

C.L.U.E. Santa Barbara
(Clergy and Laity United for Economic Justice)

**Why Are We Still Taking People With
Mental Illness To Jail Who Don't
Belong There?**

Report On Recommended Structural Changes

December 2013

Background

The mission of C.L.U.E. (Clergy and Laity United for Economic Justice) Santa Barbara is to work for economic justice in response to the needs of those marginalized by economic inequities in the Santa Barbara community. C.L.U.E. Santa Barbara members are clergy and leaders of many diverse religious congregations in the Santa Barbara area, as well as lay people from those congregations and the community.

For three years C.L.U.E. Santa Barbara has been advocating for the diversion of persons with mental illness from jail into more appropriate and effective care. In July 2013, the Santa Barbara Foundation provided funding to research and report on the viability of restructuring services and funding, and cost-effective ways to create system capacity for persons with mental illness who are in custody in the Santa Barbara County jail. This report shares the results of that research.

Introduction

Are there people in Santa Barbara County Jail with mental illnesses who don't belong there? If so, why are they in jail rather than in Community Treatment?¹ Is Community Treatment less expensive and a better option than jail?

The short answers to these three questions are:

1. Yes. There are approximately 150 persons daily in our county jail with mental illness and in custody for low-risk/low-level offenses due to their illness.
2. It's complicated, but the short answer is we don't have enough Community Treatment capacity, and we have chosen to build more jail cells rather than invest in sufficient Community Treatment capacity.
3. Yes. Our research showed that jail is more costly (**\$19,372 more per person, per year**) and there was overwhelming agreement that it is less effective than Community Treatment.

¹ When we use "Community Treatment" we are referring to a diverse menu of options that could include Psychiatric Health Facility (PHF) units, intensive residential treatment, housing with supportive services, step-down facilities, permanent housing with no services, intermediate rooms used while more permanent housing is identified, stand alone treatment centers, and other options to properly address the diverse needs of people who have mental illness.

During the past four months C.L.U.E. has interviewed or consulted with more than 50 community workers who daily serve those with mental illness including: law enforcement personnel, mental health treatment providers, consumers of mental health services and their families, and Housing Authority personnel and consultants; we also attended public hearings and meetings of C3H, ADMHS, Families ACT!, Restorative Court, and the Mental Health Commission.

Our research focused on:

- **Number of people with mental illness** who could safely be moved from jail to Community Treatment;
- **Reports that reviewed costs per person** of housing and treatment for people with mental illness in jail vs. Community Treatment;
- **System change models** for better decision-making and allocation of resources;
- **Sources for diverting funds** necessary to move 150 persons with mental illness from jail to Community Treatment;
- **New jail costs** in Santa Barbara County;
- **Building plans and diverse models** to create 150 additional units for Community Treatment at lower cost than building new jail units and treatment in jail;
- **State and local funding**;
- **Community Treatment Models** in Santa Barbara County;
- **Best practices** in other counties dealing with this issue.

How did we arrive at the 150 persons estimate?

In our interviews with law enforcement and custody personnel we were given the following numbers:

- The average daily population of persons believed to be suffering from some form of mental illness in Santa Barbara County's Jail is estimated to be approximately 200 persons. While this is the number we were given in interviews we note that the number may be higher. Since we are asking the county to do a more thorough analysis, we are satisfied at this point to at least know that the number of persons we are dealing with is substantial.

- Assuming a starting population of 200 persons per day who are in custody and believed to be suffering from some form of mental illness, we were told that approximately 75% are appropriate candidates for outside treatment as opposed to remaining in custody because of the low-risk/low-level nature of the offenses for which they are in jail. A high percentage of these persons are in custody for very low-risk misdemeanor offenses such as disturbing the peace, drunk in public, under the influence of a controlled substance, or petty theft.

- 75% of 200 gives us the estimated 150 persons per day who are in custody and suffering from mental illness who could be removed from custody while not impacting public safety.

Historical Information

We note at the outset that we are not the first group to look into the issues raised in this report. Since 2008 there have been three larger scale reports that included the following findings: (1) many people with mental illness are being housed in Santa Barbara County's Main Jail; (2) many of these people pose no risk to public safety; (3) they would receive more effective treatment if they were treated outside of jail; (4) we would save money if we housed and treated these people in Community Treatment rather than housing and treating them in jail.

The three county reports validate the cost savings of Community Treatment over jail.

