

Attachment B

HOMELESS MENTALLY ILL INDIGENT RECIDIVISM: This Recycling Is Not Good For The County

BACKGROUND

Homelessness is such a major social issue and has so many “moving parts” it is difficult to define, much less be able to solve. There are the nomadic homeless, including the adventurous who traverse California hitchhiking up and down U.S. Highway 101 stopping by De La Guerra Plaza in the City of Santa Barbara on their way north or south. There are families with children who lost their houses in the financial crisis and find themselves on the street. Then there are the chronic homeless--those who've been homeless for six months or more--who are found on downtown streets, in county parks, and on city beaches. Some of these chronic homeless suffer from substance abuse and some suffer from mental illness; unfortunately, some suffer from both conditions. And, any of them could end up in the county jail--over and over again.

As noted, the circumstances that contribute to homelessness are many, and one of the most pernicious is mental illness. According to some experts, 10-15 percent of the county's chronic homeless suffer from mental illness. These same experts estimate the county spends 50 percent of all monies designated for homeless programs on this vulnerable group. Usually, this money is spent on first responder services--the most expensive of which are emergency medical and incarceration. A report published in August 2010 noted 45 deaths among the county homeless in a 15-month period, a startling 89 percent of whom had some type of mental illness diagnosis.¹

For a variety of reasons, it is not unusual for chronic homeless with mental illness to end up in jail. They may not be immediately diagnosed with mental problems when booked into jail and may not be diagnosed at all unless an event gives cause to have them evaluated. Often these inmates are intoxicated which only masks their underlying condition so they are eventually released only to become repeat offenders. Even an early diagnosis may not help resolve their condition if there is no long-term case management available upon release from jail. They are also unlikely to qualify for public assistance--a fact that limits their access to treatment.

SUMMARY

The factors noted above prompted the 2010-11 Santa Barbara County Civil Grand Jury (Jury) to investigate this 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

¹ *Deaths and Violence Against Homeless Persons in Santa Barbara County: January 1, 2009 through March 31, 2010*, August, 2010.
http://www.countyofsb.org/uploadedFiles/phd/Press_Release/Homeless%20Death%20Review%20report%207.10.pdf.

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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 cost of a planned and sustained effort that addresses their problems at the outset.

Although not the first entity to inquire into this problem, this is the first Jury to define and focus on this *Target Group*. In 2006, the late Roger E. Heroux, former Director of Santa Barbara County Public Health and an advocate for the homeless, published an overview in *A Report on Homelessness Services in the County of Santa Barbara*.² The community's response that year was *Bringing Our Community Home: Santa Barbara County-wide 10-Year Plan To End Chronic Homelessness*. In 2009, the state, through the California Corrections Standards Authority (CSA) published a briefing paper entitled *Jails and the Mentally Ill: Issues and Analysis*.³ This paper includes many recommendations the Jury supports because it believes they offer hope in helping to end the cycle.

This report examines the current state of those in the *Target Group* who end up repeatedly in the Santa Barbara County Main Jail (Main Jail). It takes note of the various public and private agencies in the county involved in planning for and responding to some aspect of the *Target Group* whether it be homelessness, mental illness, or a brief stay in jail. In addition, this report will take note of the various state initiatives and regulations which touch some aspects of the problem and the costs involved. The Jury believes, that in spite of all the effort intended to address this population, the vicious cycle persists. The Jury examines the reasons why this may be the case and makes recommendations to help close the gaps through which these unfortunate individuals appear to be falling.

METHODOLOGY

The Jury interviewed non-profit service providers and staff from various Santa Barbara County departments and other government agencies; it reviewed special commission-generated reports, California state laws and regulations, news items, and relevant county contracts. It is the Jury's goal that the reader will also gain a better understanding of the specific focus of this report, by considering these broader issues as the Jury attempts to unravel the complexity of regulations, funding sources, and services.

While the focus of the Jury's report is the *Target Group* as previously defined, the sources of the Jury's information are for the most part focused on more general topics such as homelessness, mental illness, the incarcerated, the uninsured, etc. Each of these general topics deals with some aspect of our *Target Group*, hence the broad scope of this report. The Jury's method was to gather, in the time available, as broad an understanding

² Roger E. Heroux, *A Report on Homelessness Services in the County of Santa Barbara*, February 2006.

³ *Jails and the Mentally Ill: Issues and Analysis*, the California Corrections Standards Authority, September 17, 2009.

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as possible of these general issues in order to understand how the *Target Group* is affected.

