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
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Office of Justice Programs
U.S. Department of Justice
Today’s Webinar

Council of State Governments Justice Center

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The Honorable Frank Wolfe
Commissioner

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

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 explains how new investments will affect one or more of the four key measures
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**

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**

- BJA JMHCMP
  - Co-responder program
- State MH funding
  - ACT team
- Local Foundation
  - Mental Health Court
## 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

- **Identified gap:** Response for MH LE calls to reduce admissions

<table>
<thead>
<tr>
<th>Identified Gap</th>
<th>Data Illustrating Gap</th>
<th>Objective(s)</th>
<th>Key Measure Addressed</th>
<th>Projected Cost &amp; Identified Sources of Funding</th>
<th>Data to be Tracked</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIT trained officers not available 24/7</td>
<td>Number of MH calls for service that did not have CIT trained officers</td>
<td>Identify best strategy to increase MH-capable responses to calls</td>
<td>Measure 1: Reduce the number of people with MI booked into jail</td>
<td>Cost: Project coordination, LE and/or MH time, training, IT Funding: Participating agencies, JMHCP, state MH funding, Local Foundation</td>
<td>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</td>
</tr>
</tbody>
</table>
A Data-Driven Planning Process (Continued)

To...

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

BJA JMHCP
Coordinator to do review of available LE/MH responses and analyze local data, coordinate planning process, establish data collection protocols, look for available trainings

State MH funding
Clinician to respond with officers

Local Foundation
Fill IT gaps for data collection/sharing

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

Community-Based Continuum of Treatment, Services, and Housing

- Outpatient Treatment
- Intensive Outpatient Treatment
- Integrated MH & SU Services
- Peer Support Services
- Supported Employment
- Case Management
- Crisis Services
- Psychopharmacology
- Supportive Housing

Initial Contact with Law Enforcement

Arrest

Initial Detention

First Court Appearance

Jail - Pretrial

Dispositional Court

Specialty Court

Jail/Reentry

Prison/Reentry

Probation

Parole

Law Enforcement

Jail-based

Court-based

Pretrial

Court-based

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

Develop baseline data

Conduct inventory of existing resources

Prioritize funding & set measurable goals
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
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
## 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

**CRITICAL CONNECTIONS**

GETTING PEOPLE LEAVING PRISON AND JAIL THE MENTAL HEALTH CARE AND SUBSTANCE USE TREATMENT THEY NEED

What Policymakers Need to Know about Health Care Coverage

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.

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

For more information, please contact:

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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


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
- **Our population:** 20,848
- **5% Serious Mental Illness:** 1042

#### Jail Population
- **2016 Annual Jail population:** 845
- **17% Serious Mental Illness:** 143
- **72% Co-Occurring Substance Use Disorder:** 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)
Characteristics of Individuals in Treatment in Pacific County

- ER Visit in past year
- Been arrested in past year
- Domestic violence victim
- Co-occurring disorder
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

- **Core Team** (Jail, Behavioral Health, Public Health)
- Courts (Superior, Therapeutic, Municipal)
- Prosecutor’s Office
- Law Enforcement & EMS
- Community Coalitions & Consumer Advocacy Groups
- Housing, Employment & Other Social Services
- Elected Officials (BOCC, Sherriff)
- Great Rivers BHO
- Hospitals
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)
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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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](http://www.StepUpTogether.org/Toolkit)
Poll Questions
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