The first of these reports was done by *The Santa Barbara County Sheriff's Department Blue Ribbon Commission On Jail Overcrowding* (BRC). In their February 2008 report they state:

“Although it has become the County’s defacto (sic) ‘mental institution,’ **the Jail is not an appropriate place for most people with mental illness. Finding alternatives to incarceration for certain people who are mentally ill is cost-effective and provides more effective treatment. These strategies may also reduce recidivism rates and therefore the need for jail beds.** Local statistics show that at least 25 - 30% of those in custody are on psychotropic medications while in jail. However, it is acknowledged that this number understates the true picture, since it only counts those who agree to treatment and take jail-issued medication. There are also those who decline treatment, refuse to be medicated, or who are under care outside the facility and are not included in the estimated numbers. Therefore the BRC recommends intervention and prevention services be utilized for those persons, and that these services need to be accessed pre-arrest and post-release to positively impact community safety and jail overcrowding.”² (Bold emphasis added.)

The second report was done by the *2010-2011 Santa Barbara County Civil Grand Jury* (Grand Jury). In their May 26, 2011 report entitled, “Homeless Mentally Ill Indigent Recidivism: This Recycling Is Not Good For The County,” they investigated the:

“vicious cycle of mentally ill, possibly substance-abusing, uninsured, indigent, homeless individuals recycling in and out of jail. This population, considered the Jury’s *Target Group*, has little chance of receiving sustained treatment and a greater chance of ending up dead on the street. **The cost in human suffering is obvious, but there is a monetary cost to the community as well. The Jury believes the cost of jailing and tending to the medical needs of these individuals on an ad hoc, recurring basis, is greater than the**

² “Final Report and Recommendations,” Santa Barbara County Sheriff’s Department Blue Ribbon Commission on Jail Overcrowding, February 2008, p. 18 <http://www.sbsheriff.org/BRCReport>

cost of a planned and sustained effort that addresses their problems at the outset.”³ (Italics in original, bold emphasis added.)

We found the Grand Jury’s report to be a good overview of the issues at stake and a solid foundation from which to begin the analysis for moving forward. We recommend it as required reading for those seeking an understanding and overview of the issues. We note that our only possible variance with the Grand Jury’s report as a starting point is that their “Target Group” was the “mentally ill, . . . homeless individual” cycling through the jail, whereas we start from the point that any non-dangerous person who has mental illness cycling through the jail, whether they come from a homeless situation or are brought to the jail from a home environment, is bad policy.

In response to the Grand Jury’s report, The Santa Barbara County Board of Supervisors (Board) asked the Santa Barbara County Executive Officer (CEO) “to conduct the comparative analysis of the current annual cost of incarcerating homeless persons who have mental illness and the costs of providing the stabilizing services identified by the Grand Jury.”⁴

In the third report, “Comparing The Costs Of Jail Incarceration And Stabilizing Services For Homeless Mentally Ill Individuals” the CEO found the following costs for Community Treatment and jail:

“The current annual cost estimate for providing supportive housing is between \$9,300 and \$11,460 per person. These estimates have been provided by the Santa Barbara County Housing Authority and the Alcohol, Drug and Mental Health Services Department.

....

Currently, ADMHS is using MHSA funding to provide services to the seriously mentally ill in the county. The therapeutic and case

³ “Homeless Mentally Ill Indigent Recidivism: This Recycling Is Not Good For The County,” 2010-2011 Santa Barbara County Civil Grand Jury, May 26, 2011, pp. 1-2
<http://www.sbcgj.org/2011/HomelessMentallyIll.pdf>

