

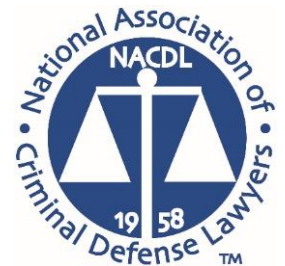
THE
STEPPING UP
INITIATIVE

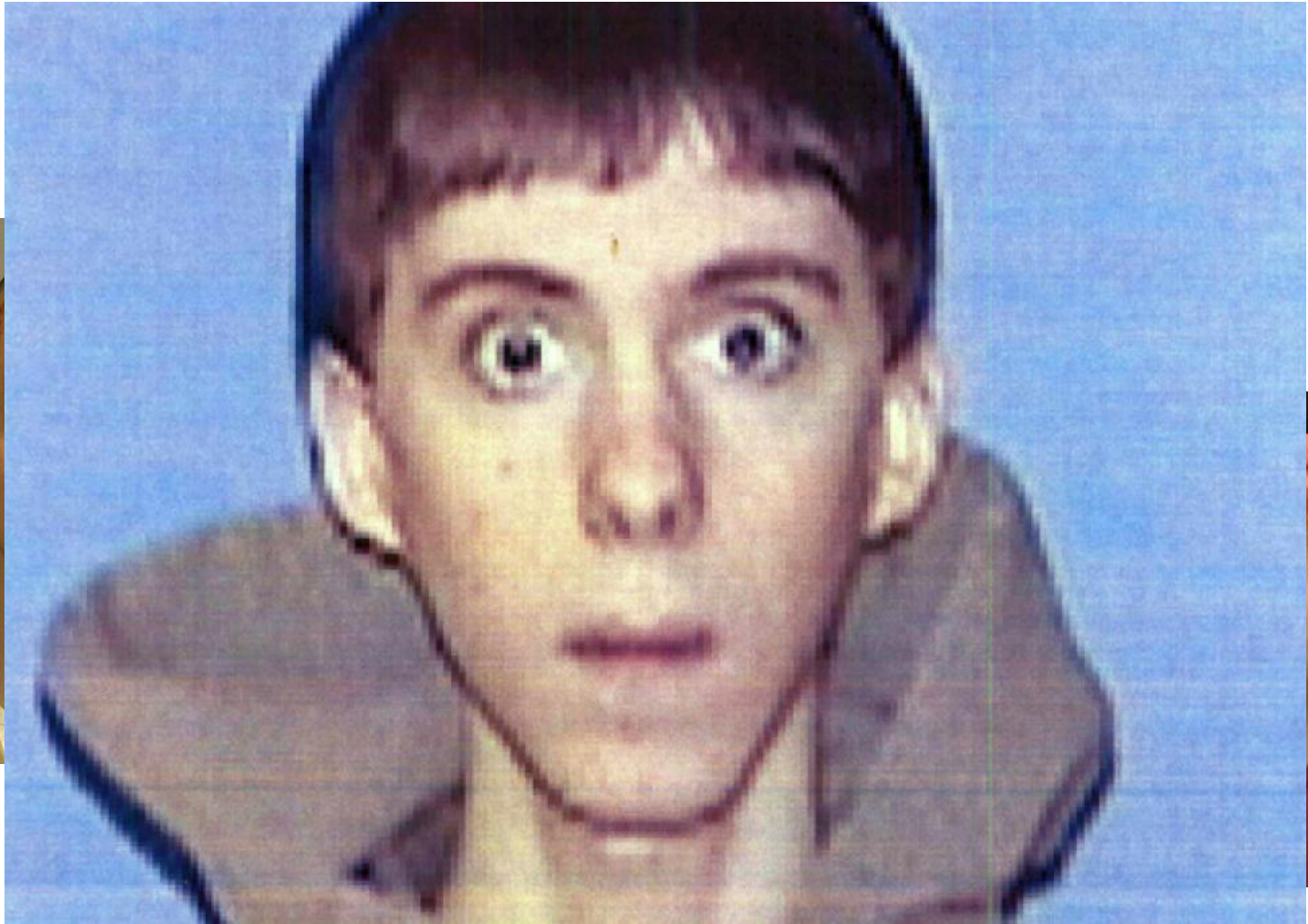
**Stepping Up:
Key Considerations for
Reducing Mental Illness in Jails**

The 6th Amendment Right to Counsel: Representing the Mentally Ill Client



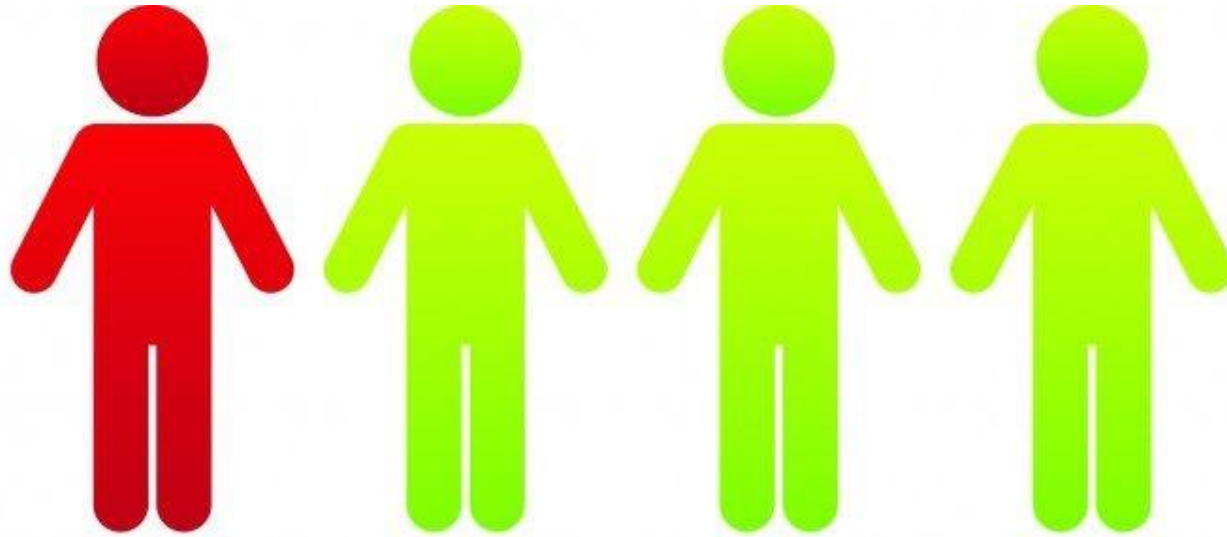
Colette Tvedt
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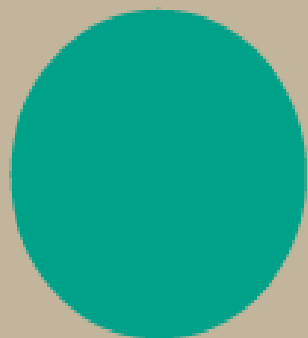
Mental Illness in Jails Report



One in four people has a **mental illness**.

