Jailing the Mentally Ill: Better Options for Dane County
• What I know
  – Too many individuals with mental health issues in jail
  – Risk of collateral issues
  – Dane County has been a leader in the past – not so sure about now?
  – We need to do more to engage “authentic voices”
  – There is growing concern and consensus about the use of solitary confinement

• What I don’t know
  – Mental health expertise
  – Where are we headed – how fast?
  – The impact of state and federal policies
  – What will happen with the jail?
Dane County Work Groups -2015

• May 2015 – County Board adopts a resolution that creates three work groups:
  – Length of Stay
  – Alternatives to Arrest and Incarceration
  – Mental Health, Solitary Confinement, and Incarceration
  – Overriding concern related to disparities & equity

• Summer meetings, incl. community forum
  – 10 Recommendations each group: 5 with $, 5 with no cost + common recommendation re: data
Guiding Principles/Strategies for Systemic Approach

• Resources must be put toward **identifying individuals with mental illness who are involved or who are likely to become involved with the criminal justice system.** Interventions and diversion possibilities must be developed and utilized at the earliest possible opportunity.

• **Diversion** opportunities should exist for defendants with mental illness as they move through the criminal justice system.

• **Treatment and disposition alternatives** should be encouraged for individuals who are detained, arrested, or incarcerated primarily because of actions resulting from a mental illness or lack of appropriate treatment.

• Effective responses to this population require the **collaboration of multiple systems and stakeholders** because offenders with mental illness interface with numerous systems and agencies as they move through the criminal justice system.
• **Flexible and integrated funding** is necessary to facilitate collaboration between the various agencies that interact with offenders with mental illness.

• Offenders with mental illness must receive **continuity of care** as they move through the criminal justice system in order to achieve psychiatric stability.

• **Information sharing across jurisdictions and agencies** is necessary to promote continuity of care and appropriate levels of supervision for offenders with mental illness.

• Individuals with mental illness who have previously gone through the criminal justice system, and family members of criminally involved persons with mental illness, should be involved in all stages of planning and implementation of services for offenders with mental illness.

• Programs and practices considered **best practice models** should be adopted in an effort to effectively utilize diminishing resources and improve outcomes.
Recognizing the Context re: Mental Health

- The **deinstitutionalization** of individuals with mental health issues from hospitalization toward community-based services, including appropriate yet rigorous standards related to commitments and the appropriate recognition of individual civil liberties;

- **Savings from deinstitutionalization have not fully or sufficiently been reinvested** to support the concomitant development of either the types or quantity of community-based services needed to fully meet the needs;

- Although not insignificant, **public funding for needed services has not kept pace with the needs for mental health services**. In particular, although Dane County is somewhat better resourced in terms of mental health provider capacity than many other counties in Wisconsin, the state as a whole ranks relatively low in terms of having the capacity to meet mental health needs of Wisconsinites;
Context (2)

• Traditional mental health services are often not culturally relevant or readily available/accessible to populations of color, and funding restrictions often do not support the kind of case management, peer specialist, and/or outreach services that would make a substantive difference in preventing entry into the justice system and/or supporting successful reentry. Additionally there is often little recognition of the trauma experienced by individuals of color resulting from poverty and structural racism;

• Responsibility (and accountability) for funding and delivery of services to individuals with mental health needs falls to multiple parties (e.g. HMO’s, private insurance, publicly contracted services, etc.), with the nature, accessibility, and coordination of services varying considerably;

• Public perceptions and practices that do not treat mental illness as a health issue;

• Many individuals with mental health needs also have co-occurring substance abuse needs, and often overlooked in the discussion are inmates with developmental disability needs;
Context re: Confinement (Jail)

• There are limited options for housing inmates with mental health issues in ways that could aid in reducing problematic behavior(s) and ensuring their safety and the safety of others;

• The linear design of many units in the jail and the limited staffing make it difficult to provide the kind of direct supervision and interaction that could deescalate behaviors and reduce the use of isolation/solitary confinement for all inmates, including those with mental health issues;

• Sufficient resources to ensure that all jail staff (leadership, supervisors, officers) have the skills to recognize and respond appropriately to inmates with mental health issues have not been available;
• The lack of staff diversity and limited training on issues related to implicit bias and cross-cultural communications play a compounding role in dealing with an already racially and ethnically disparate population, leading to even more disparate use of solitary confinement for inmates of color than would be suggested by population alone;

• Neither sufficient space nor internal resources are available to provide the kind of programing (e.g. educational programming, mental health services, and employment/skill development) that would reduce the likelihood of behavioral issues as well as promote the development of skills that would support successful reentry into the community.
Key Recommendations

- Remodel and/or renovate significant portions of the jail
- Develop a culturally relevant community-based crisis, assessment, and resource center
- Increase the number and “reach” of mobile crisis response staff/teams
- Invest resources and/or collaborate with other agencies and providers to develop more culturally relevant and family-centered outreach and engagement services
Recommendations (2)

✓ Add culturally relevant staff to work in collaboration with current mental health, substance abuse, or developmental disability services and community resources to provide:
  – improved mental health/substance abuse assessments at various points in the process;
  – additional case management & advocacy services for inmates, including advocacy for expediting the court process as may be appropriate;
  – increased family engagement & outreach; and
  – increased reentry supports for those inmates.
Recommendations (3)

- Invest additional resources to create and sustain a *culturally diverse* workforce and a comprehensive training program to improve the skills of all staff related to trauma-informed care, de-escalation of crises, and professional communications;

- Review current policies and practices related to the use of all administrative segregation and solitary confinement and develop a performance based plan that includes establishing baseline data/measures and reduction timelines/goals – goal to eliminate use for individuals with mental health issues.
Recommendations (4)

• The County Executive should take the lead in developing a leadership team that brings together key stakeholders, providers, advocates, and others to explore:
  – The current system of financing mental health services in the public and private sector and identify opportunities or strategies to enhance collaboration and/or the more effective use of public and private resources....; and
  – Development of more cost effective, coordinated, sustainable, and comprehensive services to support individuals with mental health, developmental disability, and substance abuse issues in the community, reducing the need for jail and/or hospital diversion and supporting reentry
Recommendations (5)

- **Training** and resources for judicial officials, attorneys, and others involved in the court process;

- Create a workgroup under the auspices of the *Criminal Justice Council* to identify and sustain strategies to improve processes and expedite cases for inmates with significant mental health, substance abuse, or developmental disability issues.
Recommendations re: data

• Data elements identified by this workgroup as important to monitor included being able to track:
  – The number, demographics (age, race, sex, ethnicity), and mental health diagnoses of individuals with mental health, developmental disability, or substance abuse needs (ensuring appropriate confidentiality as may be required under state and federal laws);
  – The nature and quantity of mental health, substance abuse, and developmental disability services provided to individuals in the jail;
  – Data that tracks significant outcomes – both successful and unsuccessful
  – The use of solitary confinement...
Other Resources:

• The Stepping Up Initiative: https://stepuptogether.org/people
• National Alliance on Mental Illness (NAMI) - http://www.nami.org/ and Wisconsin NAMI http://www.namiwisconsin.org