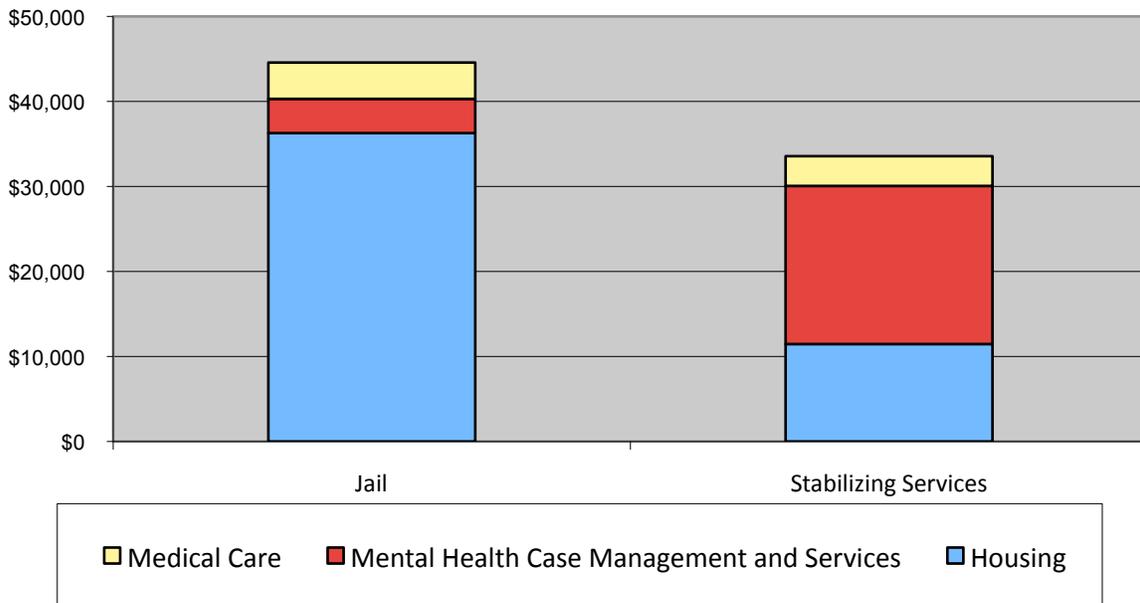
⁴ “Comparing The Costs Of Jail Incarceration And Stabilizing Services For Homeless Mentally Ill Individuals,” Santa Barbara County Executive Officer, October 2011, p. 2

management services areas provided through the Assertive Community Treatment (ACT) teams in Santa Barbara, Lompoc and Santa Maria. The ACT teams provide 24/7 comprehensive services to those that qualify at a cost of around \$18,600 per year. Treatment provided by the county’s Public Health Department can deliver a wide variety of medical services from managing chronic and some acute health issues to prescribing medications for mild to moderate mental health issues. The department has estimated that the annual cost of delivering basic health care to this target population is about \$3,500.

Cost of Incarceration

According to the Santa Barbara County Sheriff’s Department, the Fiscal Year 2010-2011 annual average cost of incarcerating an inmate at the County Jail is \$44,572. This annual costs average includes security, facility, and food costs. The cost of providing mental health services and treatment averages out to an additional \$4,030 per person each year. Additionally the cost of providing one year of medical services to an inmate is \$4,270 per person.”⁵

Comparing Annual Costs of Incarceration and Stabilizing services



⁵ Ibid., pp. 4-5

For some reason when the CEO prepared the above graph of the comparative costs, the incarceration bottom line number was reported as \$44,572 not the \$52,872 one would get adding up the figures in the report.⁶ In either case the bottom line is that it is substantially less expensive for the county to house and treat persons with mental health issues outside of jail. $\$52,872 - \$33,500 = \$19,372$. (Using the \$44,572 figure there is still a cost savings of \$10,972).

Cost Comparison of Jail and Community Treatment

	Jail	Community Treatment	
Housing	\$44,572	\$11,400	
Mental Health Services	\$4,030	\$18,600	
Medical Treatment	\$4,200	\$3,500	
Total	\$52,872	\$33,500	
Savings for Community Treatment Option			<u>\$19,372 per person</u> <u>\$2,905,800 per year</u>

Why Are There Still Low-Risk People With Mental Illness In Our Jail?

If the bottom line numbers tell us that taking low-risk people with mental illness to jail is more costly, and other findings in the reports tell us jail is less effective, then the question becomes: Why are we still taking low-risk people with mental illness to jail?

During the time frame during which these reports were being presented, we lacked leadership at the county level to advocate strongly for new housing and treatment. TriWest has clearly identified that ADMHS was not functioning well during this time frame.⁷ In fact, it was between the BRC report and the Grand Jury report that ADMHS was replaced by a private contractor as provider of mental health services in jail. A strong ADMHS would have been

⁶ Ibid., p.5

⁷ “County of Santa Barbara Comprehensive Analysis and Assessment of Alcohol, Drug and Mental Health Services Project 2 and 3 Final Report,” TriWest, May 2013, p. ii

a key component to any plan for expanding Community Treatment options. By contrast the advocates for increased jail funding and expansion were strong and came forward with proposals for building a new jail.

This led to an untenable situation. Rather than invest in Community Treatment options that are desperately needed, we are on a path to spending \$20 million dollars or more of Santa Barbara County funds building new jails, and \$17.5 million dollars or more annually operating the new jails, while low-risk people with mental illness continue to suffer in jail.

