

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

August 2017



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





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Counties are Stepping Up

Stepping Up Resolutions Received as of August 1, 2017





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





Bureau of Justice Assistance 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

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Collaborative Approaches to Public Safety



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Stepping Up:

Prioritizing Policy, Practice, and Funding Improvements

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

August 10, 2017



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

Reducing the Number of People with Mental Illnesses in Jail Six Questions County Leaders Need to Ask

Risk Handberg, Dr. Tony Palania, Dr. Fred Dalmer, and Michael Thompson

MACANY 2017

Introduction

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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?

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 countydriven 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 explains 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

\checkmark

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>U.S. Department of Justice</u> (DOJ), <u>Office of Justice Programs</u> (OJP) <u>Bureau of Justice</u> <u>Assistance</u> (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

То...

County Example:

- Jail Mental Health Count: 500 ADP
- Key Measures:
 - 1. Admissions: 20/day
 - 2. ALOS: 30 days

- Reduction goal: 10% (450 ADP)
 - 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)

То...

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

Reduce Shorten Increase Lower

The number of people with MI booked Into jail The average length of stay in jails The percentage of connection to care Rates of recidivism

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

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

•

Bail policy reform

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

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

A System of Diversion to a System of Care



Using Baseline Data to Set Measurable Goals: Santa Clara County, CA

Develop baseline data



Conduct inventory of existing resources



MENTAL HEALTH-CRIMINAL JUSTICE CAPACITY

		CE AFTERCARE SERVICES	
Property lines	Date Creatly	Durantic Capacity	Annual 105 (0470)
CONSIST SOLFORE	14	70	41.3
ALL AND A REAL AND A R	11	10	140
		FROCIRANS	
Provider Tripla	Duris Capacity	Dynamic Copecity	Armage 205 (DAYS)
CACHEGIC COMPTEN	12	10	24.5
CONNUMER SOCIECHE			
WEHER FRANCE CHER CORPORATION	11		417
		PROGRAMS	
			77.8
		ALTHOUGH & RESIDENTIAL	
	Static Cogenity		Average 105 (DAYS)
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	Daris Capalhi	Dumania Calendry	Armon USL DAVE
INCOMPANY OF ADVIATION OF ADVIDUATION			17.2 days

Prioritize funding & set measurable goals





\$2906

DATE: August 30, 2016

TO: Board of Supervisor

FROM: Garry Herceg, Deputy County Executive SUBJECT: Santa Clara County Jail Deversion Program Rec

RECOMMENDED ACTION

minder recommendations relating to the Jail Diversion and Behavioral Health incommittee of the Reentry Network report regarding the Santa Clara County Jail version Program including appropriate treatment placements and support service osible action

a. Receive report relating juil, juil diversion, and : and the

Receive report from the Jail Driversion and Behavioral Health Subo Reentry Network. Approve recommendation the Board for funding allo

FISCAL IMPLICATIONS

Fiscal Implications of this program are point, dollar amounts are estimates. attal. At this at, doils amounts are estimate: out of the distribution 's recommendations are estimated to be a total of S8.2 mi as conjoing hums. There will be significant additional capital costs dust cannot be sumthy predicted at the point. The additional conjunction the Harry estimates count could possibly be effect by Media Cal servence. It is also possible to effect and minuta S.2. sufficient in Phillic Safety Readjament (AB 1007) finals and S500000 files total of \$8.2 millio Office of the second se

REASONS FOR RECOMMENDATION iversion and Behavioral Health Su

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d with SMI (Jail Population of 3,593 from March 30, 2016)

These counts factor in the expanded list of diagnosis

etric		Count	Percentage
tients with SMI diagnosis created all	ime	848	23.60%
tients with SMI diagnosis created in t	he last 3 Years	645	17.95%
tients with SMI diagnosis created in t	he last 2 Years	508	14.13%
tients with SMI diagnosis created in t	he last 1 Year	346	9.62%

Ing Lot 2

Setting Measurable Goals

<u>Goals Excerpted from Report to Board, August 2016</u> (original numbers from report):

 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
 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
 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



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

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

Potential Funding Sources



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



Medicaid

STATE



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

COUNTY /



- 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



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.

Released in January 2017

NATIONAL REENTRY

JUSTICE CENTER

Source: https://csgjusticecenter.org/nrrc/critical-connections/



THANK YOU

For more information, please contact:

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hfader@csg.org





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





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 miles22.5 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



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)



<u>Characteristics of Individuals in</u> <u>Treatment in Pacific County</u>



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



Aid

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)

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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Upcoming Stepping Up TA Resources

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



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