Understanding the complexities of these regulations, funding sources, and services--and how they do or do not complement each other--is central to addressing the problem of the indigent mentally ill recycling through jail.

DOLLARS AND SENSE

Heroux's 2006 report states that the chronic homeless comprise about 15 percent of the total homeless population but consume 50 percent of the resources allocated to homelessness.⁴ He goes on to note that in fiscal year 2004-05, four departments in this county--Department of Social Services; Public Health; Housing and Community Development; and Alcohol, Drug and Mental Health Services (ADMHS)--spent \$6.6 million on homeless services.⁵ This past fiscal year (2010-11) these same four departments spent \$8.5 million.⁶ This amount does not include an additional \$15.6 million for incarceration in the Main Jail, emergency room and hospital visits, and other associated costs for a total of \$24 million that year.⁷ If the chronic homeless consume 50 percent of all resources spent on homelessness in general, then it follows that the chronic homeless cost \$12 million per year.

Heroux's report compared the estimated pre-2006 per person per day cost of providing supportive housing (i.e., housing with comprehensive support services) or homeless shelters, rather than jail or hospitals, and concluded there would be substantial savings. He estimated supportive housing costs \$28 per day and homeless shelters \$16 per day. Jails cost \$86 per day, psychiatric facilities \$800, and hospitals \$1600.⁸ The Jury is not aware of any studies that compare the current estimated cost of the chronic homeless to the cost savings for Santa Barbara County if these people were diagnosed, treated, housed and monitored from the very beginning.

Santa Barbara County is not the only region confronting the financial impact of the chronic homeless. For example, a report from Albuquerque, New Mexico quotes the mayor as claiming that the 75 most vulnerable homeless annually costs the city \$852,000 for inpatient hospitalization and \$141,000 for emergency room visits. Housing these people would cost \$500,000.⁹

LAURA'S LAW: DEALING WITH THE MENTALLY ILL

In 2002, the California legislature passed Assembly Bill 1421, commonly known as Laura's Law.¹⁰ The law, intended to address the perceived need to require a mentally ill

⁴ Heroux, p. 10.

⁵ Ibid., p. 18.

⁶ "Homelessness in Santa Barbara," Santa Barbara County Government presentation, January 2011.

⁷ Ibid.

⁸ Heroux, p. 21.

⁹ *Santa Barbara News Press*, February 20, 2011.

¹⁰ http://www.leginfo.ca.gov/pub/01-02/bill/asm/ab_1401-1450/ab_1421_bill_20020928_chaptered.pdf.

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person with a history of resisting treatment and who is deemed to be an imminent danger to self or others, be *ordered* to undergo outpatient treatment. The law provides court ordered mandatory outpatient status for anyone found to be in need of such treatment after undergoing professional evaluation and meeting numerous criteria defining a severely mentally disabled person. Once judged in need of such treatment, a specific plan must be court approved. The plan must include housing opportunities; input from any relevant communities, e.g., veterans, ethnic; and case worker management. The law appears to afford the person under evaluation the due process protections that s/he would have in a criminal proceeding including the right to legal counsel.

This legislation allows each county in the state to adopt Laura's Law by board of supervisors' approval. If approved, the county agrees to comply with certain directives including submitting annual reports to the state Mental Health Department. The assumption is that each county's department of mental health will administer the process.

SANTA BARBARA COUNTY REACTS TO LAURA'S LAW

In 2003, the Santa Barbara County Board of Supervisors declined to adopt Laura's Law based on the recommendation of an ADMHS special study group. The group determined that implementing the law in the county would be too costly since there were no funds attached. The group also found the law burdensome to the county in its many detailed requirements and that there was limited ability to enforce a court order.¹¹

The Jury notes that at the time the board rejected Laura's Law, ADMHS agreed something needed to be done to address the issues raised by the legislation.¹² The Board Agenda Letter listed programs relevant to mental health issues and noted proposals under consideration. One of the proposals, the Restorative Policing Program, was implemented in the City of Santa Barbara. While the Jury is aware of the Restorative Policing Program's role in dealing with the *Target Group* (it has received wide publicity), it appears that no other programs mentioned in the 2003 memorandum, existing or proposed, have had any significant impact in addressing the vicious cycle.

It wasn't until recently that the county made any attempt to address the gap left by the rejection of Laura's Law. In the fall of 2010, ADMHS and the county Mental Health Commission, devised a pilot program to allocate current Assertive Community Treatment Team (ACT) resources to 15 seriously mentally ill high-risk individuals who are not currently engaged in services.