Recommended Actions

Bring In An Unbiased Outside Analyst

The first thing we recommend is bringing in an unbiased outside analyst to help the Board of Supervisors evaluate what the actual costs and savings would be if we try to do what the Grand Jury and BRC recommended, and remove low-risk people with mental illness from jail. The CEO report tells us that an initial evaluation of these costs and savings justifies rethinking our allocation of resources. Now is the time to get an updated and more thorough comparison of the costs of treating low-risk persons with mental illness in jail as compared with Community Treatment.

Since the Board of Supervisors needs to make wise decisions, knowing what things cost is critical. The unbiased outside analyst can also evaluate if there are systemic issues that can be improved upon for making resource allocation choices. If one agency or group invariably ends up with more and more of our resources while other agencies struggle to accomplish their mission with less and less resources, we are wise to ask: “Why?” Are there systemic changes that could be put in place to help make better decisions?

Simultaneous Action

One of the points made in the TriWest report for ADMHS is the principle of simultaneous action.⁸ There are some things that can be done simultaneously to the preparation of the analysis so we are ready to address glaring needs.

⁸ Ibid., p. ii

In our interviews and discussions with everyone from law enforcement first responders and outreach staff, to community housing experts, to mental health providers, to family members and consumers of mental health services, the biggest frustration expressed about the current situation is the lack of Community Treatment we have available in Santa Barbara County. Jail is too often the only option.

As a community we should begin the process of identifying money and locations that might be available to get necessary Community Treatment built. Then when the analysis is complete, we will be ready to take action rapidly if, as we suspect, the recommendation is to build more Community Treatment. To this end, our research began the process of identifying money that may be available and a cost-effective building plan that will address some of the 150 units needed for this Community Treatment alternative to jail.

Divert Money Saved From Removing 150 People From Jail

We've identified the following areas where money may be saved or where new resources may become available. We offer these with the proviso that a robust and comprehensive evaluation by an unbiased outside analyst will more fully identify costs and savings.

- **Money Saved From Mental/Medical Health Treatment In Jail**

Santa Barbara County has contracted with Corizon Health, Inc. (Corizon) to provide both medical and mental health treatment to jail inmates. The current contract between Corizon and Santa Barbara County is effective from July 1, 2013 through June 30, 2015.⁹ Santa Barbara County has been using Corizon (it used to do business as Prison Health Services, Inc) since July 1, 2009 for mental health services in jail. The Grand Jury noted in their report a number of concerns with Prison Health Services' performance pursuant to the contract then in effect.¹⁰

⁹ "Correctional Medicine Agreement Terms And Conditions Between Santa Barbara County Sheriff's Department, Probation Department, And Corizon Health, Inc.", p.2

The Santa Barbara County Sheriff filed a response to the findings and recommendations of the Grand Jury which largely defended the contractual performance of Prison Health Services.¹¹

After reviewing the contract with Corizon we were tempted to spend a significant amount of time here offering a critique about the gaps in both the medical and mental health coverage in the contract, but that would take away from the more important fact that our community must be focused on: these persons with mental illness and low-risk offenses don't belong in jail in the first place. Even if the contract for providing mental health services in the jail was flawless in fulfilling every need, the larger point is that it still harms a person suffering from mental illness to be in the highly stressful jail environment. Whether a person is placed in one of the four padded safe cells that we have available in our main jail, or placed in a multi-occupancy cell of 50 inmates, being in jail with a mental illness is clearly the wrong environment for treatment and healing.

If we remove from jail the estimated 150 people per day who are low-risk and with mental illness how much would we save on mental and medical health costs? Using the estimate from the CEO report, the annual cost for treating these inmates while incarcerated was estimated to be \$4,030 for mental health services and treatment in jail + \$4,270 for medical services in jail.¹² \$8,300 x 150 adds up to a savings of \$1,245,000 per year.