10X's as many MI people in jail than hospital

In 2012, there were **10 times** as many mentally ill persons in prisons and jails than in state hospitals.



Hospitals:
35,000
mentally ill patients

Prisons and jails:
356,000
mentally ill inmates

Source: Treatment Advocacy Center

Mother Jones



For Mentally Ill Inmates at Rikers Island, a Cycle of Jail and Hospitals



- 40 % of the population at Rikers, a total of 4,000 men and women at any given time, more than all the adult patients in New York State psychiatric hospitals combined.
- Studies show they are more likely than other inmates to be the victims as well as the perpetrators of violence.

Justice Anthony Kennedy: Solitary Confinement 'Literally Drives Men Mad'



Kalief Browder Took His Own Life, but the System Murdered Him



*Counsel services in
America are in a
state of crisis*



UNCONSCIONABLE

INADEQUATE

BROKEN

DEVASTATING

UNJUST

UNACCEPTABLE

ECONOMICALLY UNSUSTAINABLE

***UNWORTHY OF A LEGAL SYSTEM THAT STANDS AS AN EXAMPLE TO ALL
THE WORLD***

Public Defense in America

- Each state has a [constitutional obligation](#) to provide access to counsel under the 6th Amendment
- Between 60 and 90 percent of defendants charged with a crime cannot afford an attorney
- Budget issues and competing criminal justice priorities have left many states with critically under-funded public defense systems

Public Defense

- An effective system of public defense can
 - Keep innocent citizens out of jail and prison
 - Keep mentally ill people out of jail and get them services
 - SAVE \$\$\$\$
- Some states and jurisdictions (UT, New Orleans, NY) are being or have been sued because of years of under-funding and shortcomings in their public defense systems
- People languishing in jails for months- years without a lawyer

Solutions

- Increase services
- Diversionary Programs
- Mental Health Court
- Crisis Intervention Training (CTI) for law enforcement
- More training for prosecutors, judges, PTS, intake at jail and defenders
- Avoid criminalizing people with mental illness
- MORE FUNDING FOR PUBLIC DEFENSE

Supportive Housing for Justice-Involved Individuals

Whitney Lawrence, CSH

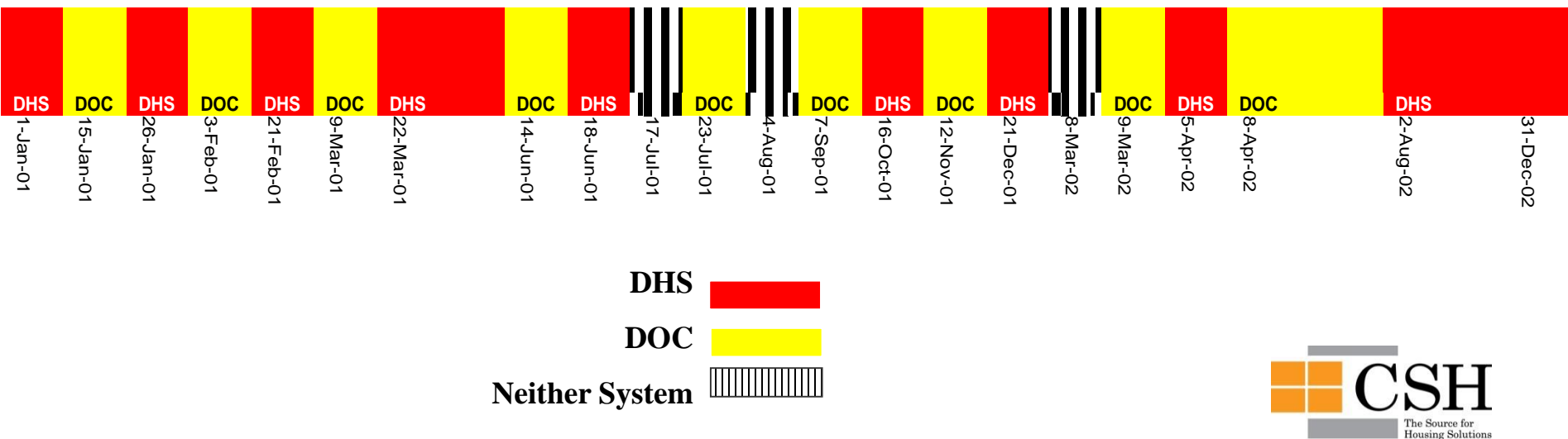
The Source for
Housing Solutions



Why does housing matter?

Supportive Housing will reduce the revolving door between incarceration, hospitalizations, and homelessness.

Frequent User Case Study



Key Philosophies

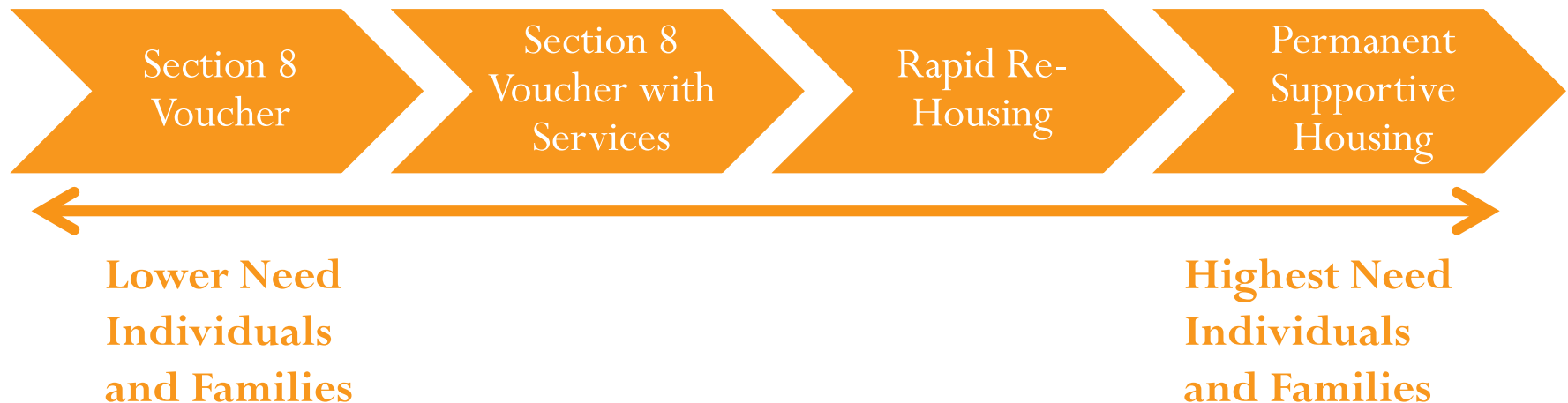
- **Housing First**
 - Emphasizes rapid access to permanent housing
 - Support services focused on housing stability
 - No “housing readiness” standards or other barriers to housing
- **Right-sizing interventions**

