Capital Area Human Services District

Short Term Solutions to Prevent Recidivism & Address the Needs of People with Mental Illness Incarcerated in Community-based Jails

Dialogues on Behavioral Health
November 10, 2015

Capital Area Human Services

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What is causing more people with MI to be incarcerated in the Greater Baton Rouge Area?

We are lacking the Behavioral Health Crisis Continuum

Danger: Without these services people in crisis can only go to, or be taken to, the ER or to jail. They recycle through these institutions and are rarely connected to ongoing care to prevent further crises.

What Exacerbated the problem?

- Closure of two Emergency Departments within two years

- Closure of the Mental Health Emergency Room Extension* (MHERE) 2 ½ years ago
  - 50% of patients came with law enforcement
  - 40% of patients were self-directed
  - 10% other sources

*3,400 patients seen in two years with no discharges to jail, only 32% hospitalized.

Additional MH Challenges to this Region

- Low-income housing (group homes) makes BR attractive to deinstitutionalized people with SMI, both from long term and acute care hospitals/jails/prisons.
- Rapid deinstitutionalization without community based resources or intensity.
- Group homes typically do not provide the supervision or needed structure and individuals with SMI decompensate without structured provider relationships and access to meds.
- The public MH System has seen an increased volume and acuity (3 fold) of SMI in their clinics. No funding for care management.
- No Medicaid expansion, many remain uninsured.
- Limited provider access for all. Many private providers requiring cash up front.
- Little to no MH care in jail and limited coordination upon release.

Defining the Problem and Building Partnerships

Build Professional & Public Awareness:

Expert Panels; Meetings for hospital CEOs, Justice, Law Enforcement; HC Publications; Media coverage; joint PSAs; Joined *Stepping Up* Initiative (7/15)

Educate Professionals:

CIT/mini-CIT for Law Enforcement, Dispatchers, Deputies & Medical Staff in the Jail; Co-locate staff; Integrated staffings in jail led by the Warden.

What are immediate short-term fixes?

- Expand CIT training for more law enforcement personnel including dispatchers, P & P and staff inside of jail.

- Expand support w/in EBRPP focusing on stabilizing & discharge planning to connect people with behavioral health needs to community-based care.
  - Institute Universal Brief MH/AR Screening Tool
  - Expand Social Work Services through contract
  - Expand Peer Support Services tied to the Social Workers through contract
  - Assess Efficiency of Medication Access Policy
  - Suggest Restructuring of Staffing for Medical/Psychiatric Care
  - Address reentry utilizing peers for EBRPP & government treatment provider for warm hand-off within community

Crisis Intervention Team (CIT) Training

CAHS Law Enforcement Training (Jan, 2008 - October, 2015)	
Class	Number Trained
Crisis Intervention Training (12 CIT Institutes, 40 hours each)	380
Baton Rouge Police Department Academy (40 hours)	23
CARTA POST Certification Training (8 hr.)	512
LA. State Probation & Parole POST Certification Training (8 hr.)	165
Dispatcher Training (8 hr.)	79
Feliciana Parishes Training (Rural) (8 hr.)	16
Total	1175

Facts About the EBRPP

Physical Plant: Out of date/dilapidated, offers few cells, mostly congregate housing, campus of several buildings laid out like a maze

Census: Built for 1,500 inmates but typically houses 1,700, over 700 typically placed out of parish ($7M/yr)

Time Served: In past, inmates held for short-term but now many incarcerated for months

Prison Medical: Staffed/funded by another parish agency, low salaries, understaffed, inefficiently staffed, lacking needed supplies

Facts About EBRPP Inmates

- More with MI and SU disorders
- More with physical health problems
- More homelessness
- More discipline problems in the jail, higher rates of lock-down due to instability

Project Goal: Reduce the recidivism rate for offenders with mental illness and co-occurring substance addiction through stabilization, discharge planning and community connectedness for community re-entry.

1. Enhance the collaborative structure between EBRPP and community service providers.

2. Improve the discharge planning process through the use of a personalized care plan that expedites the application process for appropriate benefits and other services.

