Based Services after release:**
 - Activate Benefits immediately upon release
 - Linkage to Federally Qualified Health Care Centers, medication etc.
 - Certified Out Patient Mental Health and Substance Abuse Treatment
 - Case Management
 - Electronic Monitoring
 - Job Development
 - Disability linkage
- **Transitional Housing**
 - Maximum 15 months of assistance
 - Sober/Clean housing

HOUSING AND CORRECTIONS

- **Limited collaboration prior to FUSE initiative**
 - CoC/ESG Funded Rapid Rehousing programs assisted Reintegration Clients
 - Collaboration on individual cases



TURNING POINT

Warming Center

Created as a result of community input and need for additional placements for unsheltered homeless during the cold winter months

- Continuous, staffed by Department of Corrections first year
- Averaged 75 persons a night

Analyzed usage of the WC and Incarcerations for 28 individuals:

- 2,096 nights in jail during the winter of 2013-14 (before WC)
- 334 nights in jail the winter of 2014-15 (during WC)

Helped initiate the conversation about more permanent solutions

- Identified a gap in housing and services




DESIRED DATA MATCH



Challenges:

- Access to data
- Release of Information

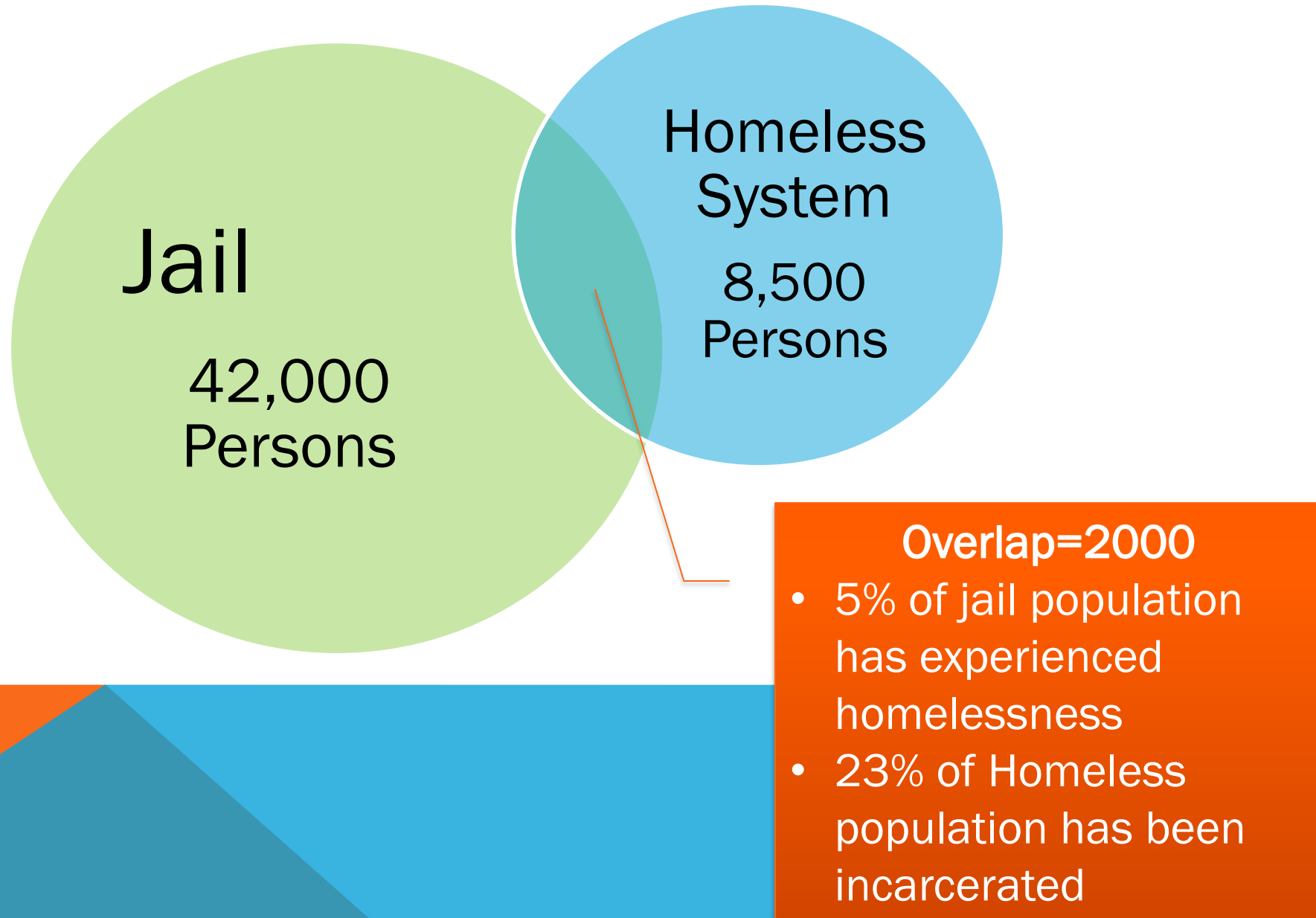
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) DATA