Immediate access to housing
Housing is the platform for stabilization.



What kind of Housing do people experiencing homelessness need?

It varies! The needs of people who experience homelessness exist on a spectrum. An individual's level of need determines what kind of housing is most appropriate.



Understand the Components

PSH

- Very Vulnerable, chronically homeless

TH

- Non-disabled, high barrier
- Requiring structured treatment

RRH

- Most homeless families
- Newly homeless

Prevention

- Target those at-risk who actually enter system

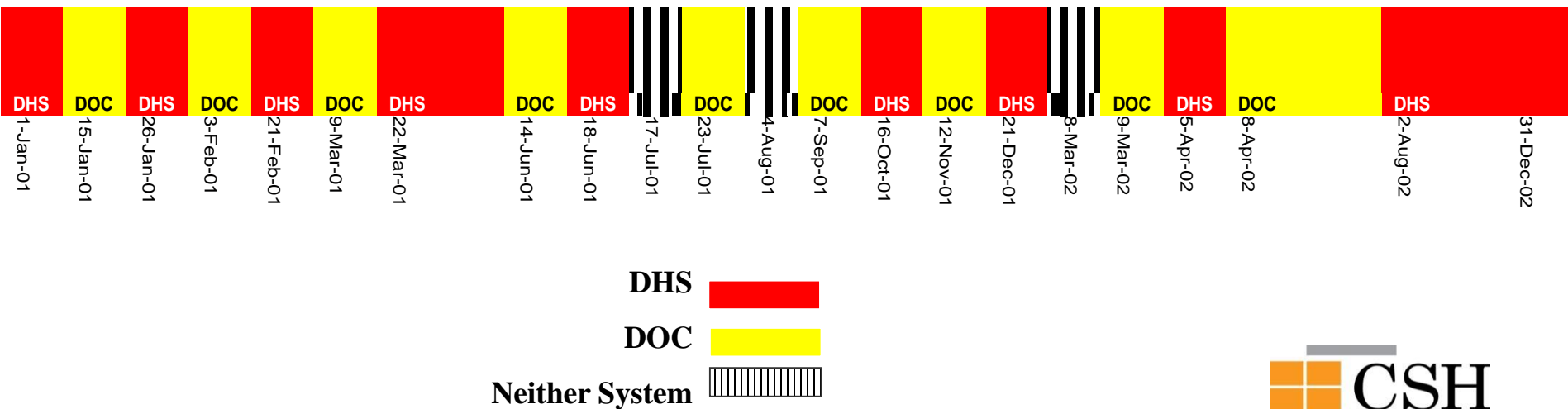
ES

- Interim housing <30 days while waiting for Housing

The Beginning: New York City FUSE

Remember this graph?

Frequent User Case Study



Supportive Housing is the Solution

Supportive housing combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity.

Housing:
Affordable
Permanent
Independent



Support:
Flexible
Voluntary
Tenant-centered

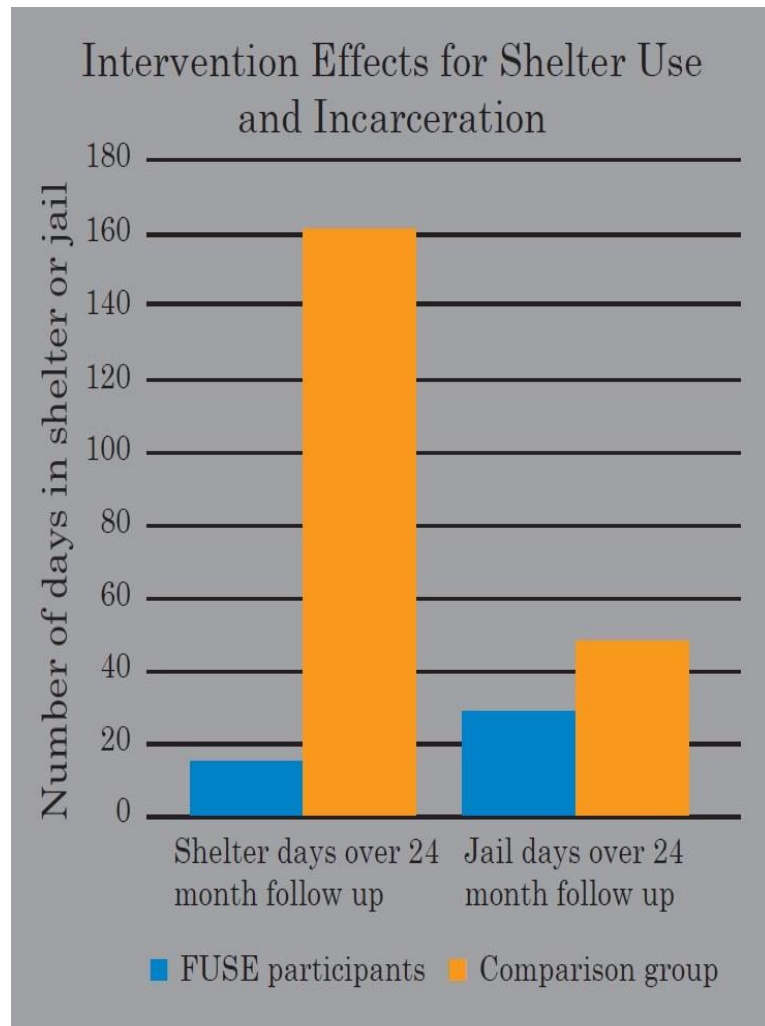
Supportive Housing is for People Who:

- **Are chronically homeless.**
- **Cycle through institutional and emergency systems and are at risk of long-term homelessness.**
- **Are being discharged from institutions and systems of care.**
- **Without housing, cannot access and make effective use of treatment and supportive services.**



Evaluation Results:

FUSE Reduces Recidivism



Results from Columbia University's evaluation of the New York City FUSE program, released in November 2013

- 40% fewer jail days
- 91% fewer shelter days
- 50% fewer psychiatric inpatient hospitalizations (not shown)
- *Cost benefit analysis showed \$15,000 in savings per client*

Total Public Cost Avoidance for 10th Decile

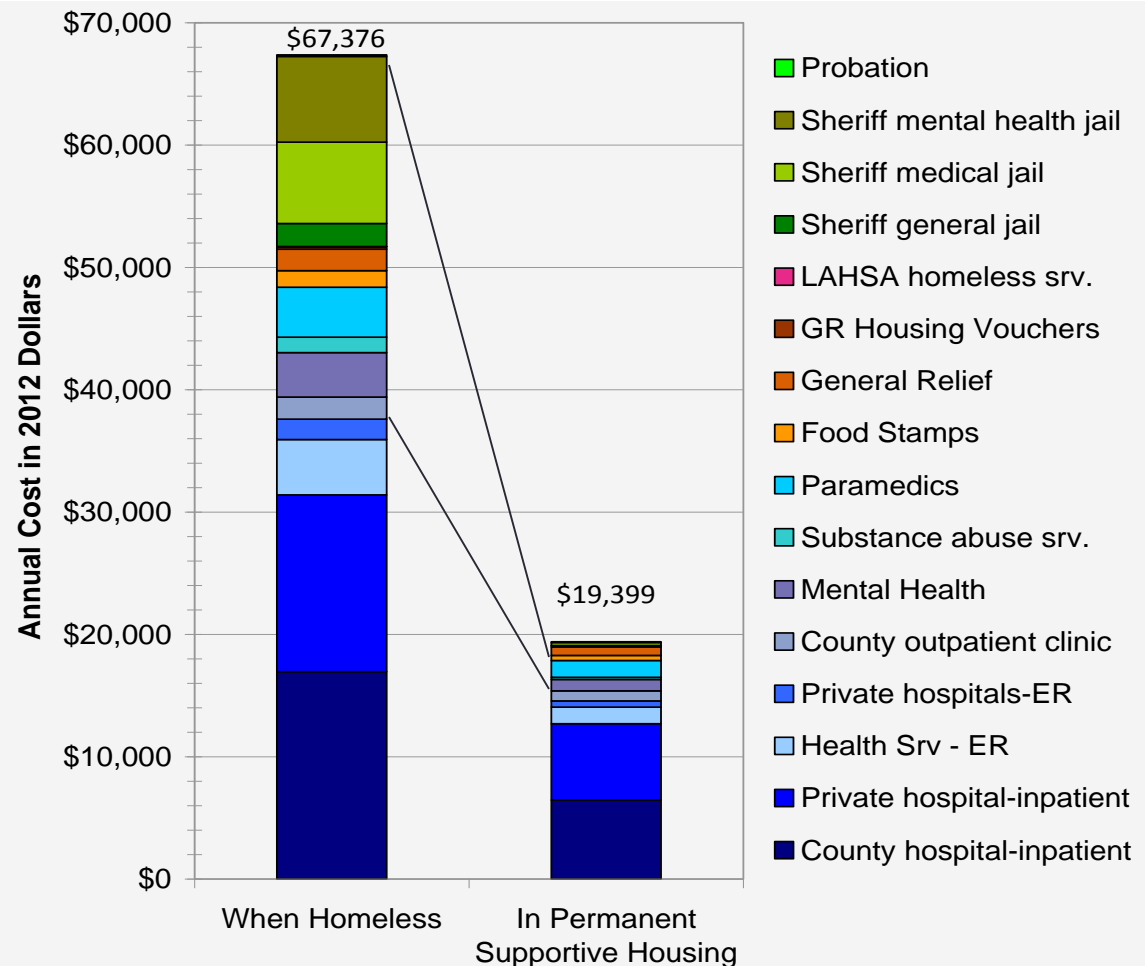
\$47,977 in estimated annual public costs avoided by housing 10th decile patients

Estimated annual public cost for 10th decile patients in evaluation, using propensity scoring:
n = 89

