

Executive Committee Meeting #2 | Meeting Highlights

Task Force on Behavioral Health and the Criminal Justice System

Meeting Date: July 23, 2014

Meeting Highlights

Opening

- Liz Glazer opened the meeting by describing the Task Force process thus far as very open with significant and diverse participation.
- There have been several crosscutting issues identified, including housing, Medicaid, and information sharing and exchange.

Policy Research Associates (PRA) (Presented by Hank Steadman, President, Policy Research Associates)

- PRA conducted five meetings in June, one in each borough, to identify available resources, gaps, and priorities for actions when addressing the population of individuals with behavioral health needs.
- PRA stressed that New York City has a significant body of work to build on and recommended a focus on expanding and enhancing many existing programs, processes, and services.
- PRA recommended an ongoing citywide planning structure to keep the momentum of the borough meetings going.
- PRA then presented a series of recommendations, addressing improved alignment between behavioral health and criminal justice systems and front-end interventions.

Pre-Arrest (Presented by Trish Marsik, Department of Health and Mental Hygiene)

Working Group Preliminary Recommendations

- Expand resources for first responders. Early recommendations include:
 - o Make clinical resources available to the dispatcher.
 - o Implement a call-in number for first responders to access clinical advice when in the field.
 - o Develop co-response teams with patrol and clinicians partnering together.
- Develop alternatives to arrest and/or hospitalization. Early recommendations include:
 - o Add crisis beds in a non-hospital clinical setting where triage and assessments can be made.
- Enhance resources and support for people with behavioral health needs, their family members, and the public.
- Strengthen the existing mental health system and implement programs to ensure that individuals do not become re-engaged in the criminal justice system.
- Build the skills of first responders through training, as well as through a connection to existing programs and resources.

Discussion

- There is a need to institutionalize the relationships formed through the Task Force; consider hosting regular borough meetings to discuss behavioral health needs in the criminal justice system.
- Law enforcement and clinicians should be trained together so that a strong partnership and buy-in is established early on.
- Health providers in the community need to be more educated and engaged in working with the target population; there is a resistance to interacting with this population.
- First responders should not need to diagnose individuals that they encounter. Rather, there should be clinically staffed locations available as a resource.

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- Of the 125,000 Emotionally Disturbed Person (EDP) calls annually, 1,300 are arrested.
- Chicago implemented centers designed to address juveniles who are or may become involved in the criminal justice system. Counselors were placed in school systems and other locations to divert arrests.
- In hospital redesign, there may be an opportunity to transform hospital beds into respite centers.
- Identification of individuals with behavioral health needs through a better use of technology is needed.
- Men of color are disproportionately involved in the criminal justice system. There is an opportunity to tackle disproportionate minority contact in this work.
- As part of this work, a data gathering exercise would support a cost-benefit analysis to understand the expense of various programs and services utilized now.

Pre-Arrestment to Disposition (Presented by Judge George Grasso, Office of Court Administration)

Working Group Preliminary Recommendations

- Arrestment provides a great opportunity to address a large segment of the target population, especially people with low-bail, long rap sheets, outstanding bench warrants, and an inability to make bail. Early recommendations include:
 - o Implement screening at arrestment of individuals with behavioral health issues. Screening would be defense driven; an independent case manager would perform the assessment; and the tool used would be a tight screening tool to understand appropriate service connections and capture health insurance status.
 - o Implement a citywide supervised release program.
- Expand and build on the Court-based Intervention and Resource Teams (CIRTs) at the post-arrestment stage to identify individuals who were not diverted at arrestment.
- At the disposition phase, dispositional options should be consistent with supervised release recommendations.
- Enhance the existing Criminal Justice Agency (CJA) assessment process to more clearly identify and document veteran identification. Identification should trigger notification to a borough liaison from the Veteran's Administration (VA) with a confirmatory response.

Discussion

- The nature of the rap sheet dictates the bail amount that is set. There is an opportunity to learn from other jurisdictions that have no money bail (*e.g.*, Washington, D.C.).
- The idea of Medicaid eligibility screening in the courthouse could be expanded to screening for eligibility for other services or benefits.

Inside DOC (Presented by Erik Berliner, Department of Correction & Homer Venters, Department of Health and Mental Hygiene)

Working Group Preliminary Recommendations

- Align workforce skills with population needs. Early recommendations include:
 - o Enhancing the workforce skills of both correction officers and clinical staff leads to an overall higher, more consistent level of care.
 - o Create an in-jail Crisis Intervention Team.
- Improve services and care for inmates with behavioral health needs in mental observation units and in the general population. Increase the level of care and programming appropriate for special populations (*e.g.*, women, juveniles).
- Meet the needs of people with substance use disorders by expanding programs that work.