3. Provide recovery supports to directly link persons to a continuum of services to prevent cycling back into the criminal justice system.

1. Enhance the collaborative structure between EBRPP and community service providers

- Utilized the existing regional behavioral health collaborative to enlist and maintain stakeholder commitment to the project by providing regular updates on progress starting 4/14.
- Developed an agreement among key providers for the project outlining details of responsibilities (3/14).
- Hired SW part-time, then expanded to fulltime, funded by the Parish.
- Hired and provided orientation/training for the Certified Peer Support Specialist (4/14), funded by Magellan initially and then the Parish.
- Shared information to discuss barriers and solutions through monthly meetings of key staff (e.g., representatives from prison staff, service providers, and project team)

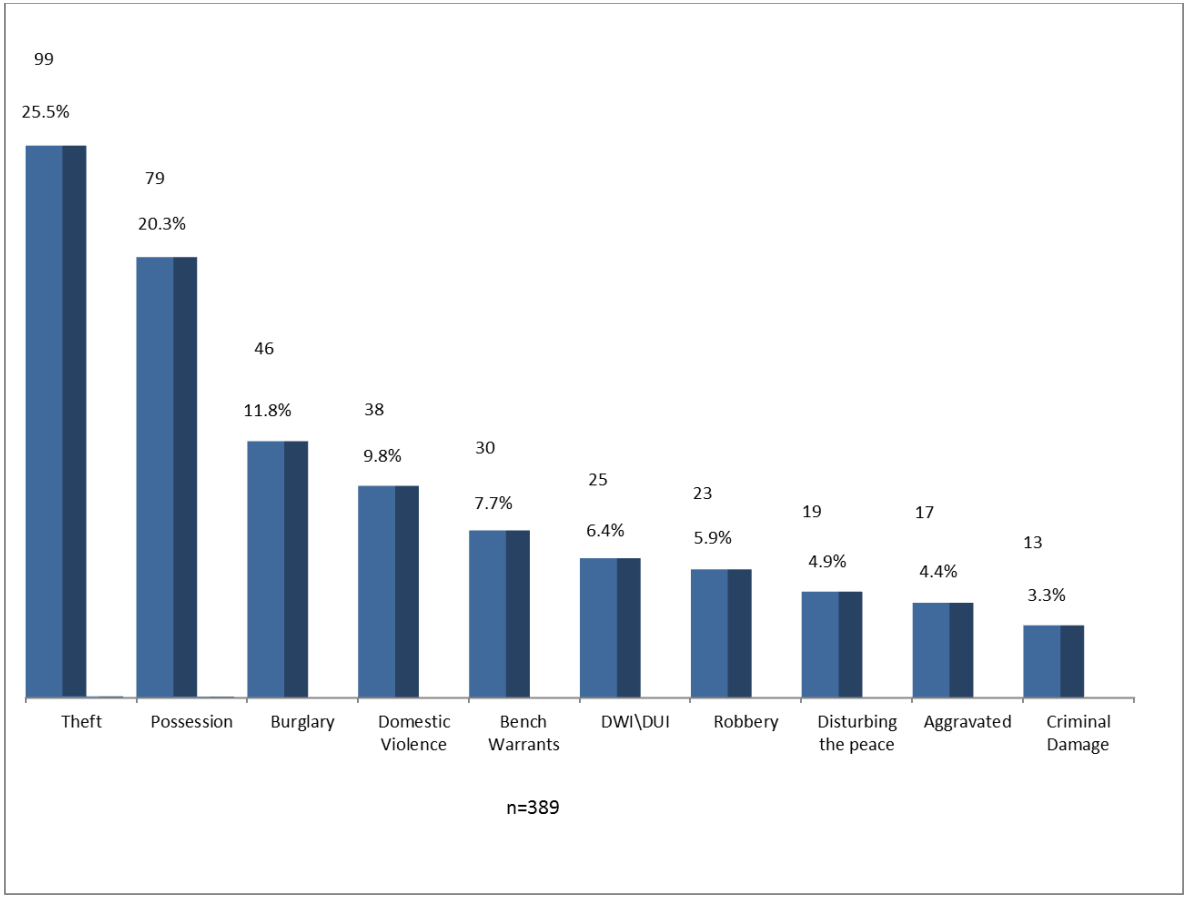
2. Improve the stabilization and discharge planning process through the use of a universal screen, and targeted assessment for personalized care plan to expedite the application process for appropriate benefits and other services.

