



The League of Women Voters of Dane County, Inc.
Presents....

General Meeting and Issues Forum

***Jailing the Mentally Ill —
The Better Options***

Speakers:

Ron Lampert, President & CEO of Journey Mental Health

Jim Moeser, Deputy Director, Wisconsin Council on Children and Families; Facilitator, Dane County Workgroup on Mental Health, Solitary Confinement, and Incarceration

Wednesday, April 5, 2017

7:00 – 8:30 p.m.

**Capitol Lakes Grand Hall
333 West Main Street in downtown Madison**

The event is free and open to the public.

**Free parking in the ramp across the street.
Bring your ticket into Capitol Lakes to get stamped.**

Committee: Mary Anglim, Kathleen Fullin and Katie Mulligan

**For more information visit the League's website at
www.lwvdanecounty.org or call 608-232-9447.**

Study Materials for April 2017: Jailing the Mentally Ill – the Better Options

Questions:

- 1) The National Alliance on Mental Illness (NAMI), the largest advocacy group for the mentally ill, was started in Dane County and Wisconsin was a pioneer in community treatment. Why have we been unable to maintain this momentum?
- 2) In the United States, there are more people with mental illness in jails and prisons than in mental hospitals. In Dane County, our sheriff estimated that 40 percent of the people in jail have mental illness. What are some of the causes for this use of jails and prisons to house people with mental illness?
- 3) What community-based services would be most effective in reducing incarceration of mentally ill people?
- 4) The task group on mental health/incarceration recommended funding for a crisis, assessment and resource center and an increase in the number and reach of mobile crisis response staff/teams, in addition to a safe and humane jail. There appears to be support for increased funding for services in the jail, but less support for community-based services. How can we advocate for services in the community?

League positions:

Dane County League:

Dane County Jail [adopted 1976; reviewed 2003] Support of the following principles in treating those persons incarcerated in the Dane County Jail:

- a) Basic human needs should be met. Specifically, an individual incarcerated in the jail should have an adequate diet, security of person, medical care, sanitary conditions, privacy and religious freedom.
- b) A program of rehabilitation activities which will seek further to avoid criminalization and facilitate reentry into society should be provided. Such activities should include: access to legal counsel, counseling as necessary, and access to family in suitable facilities for visiting. Recreational activities should be available and should include opportunities for exercise. Inmates of the jail should have access to the community in the form of resource persons and work release with educational programs and opportunities being made available both inside and outside the jail.
- c) Equality of opportunity for inmates of both sexes should be guaranteed.

State of Wisconsin League:

Mental Health Support of: Adequate funding for community support programs

in order to provide adequate mental health care services for persons with mental illness in Wisconsin.

Community-based care when it meets the treatment needs of the client as a cost-effective alternative to institutional care. We believe treatment should be eligible for federal funding in addition to current state and local funding. The need to expand existent community based services—especially in the area of case management service to meet consumer needs and with an emphasis on specialized housing.

State-mandated benefits requiring private insurance companies to provide funding for community-based programs for the mentally ill. We believe that insurance companies should provide payments for participation in these programs, equally as they do for other types of inpatient and outpatient treatment. . .

Measures to assure prompt identification of incarcerated persons with mental illness, including comprehensive training of jail personnel in recognition and care of persons with mental illness, assessment and jail diversion decisions by qualified staff, and appropriate treatment whether in jail or another facility.

National League:

Access to Health Care: The LWVUS believes that access to health care includes the following: preventive care, primary care, maternal and child health care, emergency care, catastrophic care, nursing home care and mental health care as well as access to substance abuse programs, health and sex education programs, and nutrition programs.

Background articles:

New Efforts Aim to Keep The Mentally Ill Out Of Jail May 19, 2015
By Michael Ollove. Stateline is a nonpartisan, nonprofit news service of the Pew Charitable Trusts that provides daily reporting and analysis on trends in state policy. See <https://stepuptogether.org/updates/748> for full article, excerpted below

Paton Blough has served multiple jail terms as a result of mental illness.

He said his various offenses included brandishing a shotgun, reckless endangerment, destruction of civic property, spitting on a police officer, being a public nuisance and threatening a public official. Never was he charged with being mentally ill. That isn't a crime, after all. But there was no doubt about why he had ended up in jail.

