MOSES[1]
Comprehensive Mental Health Crisis/Restoration Initiative

(06/08/17)

The Problem

Due to the lack of adequate mental health services throughout the United States, jails and prisons have become the largest institutions dealing with individuals with mental health challenges. The majority of these individuals have a dual diagnosis of mental health issues and substance abuse. The same systemic deficiencies that limit other communities' ability to address this problem also exist in Dane County:

- Social service systems are fragmented and are program-centric, not people oriented
- Jail and emergency departments are overloaded
- There is a shortage of program beds and services
- The mental health/substance-abuse continuum of care is broken
- There is limited availability of crisis services
- Mental health crisis situations are difficult to handle, and at night the options are limited to the emergency room or jail
- The staffing level of mental health professionals is inadequate to diffuse crisis situations

- There is little or no coordination with family members who are willing to provide support

Background

Pharmaceutical data for 2016 through October indicate that 38.4% of inmates in the Dane County Jail are on psychotropic medications. The study also showed racial disparity in that black inmates with mental health issues are incarcerated at a higher rate and have a longer length of stay in jail than white inmates with mental health issues.[2] People with mental health challenges often are placed in solitary confinement; the study reports that 95% of females and 78% of males were on the mental health caseload when placed in restrictive housing.

There have been some positive steps taken in Dane County to improve the treatment of individuals with mental illness who are in the criminal justice system including the current effort to modernize the jail, improve mental health treatment in the jail, and reduce the use of solitary confinement. A number of programs also exist to divert people from jail after they have been arrested, such as SOAR, Community Treatment Alternatives (CTA), and Deferred Prosecution. Programs such as TEAM focus on

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[1] MOSES stands for Madison Organizing in Strength, Equality, and Solidarity. MOSES is a non-partisan interfaith organization that works to promote systemic change for social justice issues with a focus on mass incarceration. There are currently 23 congregations and organizations in MOSES. MOSES is one of eleven local chapters of the statewide WISDOM organization. WISDOM is focused primarily on prisons and statewide issues. MOSES has decided to put part of its focus on the Dane County criminal justice system and the jail.
[2] December 2016, Mead and Hunt Jail Update Study.

helping individuals after release from jail. While positive, enrollment in these programs is limited by the number of slots that are available. As a result, many who need them cannot get into the programs.

Some steps have also been taken to deal more effectively with mental health crises so that fewer people are taken to the jail. More law enforcement officers are taking the NAMI sponsored Crisis Intervention Training (CIT). The Madison Police Department is making a significant effort by having a trained mental health officer in each district and 29 mental health liaison officers. In January 2017, the Madison City Council approved an agreement with Journey Mental Health to add two additional mental health crisis workers to the one that was hired over a year ago. These efforts are successfully diverting some individuals away from the criminal justice system and away from jail.

Despite these efforts, we still have many individuals in the Dane County Jail who have committed no offense or only a minor offense but are in jail because they had a mental health crisis and there was no other safe place for law enforcement to take them. Rather than being a safe place for those with mental health challenges, confinement in the jail often worsens their condition. Sheriff Mahoney himself has called the situation inhumane. Many concerned citizens agree.

Goals and Objectives

The first goal is to reduce the number of people with mental illness who are arrested and booked into the Dane County Jail for low-level nuisance crimes, like shoplifting, trespassing, disorderly conduct, theft, or a crimeless revocation due to a Department of Corrections (DOC) rule violation.

The second goal is to reduce the length of stay and recidivism rates for people with mental illness who are arrested and booked into the Dane County Jail.

The following objectives support these goals:

1. Increase access and capacity across the continuum of community-based mental health treatment delivery. *(Without community-based treatment, jail diversion programs would do little but put people with mental illness back out on the street, where they do not have the housing, medication, treatment, or social supports they need to change the behaviors that resulted in arrest in the first place.)*

2. Increase the capacity and accessibility of crisis stabilization and 23-hour observation facilities. *(Such facilities – sometimes called crisis/restoration centers – should have the added benefit of being able to connect individuals with appropriate treatment or services at discharge. See Appendix A.)*

3. Increase the availability minimal-barrier, supportive housing for people with a criminal history, substance abuse disorder, and/or mental illness. *(Without stable housing and wrap-around services, people struggling with homelessness and mental illness who have been diverted from jail will not be successful in the community and will likely have additional encounters with law enforcement.)*