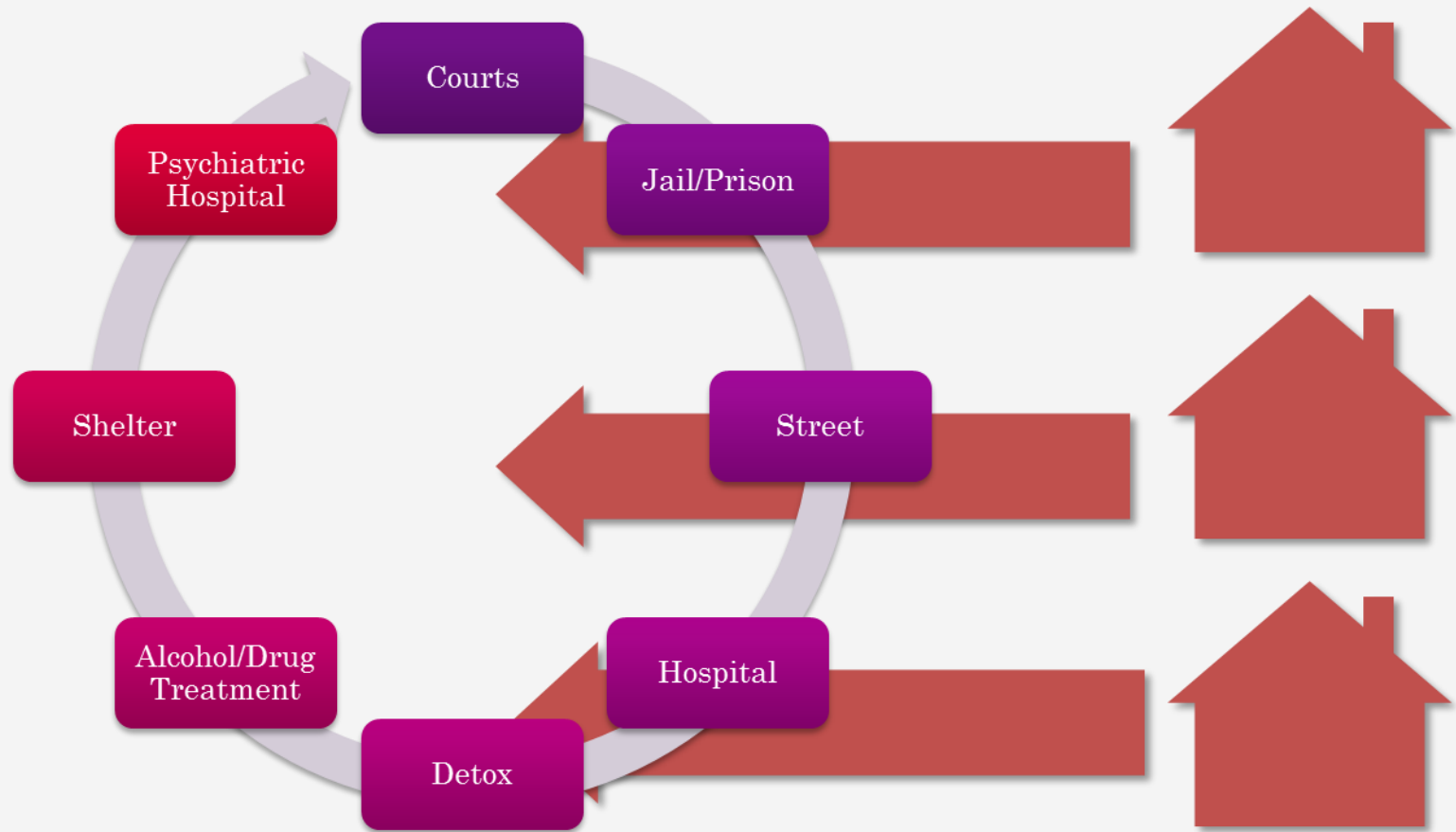
\$67,376 when homeless

\$19,399 when in PSH

Navigation and housing costs not included

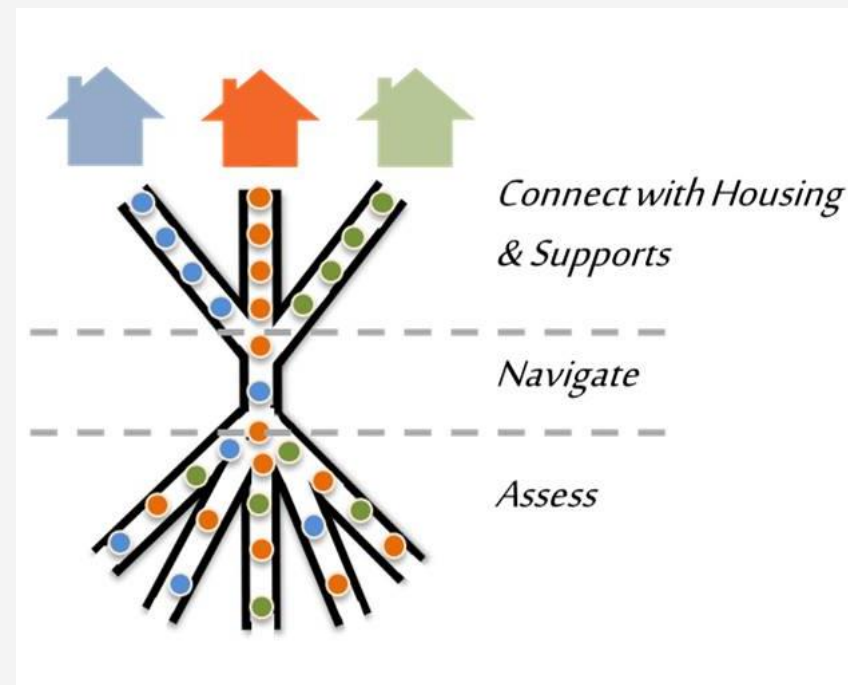


What could this look like in your community?



What could this look like in your community?

- The Coordinated Entry System – a front door to services.
- Reentry programs *leverage* the Coordinated Entry System (CES)- no dumping
- Court System links to CES
- Jail diversion & intercepts are part of CES design
- Housing intercepts are part of CJ system design



What can you do?

- **BE A CHAMPION – CULTIVATE CHAMPIONS**
- **Data!**
- **Connect to the housing world**
 - Coordinated Entry System
 - Public Housing Authorities
 - Talk to CBOs, learn where the barriers are
- **Realign Resources**
- **Do not trade the perfect for the very good –*Systems change takes time!***



How can I create systems change?

Where you can find me



Whitney Lawrence
whitney.lawrence@csh.org
(213) 623-4342 ext. 16

Housing Programs *of the Office of Diversion and Reentry*



Health Services
LOS ANGELES COUNTY

Corrin Buchanan
Diversion and Reentry Housing Director
cbuchanan@dhs.lacounty.gov

OD&R HOUSING PROGRAMS

1. 1000 units of ODR Supportive Housing
 2. 300 units funded through Pay for Success-Just In Reach (JIR)
- Supportive services will be provided under DHS' existing Intensive Case Management Services work orders and rental subsidies will be provided through the FHSP.
 - The housing plan provides interim housing as a bridge to permanent housing with maximum flexibility in terms of housing type (Project-based, Scattered-site, Board and Care).

INTENSIVE CASE MANAGEMENT SERVICES

- **Every client** connected to services.
- **Individualized service** planning and linkages to health, mental health, and substance use disorder treatment.
- **Help clients retain** housing and reach health and wellbeing goals.
- **Services provided by** on-site staff or mobile teams.

INTERIM HOUSING

Recuperative Care

- Provides short-term care for homeless DHS patients who are recovering from an acute illness or injury or have a condition that would be exacerbated by living on the street or in shelter.
- Program offers temporary housing, medical and mental health monitoring, meals, case management, and transportation

Stabilization Housing

- Provides short-term housing and support for homeless DHS patients who are moving into permanent housing soon.
- Program offers temporary housing, meals, case management, and transportation.

