DRAFT

Mental Health Jail Diversion Task Force
Post-Custody Alternatives
Sub-Committee Report

Supervisor Jim Beall, District 4
Deputy County Executive
Adult Probation Department
Department of Alcohol and Drug Services
Department of Correction
District Attorney's Office
Mental Health Department
Mental Health Board
Municipal Court
Pretrial Services
Public Defender's Office
Public Guardian's Office
SCVHHS Adult Custody

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CONCEPT PAPER

COMPREHENSIVE MENTAL HEALTH INTENSIVE ALTERNATIVE SERVICES

Overview

1. The Mental Health Jail Diversion Task Force of the Mental Health Jail Diversion Steering Committee has identified post-custody service strategies which seek to avoid the inappropriate and/or prolonged incarceration of the mentally ill. The Task Force proposes a comprehensive Mental Health (Intensive) Alternative Program for adults at high risk of involvement in the criminal justice system.

2. The Mental Health (Intensive) Alternative Program (MHAP) was developed for specified misdemeanant and non-serious felony offenders who carry a psychiatric diagnosis of major mental illness. MHAP is not designed to exculpate the severely mentally ill client from criminal offenses; instead, to divert them from the correctional / criminal system into more appropriate supervised community treatment services. The concept is one of diverting appropriately identified inmates from the criminal / correctional system to the mental health system which can more effectively treat their mental illness. This, in turn, disencumbers the over-crowded jail system of those who do not belong there.

3. MHAP recognizes that successful diversion of people with serious mental illness from arrest and jail goes beyond keeping them out of jail. Mental health clients who tend to come to the attention of police on regular basis are some of the most challenging cases. Many have other major deficits in addition to their mental illness, for example: poor housing or homelessness, marginal employment skills, and, most of them have substance abuse problems.

4. Many mentally ill disordered offenders are at high risk to re-offend, particularly if their mental illness is untreated. This is further exacerbated by a lack of viable social support systems and maladaptive coping behaviors in response to realities associated with day to day survival. MHAP understand that this target population requires support, treatment, and supervision. MHAP works collaboratively with community-based mental health services, the Mental Health Department, the Sheriff's and Probation Departments, Superior / Municipal Courts, the Public Defender and District Attorney, Correctional Services, and the Public Guardian's Office.

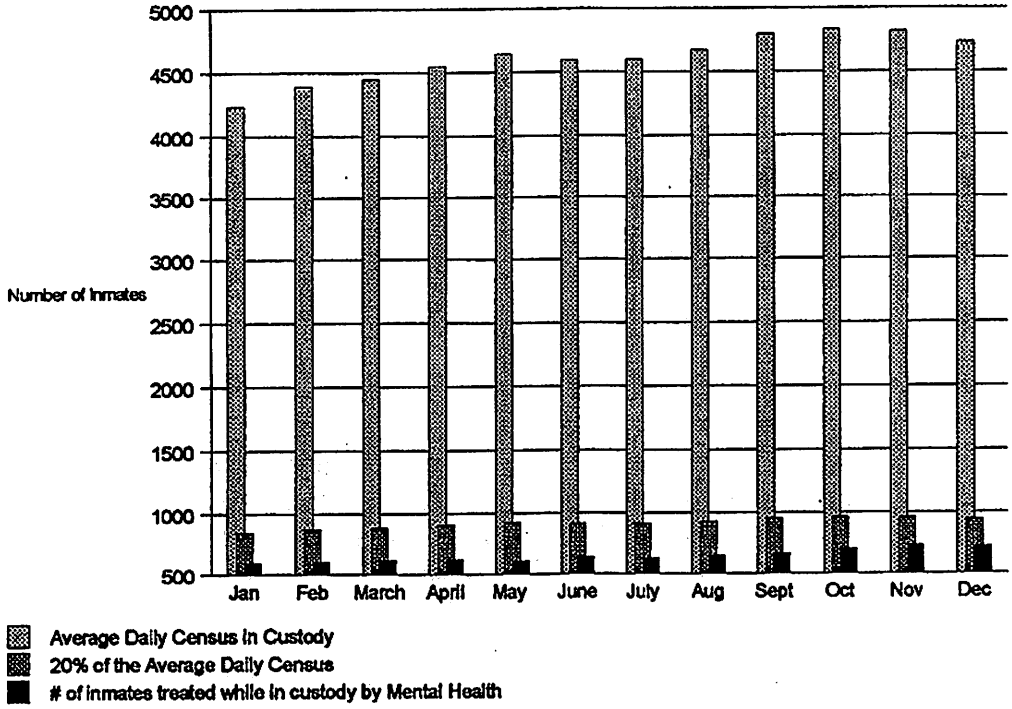
5. The program addresses the need for diversion and post-custody interventions for mentally ill adults through an array of five coordinated service components:

