Hand-in-Hand: Collaborative Services for Justice Involved Homeless Households

MARICOPA COUNTY CORRECTIONAL HEALTH SERVICES
MARICOPA COUNTY HUMAN SERVICES DEPARTMENT
NATIVE AMERICAN CONNECTIONS
Presenters

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MCSO Jail Population: 5th largest in U.S

- 95,000-100,000 bookings per year (40% released after Initial Appearance (24 hour) 50% in 72 hours
  - Primarily non violent lower court offenses

- 5% designated SMI; 7.5% point in time– additional 20% approximate MHCC
  - Failure to Appear– largest reason for SMI re-arrest

- SUD and OUD –high incidence of co-varying

- Chronic Care Conditions
## Demographics

<table>
<thead>
<tr>
<th></th>
<th>Everyone Booked</th>
<th>Homeless Population</th>
<th>Homeless Population w/ SMI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td>76%</td>
<td>77%</td>
<td>71%</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>24%</td>
<td>23%</td>
<td>29%</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td>54%</td>
<td>58%</td>
<td>64%</td>
</tr>
<tr>
<td><strong>Black/African-American</strong></td>
<td>14%</td>
<td>16%</td>
<td>21%</td>
</tr>
<tr>
<td><strong>Hispanic/ Latino</strong></td>
<td>24%</td>
<td>18%</td>
<td>11%</td>
</tr>
<tr>
<td><strong>American-Indian/ Alaskan-Native</strong></td>
<td>6%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Asian/Pacific-Islander</strong></td>
<td>1%</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td><strong>Unknown</strong></td>
<td>1%</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td><strong>Average Age</strong></td>
<td>34</td>
<td>35</td>
<td>38</td>
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Length of Stay

Days in Jail:
- 1 to 3: 46% (Everyone Booked), 30% (Homeless Population), 22% (Homeless Population w/ SMI)
- 4 to 7: 30% (Everyone Booked), 12% (Homeless Population), 12% (Homeless Population w/ SMI)
- 8 to 14: 22% (Everyone Booked), 14% (Homeless Population), 20% (Homeless Population w/ SMI)
- 15 to 30: 14% (Everyone Booked), 14% (Homeless Population), 10% (Homeless Population w/ SMI)
- 31 to 60: 11% (Everyone Booked), 11% (Homeless Population), 8% (Homeless Population w/ SMI)
- 61 to 90: 7% (Everyone Booked), 6% (Homeless Population), 4% (Homeless Population w/ SMI)
- 91 to 180: 9% (Everyone Booked), 7% (Homeless Population), 5% (Homeless Population w/ SMI)
- 181 or more: 4% (Everyone Booked), 3% (Homeless Population), 3% (Homeless Population w/ SMI)
Adjudicating Agency

- **City Court**
  - Everyone Booked: 40%
  - Homeless Population: 41%
  - Homeless Population w/ SMI: 55%

- **Justice Court**
  - Everyone Booked: 36%
  - Homeless Population: 33%
  - Homeless Population w/ SMI: 27%

- **Superior Court**
  - Everyone Booked: 24%
  - Homeless Population: 26%
  - Homeless Population w/ SMI: 18%
Number of Times Booked

1x Booked: 75% Everyone Booked, 51% Homeless Population, 51% Homeless Population w/ SMI

2-3x Booked: 38% Everyone Booked, 37% Homeless Population

4+ Booked: 12% Everyone Booked, 11% Homeless Population, 12% Homeless Population w/ SMI
Action for System-Level Change

- Develop a comprehensive state plan for behavioral health/criminal justice collaboration
- Legislate task forces/commissions comprising mental health, substance abuse, criminal justice, and other stakeholders to legitimize addressing these issues
- Encourage and support collaboration among stakeholders through joint projects, blinded funding, information sharing, and cross-training
- Engage persons with lived experience in all phases of planning, implementation, and program operation