- Added a universal screen (Brief Mental Health Jail Tool) to identify immediate needs to stabilize and referral to discharge planning.
- Collected participant information and discussed issues as a team to develop a person-centered plan, using a modified GAINS Re-Entry Form, for offenders identified with mental health and/or substance abuse treatment needs.
- Recruited participants to participate in weekly ongoing groups in EBRPP using WHAM/Seeking Safety provided by Peers.

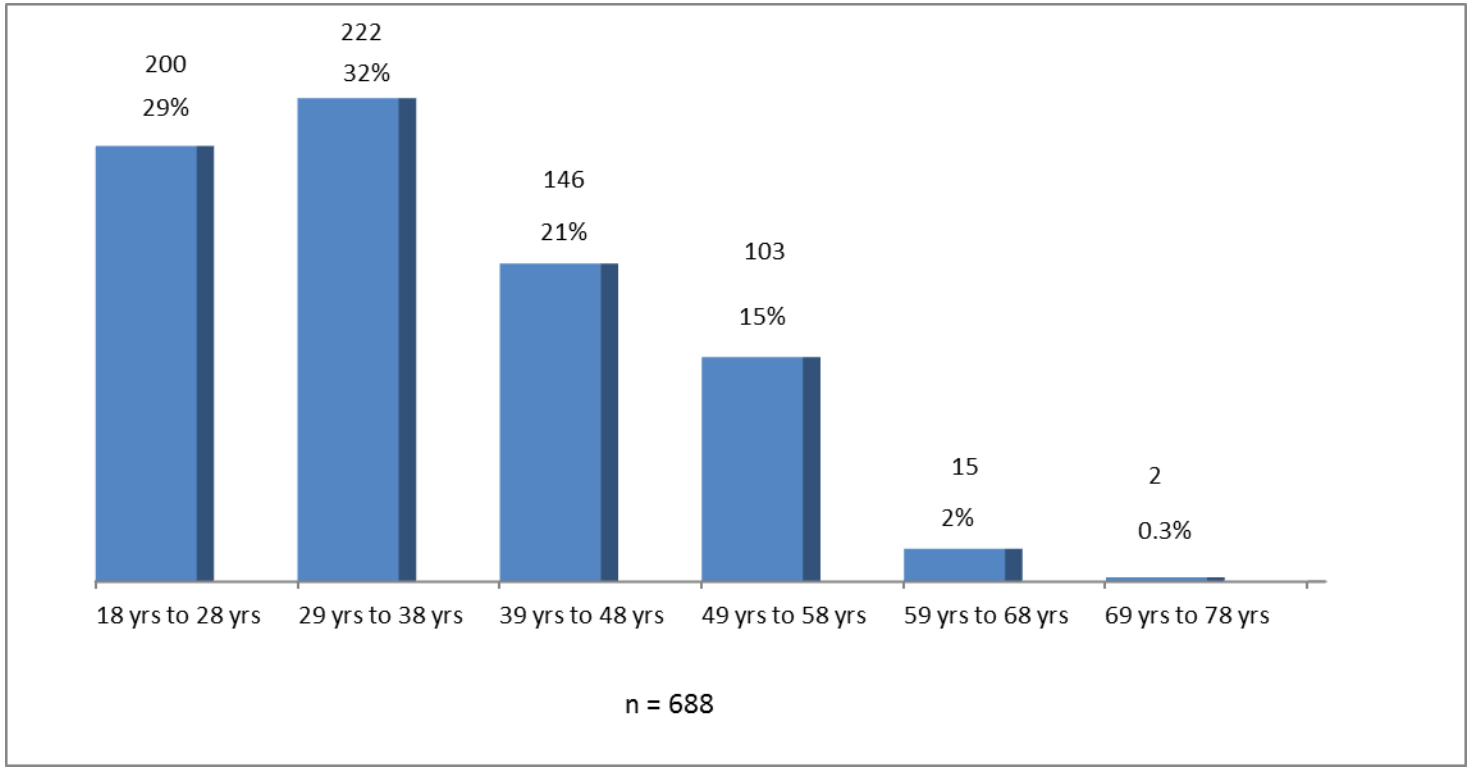
3. Provide recovery supports to directly link persons to a continuum of services to prevent cycling back into the criminal justice system.