Blough, 38, has had bipolar disorder since his late teens. At times delusions convinced him of a worldwide conspiracy against him involving police officers, former President George W. Bush and Nazi ghosts.

“Can you imagine if we had two million people locked up for having a heart condition?” Blough, whose last arrest was six years ago, said in a telephone interview last week from his home in Greenville, South Carolina. “Well guess what? We have two million people locked up with a health condition called mental illness.”

In many places, police, judges and elected officials increasingly are pointing out that a high proportion of people in jail are mentally ill, and that in many cases they shouldn't be there. In recent years, many cities and counties have tried to reduce those numbers by training police to deal with mental health crises, creating mobile mental health units to assist officers, and establishing mental health support centers as an alternative to jail, among other measures.

(Generally, local jails house inmates who are awaiting adjudication or who have short sentences, and they are run by local jurisdictions. State prisons, or penitentiaries, are where inmates serve sentences after conviction. They are the responsibility of the states.)

Earlier this month, a coalition including the Council of State Governments Justice Center, the American Psychiatric Foundation and the National Association of Counties kicked off a national campaign to encourage local jurisdictions to collect data on the jailed mentally ill and adopt strategies to avoid incarceration. In February, the MacArthur Foundation announced it would send a total of \$75 million to jurisdictions interested in reducing unnecessary incarceration of people, including the mentally ill.

According to a 2009 study cited by the Council of State Governments Justice Center, an estimated 2 million adults with serious mental illnesses are jailed in the course of a year. Studies, including one from the Urban Institute, say they tend to stay in jail longer than those without mental illnesses, return to jail more often and cost local jurisdictions more money while incarcerated. More frequently than not, they are jailed for minor offenses, such as trespassing, disorderly conduct, disturbing the peace or illicit drug use. . .

Uncertain Numbers

Across the U.S., jails report that between 20 percent and 80 percent of their inmates are mentally ill. That broad range suggests measurement techniques are far from uniform. A Bureau of Justice Statistics survey found that in 2005, 64 percent of jailed inmates self-reported as having some kind of mental illness.

Many link the problem to the broader issue of a crumbling state and community mental health infrastructure. Without shoring it up, they say, it will be difficult to provide treatment that will keep the mentally ill from coming into conflict with police.

“If there are no other resources and (the mentally ill) have to be in a safe place; that's still going to be jail,” Denning said.

According to one report, the number of state psychiatric beds in the nation fell from a high of about 550,000 in 1960 to barely 40,000 today. The steep decline began with the movement toward deinstitutionalization of the mentally ill in the 1960s, when scandals over conditions in state-run hospitals caused many to shut down. Now the preferred strategy is to treat mentally ill patients in their own communities.

“It was a good instinct,” said Fred Osher, the director of health systems and services policy for the Council of State Governments Justice Center. “Let’s move people out of these expensive, old, ‘One Flew Over the Cuckoo’s Nest’ facilities. But the problem is that the dollars didn’t flow to the people.”

State spending on mental health services shrunk through the decades. Between 2009 and 2012, states cut back mental health spending by a total of \$4.35 billion, according to an often-cited study by the National Association of State Mental Health Program Directors. Although some of that funding has been restored in recent years, it has not been enough to meet the need – with the result that more mentally ill people are ending up in jail. . .

Many are hopeful that the Affordable Care Act’s Medicaid expansion, which extends health benefits to poor, single adults, will enable many to get mental health treatment and avoid the crises that previously landed them in jails. But 21 states have so far resisted expansion.

High Costs

For now, many jails across the country hold more mentally ill people than hospitals do. That is one reason that jail administration has grown to be one of the highest costs for local governments. The mentally ill often require more medical services and surveillance than other inmates.

Even though jails administer psychiatric medicine to many who need it, no one thinks that jails are conducive for recovery from mental illness. Studies, including the Urban Institute report, have found that the mentally ill in jails suffer assaults at far greater rates than those without mental illness. “Jail is jail,” said Toni Carter, a commissioner in Ramsey County, Minnesota, and chairwoman of the Human Services and Education Policy Steering Committee for the National Association of Counties. “It is not a mental health treatment facility... Generally, they come out worse than when they entered.