- Data is “owned” by CoC programs
 - All homeless programs enter data on clients served
 - County serves as the local administrator of HMIS and historically only has aggregate level view
 - Ultimately full Continuum of Care took a vote to allow access to view names, DOB etc.
- 

JAIL DATA

- Jail cannot run a report locally, only individually look up names
- Public data, state used to provide, with approval from Administrative Office of Courts- no longer sharing
- Started with 2 years, expanded to 5 years
- Timing
 - It took months to obtain the reports
 - Already out of date
- Includes Name, DOB

ACTUAL DATA MATCH



START SOMEWHERE!

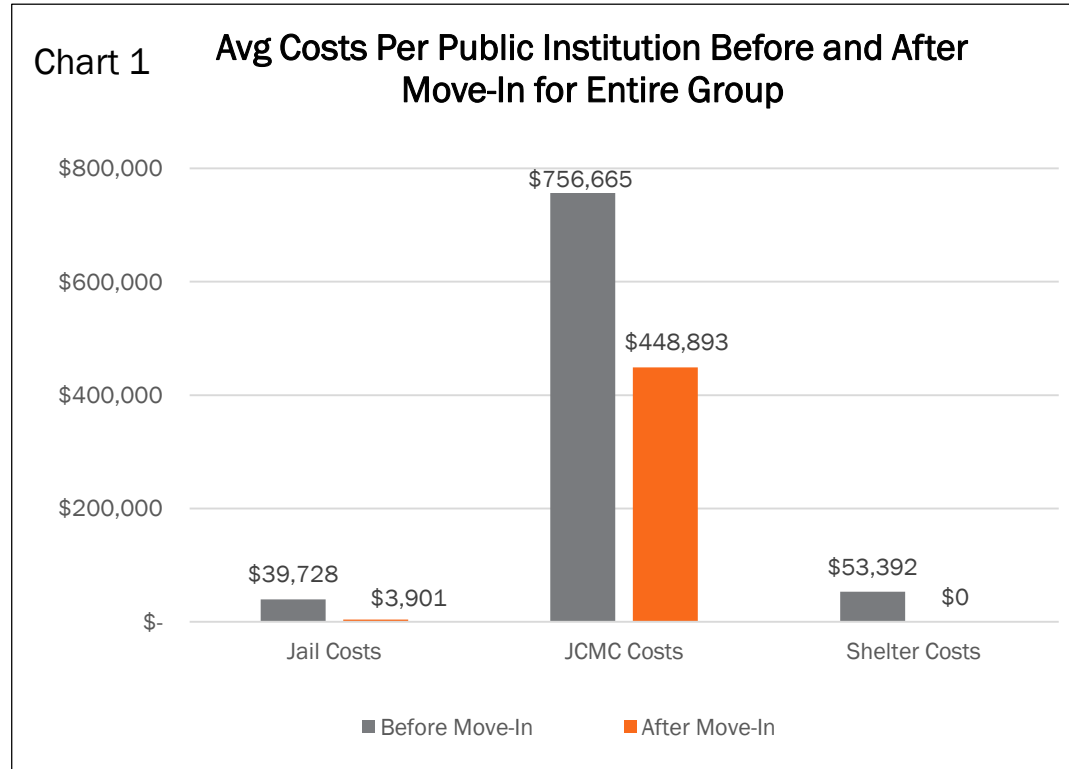
- **Continuum of Care Bonus Project**
 - Nonprofit partner awarded 27 vouchers to house the most vulnerable chronically homeless individuals
 - Coordinated Assessment -target most vulnerable - those scoring below 25
 - Maintain list from HMIS, sorted by score, manually collects and adds in Jail/hospital stays
 - Individual Release of Information
- Corporation for Supportive Housing FUSE Grant and Technical Assistance

FREQUENT USERS PILOT – FIRST YEAR OF HOUSING

- **Before Housing Move-In Cost**
5 Years of Hospital, Shelter and Jail Cost incurred for entire group was calculated and converted into a Average Yearly Cost figure.
- **After Housing Move-In Cost**
All Hospital, Shelter and Jail Costs incurred after housing move-in date.