ACT is an ADMHS sponsored program consisting of three teams comprised of various health professionals who are each assigned 100 clients who are in need of follow-up after being released from a mental health facility. ACT is supported by Proposition 63 funds and costs \$1.5-1.7 million per team, or \$15-17,000 per client per year. As the Jury understands the new pilot program, ACT will set aside 15 slots for those "hard to reach"

¹¹ *Santa Barbara County Board Agenda Letter*, "Local Alternatives to Implementation of AB 1421 ('Laura's Law')" September 11, 2003.

¹² *Ibid.* p. 5

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individuals not currently served by ACT--the high risk, severely mentally disabled, resistant to voluntary treatment, potentially dangerous to self and others, and indigent.

The pilot program is still developing and the Jury will be interested in knowing how the program develops and how effective it proves to be in addressing jail recidivism. A critical measure of any program attempting to help the *Target Group* is its effectiveness as a *voluntary* program. This Jury report notes that some mentally ill people in need of assistance may not be aware of their condition and some resist intervention. How well ACT can break the resistance to voluntary treatment, or whether or not ACT will utilize legal avenues at its disposal to compel treatment, will be major factors in determining success.

There are only two ways to hold a person involuntarily. *Involuntary* treatment is exercised, rightly, with great caution. To do otherwise raises basic human rights issues and conjures images of a past era when relatively harmless individuals could be committed on not much more than an official's whim. *California Welfare and Institutions Code Section 5150* provides for the involuntary 72-hour holding of a person for evaluation and treatment if the person is experiencing an immediate, threatening, psychological breakdown. If deemed serious enough, this can lead to longer involuntary confinement until the person is stable. There are also legal processes that can lead to a person being judged incompetent and placed under conservatorship but this doesn't necessarily involve involuntary confinement.

The other way to hold someone involuntarily is incarceration. During periods of cycling through the judicial system, the *Target Group* is under involuntary custody--while in jail. The Jury believes the key to addressing the recycling problem is to begin a treatment program while the person is in custody. This raises questions related to mental health assessment and treatment at the jail, as well as financing sustained treatment after release--issues that are discussed below.

THE ROLE OF THE JAILS

The Blue Ribbon Commission on Jail Overcrowding noted that the Main Jail has become the county's de facto mental institution and that this situation had to change. An estimated 25-30 percent of those incarcerated at the Main Jail were on psychotropic medication. The Commission, concluding that incarceration is neither an effective treatment for mental illness nor cost effective, called for prevention, intervention, and post release services.¹³

*California Code of Regulations Title 15*¹⁴ requires that "...a psychiatric or psychological evaluation shall be prepared for each inmate whose behavior or background information causes staff to believe a serious mental problem may exist." Additionally "...all persons committed to the department shall be informed that mental health services are available

¹³ "Final Report and Recommendations," Blue Ribbon Commission on Jail Overcrowding, February 2008, p. 18.

¹⁴ *California Code of Regulations, Title 15: Crime Prevention and Corrections.*

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to them.” And, “...they shall be informed that upon their request an evaluation interview will be provided within a reasonable period by a licensed practitioner or a specially trained counselor supervised by a licensed practitioner.”¹⁵

In 2009, a briefing paper titled *Jails and the Mentally Ill: Issues and Analysis* reviewed key issues and best practices related to the increasing population of mentally ill inmates. The paper concluded, “It is essential for jails to screen incoming inmates for mental illness and to do a more comprehensive mental health assessment.” And, “...jails are encouraged to seek additional mental health and COD [Co-Occurring Disorders] training for custody staff and to train custody personnel [together] with mental health personnel.”¹⁶

According to information provided by senior Main Jail staff, the booking procedure at the Main Jail is presently done in two steps. First, a booking officer conducts the initial intake; second, a deputy officer completes/reviews information prior to completion of booking. The Jury learned the officers involved in the booking process are not specifically trained to evaluate or assess a mental illness disorder.

As part of the booking procedure, intake staff asks each arrestee if s/he would like to have a mental health evaluation. However, the Jury is aware of studies that have found that many of the inmates who should have an evaluation may not be capable of, or motivated to request one. They are oftentimes unaware they have a mental illness, a condition referred to as anosognosia.¹⁷ However, if a mental condition is *suspected* at booking, the inmate is referred to a mental health specialist from Prison Health Services, Inc. (PHS)¹⁸ who conducts an evaluation and assessment. Because PHS staff is not available 24/7, the inmate could be released before seeing anyone. In addition, PHS conducts a daily review of the database on arrestees to see if any of them had previous contact with ADMHS.