“We have criminalized mental illness.”

Still, Carter said some cities and counties are employing strategies to keep the mentally ill out of jail that seem to be working. In Miami-Dade County, Florida, for example, police typically respond to 10,000 mental health-related calls a year. A few years ago, that would have led to more than 800 arrests. But after the county trained police in crisis intervention and began diverting the mentally ill to treatment rather than jail, the number of arrests plunged to nine.

Steve Leifman, a Florida judge who heads the Eleventh Judicial Circuit Criminal Mental Health Project, said the average daily jail population in the city of Miami and Miami-Dade County has dropped from 7,800 to 5,000 inmates. The effort has been so successful the county has closed one jail, saving it \$12 million a year.

Leifman said the recidivism rate among mentally ill people charged with a misdemeanor has dropped from 75 percent to 20 percent. “Treatment works,” he said. “People with mental illness don’t want to be sick. That’s what most people don’t understand.”

Cook County, Illinois, has found success by using a combination of “supportive” housing (which includes rent subsidies, mental health treatment services), and Assertive Community Treatment (ACT) teams composed of

mental health specialists who coordinate treatment and housing and employment support. The strategy has produced an 89 percent reduction in arrests of people with mental illness, and an 86 percent reduction in jail time and 76 percent drop in hospitalizations among participants.

In King County, Washington, a combination of ACT teams, supportive housing and intensive community-based treatments has resulted in a 45 percent reduction in jail and prison bookings among those participating. . .

According to the Council of State Governments Justice Center, more than 300 cities and counties across the U.S. have established mental health or drug courts, in which the mentally ill and those with substance use disorders are sent to treatment rather than incarcerated. . .

In the majority of Paton Blough's six arrests, such diversion programs simply were not available.

"They would have liked to have had a place to take me, but there were none," he said. In jail, he often went without his medication and he found his paranoia deepening. . .

Thankfully, in one of his later arrests, he was sent to mental health court, which led to treatment that has largely kept him stable for six years. "I credit that program," he said. "I could be dead or in prison if it weren't for a program like that."

Today Blough works with National Alliance on Mental Illness helping to promote jail diversion programs.

What Happened after "No New Jail" in Dane County? Dec. 21, 2016 **MentalHealthMoneyMatters.org Katie Mulligan**

In February 2015, the Dane County Board of Supervisors got "sticker shock" at the price of a new jail. Members were also faced with opposition to the idea of spending money on a new jail, particularly since African-Americans make up a considerably larger share of the inmate population than their numbers in the general population.

"When we build them, we tend to fill them," said Linda Ketchum, executive director of the Madison Area Urban Ministry, in an article by Joe Tarr in *Isthmus*.

Sheriff David Mahoney also pointed out the long-standing problem of housing people with mental illness in the jail. He told reporter Tarr, "We've always housed those individuals in disciplinary housing units—units that are meant to change behavior, not treat mental illness."

Funding for programs that would provide mental health treatment instead of jail time has not kept up with population growth and need, according to David Delap, head of a diversion program run by the Journey Mental Health Center.

Mahoney concurs. "I haven't heard of anyone stepping up to [provide services]. Since the '70s, it's been just the opposite."

As a response to these problems, the Board appointed three task groups to come up with recommendations concerning problems with the criminal justice system in Dane County, with special attention to racial inequities and mental health. The groups moved quickly and the Board issued a final report in

September 2015. Full report:

https://board.countyofdane.com/documents/pdf/556_whitepaper.pdf

Each group was to come up with 10 recommendations, five of which would require no new cost. Here are the recommendations concerning “mental health, solitary confinement, and incarceration.”

1. Remodel the current jail to reflect a more humane and modern facility.
2. Develop culturally relevant community-based crisis, assessment and resource center.
3. Increase the number and reach of mobile crisis response staff/teams.
4. Develop more culturally relevant and family centered outreach and engagement.
5. Add culturally relevant staff to work in collaboration with current mental health, substance abuse, or developmental disability services and community resources.
6. Create and sustain a culturally diverse workforce.
7. Reduce the length of time in solitary confinement and administrative segregation.
8. Convene a leadership team of mental health providers, advocates and others to explore financing issues. (County Executive should lead.)
9. Support the development of a plan to deliver additional training and resources for judicial officials, attorneys, and others involved in the court process, and
10. Convene a workgroup under the auspices of the Criminal Justice Council to identify and sustain to improve processes and expedite cases for inmates with significant mental health, substance abuse, and developmental issues as may be appropriate.