4. Improve law enforcement response to mental health crises by expanding CIT training to all law enforcement officers, fire, EMT, and 911 center workers and by developing mobile co-response teams, in which a law enforcement officer and a mental health

professional respond to calls together. *(This training focuses on how to deal with a mental health crisis, how to de-escalate, and how to connect to supports.)*

5. Create a Management Guidance Team from organizations representing housing providers; substance abuse and mental health treatment providers; community health centers and hospitals; Medicaid Managed Care organizations, Dane County Department of Human Services; criminal justice organizations including courts, law enforcement, the District Attorney's office, and DOC; State Division of Mental Health and Substance Abuse Services; Dane County and city governments; and community advocacy organizations. This team will look at the whole picture, identify required components, and ensure efforts are well coordinated. *(To be successful, a strong leadership framework must be put in place. This will provide collective ownership and a forum for identifying problems and implementing continuous improvement.)*

6. Use a Care Management Team to create and track an individual's care plan and to work with family and other designated support people. *(These are similar to IEP plans used for special education that identify what needs to be done and then track progress over time. These plans will provide comprehensive and integrated services to adults who are experiencing behavioral health challenges (mental health conditions and/or co-occurring substance abuse issues), need an intensive level of community-based support, and may be experiencing homelessness.)*

7. Maximize the use of Medicaid, Medicaid Administrative Claiming (MAC), Targeted Case Management (TCM), and other state and federal funding sources. *(These can be a major funding source and are not currently fully utilized.)*

8. Improve data collection and analysis at the Dane County Jail and at other critical intervention points dealing with individuals who are having a mental health crisis. *(This is needed to measure the outcomes of the goals and objectives.)*

Measurable Targeted Outcomes (Measures of Success)

(Note: It will be important to come up with measurable outcome targets. These need to come from additional discussion and review of similar efforts in other communities.)

1. Reduce the number of individuals who are booked into the Dane County Jail who have committed no offense or only a minor offense or a crimeless revocation, but are in jail because they had a mental health crisis.

    a. Reduce the length of stay for those who were booked in the Dane County jail.

2. Increase ongoing connection (not just referral) with community-based mental health services for the following groups.
    a. Individuals in the criminal justice system.

    b. Individuals diverted from the criminal justice systems.

3. Reduce recidivism for individuals with mental illness who were booked into the Dane County Jail.

How and When

This can be done incrementally and be built upon steps that have already been taken. *(See Appendix B for useful resources.)*

1. Continue to reinforce commitments made through County Resolution #556 and by the Criminal Justice Council (CJC).

2. Support approaches learned by Dane County participation in the Stepping-Up Initiative. [3] For instance communities such as Seattle's King County, San Francisco, and San Diego have initiatives that are focused on "high utilizers" who come to the jail over and over again, have mental health issues, and are high-cost users of emergency rooms and police services. This could be a positive next step.

3. Coordinate existing efforts. While there are many individual efforts in Dane County that are positive, they are fragmented and not well connected. This proposal is for a comprehensive change where multiple pieces fit together as a result of extensive collaborative planning. For comprehensive change, there must be a management guidance team appointed that will look at the whole picture, identify the required components, and make sure that system components operate as a whole.

   The first steps would be a process analysis and inventory of services for the intersection of the criminal justice system with the behavioral health system, which has never really been done in Dane County. This would help to identify where supports and services do not exist and where people "fall through the cracks" with negative and costly consequences. Accountability for success of programs and evidence-based evaluation will promote more effective use of resources and better outcomes.

4. Build on community support. This has already started. It needs to be done with more planning and organization. Groups such as MOSES, NAMI, and the League of Women Voters are continuing a dialogue with stakeholders in the criminal justice system and with the broader public to raise awareness of mental health issues and to advocate for change.

Costs and Opportunities

While individual parts of this proposal may have significant costs, there are also opportunities for funding and for savings. Huge savings can be achieved if there are reductions in recidivism, emergency room visits, and mental health crises. That is another reason why it is important to have a management guidance team to look at the whole picture. Other communities have found that by working together, the stakeholders were able to do more with the resources that were already being spent and were much more effective in accessing other resources and grant opportunities.

See Appendix C for some of the costs inpacting individuals with mental illness who are incarcerated.

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[3] This is a national initiative to reduce the number of people with mental illness in jails. It is an initiative of the National Association of Counties, the American Psychiatric Association, and the Council of State Governments.