Reduction In Mental Health and Medical Services From Jail	\$1,245,000 savings per year
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¹⁰ "Homeless Mentally Ill Indigent Recidivism: This Recycling Is Not Good For The County," 2010-2011 Santa Barbara County Civil Grand Jury, May 26, 2011, pp. 6-7
<http://www.sbcgj.org/2011/HomelessMentallyIll.pdf>

¹¹ "Sheriff's Office Response Santa Barbara County Civil Grand Jury's 2010-2011 Report 'Homeless Mentally Ill Indigent Recidivism: This Recycling Is Not Good For The County,'" Office of the Sheriff, July 18, 2011, pp. 1-8

¹² "Comparing The Costs Of Jail Incarceration And Stabilizing Services For Homeless Mentally Ill Individuals," Santa Barbara County Executive Officer, October 2011, p.5

It is also important to note, especially in light of the expanded number of people who are newly eligible for Medi-Cal pursuant to the ACA, that when a person is in jail, Medicare and Medi-Cal stop paying benefits for the time of incarceration. This leaves the county responsible for all medical and mental health treatment costs of the person while they are in custody.¹³

• Money Saved From Security, Facility, and Food Costs of Inmates In Current Jail

If we remove the estimated 150 people per day who are low-risk and with mental illness from jail, how much would we save on current security, facility, and food costs? Again using the estimate from the CEO report the annual security, facility, and food costs for inmates while incarcerated was estimated to be $\$44,572^{14} \times 150 = \$6,685,000$

Reduction In Facility, Security, and Food Costs From Jail	\$6,685,500 savings per year
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• Money Saved From New Jail Construction and New Operational Costs

In the CEO's report new supportive housing was estimated to cost from \$95,000 to \$170,000 per room for new construction in the county¹⁵

¹³ "Correctional Medicine Agreement Terms And Conditions Between Santa Barbara County Sheriff's Department, Probation Department, And Corizon Health, Inc.," "5.10.1. Contractor acknowledges that Medicare, Medi-Cal, Workers' Compensation, County programs including the Medically Indigent Adult Program, County Workers' Compensation and County employee health insurance programs do not pay for medical services while an individual is incarcerated or detained." p.16

¹⁴ "Comparing The Costs Of Jail Incarceration And Stabilizing Services For Homeless Mentally Ill Individuals," Santa Barbara County Executive Officer, October 2011, p.5

¹⁵ Ibid., p.6

We have begun a process of building a new jail in Santa Maria at an estimated building cost of \$96,000,000 for 376 beds. This breaks down to \$255,319 per bed.

This results in $\$255,319 - \$170,000 = \$85,319$ per person savings using the most expensive Community Treatment number. $\$85,319 \times 150 = \$12,797,850$ total savings by building Community Treatment rather than an equal number of jail cells!

Building 150 Community Treatment Units v. 150 New Jail Cells	\$12,797,850 one-time
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• **Money Redirected From New Jail Addition**

At the Sheriff's request the Board of Supervisors recently committed another \$3,900,000 to be taken out of strategic reserves in order to add an additional 228 beds to the new jail.

Redirecting Initial Contribution For New Jail Addition	\$3,900,000 one-time
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• **Money Saved From Police, Courts, Probation, Public Defender, and D.A.**

We know there are substantial costs attributable to the police resources, court appearances, attorney fees, and probation for cycling the estimated 150 people who are low-risk and with mental illness through our court system. These costs add up, and if we build housing and treatment where people can be taken, rather than through our court system, we will find savings that can be diverted to Community Treatment. Again a robust and comprehensive analysis will help determine these savings.

- **New Revenue From Increased Coverage Through The ACA**

A development that has given us great hope that substantial change is possible is the amount of new revenue that will be available as a result of the implementation of the Affordable Care Act (ACA). More people in our county now qualify for insurance coverage, including Medi-Cal, which will result in new revenue being available to our health care and treatment providers.

Moreover, in an announcement on November 8, 2013, Health and Human Services Secretary Kathleen Sebelius said: “The Affordable Care Act is expanding mental health and substance use disorder benefits and parity protections to 62 million Americans. This historic expansion will help make treatment more affordable and accessible.” It was also announced that the new rule also includes several other consumer protections, including: “Ensuring that parity applies to intermediate levels of care received in residential treatment or intensive outpatient settings.”¹⁶

What does this mean? With more people having insurance, and with all insurance now required to cover mental health and co-occurring substance use disorders more fully and on parity with other medical treatment, we should see a large influx of revenue for mental health and substance use treatment. Much of what was previously paid for by the county may now be covered. Again further independent analysis will reveal the significant savings anticipated.