There are resources available at the Main Jail to assist the mentally ill, and there is communication between custody staff and PHS. The Santa Barbara County Sheriff’s Department (Sheriff’s Department) has a designated Training Bureau which provides advanced officer training, but not necessarily specific to mental health. However, it is the Jury’s belief that given the inadequacy of the training on mental health assessment for custody staff, many arrestees with mental illness are not recognized. Jails are not mental hospitals, but as the Blue Ribbon Commission on Jail Overcrowding and the CSA note, jails have by default become the ultimate safety net. The Jury agrees, and further believes that it is during this initial period of incarceration (involuntary by definition) that the

¹⁵ *Ibid.*, Article 9, Sec. 3360 and 3362.

¹⁶ *Jails and the Mentally Ill: Issues and Analysis*, California Corrections Standards Authority citing the American Psychiatric Association, *Psychiatric Services*, June 2009, V.60, p. 723.

¹⁷ The research is cited in Xavier Amador, "It's Not About Denial," *Schizophrenia Digest*, Winter 2007, pp.38-40.

¹⁸ Prison Health Services, Inc., a private sector company, has a contract with Santa Barbara county for both medical and mental health treatment at the Main Jail .

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opportunity exists to evaluate *professionally, adequately* treat, and develop a long-range treatment plan to break the vicious cycle.

Lack of funding for treatment after release from jail is another problem that must be overcome. As it stands, unavailability of insurance to the homeless precludes funding to the *Target Group* for long-term follow-up treatment and a medication plan. Mentally ill inmates without insurance are given seven days of medication when released, but no follow-up with ADMHS. A part-time Discharge Planner at the Main Jail finds other agencies or persons to take over responsibility for the welfare of the former inmate. But discharge planning is not equivalent to case management and follow-up. Individuals are likely sent back to the streets of the county, homeless and mentally ill, with a high probability that their lives will end prematurely from substance abuse, an undetected/untreated physical ailment, exposure to the elements, or a combination of these factors.

In 2009, PHS was awarded a two-year contract for jail mental health care (July 1, 2009 through June 30, 2011). At that time the media reported that the Sheriff claimed the county would save \$500,000 by having PHS, rather than ADMHS, provide mental health care, and there would be increased services for inmates (PHS's president of community corrections reportedly claimed his company could solve the county's jail mental health problems).¹⁹

PHS's contract expires on June 30, 2011, and is subject to renewal. The Jury found that not only have the promises noted above not been achieved, some of the conditions of the contract have apparently not been met, for example:

- Providing a seamless continuum of services from the point of entry into (jail) through post-release community-based services
- Providing a program for better management of inmates (and) provide the foundation for productive, crime-free lifestyles after incarceration
- Developing a comprehensive discharge planning program with a full-time licensed clinical social worker responsible for overall discharge planning
- Intake screening conducted by PHS mental health professionals at the time of booking
- Comprehensive training program required for all security staff in all pertinent areas of mental illness²⁰

There are also Main Jail structural problems that have not been addressed by the Sheriff's Department. For example, *California Code of Regulations Title 22* details requirements for correctional treatment beds within existing jails²¹ but there are no designated beds in the Main Jail licensed to treat the mentally ill. However, San Diego, San Bernardino,

¹⁹ "Prison System for Sale: Officials Mull Privatized Jail Mental Health Services," *Santa Barbara Independent*, May 28, 2009, <http://www.independent.com/>.

²⁰ Amended Correctional Medicine Agreement Terms and Conditions Between Santa Barbara County Sheriff's Department, Probation Department, and Prison Health Services, Inc. Exhibit C.

²¹ *Title 22, Division 5, Chapter 12, Correctional Treatment Centers*, p.1085.

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Alameda, Marin, and Sonoma counties have all successfully implemented some form of effective housing for mentally ill inmates.²²

The beds available to the jail at the county Psychiatric Health Facility (PHF) are extremely limited (only 16 serving everyone in the county, not just inmates),²³ and there are no outpatient facilities--especially for treating the *Target Group*.

COMMUNITY SOLUTIONS

Bringing Our Community Home, The 10-Year Plan

In 2005, in response to an increasingly visible problem, community stakeholders formed the non-profit group Bringing Our Community Home (BOCH) and drafted the *10-Year Plan to End Homelessness*. It was a monumental planning effort involving hundreds of stakeholders countywide. The board of supervisors, along with the mayors and city councils of five cities, adopted the plan in 2006. It illustrates in great detail how public agencies might work together under the BOCH umbrella to provide for the homeless who cycle in and out of jail.