Appendix A – Characteristics of a Crisis/Restoration Center

Crisis/restoration centers are secure, voluntary residential centers that provide mental health services for people who cannot manage their symptoms on their own yet do not need a hospital stay to become stable. The centers typically are set up for easy law enforcement drop-off but also receive people directly from hospital emergency departments. A crisis/restoration center is one piece of a comprehensive strategy to reduce the number of individuals with mental illness who are in jail. There are different models that have been developed. Most have the following characteristics:

1. They are open seven days per week and 24 hours per day although staffing varies.

2. One of their primary sources of referrals is from law enforcement officers who previously would have taken individuals to jail or to an emergency room because they lacked another alternative. For this group, this is an alternative to jail and avoids booking and charges. It minimizes the individual's involvement with the criminal justice system. Officers can drop off the individuals and do not have to wait as they do when they take someone to the emergency room.

3. Since the individuals are not incarcerated, Medicaid and health insurance can be used as a funding source.

4. In addition to walk-ins, the centers may also accept other referrals including from crisis lines, mental health providers, and various points in the criminal justice system such as at booking.

5. Most centers hold individuals for a maximum of 23 hours. During this time, the medical and psychiatric staff observes and stabilizes the individual and helps to determine their next step. Some individuals may be able to go home. Others are sent to other facilities for longer-term care.

6. Some centers combine mental health treatment and minor medical treatment.

7. The centers are part of a mental health system and are able to easily connect individuals to other services.

Here are some of the key ingredients:

- Leadership, partnerships, cooperation, and collaboration are evident.

- Mental health services are available and accessible. These function as a system of public mental health and crisis care.

- Crises Intervention Training (CIT) is extensive. Some communities train all law enforcement, fire, emergency, and 911 personnel.

- Mobile crisis teams include mental health professionals who can be called to the scene 24/7 to intervene appropriately and effectively when someone is experiencing a mental health crisis.

- With leadership, partners reduce duplication, share resources, maximize use of state and federal funding, and jointly take advantage of grant opportunities.

Appendix B – Useful Resources

Wisconsin

1. Dane County Jail Update Study Final Report, Mead & Hunt, December 2016, https://www.danesheriff.com/documents/pdf/Dane%20County%20Jail%20Update %20Study_Final%20Rpt_DEC%202016.pdf

California

2. Fresno Restoration Center Project Strategic Action Plan, March 2014, http://www.fresnobc.org/wordpress/wp-content/uploads/2014/04/Fresno-Restoration-Center-Project-Strategic-Action-Plan.pdf

3. Meet San Francisco's 477 Most Expensive HUMS (High Utilizers of Medical Services), May 3, 2011, http://www.docgurley.com/2011/05/meet-san-franciscos-477-most-expensive-hums-high-utilizers-of-medical-services/#sthash.UXRdvXkr.dpbs

4. Project 25 Report (Project 25 focused on homeless individuals in San Diego who were the most frequent users of public services, including emergency rooms, hospitals, jails, and ambulances.), April 2015, https://uwsd.org/files/galleries/Project_25_Report.pdf

Washington State

5. Jail Diversion for People with Mental Illness in Washington State - A Study Conducted for the State of Washington Office of Financial Management, November 21, 2016, http://www.ofm.wa.gov/reports/Jail%20Diversion%20for%20People %20with%20Mental%20Illness%20in%20Washington%20State%20Study.pdf

6. King County Health and Human Services Transformation – The Familiar Faces Initiative, June 2016, http://www.naco.org/sites/default/files/documents/Familiar%20Faces%20Brief.pdf

Alabama

7. Crisis center could save hundreds of thousands in medical, jail costs, Montgomery Advertiser, January 27, 2017, http://www.montgomeryadvertiser.com/story/news/2017/01/27/crisis-center-could-save-hundreds-thousands-medical-jail-costs/96887670/

Kansas

8. Police are learning to deal with the mentally ill (Kansas), The Kansas City Star, 08/17/2012 | Updated: 05/16/2014, http://www.kansascity.com/news/local/article307181/Police-are-learning-to-deal-with-the-mentally-ill.html

9. Mental health crisis center opens in KC as alternative to jail, emergency room, October 28, 2016, http://www.kansascity.com/news/local/article111139112.html#storylink=cpy

10. MENTAL HEALTH AND CRIMINAL JUSTICE Case Study: Johnson County, Kan., updated March 17,2017, http://www.naco.org/sites/default/files/documents/Johnson%20County%20Mental%20Health%20and%20Jails%20Case%20Study_FINAL.pdf

Missouri

11. Hitting the streets to help KC's 10 thorniest mental health cases, The Kansas City Star (Missouri), October 18, 2016, http://www.kansascity.com/living/health-fitness/article108826082.html#storylink=cpy

