

## ***Re-entry and Diversion Supportive Housing Beds Project Plan***

As described in a recent legislative task force report, “one of the greatest challenges facing law enforcement agencies and detention centers across the nation and in New Mexico is how to respond to people who have mental health disorders.” For lack of other alternatives, the response has been to arrest and detain persons with mental health disorders in crisis in the local jails. The impact of incarcerating the mentally ill is profound on both a system and individual level. The arrest and prosecution of the mentally ill consumes millions of dollars in police, judicial and correctional resources clogging the court system, taking police resources away from serious criminal activity, and overcrowding the detention facilities. The inability of the system to adequately address individuals in mental health crises taxes other community resources such as hospital emergency rooms, homeless shelters, emergency response teams, detox facilities (for those who self-medicate) and other service systems that address the manifestations of individuals in crisis. On an individual level, the arrest and detention of the mentally ill in crisis is a re-traumatizing and destabilizing event disrupting service systems that may be in place and exacerbating the crisis. This, of course, can lead to tragic consequences in escalating encounters with law enforcement and suicidal behavior in detention.

### ***Rates of Mental Illness among Jail Inmates***

A 2006 Bureau of Justice Statistics report estimated that 64% of jail inmates had a mental health problem based on clinical interviews of the inmate populations. While 21% had recent treatment and/or diagnosis, 60% reported symptoms that met the DSM criteria. Female inmates had significantly higher rates of mental illness with 75% of females having mental health problems under these criteria and 63% of males. Inmates with mental health problems have much higher rates of problems in other areas: they have higher rates of violent offenses and a higher number of incarcerations; higher rates of substance dependence with 76% indicating a co-occurring substance addiction; higher incidence of homelessness; higher rates of past physical or sexual abuse; and higher rates of institutional misconduct.

A more recent study by the Policy Research Associates found somewhat lower, although still high rates of mental illness among jail inmates. Their study differed from the BJS study in the criteria used to define mental illness and the exclusion of some diagnosis. They concluded that jail administrators can anticipate that the prevalence of serious mental illness will be between 11 and 18.9% among men and between 21.7 and 42.1% among women, with a 14.5% average among men and a 31% average among women. Also impacting the incarceration rates of those with mental illness, a local study sponsored by the New Mexico Sentencing commission found that having received mental health services in the jail corresponded with increased length of stay in the jail.

MDC has a total of 813 individuals on the Psych Services Unit caseload at MDC. This is 40% of the MDC population. ***As reported above, the prevalence of mental illness in the MDC population is much higher among females with a startling 69% of the female population of MDC being on the PSU caseload.*** Although these rates are not inconsistent with the Policy Research Associates study in that they are

lower, the risk of under-identifying individuals with mental health needs is substantial. A recent study by the Vera Institute of individuals arrested in Washington, D.C. found that 46% of individuals with mental health needs were not identified by any of the criminal justice agencies having contact with them. 33% of the cohort were known to the local Department of Mental Health as having a psychotic or bi-polar disorder but were not identified by the criminal justice agencies. Rates of identification of other diagnosis were even lower.

### ***Rates of Homelessness and Incarceration***

As noted above, mental illness among inmates is associated with higher incidences of homelessness. The National Health Care for the Homeless Council devoted their Quarterly Research Review to an analysis of this connection. They found that incarceration and homelessness are mutual risk factors for each other. Researchers generally estimate that 25-50% of the homeless population has a history of incarceration. Compared to adults in the general population, a greater percentage of inmates have been previously homeless (5% of general population versus 15% of incarcerated population with history of homelessness), illustrating that homelessness often precipitates incarceration. Another study found that homelessness was 7.5 to 11.3 times more prevalent among jail inmates than the general population. Exiting homelessness is daunting regardless of one's criminal record. However, individuals with past incarceration face even greater barriers to exiting homelessness due to stigmatization, policies barring them from most federal housing assistance programs, and challenges finding employment due to their criminal records. To meet basic necessities amidst these barriers, previously incarcerated individuals sometimes engage in criminal activities to get by, perpetuating the cycle of homelessness, re-arrest, and incarceration. In addition, there are many inmates who may not meet the HUD definition of homeless but are precariously housed. That may include housing that they cannot sustain financially, housing from which they may be asked to leave or evicted at any time, or housing in which drug use or other criminal activity is prevalent. These housing situations also contribute to the risk of criminal activity and recidivism.