*We must change course and eradicate chronic homelessness by implementing Bringing Our Community Home, which will move people away from the revolving doors of jail time, emergency room care, temporary shelters and crisis centers into permanent supportive housing and self sufficiency.*²⁴

The plan identifies a critical need for enhanced discharge planning for those released from public institutions. It envisioned the creation of Transitions Teams and Transitions Centers. The Transitions Teams would work with the chronic homeless in hospitals, mental health facilities, foster care homes, and jails. It would engage with clients to assess needs as early as possible and work to identify housing, access entitlements, and forge linkages with community-based services to provide ongoing support. The Transitions Centers were to provide interim housing, needed services, and appropriate care for people in need of medical treatment, mental health, or substance abuse services to foster recuperation and stability.

These Transitions Teams were intended to play a critical role in preventing inmates and patients from falling through the cracks and ending up back on the street. The plan emphasized the need for oversight for those with mental illness:

Prevention efforts will focus on ensuring that no chronically homeless people are discharged from public institutions without the housing, services, and treatment they need. This will prevent an increase in the number of people becoming chronically homeless. Transitions Teams

²² CSA, p. 25-26.

²³ See *Inpatient Psychiatric Treatment: 16 Beds and Deeper in Debt*, 2007-08 Grand Jury Report, <http://www.sbcgj.org/2008/MentalHealth.pdf>.

²⁴ *The Santa Barbara County-wide 10 Year Plan to End Chronic Homelessness*, "Acknowledgements," p. 3, 2006.

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will do outreach with institutions of custodial care and will interface with discharge planners to accomplish this goal.²⁵

In 2009, BOCH published an update to its initial plan. It cites many achievements including the hiring of staff and the completion of 108 housing units for the chronic homeless with an additional 109 in the pipeline. However, there is no mention of whether the Transitions Teams were instituted. It is also less than definitive in quantifying outcomes--particularly for the mentally ill or dual-diagnosed--stating, "Data collection methods capturing services levels and outcomes are being constructed and refined." The initial plan called for an Oversight and Implementation Committee charged with developing a mechanism for measuring program performance and outcomes. There is currently no evidence on the BOCH website that these tasks have been undertaken. In fact, there is limited financial data posted and meeting minutes are not currently readily available on the website-- <http://www.bringsbcohome.org/>

The City of Santa Barbara's 12-Point Plan

As noted above, soon after the county declined to adopt Laura's Law, the City of Santa Barbara instituted a "Restorative Policing" program intended to bring law enforcement into contact with the mentally ill homeless on more than a crime-responsive basis. The Jury believes the program is staffed by truly caring officers, and that they achieve a certain level of success by tracking, getting to know those who need help, and gaining their trust and cooperation. Some of the chronic homeless are convinced to seek help; others are arrested and incarcerated with the hope that their incarceration may provide the opportunity to lead them down the road to recovery. It is this latter scenario where the Jury believes the process breaks down. The elements are simply not in place--at the jail, with PHS, with ADMHS--to complement the efforts of Restorative Policing and break the cycle. The resources envisioned in BOCH would address the problem but were not implemented.

Another of the city's efforts is to be lauded--building housing for the homeless. Housing is another piece of the puzzle necessary to break the cycle. But housing by itself is not sufficient. Providing housing and treatment has proven effective in keeping the homeless housed and sober.²⁶ But, the chronic homeless mentally ill need a lot of attention *before* they are ready for the type of housing being built by the city. Housing alone doesn't help if those in need can't receive treatment and be stabilized enough to succeed.

Non-Profits

According to the county there are over 50 non-profit organizations involved in responding to some aspect of the homeless problem in Santa Barbara County.²⁷ Among the most recognizable are Casa Esperanza, Good Samaritan, the Salvation Army, New Beginnings, WillBridge, The Council on Alcoholism and Drug Abuse, and the Mental Health Association. Among these organizations are those who provide meals, counseling

²⁵ Ibid., p. 12.

²⁶ As noted in Malcolm Gladwell, "Million Dollar Murray," *The New Yorker*, February 16, 2006.

²⁷ *Homelessness in Santa Barbara County*, Santa Barbara County power Point presentation January 31, 2011 .