- Institute statewide crisis intervention services, bringing together stakeholders from mental health, substance abuse, and criminal justice to prevent inappropriate involvement of persons with behavioral health disorders in the criminal justice system
- Take legislative action establishing jail diversion programs for people with behavioral health disorders
- Improve access to benefits through state-level changes; allow retention of Medicaid/DBP by suspending rather than terminating benefits during incarceration; help people who lack benefits apply for them prior to release
- Make housing for persons with behavioral health disorders and criminal justice involvement a priority; remove constraints that exclude persons formerly incarcerated from housing or services
- Expend access to treatment; provide comprehensive and evidence-based services; integrate treatment of mental illness and substance use disorder
- Expand supportive services to sustain recovery efforts, such as supported housing, education and training, supportive employment, and peer support
- Ensure constitutionally adequate services in jails and prisons for physical and behavioral health; individualize transition plans to support individuals in the community
- Ensure all systems and services are culturally competent, gender specific, and trauma informed—with specific interventions for women, men, and veterans

Action Steps for Service-Level Change at Each Intercept

**Intercept 1: Law enforcement**
- **Community:** Direct individuals to social services and supportive housing
- **Local Law Enforcement:** Provide comprehensive training to recognize and respond appropriately to mental health crises
- **Police:** Train officers to respond to calls where mental illness and substance use may be a factor
- **Document:** Document police contacts with persons with behavioral health disorders
- **Emergency/Crisis Response:** Provide police-friendly drop off at local hospitals, crisis units, or triage centers

**Intercept 2: Initial detention/initial court hearings**
- **Screening:** Screen for mental illness, substance use disorders, and trauma and assess for criminal risk at earliest opportunity; initiate process that identifies those eligible for diversion or needed treatment in jail, pretrial, or treatment
- **Highway System:** Eliminate or merging management information systems, screen at jail or at court by pretrial, defense, judge/court staff, or service providers, implement a criminal risk-assessment algorithm
- **Pre-trial Diversion:** Maximize opportunities for pretrial release and assist defendants with behavioral health disorders in complying with conditions of pretrial discharge
- **Service Linkage:** Link to comprehensive services, including case coordination, access to medication, integrated dual diagnosis treatment (IDD) as appropriate, prompt access to benefits, health care, peer support, and housing
- **Court Feedback:** Monitor programs with scheduled appearance (typically directly by court); provide communication and information sharing between non-specialty courts and service providers by scheduling phone calls and procedures
- **Jail-Based Services:** Provide services consistent with community and public health standards, including appropriate psychiatric medications, coordination care with community providers

**Intercept 3: Jails/Courts**
- **Screening:** Inform diversion opportunities and need for treatment in jail with screening information from Intercept 2
- **Court Coordination:** Maximize potential for diversion in specialty treatment courts or non-specialty courts
- **Service Linkage:** Link to comprehensive services, including case coordination, access to medication, IDD as appropriate, treatment-specific programs, prompt access to benefits, health care, peer support, and housing

**Intercept 4: Reentry**
- **Screening:** Screen all individuals under community supervision for mental illness and substance use disorders; link to necessary services; use criminal risk-assessment methods
- **Maximize a Community of Care:** Connect individuals to employment, including supportive employment, facilitates engagement in IICD and supportive health services; link to housing; facilitate collaboration between community corrections and service providers; maintain policies and procedures that promote communication and information sharing
- **Implement a Supervision Strategy:** Concentrate supervision immediately after release; adjust strategies as needed; change intervention methods as necessary and in accordance with conditions of release
- **Graduated Response and Modification of Conditions of Supervision:** Ensure a range of options for community corrections officers to reinforce positive behavior and effectively address violations or noncompliance with conditions of release
MOSAIC: Putting the Pieces Together

- Substance Use Education
- Relapse Prevention Planning
- Parenting
- Understanding Relationships

- Criminogenics
- New Directions-Trauma
- Mindfulness
- Art Therapy
- Community Connection-Transition Plan
- Start Now
Homelessness was reported in roughly 1 of every 2 bookings of designated SMI individuals compared to the 1 of every 4 bookings among everyone else in both CY15 and CY16.
RISKS OF PRETRIAL DETENTION

- Equivalent pretrial low risk defendants detained four or more days had greater odds of new criminal activity.