### ***The Combined Effect of Homelessness and Mental Illness***

Individuals without stable housing are already at greater risk for incarceration than the general population. However, sub-groups within the homeless population, namely individuals with mental health issues, among others, have even more widespread incarceration histories. Severe mental illness is prevalent among the homeless population and is associated with increased risk of criminal justice system involvement. A study of 6,953 jail inmates found that individuals with homelessness in the year prior to incarceration had symptom clusters associated with mania, depression, psychosis, and substance use at 10-22% higher rates than inmates without prior homelessness. Another study of 3,769 arrestees and jail inmates with serious mental illness and found that being male, being homeless, not having outpatient mental health treatment, and having an involuntary psychiatric evaluation were independently associated with significantly increased odds of misdemeanor arrests and a longer period

of incarceration. The most common diagnoses among this population were major depression, bipolar I disorder, and psychotic disorders; 67% had a substance use disorder diagnosis.

### ***Rates of Substance Addiction among Jail Inmates***

The Bureau of Justice Statistics reported that in 2002, 68% of jail inmates were found to be dependent on or to abuse alcohol or drugs. 52% of female jail inmates were found to be dependent on alcohol or drugs, compared to 44% of male inmates. Men had higher rates of substance abuse without dependence (24%) than women (17%). 70% of jail inmates who met the criteria for abuse or dependence had prior criminal records as compared to 46% of inmates without substance abuse or dependence had prior criminal records. 47% of inmates with substance abuse or dependence had 3 or more prior sentences as compared to 22% of inmates without such problems. Substance abusing or dependent inmates were twice as likely (16.5% to 9.1%) to have been homeless in the past year.

Testing at MDC in 2003 found that 75% of male arrestees and 74% of female arrestees tested positive for drugs. The Albuquerque Partnership Report on Drug Use, Addiction, and the Criminal Justice Population in Bernalillo County reported that 41% of males and 44% of females were at risk for drug dependence. The study does not appear to have tested for alcohol abuse or dependence which would perhaps have brought the results up to a similar level as found by the Bureau of Justice Statistics. The same report noted that drug and alcohol dependence is higher in New Mexico (6.5%) than the national rate (4.8%).

### ***Health Impact of Incarceration***

In addition to contributing to risk of homelessness, incarceration can also have significant effects on health. In a National Institute of Health manuscript, incarceration is described as a public health epidemic. Although previously thought to be a protective health influence, incarceration is actually a health risk based on the surge in mortality following release. Overcrowded conditions, high-risk sexual behaviors, and shared needles for drug use and tattoos create ideal conditions for infectious disease outbreaks, although incarceration has even greater adverse effects on addiction and mental illness following release. While the criminal justice system provides a steady source of health care during incarceration, continuity of care is disrupted upon release, particularly for those returning to unstable housing situations. Sudden discontinuation of medications and services, paired with lack of access to services, puts previously incarcerated individuals at risk to cycle among the streets, shelters, emergency rooms, and criminal justice system. In addition to health challenges upon release, previous incarceration can even increase the risk of adult physical and sexual victimization among women.