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of various sorts, referrals, a dry warm bed, and a chance to clean up. All are commendable programs, but one by itself cannot solve the problem of chronic homelessness, let alone effectively treat severe mental illness. Taken collectively, their entire effort is helping, but it is not enough to solve the problem. There is simply no way that adding more programs, providing more services, building more housing--as separate independent endeavors--is going to solve a problem that requires an organized, centralized, all inclusive "big picture" effort.

As this report was being written, the Jury became aware of a new organization in the county intended to address the problem of homelessness. It is called Common Ground Santa Barbara, which promotes the "100,000 Homes Initiative" sponsored by the National Common Ground organization. According to its website,²⁸ this group counted the number of homeless in the county, to determine which are most likely to die in the street. Its purpose is to label these individuals high priority and place them in existing housing for the homeless. Final numbers were not available at the time of this report. The expected results are saved lives, reductions in the number of homeless, and cost savings in emergency services. Although the information on the website mentions individuals, there appears to be an emphasis on homeless families. The hope appears to be that once these individuals/families are identified and housed, existing resources will be garnered to attend to their various needs although there is no mention of the mentally ill or the incarcerated and participation by the homeless in the survey is voluntary.²⁹

The Jury is concerned that this effort may be another well-intentioned attempt to address a problem, that at best, ends up helping a select subpopulation of those in need; realistically, no single program in isolation can affect permanent change.

JUDICIAL SOLUTIONS

Mental Health Treatment Courts

Court ordered mental health treatment programs in Santa Barbara County came about as a means to limit housing large numbers of mentally ill inmates in the Main Jail.³⁰ A jail overcrowding task force from the mid-eighties identified community based treatment for mental health as a possible way to reduce the jail population. A study published in 1996 by the Mental Health Association provided another analysis of the mentally ill in local jails and the problems they encounter.

As a result of these studies and the continuing jail overcrowding problem, the Santa Barbara County Probation Department and the ADMHS launched the Mental Health/Probation Program (MH/PP). This one-year pilot program in south county was funded with existing department budgets. It consisted of a three-person team; a Deputy Probation Officer; a Marriage, Family and Child Counselor and a staff person from the non-profit agency that provided "supportive living services." According to the Santa

²⁸ <http://www.commongrounds.org/commongrounds/Welcome.html>.

²⁹ Ibid., consent form Sample Family Vulnerability Index Survey.

³⁰ "The Community Based Punishment Plan of 1996," as cited by the Santa Barbara County Probation Department, 2010.

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Barbara County Probation Department, in one-year period, MH/PP client's jail bed days dropped from 3,807 days to 486 days. The case management team concept was an early glimpse of the Assertive Community Treatment model to come and the transition case management envisioned later in BOCH's *10-Year Plan*.

In 1998, Senate Bill 1485 established the Mentally Ill Offender Crime Reduction Grant program.³¹ The following year, the program was implemented statewide to address the widely recognized problem of recidivism of mentally ill offenders who cycle through jails in California. Santa Barbara County received \$3.5 million and an additional \$3.1 million in matching funds. The courts in both north and south county provided Intensive Support Teams consisting of judge, district attorney, public defender, probation officer and treatment officer working together. The program included mental health and substance abuse treatment, medication monitoring, assistance with housing and employment, engagement with family members, and peer mentoring. The teams accompanied offenders to court appearances, treatment and other appointments necessary for their care. They directly assisted offenders in accessing local employment services and opportunities. This included an eight-week skill-training module on community re-entry and substance abuse developed by UCLA researchers.

Unfortunately, initial funding for Mental Health Treatment Courts ended in 2002. From implementation through March 2002, there were approximately 250 clients served according to the Santa Barbara County Probation Department. A UCSB Graduate Student Project looked at the program and concluded it was a success for the vast majority in reducing jail time over usual treatment options and recommended more collaboration between criminal justice and mental health in providing better continuity of care.³²

In 2007, Santa Barbara County applied for but did not receive funding to continue the program. Although Mental Health Treatment Courts continue in both north and south county, participating clients must qualify for existing ADMHS funds. According to the Probation Department, this restriction has significantly limited the program to 44 clients served in 2010.

Conservatorship

Another possible judicial approach to addressing the severely mentally ill is the conservatorship process run by the Santa Barbara County Public Guardian Services Office. An LPS conservatorship refers to the legislators (Lanerman, Petris and Short) who in the late 1960s gave their names to the legislation establishing public oversight of severely mentally ill individuals.