- Peers within EBRPP worked with inmates upon release to connect them to need (see below), and clinic based peers.
- Recruited participants weekly to participate in WHAM/Seeking Safety/ Women's groups provided by peers in public clinics.
- Connected participants to appropriate supports in the community including 12-Step recovery groups (AA, NA, HA), housing (Capital Area Alliance for the Homeless' One Stop Homeless Services Center), employment (Baton Rouge Goodwill Industries Ex-offender Re-entry/Job Training Program, Capital Area ReEntry Coalition's Training to Work/T2W Program, UpLIFTD's Vocational Program, and Louisiana Rehabilitation Services), education (Baton Rouge Community College & Capital Area Technical College) transportation, and general aftercare and follow-up.
- Provide direct referral into 28 day unit Addiction/Co-occurring services for adult males.
- Developing specialized co-occurring treatment program that addresses criminality.

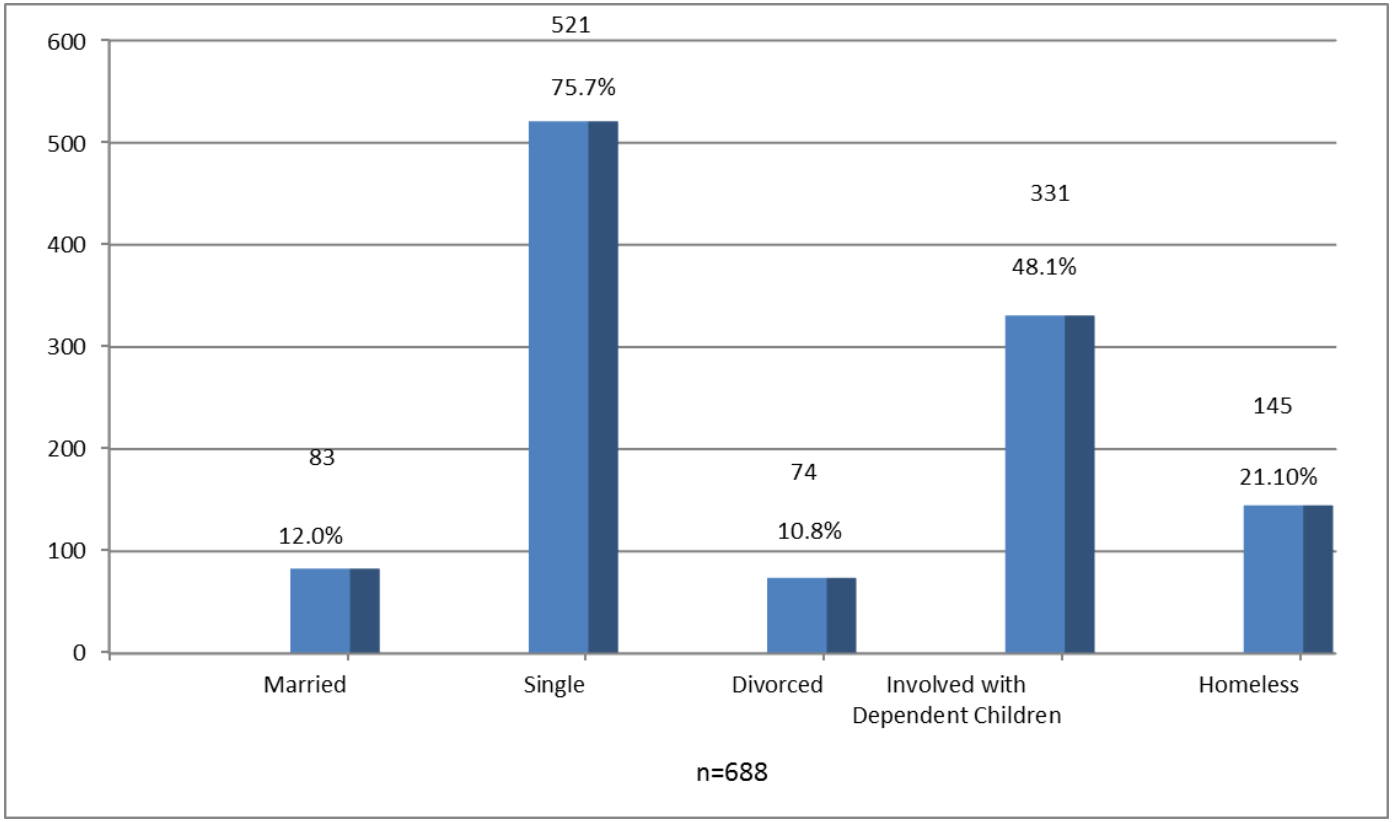
Typical Causes of Incarceration of Inmates with Mental Health Needs