- **Discharge Planning and Treatment Coordination**
- **Intensive Case Management Service Team**
- **Structured Day Services Program**
- **Transitional Residential Services**
- **Mobile Crisis Intervention**

The program would serve an estimated 500 unduplicated adult mentally ill clients annually, with the **goal of avoidance of incarceration/reincarceration and further criminal justice involvement; and successful transition to ongoing community based mental health services.** The array of services described below is intended to offer an intensive effort to address a variety of mental health, housing, and daily support needs of individuals with behavioral problems which place them at risk for incarceration. The expectation is that following up to six to nine months in the **Intensive Alternatives Program**, clients will be transitioned to ongoing mental health or other appropriate community services.

Background

The **Mental Health Jail Diversion Steering Committee** was formed under the leadership of Supervisor Jim Beall in response to increasing need articulated by the community for diverting non-violent mentally ill clients from jail. The initiative was started by Alliance for the Mentally Ill in 1994 and supported by the Mental Health Board through its Adult & Juvenile Custody Issues Task Force until Supervisor Beall lent his leadership to this project. According to a recent report on mental illness in the criminal justice system, it is estimated that in California, as many as 20% of incarcerated individuals have mental health problems (Shiller, Izami, Hayward, 1996). In Santa Clara County the average daily census for 1997 of individuals incarcerated in the County Jail was 4,823. The average number of patients that were receiving Mental Health Services was between 600 - 700 inmates, which is approximately 14%.



In addition, police agencies report that a significant number of calls received, particularly in the central and downtown areas of San Jose, are to incidents which involve obviously mentally impaired and/or intoxicated individuals. The San Jose Police Department alone places an average of six individuals on Welfare and Institutions Code 5150 involuntary psychiatric holds every twenty-four hours.

In February, 1997, the **Mental Health Jail Diversion Steering Committee** supported a collaborative effort between the San Jose Police Department and the Mental Health Department, Health and Hospital System to implement a **Mobile Mental Health Team**. This team of mental health staff provides immediate evaluation, crisis intervention, and linkage services to clients in the community in response to police officer requests in the field. In the first six months of operation, the team provided services to 241 individuals. Over 35% of those served were able to remain in their residences; another 37% were transported for immediate psychiatric emergency or hospital care. **Less than 1% were transported to jail.** A survey of 44 police personnel involved in utilizing the **Mobile Mental Health Team** showed that a majority **rated the service as**

good/very good on four dimensions: response time (85%), clinical competence (81%), value to police (88%), and value to client/citizens (98%).

In July, 1997, the **Mobile Mental Health Team** also began to provide linkage and follow-up services to individuals served in the County Sobering Station. It was discovered that a significant number (approximately 30%) of the individuals served by that program had histories of involvement with the mental health system.

While the **Mobile Mental Health Team** and increased linkage service to Sobering Station clients appear to be successful diversion services to individuals at the point of potential incarceration, it is evident that **there is a need for a more comprehensive intervention effort if a significant impact on the problem of mentally ill in the criminal justice system is to be achieved.** The individuals with highest risk for involvement in the system often have significant problems in multiple areas of their lives. **Some examples of the kinds of problems these individuals have are: major mental illness, substance abuse problems, chronic medical and dental conditions, homelessness, low employment skills, language barriers, illiteracy, non-existent support systems, estranged families, and minimal effective social skills.**

The service components outlined below are believed to provide services which address the multiple needs of clients and assure the greatest possibility of successful and permanent diversion of mentally ill adults from avoidable involvement in the criminal justice system. A budget summary of each program, including offsetting Medical revenues and net county costs, is presented in Attachment A.

Mental Health Intensive Alternative Services Program Components

I. Discharge Planner/Treatment Coordinator

This component would establish a full-time discharge planner and treatment coordinator assigned to the Adult Custody Mental Health program. The primary function of this position would be to facilitate linkage of inmates with the **Mental Health Intensive Alternative Services** and other appropriate mental health community services upon discharge from the jail. The Discharge Planner would work closely with jail mental health staff and would be a member of the **Intensive Alternative Services Coordination Team** to identify individuals within the jail system who are appropriate for Alternative Services. He/she would be involved in the development of the array of services, the development of referral and admission protocols, and would function as the liaison to community based services for high risk mentally ill inmates. The new Discharge Planner would also act as liaison with the legal team which works on the monthly mental health calendar, an offspring of the Felony Advanced Resolution (FAR) calendar system, which focuses on the early resolution of felony cases presenting mental health issues. This calendar is highly effective and fulfills the need for a specialized mental health calendar. No additional resources are necessary for the purposes of this calendar.