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- Only 13% of individuals identified with a substance use disorder receive treatment at Rikers.
- Increase collaboration with the Health and Hospitals Corporation (HHC). Rikers has many patients with a very high level of care that could benefit from greater collaboration and partnership with HHC.
- Develop more effective risk assessment tools to inform custody management decisions. Tools should integrate information about behavioral health needs, but be mindful of confidentiality issues.
- Ensure that responses to infractions and rule-breaking are appropriate for people with behavioral and mental health needs by implementing a better system of response that includes a treatment-focused approach, and flexibility in what rules are enforced and in what way.

Discussion

- Peers could be better integrated into services on Rikers Island. The Department of Health and Mental Hygiene currently uses peers in its HIV testing program, which is successful.

Release and Reentry (Presented by Liz Gaynes, Osborne Association)

Working Group Preliminary Recommendations

- Ensure that all people are enrolled in Medicaid or other health insurance. Early recommendations include:
 - All new admissions to DOC participate in Medicaid screening, and mobile Certified Application Counselors (CAC) enroll individuals, with the option of using presumptive eligibility.
 - Early screening and enrollment includes assistance in obtaining government identification.
 - Mobilize Special Program for Assessing Needs (SPAN) offices to enroll people who leave from other points in the criminal justice system, including the courts.
- Successfully connect individuals with behavioral health needs to mental health services. Early recommendations include:
 - Expand educational resources (around Medicaid, for instance) for providers, defense counsel, etc.
 - Implement a single point of access to services.
 - Implement a help desk or phone system (*e.g.*, 311) for individuals returning back to the community and their families.
 - Expand discharge-planning services.
- Successfully connect individuals with behavioral health needs to service that they want. Early recommendations include:
 - Offer incentives to participate in discharge planning.
 - Leverage technology and telecommunications for community organizations and housing groups to communicate with inmates on Rikers.
 - Incentivize employers to employ and support the target population.
- Other recommendations include:
 - Introduce a non-profit bail fund.
- Incentives are critical in all of these recommendations to engage the target population.

Discussion

- There are a significant number of individuals with behavioral health needs who cannot yet act in their own best interest. There is a need to provide more training in best practices, both

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clinically and not clinically, to help people act in service of their own interests.

Back in the Neighborhood (Presented by Sharun Goodwin, Department of Probation & JoAnne Page, Fortune Society)

Working Group Preliminary Recommendations

- The group is developing early recommendations to ensure that all individuals have Medicaid, other health insurance, and official government identification.
- To ensure a low-threshold safety net that offers peer support and “no wrong-door” access for individuals reentering the community, the group recommends:
 - o Peer and care coordinator support should be available through discharge planning to provide support to every person released after contact with the criminal justice system
 - o Implement additional Single Stops for access to services.
- Facilitate access to employment for individuals reentering the community and address issues of housing and employment discrimination, through programs that subsidize job slots designated for people with behavioral health needs and incentives for employers.
- Provide access to appropriate, sustainable housing for individuals reentering the community. Early recommendations include:
 - o Removing the ban against shared household arrangements with more than three unrelated adults, and lifting the ban against construction of new SRO housing.
 - o Advocacy for new funding for supportive housing to include criminal justice-involved individuals with behavioral health problems as a prioritized special population.
 - o Evaluation and reform of three quarter housing, including a pilot paying a higher shelter allowance to three-quarter houses that meet minimum standards of shelter.
 - o NYCHA should roll back its exclusion list of crimes to those mandated by HUD, and exercise case-by-case review based on current risk for applicants.
 - o Experimentation with payment of incentives to family members who house their homeless loved ones, similar to kinship foster care.

Discussion

- There is a need to ensure that individuals with behavioral health needs continue to take their medication once they are back in the community, so that they do not become re-engaged in the criminal justice system. Instead of calling emergency services when a family member is no longer taking medication, establish a resource to receive referrals for these types of calls.
- When an individual has Medicaid, claims information is received quickly, so there is a way to know if something might go wrong (e.g., individual has stopped taking medication).
- There is a need to develop an organization of resources and that are shared among providers, housing, care management, and the court system to ensure that care managers have access to appropriate services. Care managers may be in the appropriate role to package services.

Closing

- A meeting recap highlighted four issues: 1) A heightened focus on early options and diversion at every system point; 2) Incentives and connection to services is critical; 3) It is important to look at data and think about the populations; decreasing unnecessary incarceration should be a key goal; and 4) Disproportionate minority contact can be addressed and reduced through this work.
- A suggestion was made that the working group co-chairs be charged with implementation of the final recommendations.