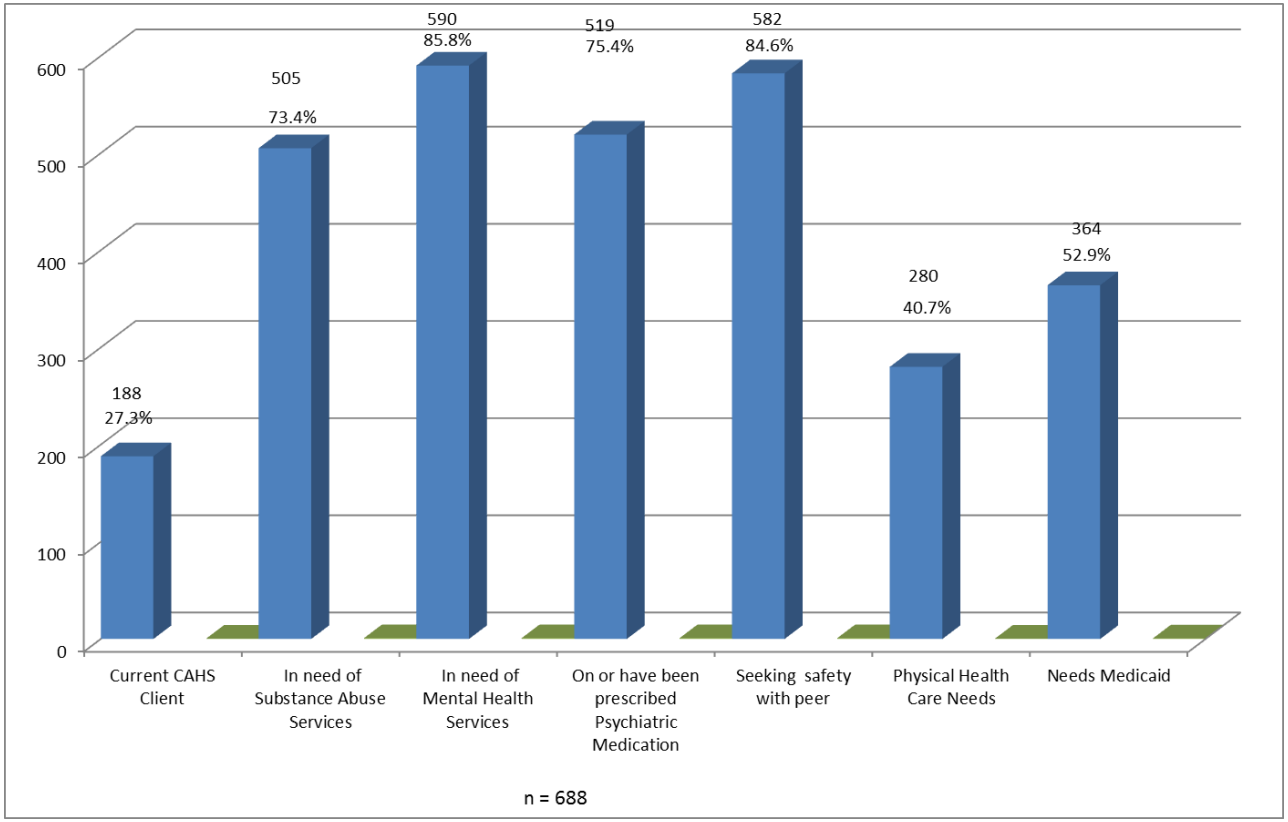
Age Groupings of Inmates with Mental Health Needs