- **Possible Revenue From Steinberg Law**

Another development that has unfolded since we began this effort is the proposal by California State Senator Darrell Steinberg that was signed into law in September 2013 by Governor Jerry Brown. It would increase rehabilitation funding for efforts to keep inmates from

¹⁶ “Administration Issues Final Mental Health And Substance Use Disorder Parity Rule” US Department of Health and Human Services, HHS.gov, Nov. 8, 2013
<http://www.hhs.gov/news/press/2013pres/11/20131108b.html>

returning to prison and **as an alternative to more costly jail expansion.** The funding will go towards mental health, alcohol, and drug rehabilitation programs. The funding is contingent on the Federal Court agreeing to delay the ordered release of prisoners from our State's Prison System. How the funds (estimated at \$400 million over the next two years) will be distributed remains an open question. Still, it gives us hope that there is State recognition of the critical need for rehabilitation and mental health treatment and our legislature's willingness to commit resources to rehabilitation programs in lieu of prison expansion.

Diverse Building Plans

If we are to achieve the goal of moving persons suffering with mental illness from jail to Community Treatment, we must have an actual plan to build the capacity necessary to meet the needs of this particular group.

To that end and to get started, we met with Frank Thompson, an affordable housing development consultant working in Santa Barbara County for over 30 years. Mr. Thompson has helped to prepare the financing plan for over 60 projects, including projects for people dealing with mental illness, like MHA Garden Street Apartments and El Carrillo Studios.

There are plans developed by him, in conjunction with the Next Steps community collaboration initiated by Families ACT!, to get started now. Because this is a countywide issue, property has been identified within each of our Supervisorial Districts that is available for development and proximate to existing mental health facilities. Most of the properties are already county owned. All of the properties could be put to use for treating and/or providing cost-effective housing for people who are dealing with mental illness. Each of these properties could provide between 40 to 60 units of supportive housing and could be tailored for the assessed needs.

Moreover, these properties can be built at relatively little to no county expense beyond the donated value of the land lease. Normally the capital needed from the county or a sponsoring community partner to build each of these properties would be \$14 - \$18 million dollars each, but this plan envisions

using Low Income Housing Tax credits. This will bring the capital needed, from the county or a sponsoring community partner to build each of these properties, down to \$1 - \$2 million dollars each. The plan's model co-locates intensive treatment beds, low-cost housing units, supportive treatment services, and includes employment training. The initial plan for building 55 housing units and 14 intensive treatment beds is ready for county consideration now.

Some members of the Mental Health Commission, in responding to our draft report, emphasized the need for careful assessment of each of the persons identified for a move from jail to Community Treatment. Anticipating a wide diversity of needs, the housing and treatment recommendations must match the various needs of this group. In short, their concern is that a "one size fits all" approach will not work. We wholeheartedly agree. We offer the above plan as one example of what we need to build and that can be realistically built. It is not the only model that needs to be developed, but it is a start. The analysis we are recommending would look at the models we currently have, assess the additional needs of the community, and build accordingly.

We have included an Attachment at the end of this report that discusses some of the diverse models we found in the course of our research.

Improved ADMHS Is Change Model

While housing is a crucial piece of the puzzle for addressing Community Treatment needs, another critical piece is the ability of mental health service providers to handle the treatment needs of people with mental illness. We pointed out earlier that ADMHS was not previously functioning well. Despite its wonderfully talented and dedicated staff, ADMHS had been struggling for years with making significant improvement in quality outcomes for those it served and in making best use of resources to support those outcomes.

Last year the county wisely chose to hire an outside analyst to do a full scale top to bottom evaluation of ADMHS, make recommendations, and provide support for their implementation. The long and short-range goals will be implemented in one year! Based on testimony from staff, providers, and law

enforcement, the process jump-started significant changes. Since undergoing the evaluation by TriWest and with an ongoing effort to implement the recommendations, we have an improved ADMHS. Even more, we see this same model as one the county would benefit from in changing the dysfunctional system that sends persons with mental illness to jail when they need Community Treatment. The TriWest model recommends building on county and program strengths, adopting a vision of quality care as the primary focus with best practices in finance as support, and a whole array of interventions and best practices woven into all the core processes of the system.¹⁷

Overwhelming Support To Move From Jail To Treatment

A public opinion poll released on August 28, 2013, of a representative sample of 1,600 California voters from across the state, was conducted by David Binder Research, and was commissioned by Californians For Safety and Justice. When asked if they supported or opposed expanding effective treatment programs for mentally ill people instead of putting these people in prison, 80% of the people said they support expanding effective treatment programs for mentally ill people instead of putting them in prison, and only 13% were opposed!