Analysis

Jail Cost Reduced by **90%**
JCMC Costs Reduced by **41%**
Shelter Costs Reduced by **100%**

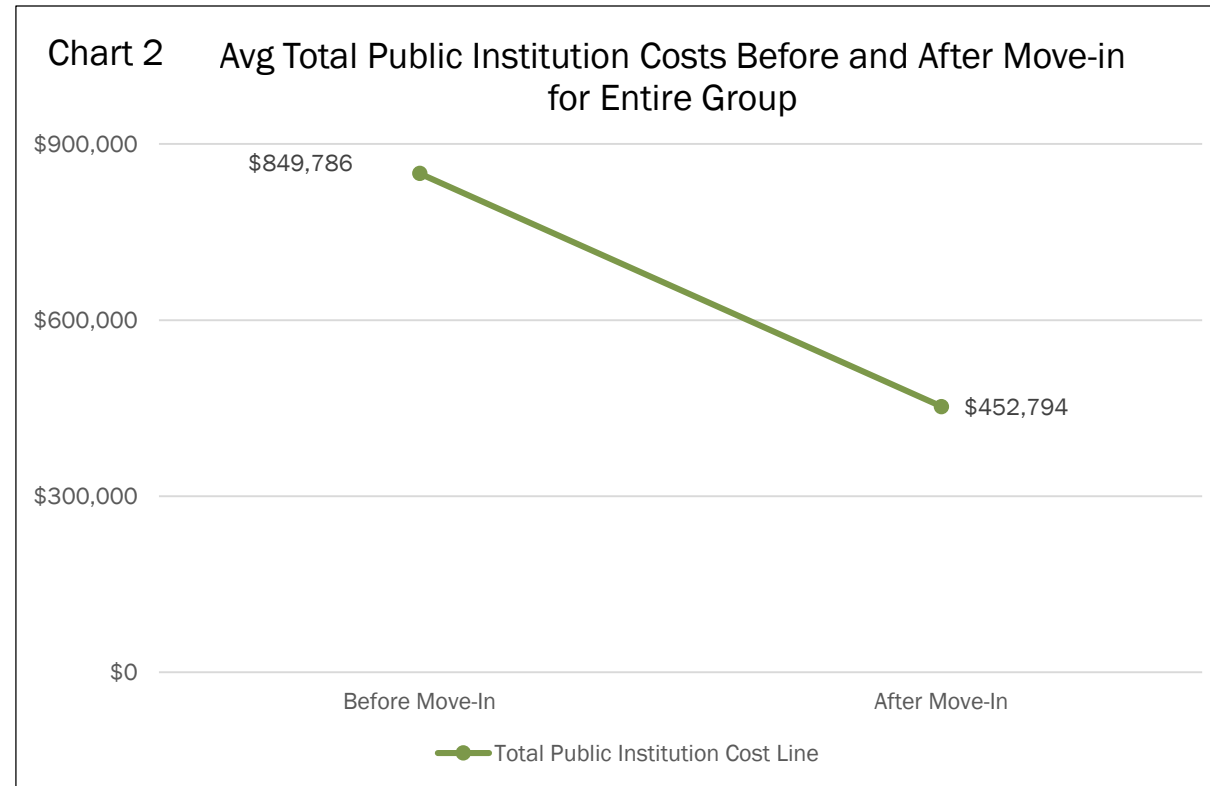


FREQUENT USERS PILOT – FIRST YEAR OF HOUSING

Analysis

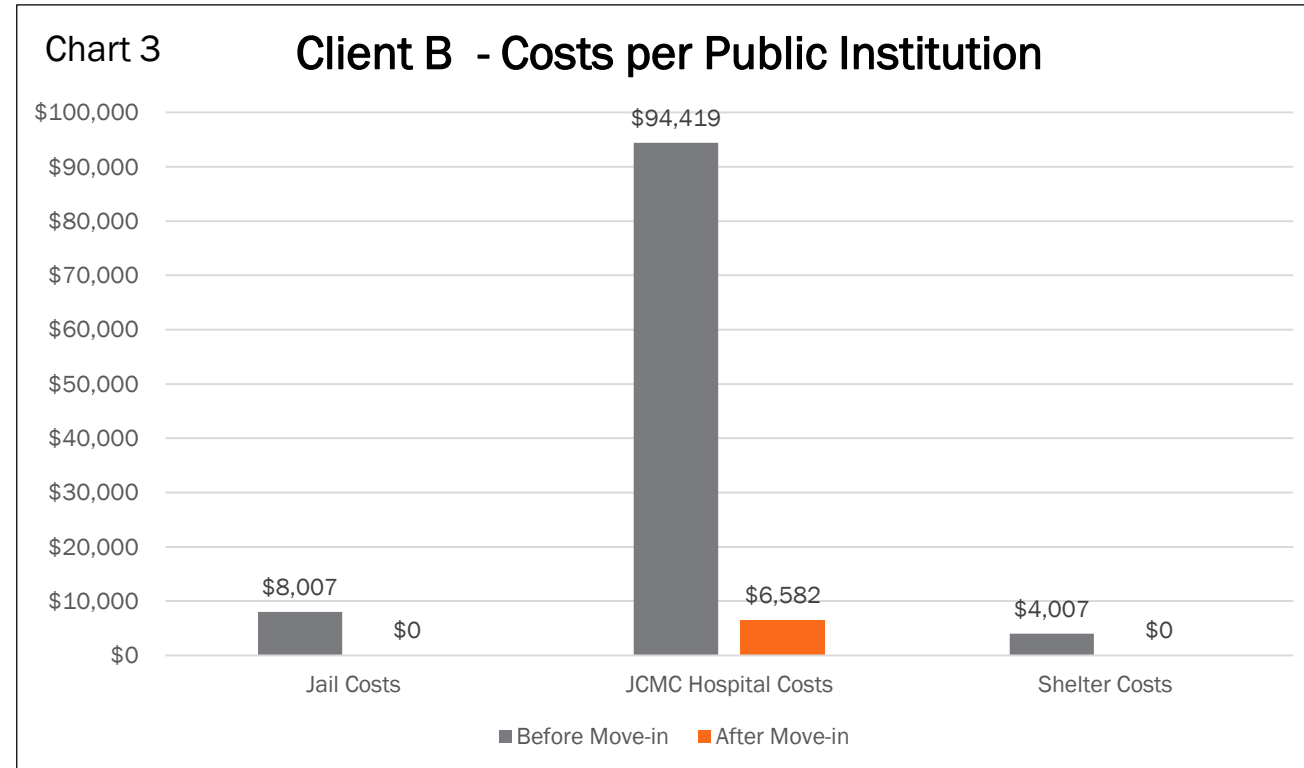
When comparing total costs before and after move-in, expense dropped by nearly half, amounting to a **47% overall reduction**.

In dollar figures, this amounts to \$396,991 cost savings per year.



FREQUENT USERS PILOT – CLIENT B


Analysis
Client B was among the
Top 5 Most Expensive
client in each category of
public institution expense.



SUCCESS LEADS TO EXPANSION

- State of New Jersey released an RFP for 400 vouchers for chronically homeless frequent utilizers of public systems
- County identified supportive service funding
 - Homelessness Trust Fund
 - Inmate Welfare Trust Fund
 - County Funds
- Collaborative application was awarded 100 vouchers

PROCESS FOR PRIORITIZATION

1. Identify Frequent Utilizers (2x or more Jail Incarceration)
 2. Review COMPAS Assessment- Remove those with low risk of recidivism
 3. Provide list to Coordinated Assessment for Chronic Homeless and other Eligibility determination
 4. Prioritize those with highest number of incarcerations and lowest vulnerability scores first
 5. Work with shelter and service providers and Jail to locate and engage those on list
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THE FUTURE

- Partner with hospitals
- Diversion Program
- Analyzing the impact of Bail Reform
 - Release low level offenders in 48 hours pre-adjudication
 - Higher number of people flowing through the jail and more on streets

QUESTIONS?

Contact Information

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Questions



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