- Compared to low risk defendants detained 1-3 days, individuals detained:
  - 4-7 days were 49% more likely to recidivate within 12 months of release
  - 8-14 days were 54% more likely to recidivate within 12 months of release
  - 15-30 days were 84% more likely to recidivate within 12 months of release
  - 31+ days were 78% more likely to recidivate within 12 months of release
CONCLUSIONS

• Low risk pretrial defendants detained 1-3 days have similar recidivism outcomes.

• Low risk pretrial defendants detained four or more days have increased odds of recidivism as compared to low risk pretrial defendants detained 1-3 days.

• Increasing the proportion of low risk non-violent defendants released in 1-3 days will, in theory:
  o Increase public safety by reducing recidivism
  o Preserve finite reentry resources
EXTREME CHRONIC OFFENDERS

• 59 unique individuals were responsible for 1,026 bookings in CY2014-2015 (range 15-24 bookings)

These are our Familiar Faces
ECO Familiar Faces

White: 51%
Black: 20%
Indian: 15%
Hispanic: 14%
ECO Familiar Faces

Misdemeanor charge proportions:
- For 7%, misdemeanor charges made up 0-25% of all charges
- For 5%, misdemeanor charges made up 26-50% of all charges
- For 14%, misdemeanor charges made up 51-75% of all charges
- For 75%, misdemeanor charges made up 76-100% of all charges

For 22%, misdemeanor charges made up 100% of all charges
93% reported being HOMELESS in CY2014 or CY2015
The Numbers

Populations of Overall Homeless

<table>
<thead>
<tr>
<th>Year</th>
<th>Unsheltered</th>
<th>Sheltered</th>
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<tbody>
<tr>
<td>2016</td>
<td>1601 Without Children</td>
<td>2 Unsheltered</td>
</tr>
<tr>
<td>2017</td>
<td>2020 Without Children</td>
<td>622 With Children</td>
</tr>
<tr>
<td>2016</td>
<td>1886 Without Children</td>
<td>487 With Children</td>
</tr>
<tr>
<td>2017</td>
<td>1741 Without Children</td>
<td>487 With Children</td>
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Hand-In-Hand

**Mission:**
To work **hand in hand** with supportive services, housing providers, physical and mental health services, jails, and policy makers to serve **justice-involved homeless individuals and families**; by connecting them with necessary supports and housing.
Collaborative initiative will provide **supportive services and housing** for people who are justice involved and homeless, to **reduce recidivism**, and reduce the number of unsheltered individuals in our communities.

- Correctional Health assesses and refers people for services
- Housing subsidy for 50 individuals (RRH – TBRA – PSH)
- Supportive services assigned by the Regional Behavioral Health Authority
- Housing navigation and supportive services/housing based case management provided by Native American Connections, Community Bridges, Inc., and other partnerships
- Human Services Department prioritized justice involved homeless households
  - Six new contracts and $1.3 million – housing and emergency shelter
Implementation and Opportunity

- Identification and prioritization of specialty court familiar faces
- Municipal partnerships and referrals (e.g. Phoenix, Tempe)
- Flagging, navigation, bridge housing/temporary placements
Cross-sector Approach

- Established guiding principles
- Leveraging resources
- Cross-sector expertise
- Common goals
- Linking people to services in real time – case conference
- Urgency and accountability
- Creativity and silo busting

- Policy, systems change, process review:
  - Data analysis and evaluation
  - Outcome tracking across providers
  - Performance measures
- Infrastructure to support changes in staff/leadership
- Data sharing/MOU
Partnerships
Community Based Support – NAC

- Expertise working with priority populations (e.g. Youth, Native American)
- Practice based evidence
- Holistic approach
- Continuum of care
  - Residential Treatment
  - Shelter/transitional housing
  - Permanent Supportive Housing
  - Affordable Housing development
Examples in the Community

• Homebase Youth Shelter and Services
• Encanto Pointe/Camelback Pointe
• Patina Wellness Center
From Barriers to Solutions

- Participant Criminal History
  - Diversion
  - Landlord engagement – recruitment
- Staying connected to participants post-release
  - Bridge housing!!!!!!!
  - Residential treatment
  - CHS – disability determination
  - Funds for participant IDs, documents for housing
- Data sharing – tracking
  - MOU – CHS/HSD and HMIS matching
- Evaluation and policy recommendations
Questions?

Thank you!

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