Criminal Justice Reforms Tested	Support	Oppose
Expand effective treatment programs for mentally ill people instead of putting these people in prison	80 %	13 %
Financially reward counties that reduce the number of people sent to state prison and county jail through evidence-based community programs proven to reduce repeat offending and help former offenders become productive Californians	59 %	28 %

¹⁷ “County of Santa Barbara Comprehensive Analysis and Assessment of Alcohol, Drug and Mental Health Services Project 2 and 3 Final Report,” TriWest, May 2013, pp. 12-13

Conclusion

We are recommending the Santa Barbara County Board of Supervisors hire an unbiased outside analyst. The analyst would evaluate why we are still taking people with mental illness to jail who don't belong there, when we know that Community Treatment is less expensive and gives us better results. Our research demonstrates sufficient evidence exists to warrant the county taking this step. The Board of Supervisors has demonstrated it knows what it takes to implement a successful system change with its restructuring process for ADMHS. With a TriWest-level of analysis, recommendations, and implementation, we can efficiently achieve the outcome we all seek: removal from jail of those who belong in Community Treatment.

Moving 150 members of our community dealing with mental illness from jail to Community Treatment is a moral issue for our community. It is also the mission of C.L.U.E. to work for economic justice for those who are vulnerable and marginalized, including persons with mental illness. Economic justice demands the long overdue termination of this misuse of funds for their incarceration. In addition, the magnitude of the millions of dollars of our county resources allocated for jail expansion, while ignoring sufficient Community Treatment, locks us financially into this expensive and unpopular incarceration system for people with mental illness for the foreseeable future.

With concrete plans for cost-effective Community Treatment, millions of dollars that could be diverted to Community Treatment, and the effective restructuring of ADMHS, all of the pieces of the puzzle are ready to be assembled. We ask that the Board of Supervisors look at the big picture and put them together wisely.

You, as the County Board of Supervisors at this critical time, have the keys to unlock 150 jail cells and safely free 150 persons, with mental illness, to move into appropriate compassionate Community Treatment. The results of our research demonstrate this is a viable option. Now is the right time to take the next step and expand our community capacity and make sure that, as soon as possible, jail is no longer an option for those with mental illness who belong in Community Treatment.

Acknowledgments

We noted at the outset that we are not the first group to look into the issues raised here. We also wish to acknowledge that our effort to help bring justice and fiscal responsibility to these issues is not unique. As to the latter point, we are truly grateful for all of the hard work that has been done and the dedication that is shown every day by county and city employees, non-profit organizations, mental health care providers, the specialized courts, and law enforcement personnel. Treating people who have mental illnesses, either inside or outside of jail, is a complex and difficult job even when resources are readily available and the person who is suffering from the mental illness is receptive to treatment. When resources are scarce and/or the person who is suffering from mental illness is not receptive to treatment it is a herculean task we ask of those who serve in this work. We have been impressed by and are forever grateful to the people who on a daily basis face the challenges of living and dealing with mental illness.

We also wish to especially thank all who eagerly gave us their time and educated us with their wise observations, recommendations, stories of suffering, and those who offered thoughtful and practical research and reference materials. We share their frustration with the continuing unnecessary suffering and ineffectiveness of using jail as an option for persons with mental illness because Community Treatment is not available. We share their hope that we can finally convince this Board of Supervisors to listen to the public and workers in the community, invest in an unbiased analysis, and reconsider how we are allocating our resources. Now is the right time.

Attachment

Recommended Models

The time for change is definitely right now. Our research has found a wide variety of successful models in our local cities and county, other counties, and nationally, for moving people with mental illness who are low-risk from jail to Community Treatment. Having identified the money, a housing and treatment plan, and a successful change model for the change to Community Treatment, our report includes the following as resources for implementation:

Successful Santa Barbara Diverse Community Treatment Models

Santa Barbara has a menu of diverse housing and service needs for this population. Expanding this diversity should be part of the analysis. We have transition housing like WillBridge, supportive housing with services on site like El Carrillo, scattered housing with ACT support teams, and specialized housing for dually diagnosed and homeless persons like Hotel de Rivera. In our interviews, community workers stressed the need for additional specialized spaces offering a viable alternative to arrest and jail. Here we will mention just two: 1. Housing first model rooms, like the room provided by the Faulding Hotel, for housing a person while waiting for an appropriate analysis and placement. 2. A center with special rooms supporting a deescalating process for a person with a mental illness episode as an alternative to law enforcement intervention. Hiring an evaluation team for further analysis and recommendations for jail alternatives would provide an opportunity for important input like this from community workers and would result in an appropriate menu of diverse services.