Staff: 1.0 FTE Psychiatric Social Worker/Marriage Family Child Counselor II
Net Cost: $70,594
Yearly Unduplicated Clients Served: 500

II. Mental Health Intensive Alternative Services Treatment Team

This component would consist of a multidisciplinary team with specialized skills to provide intensive case management and treatment services to clients referred according to protocols established by the **Intensive Alternative Services Coordination Team**. The **Mental Health Intensive Alternative Services Team** will serve a caseload of 100 clients for an average of six to nine months. Each client will be provided a comprehensive assessment to determine their psycho-social needs, and will have an individualized plan which identifies behaviors and needs which specifically place that client at risk of law enforcement involvement. A variety of services will be provided, including: evaluation and referral, intensive case management, time appropriate problem focused therapy, 24-hour crisis intervention, medication services; and support services such as linkage to day and residential services, benefits assistance, housing search, and vocational service linkage. As clients problems specific to jail involvement risk are ameliorated they will be referred to mainstream mental health, substance abuse, and other social services. The **Mental Health Intensive Alternative Services Team** will be a referral source for the Mobile Mental Health Team, the Courts, Pre-Trial Services, Probation Department, Adult Custody Mental Health, Public Defender, District Attorney and others. Emphasis will be on hiring bilingual, bicultural staff especially Vietnamese and Spanish speaking, with expertise and skill in working with the client population. The **Mental Health Intensive Alternative Services** Team will be available 24 hours a day, seven days a week to support its caseload. **It is proposed that this team be combined with the current Mobile Mental Health Team to increase cost efficiency, and to enhance the continuum of services available to individuals served by both program components.**

Staff: See Attachment A
Net County Cost: $405,152
Caseload: 100
Length of Stay: 6-9 months
Annual Unduplicated Clients Served: 200

III. Mental Health Intensive Alternative Structured Day Program

This Program component will offer clients a structured day activity program that will offer a four to six hour, five day-a-week program. A particular focus of the program will involve "jail diversion" skill building. Using the Individualized Care Plans developed for clients by the Mental Health Intensive Alternative Services Team, clients will be challenged and supported to address the particular behaviors that make them at high risk for involvement with law enforcement, and to identify needs for housing, vocational training, and social support which contribute to that risk.

The program will include a variety of skill building activities including drug/alcohol rehabilitation, conflict resolution, activities of daily living, communication skills, pre-vocational training, time resource management, stress/anxiety reduction and violence prevention. Treatment, case management and medication would be provided by the **Mental Health Intensive Alternative Services Team** or other service teams. Program staff will be made up of professional and paraprofessional staff, volunteers, and consumers, with an emphasis on bilingual bicultural Spanish and Vietnamese speaking staff. This program will involve collaboration with Department of Correction, Adult Custody Mental Health, Probation Department, Courts, District Attorney's Office, Public Health Department, Public Guardian, Public Defender, Pre-Trial Services, Social Services Agency, Alcohol & Drug Department, Mobile Mental Health Team, and Alliance for the Mentally Ill.

The provider of this service would be selected through an Request for Proposal (RFP) process, and would require Medi-Cal certification in order to drawn down Medi-Cal reimbursement to offset county costs of the program.

Staff:	**See Attachment A**
Net County Cost:	**$447,750**
Caseload:	**20-30**
Length of Stay:	**3-4 months**
Annual Unduplicated Clients Served:	**120**

IV. Mental Health Intensive Alternative Transitional Residential Program

The fourth component of the **Mental Health Intensive Alternative Services** would be a transitional residential program targeted specifically to **Mental Health Intensive Alternative Services** clients. This Program would provide twelve beds of residential care and would accept clients referred by the **Mental Health Intensive Alternative Services Coordination Team.** Many of the clients would also be involved in the **Mental Health Intensive Alternative Services** Day Program, and as with that program, direct treatment, case management, medications and ongoing care planning would be provided by the **Mental Health Intensive Alternative Services team**. It would serve clients 18 to 59 years of age. Waivers with Community Care Licensing would be sought for those individuals over 60. The program would provide rehabilitation services in a non-institutional residential setting where individuals are supported in their efforts to restore, maintain and apply inter-personal and independent living skills and access to community support systems. The maximum length of stay would be six to nine months. Within the therapeutic community there is a range of activities and services for individuals who would be at risk of incarceration, or other institutional placement. In coordination with the Day Program and the **Mental Health Intensive Alternative Service Team**, clients are assisted in dealing with outstanding justice issues and to learn skills and behaviors that foster community living and avoidance of justice involvement. The program would be provided in compliance with Title 19, Community Care Licensing and Medi-Cal Rehabilitation Option requirements, in order for Medi-

Cal reimbursement to offset the cost of the program.