12. Kansas City (Missouri) Assessment and Triage Center Powerpoint, http://media.kshb.com/pdf/KCATC-PPT.pdf

Texas

13. MENTAL HEALTH AND CRIMINAL JUSTICE Case Study: Bexar County, Texas, June 1, 2016, http://www.naco.org/sites/default/files/documents/Bexar%20County%20-%20Mental%20Health%20and%20Jails%20Case%20Study.pdf

14. Houston Recovery Center Sobering & Addiction Recovery Programs (includes screening for mental health issues), May 24, 2016 http://houstonrecoverycenter.org/sobering-center/

15. San Antonio became a national leader in mental health care by working together as a community – Can Massachusetts learn its lessons?, Boston Globe, December 2016, http://apps.bostonglobe.com/spotlight/the-desperate-and-the-dead/series/solutions/

16. Blueprint for Success: The Bexar County Model, http://www.fairfaxcounty.gov/policecommission/subcommittees/materials/jail-diversion-toolkit.pdf

17. Virtual Tour of The Restoration Center – The Center for Health Care Services – Bexar County, September 24, 2015, https://www.youtube.com/watch?v=FD_wv49tO1Q

Florida

18. MENTAL HEALTH AND CRIMINAL JUSTICE Case Study: Miami-Dade County, Fla., June 1, 2016, http://www.naco.org/sites/default/files/documents/Miami-Dade%20County%20-%20Mental%20Health%20and%20Jails%20Case%20Study.pdf

Minnesota

19. Minneapolis Preliminary Report Officer Interactions with Mental Health Issues: A Policy Study, May 2016, http://www.ci.minneapolis.mn.us/www/groups/public/@civilrights/documents/webcontent/wcmsp-174908.pdf

Stepping Up Initiative

20. Reducing the Number of People with Mental Illnesses in Jail Six Questions County Leaders Need to Ask, Stepping Up Initiative, January 2017, https://stepuptogether.org/wp-content/uploads/2017/01/Reducing-the-Number-of-People-with-Mental-Illnesses-in-Jail_Six-Questions.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA)

21. SAMHSA Presentation to American Correctional Association, Behavioral Health and Criminal Justice: Challenges and Opportunities, by Pamela S. Hyde, J.D., SAMHSA Administrator, July 21, 2012, https://view.officeapps.live.com/op/view.aspx?src=https://store.samhsa.gov/shin/content/SMA12-PHYDE072112/SMA12-PHYDE072112.ppt

South Carolina

22. Alternative to jail reopens for those suffering mental illness, substance abuse, and homelessness, Charleston South Carolina, Charleston Dorchester Mental Health Center, By Alexis Simmons, WCSC Live 5 News, June 6, 2017,

   http://www.wbtv.com/story/35600569/tri-county-crisis-stabilization-center-reopens

Appendix C – Incarceration of People with Mental Illness Does Significant Harm

High Prevalence

- Across the nation prisons and jails have become major institutions for incarcerating people with mental illness.

- In the Dane County Jail, it is estimated that 20% of those incarcerated have significant mental illness. 38% of the jail population is estimated to be on psychotropic medication.

- In the Dane County Jail, those with mental illness are not receiving treatment other than medications. In some cases an inmate's prescribed Some experience medications are not administered to him or her because those medications are not on the jail formulary.

- Many people with mental illness who are incarcerated in the jail often spend some time in solitary confinement.

- People who become suicidal or are deemed a suicide risk are placed in solitary confinement that includes extreme sensory deprivation as well as social isolation.

Harmful Impacts of Incarceration

- Experts have done research and testified that incarceration of people with mental illness has effects that are damaging to the individual. People with mental illness need to be receiving appropriate treatment in environments that promote healing and their psychological well-being.

- Research documents that solitary confinement has negative impacts on people, even those who are not suffering from mental illness. For those with mental illness, solitary confinement worsens their condition and has damaging effects that can be irreversible.

- Personal articles have been written both by people with mental illness and those not so challenged on the detrimental effects of solitary confinement.

- In addition to dealing with mental illness, individuals and their families also have to deal with the negative impacts of involvement with the criminal justice system such as having more difficulty in finding housing and work.

- The United Nations "Mandela Rules" prohibit solitary confinement for those with mental illness and declare that solitary confinement beyond 15 days for anyone constitutes torture.

Other Approaches

- Many communities and states have made significant improvements in diversion of people with mental illness from incarceration to appropriate care in the communities. Many have reduced the use of solitary confinement.