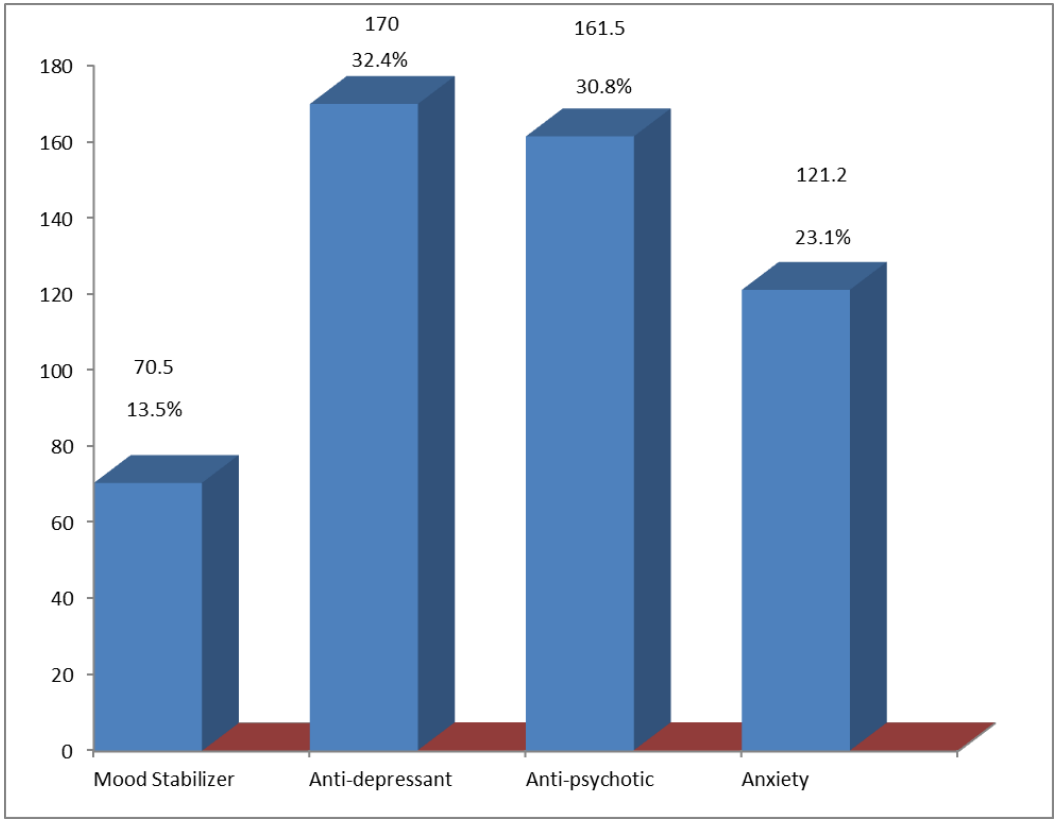
Demographics of Inmates with Mental Health Needs