FLEXIBLE HOUSING SUBSIDY POOL



LOCAL RENTAL SUBSIDY PROGRAM

- **Launched:** January 2014 by DHS Housing for Health
- **Mission:** Quickly and effectively house homeless
- **Initial Funding:** \$18 million (w/ \$4 million from Conrad N. Hilton Foundation)
- **Housing Types:** Supportive, Affordable, Private market housing
- **Product Types:** Single family home, single apartment unit, blocks of units, entire building

RENTAL SUBSIDY OPERATOR

BRILLIANT CORNERS operates FHSP:

- **Identifies/secures inventory** of decent, safe, and affordable housing countywide
- **Agreements to lease**/procure housing
- **24/7 response** to property owners and landlords
- **Housing retention** services
- **Monthly rental subsidy** payments to owners/operators



FHSP PARTNERS



Los Angeles County
Dept. of Health
Services



503(c) nonprofit
coordinating community-
based partner



Property owners
throughout Los
Angeles County



LADHS Supportive
Housing Rental
Subsidy Program

Jail

2-4 months prior to discharge

Temporary Housing

0-3+ months Post-Release

Permanent Housing

PRE-ENROLLMENT PERIOD

POST-ENROLLMENT PERIOD

Jail Mental Health Clinicians will refer clients located within Jail Mental Health.

Jail Mental Evaluation Team will refer clients located in the jails general population who are on psych meds.

Jail Medical Service Bureau will refer clients located within Jail Linkage.

Jail In-Reach Providers, after screening for homelessness, will refer appropriate clients from their caseload.

Community Collaborative Courts will refer appropriate clients from their caseloads. Some of these clients may have already been released from jail.

Referrals received by Housing for Health; passed onto service providers who screen for program eligibility.

HIGH SCORE

SPDAT

LOW SCORE

HOUSING SEARCH BEGINS

IN-REACH

Services begin while client is still incarcerated

ELIGIBLE

- Build relationship with potential client; obtain consents
- Conduct psychosocial assessment
- Assist clients with other documentation (ID's, etc.), complete intake
- Create housing plan
- Complete FHSP rental subsidy application

NOT

ELIGIBLE

Link individuals to resources that can address their immediate needs, including housing location services, permanent housing, case management, shelter, etc.

DISCHARGE

COORDINATED

BRIDGE HOUSING

Client officially enrolled in program, services continue

CLIENT ENROLLED IN PROGRAM

- Assist clients with access to temporary housing, and services to meet their immediate needs, until permanent housing placement is secured
- Assist with the timely completion, and coordination of lease agreements
- Coordinate client move-in

HOUSING PLACEMENT

PERMANENT HOUSING

Client moves into scatter-site PSH, services continue

- Conduct psychosocial re-assessments and update services plan, ongoing
- Maintain client contact and tailor intensity of services to client's needs
- Ensure clients are linked to and accessing health, mental health, and substance use disorder services as needed
- Assist clients with obtaining income and/or establishing benefits



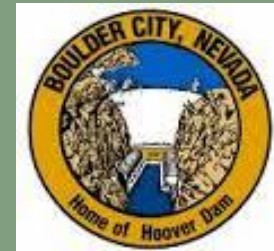
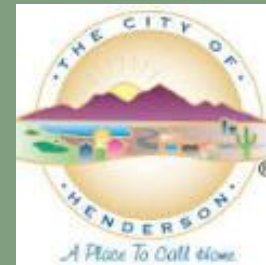
Clark County's FUSE Initiative



Presented By: Brooke Page,
Assistant Manager for
Social Service

About Clark County

- 13 Largest County
- Regional Services to
 - 2.1 Million Citizens
 - 45 Million Visitors/ year
 - 954K unincorporated residents
- 7 Jurisdictions
 - City of Las Vegas
 - City of North Las Vegas
 - City of Henderson
 - Boulder City
 - City of Mesquite
 - Unincorporated Clark County
 - Incorporated Clark County

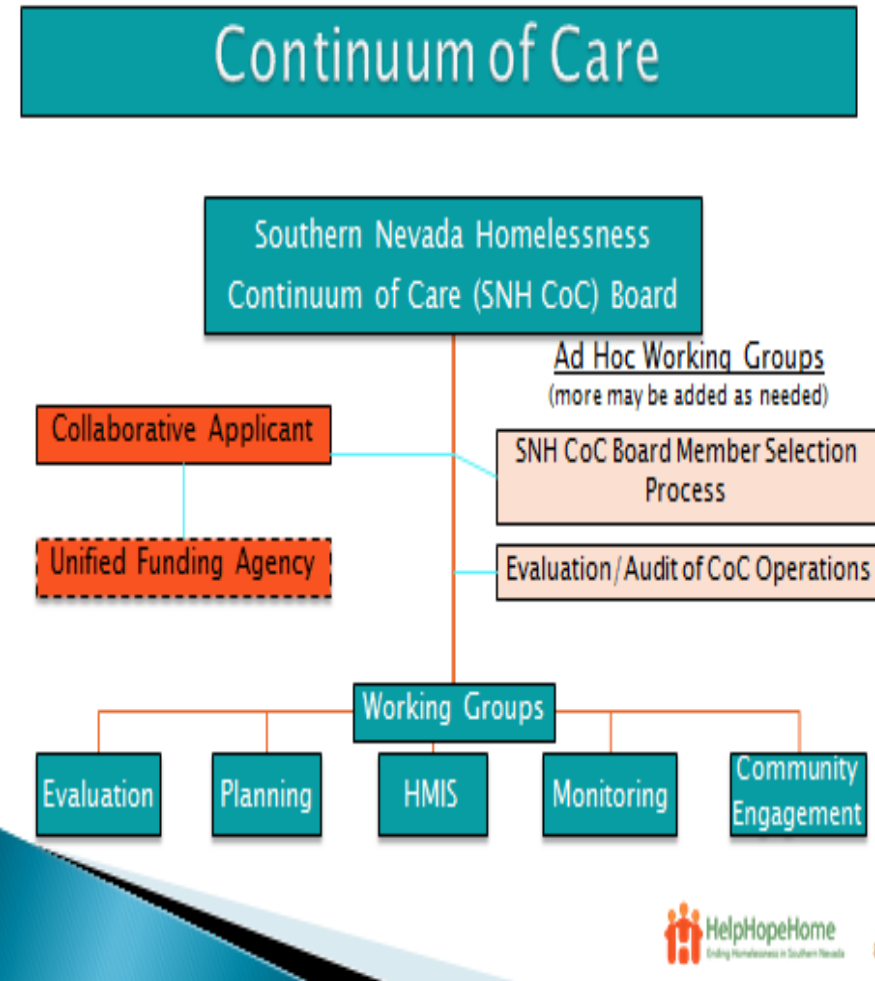


Efforts to Address Homelessness

Federal Initiatives

- ✓ End Veteran Homelessness By 2015
- ✓ Functional Zero Definition
- End Chronic Homelessness By 2017
- End Family & Youth Homelessness By 2020
- ✓ Stepping Up
- ✓ Data Driven Justice Initiative
- Visit

HelpHopeHome.Org



2016 Point in Time Summary

The 2016 Southern Nevada PIT Count indicates that between 2015 and 2016, the total amount of homeless persons decreased from 7,509 to 6,208, respectively. The amount of unsheltered homeless persons decreased from 3,916 to 3,731 respectively during this time period.