As with the other **Mental Health Intensive Alternative Services** components, collaboration with Social Services Agency, Probation Department, Public Guardian, Public Health Department, Alcohol & Drug Department, Physical Health clinics, District Attorney's Office, Department of Correction, Adult Custody Mental Health, and the Mobile Mental Health Team, Public Defenders, Pre-Trial will be an essential aspect of this service.

The provider of this service would be selected through an Request for Proposal (RFP) process, and would require Medi-Cal certification. The objective would be to develop a new resource or redirect existing residential care facility to this special population.

Staff:	**See Attachment A**
Net County Cost:	**$381,786**
Caseload:	**12**
Length of Stay:	**6-9 months**
Annual Unduplicated Clients Served:	**24**

V. Mobile Mental Health Team

This program component would incorporate the existing **Mobile Mental Health Team** into the continuum of services provided through the new **Mental Health Intensive Diversion Services**. Through consolidated management and coordination of the five components (four new and the current Mobile Team), it is expected that clients currently being seen by the Mobile Mental Health Team would have priority for referral to the intensive programs. In addition, the Mobile Team could be utilized to provide needed mobile, community response to crises which involve any of the clients served by **Mental Health Intensive Alternative Services** program components, in addition to those new clients who may be served and linked to other ongoing services.

Comprehensive Service Coordination

The service components outlined above are envisioned to be a set of five levels of service available to a distinct population of individuals at highest risk of criminal justice involvement. This comprehensive Mental Health Intensive Alternative Services "program" would provide intensive, transitional support to approximately 500 unduplicated adults each year. All components would be coordinated through a collaborative **Mental Health Intensive Alternative Services Coordination Team** which would be comprised of management level staff from involved agencies (Adult Custody Mental Health, Police agencies, Department of Corrections, Probation Department, Public Guardian, Alcohol & Drug Department, District Attorney's Office,

Public Defenders Office, and Pre-Trial Services). This team will be an essential aspect of the proposed service continuum and will be responsible for the following:

- **Definition of the population(s) to be served**
- **Development of referral and admission protocols**
- **Development of programmatic design of each program component and interface expectations and functions**
- **Development of RFP process and provider selection**
- **Development of Mental Health Intensive Alternative Services performance outcome measures and data collection procedures**
- **Development of Interagency Memos of Understanding among partner agencies**
- **Ongoing monitoring and coordination of Interagency efforts**
- **Reports to Mental Health Jail Diversion Steering Committee and Board of Supervisors**

Attachment A

Mental Health Intensive Diversion Services - Proposal

FY98/99 Budget Summary

Program Component	Total Cost	Medi-Cal Revenue	Net County Cost
I. Discharge Planning and Treatment Coordination 1.0 Y41 PSW/MFCC Clinician * * Possible MediCal administrative claiming needs to be determined. May bring in revenues to offset County cost of position.	$70,594	$0	$70,594
II. Intensive Case Management Service Team 1.0 P16 Health Services Supervisor $ 76,285 2.0 Y41 PSW/MFCC Clinicians 141,188 3.0 E07 Community Worker 128,379 .5 P55 Psychiatrist 69,685 1.0 S87 Psychiatric Technician 50,062 1.0 D36 Advanced Clerk Typist 41,911 Object 2 $ 72,642	$580,152	$175,000	$405,152
Day Services Program Rehab. Day Services @ $90/day X 25 average census each day = $2,250 $2,250 X 250 days open = $562,500 gross costs Est. 40% Medi-Cal days = $225,000 @ 51% = $114,750 Medi-Cal revenue	$562,500	$114,750	$447,750
IV. Transitional Residential Services Residential Tx @ $110/day X 12 patients X 365days @ 85% occupancy = $409,530 MediCal Revenue @ 40% X 51% FFP = ($83,544) Unsponsored (No SSI) = $775/month X 6 beds X 12 months = $55,800	$465,330	$83,544	$381,786
V. Mobile Mental Health Services	NA		NA
TOTAL Program Costs	**$1,678,576**	**$373,294**	**$1,305,282**