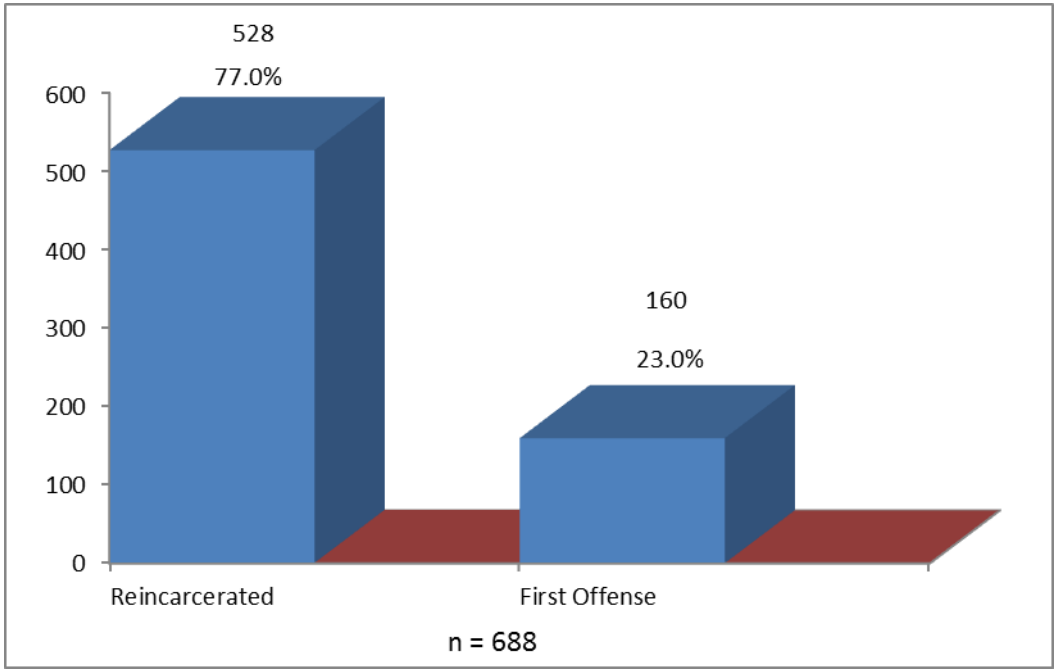
Inmates with Identified Mental Health Problems are in Need of……



Medications Administered to Inmates with Mental Health Needs



Recidivism Among Inmates with Mental Health Needs



Lessons Learned

- Locally more people with mental illness and addictions are being incarcerated for longer times; they create more discipline problems, and have a high rate of recidivism.
- Training our local jail staff in de-escalation techniques decreases discipline problems.
- Implementing a universal screening tool decreases behavioral health crises, discipline problems and initiates earlier access to treatment.

Lessons Learned

- Additional Social Workers are needed to initiate earlier treatment to attain/maintain stability, and develop personalized discharge plans. Limited prescriber time leads to delayed medication access.

- Peers linked to Social Workers play an important and effective role in engagement via WHAM/Seeking Safety support groups and individual meetings within the prison. Their involvement results in a higher rate of connectedness with community-based providers.

- Peer to peer hand-offs at reentry provides reassurance, assists in overcoming barriers * and increases show rate to treatment services and connecting with the recovery community.

Lessons Learned

*Barriers to successful reentry include:

- the lack of a phone to receive appointment reminders
- a state-issued photo identification card or driver's license for admission to treatment programs
- transportation
- housing
- employment or benefit income
- medical and pharmacy coverage (e.g., Medicaid/SSI is terminated during incarcerations)

All contribute to poor follow-through with discharge plans.

Key Take Home Messages

- Complex problems require a full understanding of the problem from many facets through an inclusive, collaborative process.

- Our services must be redesigned to support earlier, and at times, more intensive interventions, for people with mental illness and addictive behaviors.

- A continuum of services is needed, including reopening a rapid stabilization unit for front end, non-jail, crisis stabilization; adequate in-jail stabilization and personalized discharge services; and personal (human/humane) reentry assistance to link to needed services and help overcoming barriers.

- Recovery is real, treatment works.