Reducing the Number of People with Mental Illnesses in Jails: Why Sheriffs Are ‘Stepping Up’ September 20, 2015

By Michael Ferrence, Executive Director Major County Sheriffs’ Association

The e-newsletter of the COPS Office

[https://cops.usdoj.gov/html/dispatch/09-](https://cops.usdoj.gov/html/dispatch/09-2015/stepping_up_to_reduce_mental_illness.asp)

[2015/stepping up to reduce mental illness.asp](https://cops.usdoj.gov/html/dispatch/09-2015/stepping_up_to_reduce_mental_illness.asp)

Headlines fill the news about the staggering number of people with mental illnesses cycling through our nation’s jails and prisons. More than two million people with serious mental illnesses enter U.S. jails each year—more than the number of people found in the nation’s psychiatric hospitals. The related costs to law enforcement agencies and jails and the toll on human lives have reached crisis levels.

This comes as no surprise to law enforcement leaders, dispatchers, and special-response units, who for decades have said that calls for service involving people with mental illnesses are among the most complex they encounter, are often conducted with limited supports for officers, and frequently involve the same individuals over and over again. These encounters also take officers out of

service for long periods of time to resolve and, too often, result in tragic outcomes. With few alternatives and scarce mental health treatment resources in many communities, officers often feel they have no choice but to arrest a person having a mental health crisis who is involved in a call for service and take him or her to jail, where some level of treatment services will be provided.

People with mental illnesses tend to stay in jail longer than people without mental illnesses, and they're also more likely to return to jail. Jails spend two to three times more on people with mental illnesses, and yet this investment hasn't translated to increased public safety or advances in longer-term recovery.

With funding from the COPS Office, the Major County Sheriffs Association conducted a survey of its members to help identify agencies that are successfully addressing issues related to the large numbers of individuals with mental illnesses in jails. . .

Most survey respondents say the prevalence of people with mental illnesses in their jails has increased in the last two years, although precisely quantifying the problem is difficult. . . Among the supports, services, and programs that sheriffs feel are most important are mental health evaluation services in the community and in custody; 24/7 drop-off centers; training programs for officers and deputies and jail staff; and re-entry services tailored to individuals with mental illnesses—the supports often lacking in their counties and typically even further out of reach in many smaller or rural counties. . .

It is increasingly clear from the national dialogue around these issues that although law enforcement and jail personnel have a critical role in addressing the needs of people with mental illnesses and a deep desire to effect change, they cannot do it alone. There has been a tendency to focus on individual criminal justice and behavioral health programs that reach a relatively small number of those in need or to provide a minimal level of training which, though important, are not enough to reach a tipping point in communities across the country. Change needs to happen at the systems level in both criminal justice and mental health agencies. We need to develop comprehensive plans that avoid fragmented responses to the problem, make the most effective use of resources, and take evidence-based practices and programs to scale.

A new national initiative, Stepping Up—supported by U.S. Department of Justice's (DOJ) Bureau of Justice Assistance (BJA) and led by the National Association of Counties, the Council of State Governments Justice Center, and the American Psychiatric Association Foundation—is taking just such an approach. Stepping Up unites county leaders, state and local policymakers, criminal justice and behavioral health professionals, people with mental illnesses, and other stakeholders in a single goal: to safely reduce the number of people with mental illnesses in the nation's jails. Law enforcement and jail personnel at all levels are essential players in this initiative. It is truly community policing in action.

Stepping Up participants commit to engaging in these six action steps:

1. **Convene or draw on a diverse team** of leaders and decision makers from multiple agencies committed to reducing the prevalence of people with mental illnesses in jails.