## ***Availability of Services or Lack Thereof***

According to the Behavioral Health Needs and Gaps Report published in 2002, only 19 percent of the adults needing public sector mental health services are currently being served. A 2004 report by the Arizona State University Applied Behavioral Health Policy group found that according to estimates from the National Survey on Drug Abuse, New Mexico had the largest treatment gap of any state with 3.5% of the population needing drug treatment services but not receiving treatment. The statewide Gaps Report noted that New Mexico has a higher than average jail population for its census and that this, as well as the prison population, is critically in need of specialized services. The report noted that the service needs of these groups are difficult to meet due in part to the inadequate transition process from jail or prison and to the lack of services designed for the unique needs of individuals with legal constraints, family reunification issues, and specialized housing and employment needs. Few crisis and diversion services are available or appropriately designed or reimbursed to prevent the need for high cost jail/prison stays for juveniles or adults with mental health and/or substance abuse needs. The report also noted the connection between mental illness, homelessness and incarceration stating that mentally ill homeless individuals are twice as likely as other homeless persons to be arrested or jailed, mostly for misdemeanors. The study also found that most homeless mentally ill individuals can be engaged in treatment, housing and support services, but insufficient capacity exists in New Mexico to meet the needs of these individuals and families. Among the recommended priorities, the report included:

- Crisis services and jail/hospital alternatives;
- Integrated services for persons with multiple or co-occurring needs, especially those with mental illness and MRDD, or mental illness and substance abuse;
- Transition services for adults with behavioral health needs who are leaving prisons and jails;
- Assertive community treatment and/or intensive case management or community support services for adults with serious mental illness; and
- Supported employment and housing for adults.

As recently as July, 2012, a Task Force was convened under the leadership of the Bazelon Center for Mental Health Law for the purpose of “Reducing the Criminal Justice System Involvement of Adults with Serious Mental Illness.” The Task Force concluded that providing more supportive housing was the top priority for addressing the needs of system involved person with mental illness.

## ***Better Outcomes***

According to a study published by the National Gains Center, recent evidence from more than a dozen studies shows that comprehensive integrated efforts help persons with dual disorders reduce substance use and attain remission. Integrated approaches are also associated with a reduction in hospital utilization, psychiatric symptomatology, and other problematic negative outcomes including rearrest (Osher, 2001). A CSAT publication cited in Albuquerque Partnership Report, states that there is strong empirical evidence that substance abuse treatment reduces crime. Similarly, the outcomes reported in

the National HCH publication, In Focus, showed reduced arrests and jail bookings from targeted interventions. And, as reported in the Behavioral Health Needs and Gaps Analysis, research documented by the Surgeon General and elsewhere in the federal government, as well as experience in New Mexico and other states, has shown that mental health and substance abuse services “work.” It reports that for most conditions and populations, there are evidence-based or promising practices that have been shown to have clear results if provided in an appropriate manner with attention to the principles for providing that care, and with the range of behavioral health services in place that are needed to make each individual service effective.

The recent study of the Albuquerque Heading Home program found that the Heading Home program significantly reduced bookings into the jail. In the one year prior to being in the program, 13 study group individuals spent 766 days in the MDC and in the post-time period, 4 study group members spent 281 days in the MDC. Jail costs decreased from \$51,540.30 in the pre-time period to \$18,448.89 in the post-time period. This is a decrease of 64.2% and \$33,091.41.

## **Administrative and Funding Structure**

The Public Safety Division of the County will house this project. The Adult Reform Coordinator with the assistance of the Technical Advisor will be responsible for the oversight of project planning, hiring, training and initial implementation. The County will employ an individual as the Project Director under the supervision of the Adult Reform Coordinator.

The Project Director will be responsible for coordinating all contract service providers and programs with the Supportive Housing Program. Once hired, this position will assist the Adult Reform Coordinator with project planning, and will be the lead in project implementation, monitoring and reporting. The position will serve as the primary point of contact for service providers with contracts with the County. The Project Director will be tasked with assessing all programs and County funded service providers for consistency with the Supportive Housing Program’s objectives and goals. This position will convene and facilitate the consortium. Where necessary, the Project Director will facilitate change to program guidelines and contracts to improve the delivery of services to the targeted population of the Supportive Housing Program. The position will coordinate; the procurement, selection, and award of all grant subcontractors; contract negotiation, and approval; monitor contract progress, compliance, and analyze contract reporting; compile data and results, prepare reports including the data and information required by the conditions of the BJA grant if awarded.