2.1 2016 Homeless Census & Survey: Summary of Findings

Figure 1: Point-in-Time Homeless Census & Annual Estimate of Homelessness Data

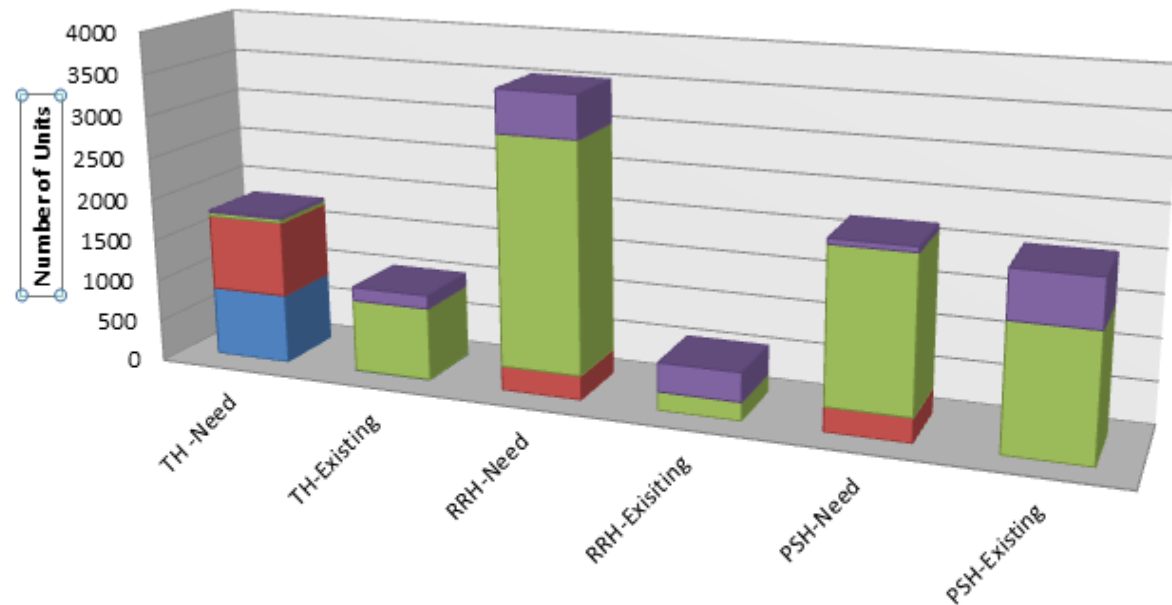
	2013	2014	2015	2016	2015 to 2016 Net Change	2015 to 2016 Percent Change
Unsheltered	3,034	3,494	3,916	3,731	-185	-4.7%
Sheltered	2,920	3,949	3,593	2,477	-1,116	-31.1%
Total Point-in-Time Count	5,954	7,443	7,509	6,208	-1,301	-17.3%
Annual Estimate	32,421	34,744	34,397	30,016	-4,381	-12.7%

Source:

Bitfocus Inc., (2013, 2014, 2015, 2016), 2013, 2014, 2015, & 2016 Southern Nevada Homeless Survey, Las Vegas, NV

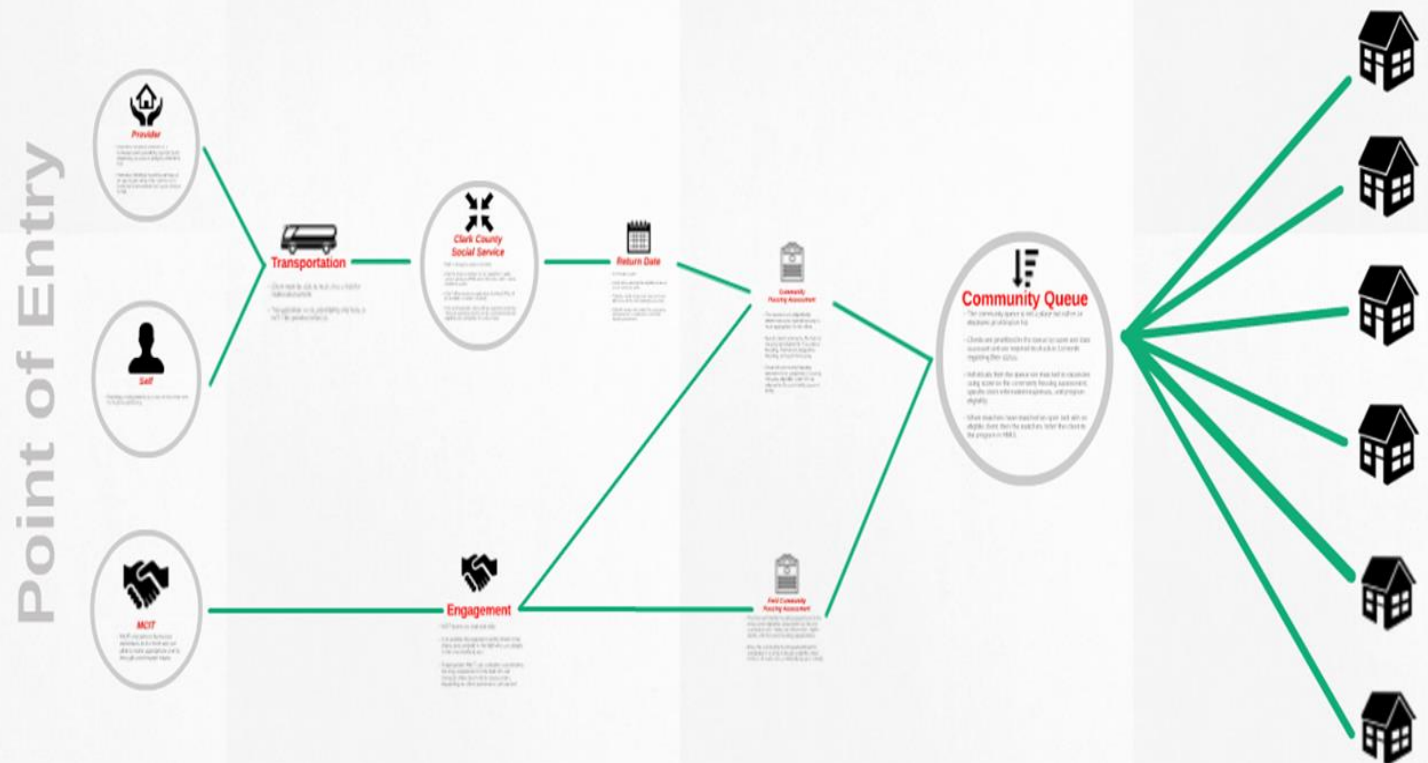
2015 Housing Inventory Chart Vs. Housing Need