2. **Identify and assess the mental health needs and recidivism risk factors** for adults entering jails to measure prevalence rates and guide decision making at the system, program, and case levels.
3. **Examine treatment and service capacity** to determine which programs and services are available in the county for people with mental illnesses and co-occurring substance use disorders and identify barriers to change.
4. **Develop a plan** with measurable outcomes that draws on comprehensive jail data and an inventory of available treatment and service options.
5. **Implement research-based approaches** that advance the plan.
6. **Track progress** using data and information systems.

Stepping Up resources are provided to participants for conducting each of the six steps as well as for focusing on a particular discipline's approaches such as law enforcement strategies. Among the programs promoted by Stepping Up are specialized training for law enforcement and corrections, jail diversion and re-entry, and universal screening and assessments to guide decision making. The initiative also shares stories that highlight promising strategies for addressing challenges from law enforcement and corrections agencies across the country. . .

Success depends on all criminal justice and behavioral health agencies coming together to align policies, procedures, and investments with proven strategies. . .

Stepping Up is helping to build an unprecedented national groundswell for bringing about change in which law enforcement and jail professionals can play a pivotal role. It also addresses the action item in the final report of the President's Task Force on 21st Century Policing, which states, "Law enforcement agencies should engage in multidisciplinary, community team approaches for planning, implementing, and responding to crisis situations with complex causal factors." That report also calls on peace officer standards and training agencies (POSTs) to make crisis intervention training a part of both basic recruit and in-service officer training and calls on Congress to appropriate funds to help support that training. These are all actions being promoted through Stepping Up and fully supported by sheriffs.

The time for change is now. Through BJA's Justice and Mental Health Collaboration Program funding for law enforcement training, learning sites, and resource development—and through other significant work being done in the field—there is a range of research-based policies and practices from which local leaders can draw. These advances are complemented by new opportunities to expand community capacity for behavioral health services. For example, with passage of the Mental Health Parity and Addiction Equity Act of 2008, more individuals have access to treatment for mental and substance use disorders in a less restrictive setting. And many states and counties, regardless of whether they are expanding Medicaid under the Patient Protection and Affordable Care Act (ACA), are considering overhauls of their health care systems, including mental health. . .

MENTAL HEALTH AND CRIMINAL JUSTICE

CASE STUDY: Bexar County, Texas



METROPOLITAN
SAN ANTONIO
POPULATION:
1,855,866¹

JAIL BED
CAPACITY:
4,563²

AVERAGE
DAILY JAIL
POPULATION:
3,500³

BACKGROUND

In 2000, Bexar County was facing a severe jail overcrowding problem. As a result, the state was considering taking over operations of the jail, and the federal government was threatening to issue sanctions until appropriate conditions were met. County commissioners were facing the possibility of having to build 1,000 new jail beds. Instead, they supported what would become the Bexar County Jail Diversion Program. Today, the jail is about 1,000 people below capacity.

In April 2002, Bexar County developed a jail diversion planning and advisory committee (PAC) – led by a judge and a diverse group of stakeholders – to plan for the program’s components. The group met monthly for a year to recommend improvements to the system based on targeted outcome measures. The result is a full-spectrum jail diversion program for residents in Bexar County. This group continues to meet regularly to discuss progress and next steps for the program.

IN BEXAR COUNTY,
IT COSTS \$2,295 PER JAIL
BOOKING.
IT COSTS \$350 PER DIVERSION.

JAIL DIVERSION PROGRAM

The Bexar County Jail Diversion program identifies 46 separate intervention points where jail diversion can occur. They divide these intervention points into three phases: before, during and after incarceration.

PHASES OF JAIL DIVERSION

1. The first phase focuses on diverting people before they are arrested and/or booked into the county jail, typically by a Crisis Intervention Team or Deputy Mobile Outreach Team.
2. The second phase provides treatment alternatives for the person who is in jail by focusing on identification, screening and recommendation for alternative dispositions such as mental health bond or release to a treatment facility.
3. The final phase provides individuals with appropriate services upon release with the goal of ensuring continued mental health and support services and reintegration into the community.

The Bexar County Jail Diversion Program employs nearly 150 staff, including physicians, nurses, licensed mental health professionals, benefit specialists, case workers, and vocational and housing specialists. Funding for the program is provided through federal, state and local support; Medicaid; Medicare; the University Health System; and CareLink, Bexar County’s health initiative. Through Bexar County’s planning and advisory committee, training for police officers in Crisis Intervention Teams (CIT) is provided through in-kind services and staff support from law enforcement, behavioral health and local hospitals, saving around \$800 per officer in training costs.