Successful County Models

The County of Santa Barbara is not alone in our need to change how we treat people suffering from mental illness. Counties across America are dealing with this same issue and we can learn from them.

Los Angeles County

Recently Los Angeles County began looking into diverting low-risk inmates with mental illness into treatment. As the Los Angeles Times editorial board put it:

“An estimated 15% of inmates held in Los Angeles County's sprawling jail system require some kind of mental health care. Those detainees cost more to house, often remain longer and are more likely to wind up back in jail after being released than other inmates.

Until now, county officials have been reluctant to consider alternatives to detention for those inmates. But a new district attorney and a recently appointed assistant sheriff for custody are taking a second look at policies that could divert low-risk mentally ill inmates into local treatment programs.

....

In Miami-Dade County in Florida, officials have made significant changes in the way the criminal justice system treats mentally ill defendants, opting to focus county resources on diversion and treatment to reduce the jail population. Early reports about the program there have been positive, and we're pleased that the district attorney's office and the Sheriff's Department are considering whether a similar model can work here. They have taken the first step by starting a conversation with community-based groups that work with the mentally ill. They ought to continue to push forward and take full advantage of the state and federal funds available to help pay for diversion programs.

Clearly, some mentally ill individuals are dangerous and must be incarcerated to protect the public. But many others do not need to be warehoused in Los Angeles county's overcrowded jails. **It is time to opt for smarter, cheaper and more effective alternatives.**¹⁸

¹⁸ “The Mentally Ill In Our Jails,” *Los Angeles Times*, The Times editorial board, Oct. 15, 2013 <http://www.latimes.com/news/opinion/editorials/la-ed-diversion-mentally-ill-inmates-county-jails-20131015.0.5758298.story#axzz2kN73gnNt>

Alameda County

Important in the move of those mentally ill from jail to Community Treatment is the issue of non-compliance. Again there are innovations in other counties we can use as resources. In Alameda County, their ADMHS developed a set of recommendations focused on voluntary and assisted outpatient treatment to meet the needs of mental health clients/consumers with a history of non-compliance with treatment, or those seriously mentally ill clients who our system has been unable to reach and engage in ongoing treatment. Recommendations included: expanding peer coaching; outreach and engagement with youth, consumers and families; and intensive case management services using the Forensic Assertive Community Treatment Team to address early episodes of mental illness while incarcerated. Each recommendation included program description, goals, eligibility criteria, services, staffing, estimated annual cost, and estimated timeline. Many recommendations were borrowed from other counties as proven best practices.¹⁹

Sequential Intercept Model

Our research found consensus that Santa Barbara County would be wise to embark on an effort that first and foremost avoids taking any low-risk person with a mental illness to jail. A model that can be modified for starting this effort is the Sequential Intercept Model:

“The Sequential Intercept Model provides a conceptual framework for communities to use when considering the interface between the criminal justice and mental health systems as they address concerns about criminalization of people with mental illness. The model envisions a series of points of interception at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system.

¹⁹ “Board of Supervisor Revised Recommendations for AB 1421,” Alameda County Behavioral Health Care Services, ADMHS, August 30, 2013
http://www.acbhcs.org/news/news13/ab1421_revised_rec_memo.pdf

Ideally, most people will be intercepted at early points, with decreasing numbers at each subsequent point.”²⁰

The National Alliance on Mental Illness (NAMI) adds a qualifier that providers voiced as a good model and smart approach:

“Ideally, the best point of intervention is in the community, before law enforcement becomes involved, and treatment needs can best be met through community mental health services. Unfortunately, if these services do not adequately address the needs, a person in crisis may be drawn into the criminal justice system. Even with adequate community services, a few people may slip through the cracks and encounter police. In a system with appropriate interventions at each intercept, fewer and fewer people will slip through the cracks, so by the time of release from jail and prison, most people should be connected with services to help them recover and prevent further contact with the justice system.”²¹ (Emphasis added.)

²⁰ “Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness,” *Psychiatric Services*, Vol. 57, No. 4, Mark R. Munetz, M.D., Patricia A. Griffin, Ph.D., April 1, 2006 <http://ps.psychiatryonline.org/article.aspx?articleID=96593>

²¹ “The Sequential Intercept Model,” National Alliance on Mental Illness, <http://www.nami.org/Template.cfm?Section=Cleansweep&template=/ContentManagement/ContentDisplay.cfm&ContentID=79267>