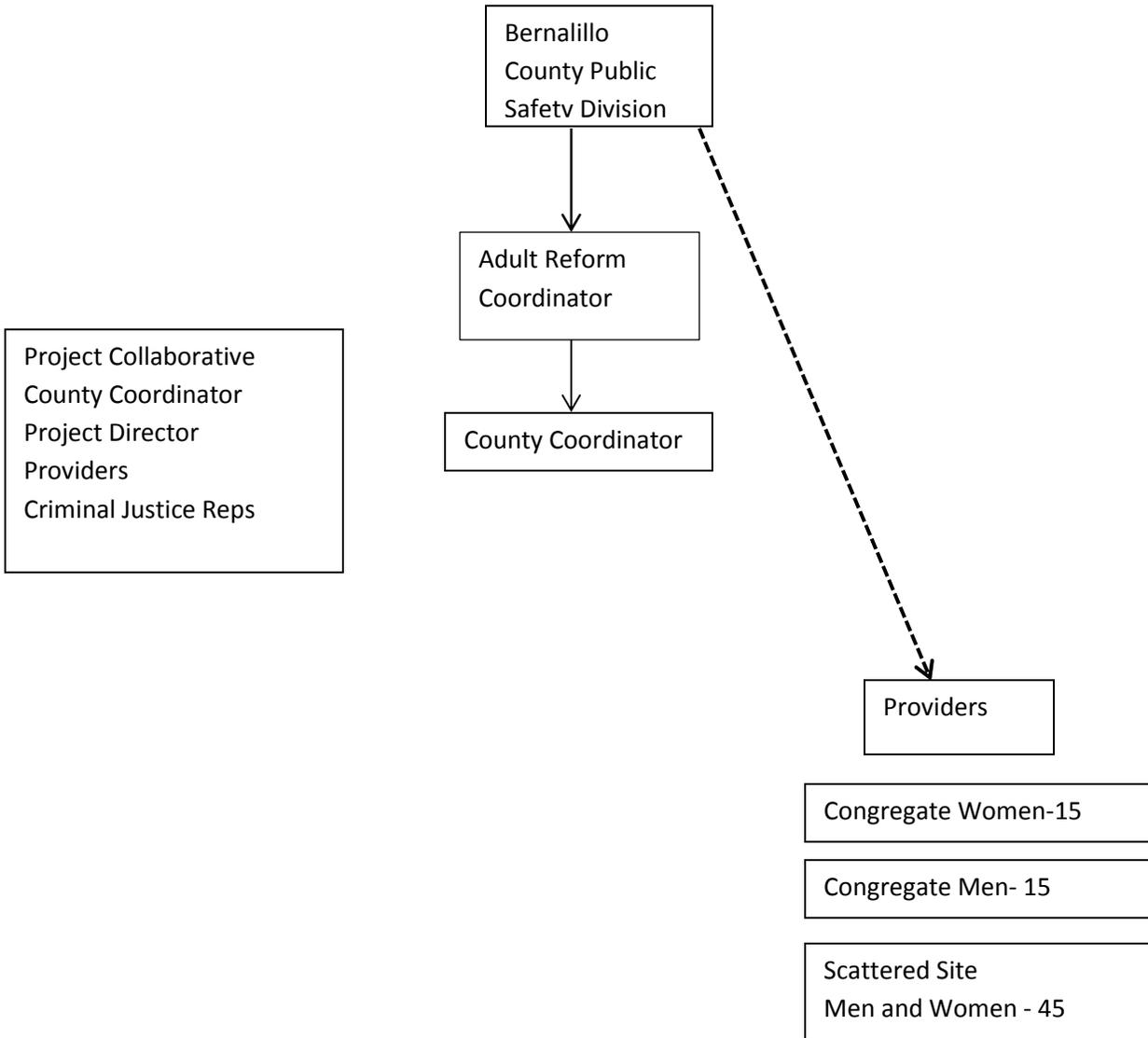
The County Coordinator will be the intake coordinator and primary liaison with the criminal justice system. This position will also assist in the startup of the project. The County Coordinator will be the point person for referrals into the Supportive Housing Initiative and in that capacity will conduct assessments of those individuals, determine appropriateness for this and other programs, arrange for provider assessments, coordinate with the criminal justice system for a release order of the individual,

ensure that transition planning is completed and coordinate release the discharge to the community based program. The Coordinator will keep and report on program activities. The County Coordinator will work closely with the City Project Director to ensure that the referral process is working effectively and efficiently.