³¹ http://www.cdcr.ca.gov/CSA/PPP/Docs/annual_report_6-00.pdf

³² Cosden, Ellers, Schnell & Yanani-Diouff, *Evaluation of the Santa Barbara County Mental Health Treatment Court with Intensive Case Management*. UCSB, July 2004.

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LPS conservatorships are for adults who are found to be “gravely disabled” due to a mental disorder... Grave disability means that a person cannot provide for their food, clothing or shelter.

...If a conservatorship is appropriate, a report is submitted to County Counsel. County Counsel prepares the legal paperwork and is assigned a court date ... Each proposed LPS conservatee is assigned a Public Defender... If the person does not want to be conserved then there will be a court or jury trial. If the person does not object, a Superior Court judge decides, based on the submitted evidence.

...When the conservatorship is granted, ...County Mental Health assigns a case manager... (who) will make all of the treatment decisions. ...If the conservatee improves to the point that he/she is found to no longer be gravely disabled, then the conservatorship can be terminated at an annual hearing.³³

This reads like a perfect answer to the problem of the chronic homeless mentally ill. The county can be completely responsible for their care. Wrong! The catch is in the referral from ADMHS. To come to ADMHS's attention, one has to *qualify* for public assistance. And, even if they do qualify, conservatorship, besides being a complicated, lengthy, expensive process, is also a public response of last resort. The Jury prefers to see the chronic homeless mentally ill treated to the point of a lasting recovery, not watched over as hopelessly “lost souls” waiting to die.

FUNDING SOLUTIONS

Public Assistance Programs

It should be evident at this point that the safety net of public assistance to individuals is essential to break the cycle of chronic homelessness. Ironically, it is for those who are most in need that little or nothing is available from the alleged “safety net.” While the chronic homeless are indigent, few if any qualify for the California state assistance program known as Medi-Cal. Even those who may meet the specified requirements may lack the ability to complete the complex application process, or have the opportunity to get help from a caseworker to complete the application process. In essence, not treating a person because they lack insurance is a form of economic discrimination.

To qualify for Medi-Cal, a person must be enrolled in one of the following programs: SSI/SSP,³⁴ Aid to Families with Dependent Children (AFDC), In-Home Support

³³ <http://www.countyofsb.org/ttcpapg/publicguardianprocess.asp>.

³⁴ SSI (Supplemental Security Income) is a federally funded program based on financial need which provides income for persons aged 65 or older, blind or disabled. SSI benefits are also available to qualified blind or disabled children. SSP (State Supplementary Payment) is the state program which augments SSI. Both SSI and SSP benefits are administered by the Social Security Administration (SSA).

³⁵ <http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalEligibility.aspx>.

³⁶ SSDI (Social Security Disability Insurance) is based on prior work under Social Security. Payments are based on disability.

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Services, Foster Care, the Adoption Assistance Program, or meet one of the following conditions:

- Under 21 or over 65 years old
- Disabled or Legally Blind
- Pregnant or parent/caretaker of a child under 21 years old
- Resident of a Skilled or Intermediate Care nursing facility and without other assets
- On a limited refugee status depending how long you have been in the USA³⁵

SSI/SSDI³⁶ Outreach, Access and Recovery (SOAR) is a U.S. Department of Health and Human Services plan intended to address the challenges related to applying for disability monies. It is essentially a program where government and non-governmental professionals in the medical, corrections, and homeless services are trained to assist people in applying for disability benefits.

For people who are homeless with mental health problems that impair cognition, or who are returning to the community from institutions (jails, prisons or hospitals), access to these programs can be extraordinarily challenging. The application process for SSI/SSDI is complicated and difficult to navigate. Nationally, about 37 percent of individuals who apply for these benefits are approved on initial application. Appeals take an average of 2 years to complete. Yet, accessing these benefits is often a critical step in seeking and maintaining recovery.³⁷

ADMHS received state money to conduct a SOAR training program in January 2011. The training was primarily for ADMHS staff but included a few select county and federal employees. The clientele targeted by the training were the 300 or so mentally ill indigent already in the ADMHS system. This effort is to be commended but the Jury is concerned that those being trained did not include many professionals who come into daily contact with people who are not already in the ADMHS system. Jail custody personnel, non-profit homeless shelter staff are a few who come to mind. The Jury anticipates learning from ADMHS in the near future as to how many mentally ill indigent were signed up for benefits and how many belong to the Jury's *Target Group*.