In addition, by screening people for mental illness and Medicaid eligibility, Bexar County was able to secure state funds that allowed them to earn Medicaid Administrative Claims (MAC), which can cover anywhere from 25 to 30 percent of the cost of diverting an individual from jail. County administrators also encouraged state hospitals and other institutional practitioners to seek out payment eligibility with all available payers in the area, including Medicaid, private insurance, Medicaid managed care payers and the Veterans Administration. They also received grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) and private foundations.

CRISIS CARE CENTER AND RESTORATION CENTER TREATMENT OPTIONS INCLUDE:

- 24-hour screening and assessment
- 48-hour inpatient psychiatric unit
- Outpatient services for psychiatric and primary care
- Residential Detoxification
- Sobering
- Injured Prisoner Program
- Outpatient Substance Abuse Treatment Program
- Intensive Substance Abuse Outpatient Counseling Services
- In-House Recovery Program
- Housing for people with mental illnesses
- Job training

THE CRISIS CARE CENTER AND RESTORATION CENTER

Two important components of the Jail Diversion Program are the Crisis Care Center and the Restoration Center. The Restoration Center was started in 2007 by the Center for Behavioral Health Services, Bexar County's behavioral health authority, to address silos dividing substance abuse treatment and mental health services by providing integrated substance abuse services. In combination with The Crisis Care Center, a 24-hour psychiatric emergency unit developed in 2005, the Restoration Center serves about 2,200 people per month. The two centers work together to provide law enforcement with quick access to treatment for individuals with substance abuse disorders. They also offer substance abuse services for people who are homeless.

Individuals can be referred to The Restoration Center by law enforcement, courts, the Mobile Crisis Outreach Team, the sobering unit, the Crisis Care Center, individuals, families and behavioral health professionals. Individuals can also simply walk in to receive services, as is the case for many of its homeless clients. As part of the diversion continuum, the Restoration Center allows officers to drop off an individual experiencing a mental health crisis and be back on the street within 15 minutes to take more calls for service. The Restoration Center is open 24 hours a day, 365 days of the year.

In 2010, Haven for Hope opened a \$100 million, 962-bed homeless facility. Located just across the street from the Restoration Center,

Haven for Hope is a recovery-oriented system of care that is part of the continuum of services for people in need of 24-hour psychiatric crisis assessment, sobering services, medical monitoring services, employment services and housing. As many of the individuals who come to the Restoration Center are homeless, this facility provides needed case management and follow up services for those who participate in treatment.

To view the Roll Call video for The Restoration Center, visit www.youtube.com/watch?v=6KjmVoTWyrs

OUTCOMES

Bexar County has become a national model for jail diversion for people with mental illnesses. In addition, outcome data from the program has served as a model in moving the Texas Legislature to require state-approved jail diversion plans for all community mental health centers in the state.

Program outcomes include:

- More than 95 percent of Bexar County and San Antonio law enforcement officers have been trained in crisis intervention training – over 5,000 officers.
- The Crisis Care Center and the Restoration Center see about 2,200 people per month or 26,000 people per year who used to go to jails or emergency rooms or return to the streets.
- Prior to the Crisis Care Center and the Restoration Center, law enforcement officers spent an average of 12 to 14 hours in emergency rooms waiting on psychiatric evaluations. Officers now wait about 15 minutes.
- The county saves more than \$10 million per year on averted jail costs and emergency room costs.

RESOURCE

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END NOTES

¹ Bexar County, Texas. U.S. Census Bureau. Available at: <http://quickfacts.census.gov/qfd/states/48/48029.html>. Accessed September 3, 2015.

² Bexar County Adult Detention Center Facility, Accessed September 4, 2015. www.bexar.org/749/Adult-Detention-Center-Facility

³ Bexar County Adult Detention Center Facility, Accessed September 4, 2015. www.bexar.org/749/Adult-Detention-Center-Facility

For more information about this publication or NACo's mental illness and jails project, please contact Nastassia Walsh, NACo Program Manager, at nwalsh@naco.org or 202.942.4289



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