The County will contract with appropriate service providers. It is expected that the County will initially contract with 2 to 3 service providers but this could expand as the program expands. The Service Providers will be responsible for providing the services described below including the location of suitable housing for the clients.

In addition, a collaborative comprised of the criminal justice stakeholders, the city and county, and the providers will meet on a regular basis to review the process and outcomes of the program.

The following chart presents a diagram of the administrative structure:



## ***Target Population***

Beyond the criteria of being otherwise incarcerated or at risk of incarceration, the target population would be individuals who are homeless or precariously housed, have a mental health disorder, a substance addiction, co-occurring disorders, cognitive impairments, are medically vulnerable or are otherwise in need of supportive services and who are involved in the criminal justice system. This could include pretrial or sentenced individuals as well as individuals whose probation is being revoked. Individuals with the highest risk of recidivism will be prioritized. Certain individuals may have mental health diagnoses beyond the scope of the program such as those with active psychotic features. This will depend on the particular service providers involved. As detailed below, the service providers will complete an assessment of persons initially identified as meeting the criteria for the program to determine if they are a good match for their particular program. As noted, these individuals need not be homeless under the HUD definition but should be precariously housed, that is, in overcrowded, dangerous, unhealthy, or unstable housing.

Suitable individuals could most easily be identified by the Public Defender social worker or the PTS programs. Typically, the PTS programs (other than Homeless Court) will not take homeless individuals in their supervision programs. However, they are in a position to identify those individuals in the course of the assessment process. The PD social worker will also know which of their defendants remain incarcerated but would be considered for release if a suitable program was available. Program, court, and jail staff should attempt to identify individuals who will be under the supervision of the criminal justice system for a minimum of 6 months or who otherwise state a willingness to participate in the program for a minimum of 6 months. Services for less than 6 months are not as effective and therefore not cost effective. Criminal Justice stakeholders should also attempt to identify individuals who, if successfully participating, will not be expected to return to incarceration.