2015 HIC vs. Unmet Need



	TH-Need	TH-Existing	RRH-Need	RRH-Existing	PSH-Need	PSH-Existing
Families	24	159	508	343	65	562
Individuals	46	865	2,734	219	1,825	1,483
TAY 18-25	899	0	288	0	288	0
Under 18	832	10	0	0	0	0

Coordinated Intake in Southern Nevada

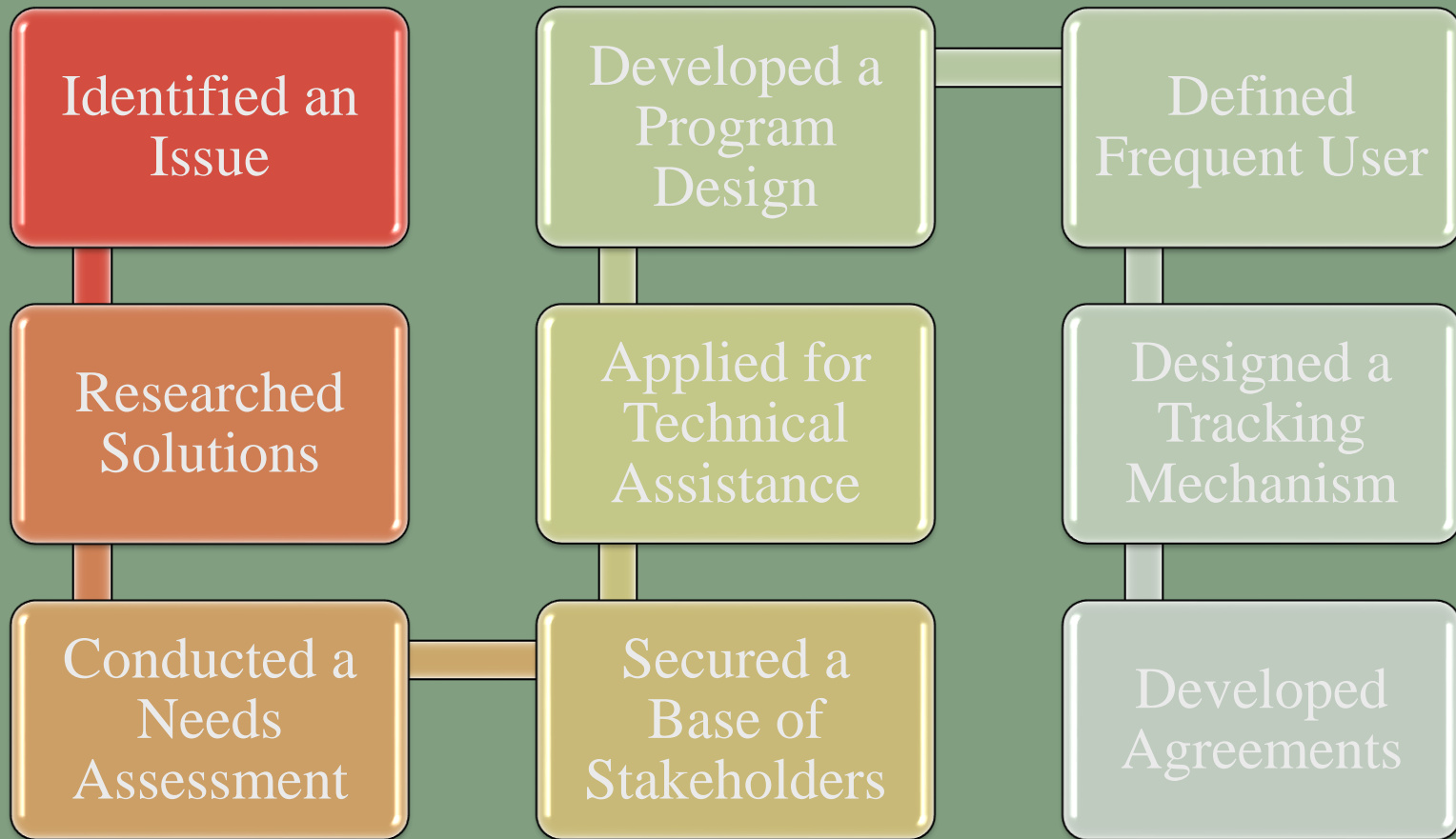




About Clark County Detention Center

- Largest Jail System in the County
- Largest Provider of Detention-Based Behavioral Health Services
- Statistics
 - Average Length of Stay
 - 22 Days
 - Average Cost to House an Inmate
 - \$2,970/ stay
 - 30% on Psychotropic Medication
 - Averages 142 Bookings/ day
 - Average Daily Population
 - 4,241 Only Budgeted for 2,984
 - Over Capacity by **(1,257)**
 - 53,000 Inmates Were Booked in 2015

Clark County FUSE





Permanent Supportive Housing Intervention

- Housing Units
 - 93 Units or 104 Beds of Chronically Homeless Individuals and Families
- Components
 - Scattered Site/ Long Term Housing
 - Housing First/ Harm Reduction
 - For chronically homeless frequent users
 - Provides PSH, ICM, Supportive Services, EMP, SOAR
- Leverage Pay for Success Strategies



Next Steps & Lessons Learned

- Expand the base of Stakeholders
 - Elected Officials
 - Budget/ Finance Dept. Heads
 - Court System
 - Other Jurisdictions
- Continue to Educate
 - Jail has had a constant change in leadership
- Execute Agreements
- Pay for Success Feasibility Analysis
- Engage General Counsel as Early as Possible
- Obtain an Elected Official Champion to Lead the Charge
- Ensure Regular Communication Throughout the Process
- Identify Subject Matter Expert Committees
- Dedicated Staff

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www.stepuptogether.org