1/15/98
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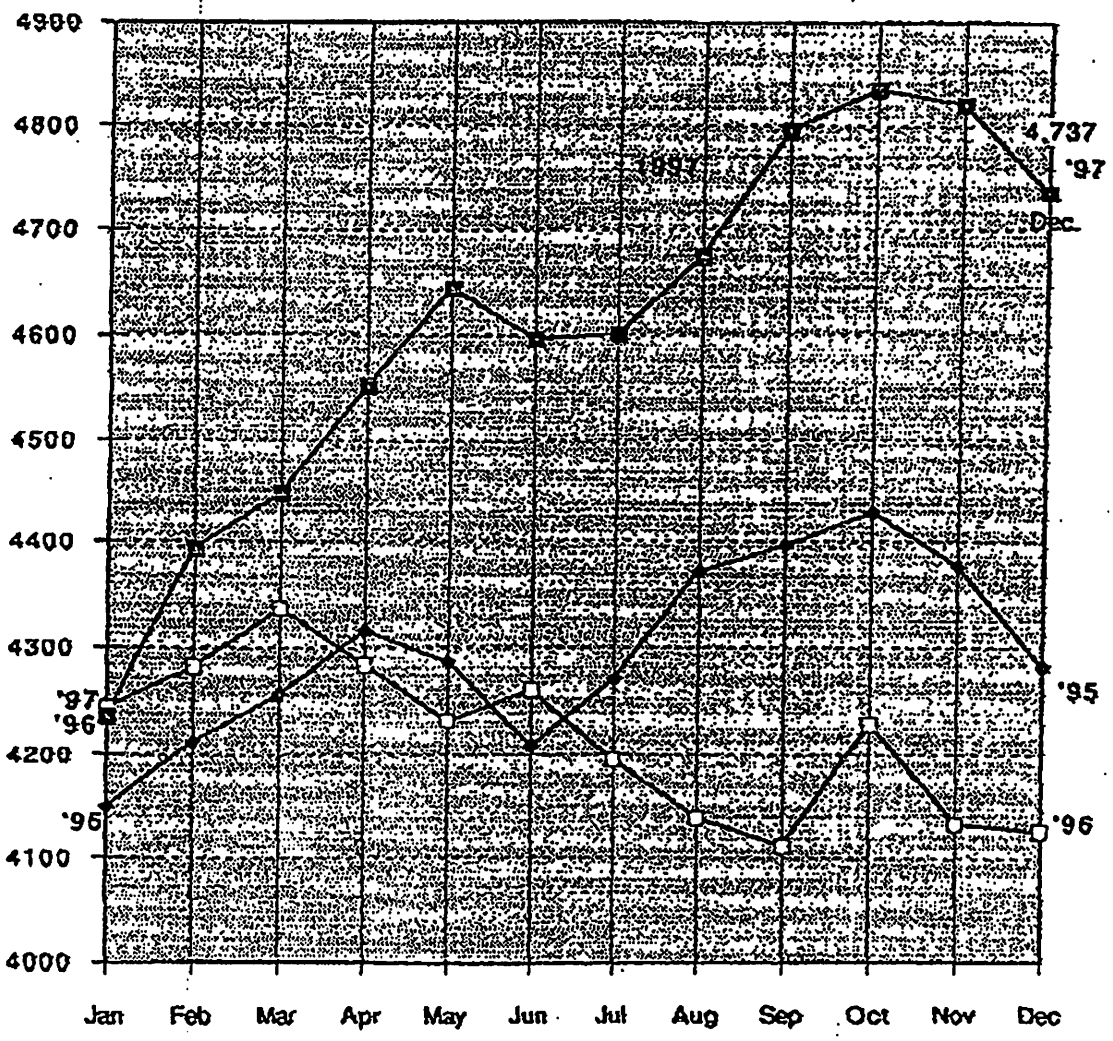
Department of Correction

Attachment B

Total Average Monthly Jail Population
Comparing 1995, 1996 and 1997



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Statistics for Adult Custody Mental Health
1997

Month	Ave. Census Main Jail	Ave. Census Elm/CCW		Subtotal		Ave. Census 8A		TOTAL
January	238	est. 335	=	573	+	28		601
February	238	est. 340	=	578	+	29	=	607
March	248	est. 345	=	593	+	25	=	618
April	248	est. 345	=	593	+	30	=	623
May	236	347	=	583	+	29	=	611
June	240	373	=	613	+	29	=	642
July	226	383	=	609	+	27	=	636
August	242	389	=	631	+	21	=	652
September	265	385	=	650	+	23	=	673
October	275	411	=	686	+	19	=	705
November	284	426	=	710	+	24	=	734
December	277	411	=	688	+	35	=	723