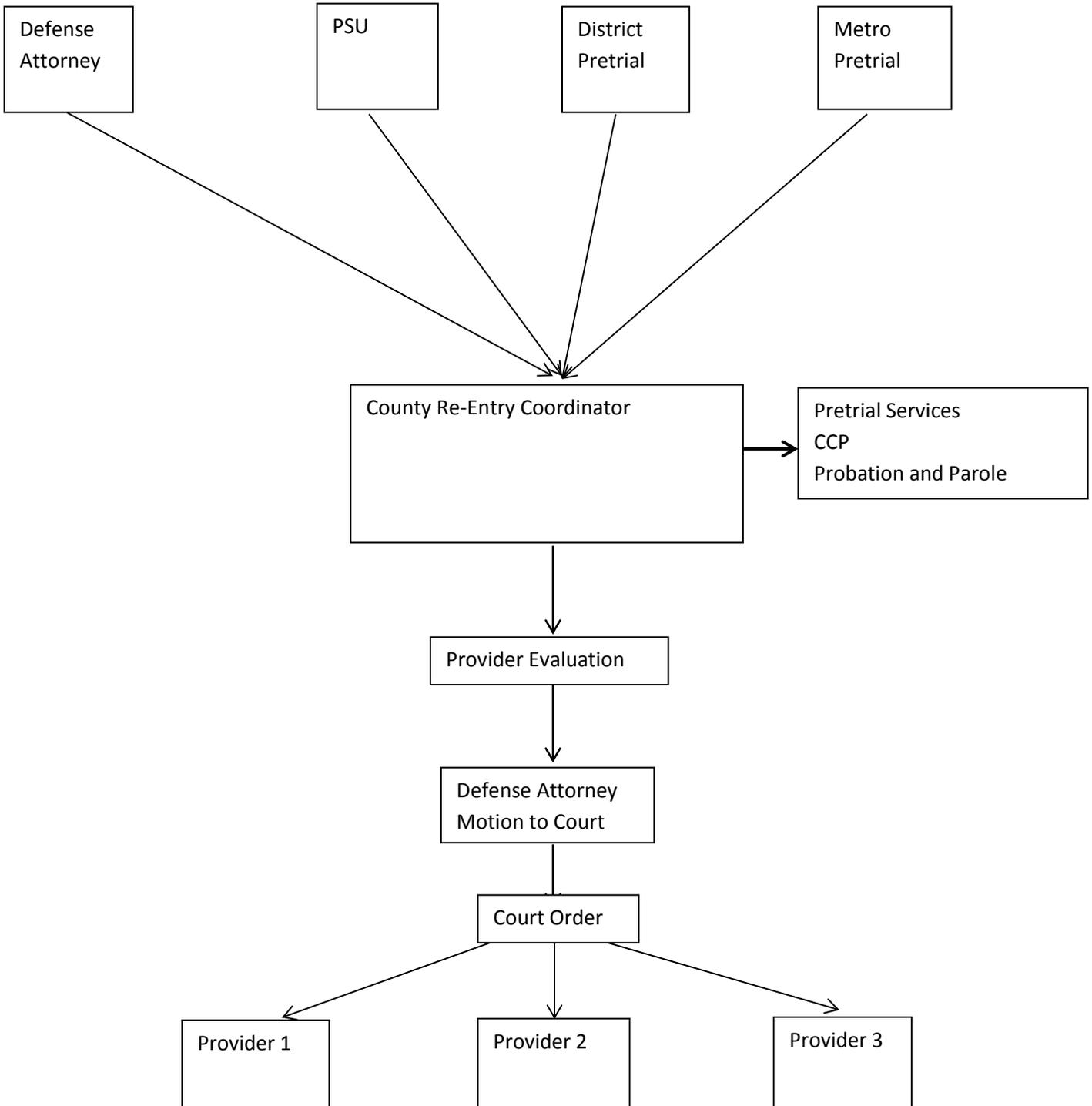
## ***Referral Process***

Referrals will come from the PSU and ATP pods at MDC, the District Court and Metro Court Pretrial Services agencies, and the Public Defender. Additional referrals may come from the security staff at the jail, the judges, other community-based service providers, family members, or program staff. Referrals will be directed to the County Coordinator. This person will complete a simple initial screen to evaluate if the individual appears to have a mental illness, a substance addiction, or both, and whether the individual is precariously housed. The initial screen may then result in referral to agencies outside the Supportive Housing Initiative. This could include an MCO Care coordinator, who will be coordinating care for individuals who have stable housing; an ACT team leader, for individuals whose mental health diagnosis is severe; to the UNM Fasttrack program; or others.

For those who screen for this initiative, the County Coordinator will determine the priority based on the risk of recidivism using the Northpointe assessment or other appropriate tool. Based on these tools and the legal status of the individual, the Coordinator will contact Pretrial Services, Community Corrections,

or NM Probation and Parole. The respective oversight offices will decide if they are able to provide the judicial oversight in the community in combination with the referral to services. Simultaneously, the Coordinator will contact the most appropriate community-based services provider based on the assessment. The provider will complete their intake assessments in the jail to determine whether they can meet the needs of the individual. If the provider decides to accept the client, this will be communicated to the County Coordinator. In most instances, because the initiative targets individuals who would otherwise remain in jail, a court order will be required for the individual to be released from jail. The Coordinator will refer individuals who have been screened to the Public Defenders Behavioral Health Division for preparation of the appropriate motions and orders. Once the order is in place and transition planning completed, the individual will be released under the supervision of the appropriate agency as described above and with the services of the selected providers.

The Coordinator will have to serve as a gatekeeper so that participants are referred/ordered to providers only as they have the capacity to receive them. The Coordinator will work with the court to ensure that individuals are not ordered to this program without going through this process with the intent to avoid individuals with such an order waiting in jail for months without an opening.



## ***Program Structure***

Most individuals will have a court order releasing them. The court order would be one of the following:

1. Order setting conditions of release for a pretrial defendant.
2. Judgment and sentence (or amended) ordering participation in the program in lieu of jail time.
3. Order for an early release on a sentence as long as the individual is in a program.
4. Condition of probation where the sentence would otherwise have been jail time.
5. Sentence on a probation revocation.

For pretrial defendants, they would have an assigned pretrial officer, sentenced defendants would have an assigned CCP officer, and probation defendants would by definition have a probation officer. These officers would establish their own reporting and drug testing requirements that do not conflict with the ability of individuals to participate in the treatment activities of the program. CCP, in particular, would need to develop a protocol that provides for reduced monitoring of individuals in the program.

Programs would not provide a detailed report to the officers or the court. It is important that treatment providers maintain a treatment relationship with the individuals and not be viewed as part of law enforcement. The assignment of an oversight officer provides the law enforcement supervision of the individual. The program would provide notification to the court and oversight officer if:

- the individual has left or been asked to leave the program;
- program staff believe that the individual presents a danger to self or others;
- the individual has been arrested.

Because the individuals will be under the jurisdiction of the criminal justice system and the supervision of a criminal justice officer, they will most likely be tested for substance use. The criminal justice officers will follow their protocols and court orders with respect to positive drug tests. Program staff is not required to test for drug use. However, they should endeavor to support clients in complying with court ordered conditions including remaining substance free. To this end, programs should evaluate and implement measures that encourage substance free living. Programs should also evaluate and monitor practices that might contribute to a client's vulnerability to relapse.

Individuals will be required to remain in the program to the extent it is specified in the court order or until release from court jurisdiction. However, individuals can remain in the program until they can be transitioned to other appropriate housing and services. As noted above, as part of the intake process an effort will be made to select only those individuals who will be under the supervision of the court or otherwise are willing to commit to a minimum of 6 months of services and, for those who are pretrial, who are not expected to be ordered to incarceration once their case is complete.

## ***Expected Program Services***

The service providers are expected to have a discrete program identified as the program funded under this initiative and identified as an alternative to incarceration program. The programs will have specific

policies and governing principles that can be provided to criminal justice stakeholders. Outcome measures will be reported for this specific program. The programs should incorporate best practices for the specific population of individuals exiting incarceration. Program components should include:

- ✓ **In-reach:** Programs should include some program activity in the jail. Persons exiting incarceration are much more likely to transition successfully to a program in the community if they have had some experience with the program while still incarcerated.
- ✓ **Assessment and Acceptance in Jail:** It will be essential for programs to conduct the assessment for admission and provide the acceptance while the individual is still incarcerated. This will ensure that the transition can happen smoothly at the time of release and that individuals are being drawn from the incarcerated population.
- ✓ **Jail Discharge Planning:** The program should develop a transition plan identifying the individual's treatment and service needs in the community. The program should work with MDC to ensure a smooth transition. The County will include in its contract with CHC provisions to facilitate information sharing with program staff and transition services.
- ✓ **Continuity of treatment:** Both MDC and the provider will work to ensure continuity of treatment, and, in particular, medications through the transition to community based services.
- ✓ **Coordination/Support for Criminal Justice Requirements:** It will have to be understood that the criminal justice system stakeholders retain some responsibility for the behavior of defendants while under the court's jurisdiction. As a result, there will be some requirements imposed by the court on the defendants that might be perceived as less than ideal by treatment providers. However, as part of this program, providers will be expected to support defendants in meeting their court imposed requirements.
- ✓ **Wrap around Services**
  - Case management in a range of 10-15:1
  - Vocational Assistance where appropriate
  - Life Skills Education
  - Assistance accessing Public Benefits
  - Counseling
  - Assistance in accessing Psychiatry and Medical care
  - Housing support
- ✓ **Transition Planning:** Individuals leaving the program will be provided with discharge planning to connect them with housing and long term services in the community.