Proposition 63

Proposition 63 (Prop. 63), also known as the Mental Health Services Act (MHSA), was passed by California voters in 2004. It levies a one percent surtax on individuals earning more than \$1 million per year. The tax is intended to fund expanded county mental health services and the development of innovative programs for the underserved, at-risk, mentally ill population. It also requires that these mental health service programs include prevention, early intervention, education and training. The homeless mentally ill uninsured inmate is included by Prop. 63 as an at-risk population. Prop. 63 also provides

³⁷ http://www.prainc.com/SOAR/soar101/what_is_soar.asp.

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funding for capital expenditures specifically to renovate or build facilities to treat the mentally ill indigent population.

Under the MHSA each county submits to the state a proposed budget and program outline for securing Prop. 63 funding. Santa Barbara County receives an estimated \$5 million annually from Prop. 63 allocations. Historically, due to state health care budget constraints, most of Prop. 63 monies have been used to help fund Medi-Cal eligible populations. As already discussed, the adult chronic mentally ill inmate is rarely Medi-Cal eligible, resulting in little funding from Prop. 63 for this at-risk population. "Even before the current fiscal crisis, there has been no dedicated funding for mental health services in jails. ...The legislature is considering redirecting some MHSA monies from counties for (criminal justice clients)."³⁸

Bridge to Reform

Of interest is the November 2, 2010 approval by the federal government of California's *Bridge to Reform* which gives the state \$10 billion in federal funds to invest in health delivery systems in preparation for national health care reform. Included are expanded coverage for the uninsured, money for uncompensated care delivery, and improved care for vulnerable populations. With this new expanded source of funding for the Medi-Cal eligible population, counties may be able to reevaluate Prop. 63 dollars and consider reallocating the funds for inmate mental health services.

CONCLUSION

Chronology. Over the last few years the state, county, and City of Santa Barbara made attempts to address the various problems of the chronic homeless with mental illness. In 2002, the state legislature passed Assembly Bill 1421, or Laura's Law; in 2006, the county endorsed the *10-Year Plan to End Homelessness*; and since then the City of Santa Barbara added housing and developed its 12-Point Plan. In addition, the county's Alcohol, Drug and Mental Health Services; the Santa Barbara County Main Jail; and various local non-profit organizations made efforts to address some aspects of this multifaceted problem, whether it be treatment, diagnosis, or providing the basic human need of food and shelter. While all these efforts are to be applauded, none have been able to effectively and conclusively resolve the problem of this report's *Target Group*.

Issues. Mental health screening during booking at the Main Jail is not done by licensed professionals as required by the contract with Prison Health Services, Inc. Nor is there comprehensive treatment for inmates in custody or meaningful case management or follow-up. The Santa Barbara County Main Jail does not have licensed treatment beds dedicated to the mentally ill. The Main Jail's present discharge planner is not a licensed case worker and PHS is not providing a licensed clinical social worker (LCSW) discharge planner as the contract requires.

³⁸"Jails and the Mentally Ill: Issues and Analysis," California Corrections Standards Authority citing the American Psychiatric Association, *Psychiatric Services*, June 2009, V.60, p.4

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Santa Barbara County rejected Laura's Law essentially for financial reasons. Mental Health Treatment Courts, though effective, lack funding and as a result, have been allowed to languish. A community based program like BOCH is comprehensive in scope, but as a non-profit organization it lacks meaningful outcome measurements and has a tenuous status within the public sector. The City of Santa Barbara's 12-Point Plan relies primarily on law enforcement; its Restorative Policing component, while admirable, is only a small part of the solution. Alcohol, Drug and Mental Health Service's new plan to extend the Assertive Community Treatment Team model is a pilot program whose success remains to be seen. Also, its voluntary nature may limit its effectiveness.

Non-profits. Private non-profits contribute to various non-medical aspects of addressing the needs of the indigent mentally ill such as substance abuse counseling, temporary shelter, and permanent housing. Neighborhood clinics assist with short-term medical needs on a walk-in basis. However, without a sustained securely funded psychiatric component with proper assessment, treatment and follow-up while the person is in involuntary custody, non-profit shelter and aid is just another stop on the cyclical path to nowhere.

Solutions. The 2010-11 Santa Barbara County Civil Grand Jury believes that what is needed is an effective mental health assessment at the time of incarceration and the ability to address all the problems facing the mentally ill indigent while in jail. Also critical is comprehensive treatment for released inmates that includes case management and follow-up in an out-patient facility. Finally, to make sure all the necessary pieces work in a humane and economically efficient manner, the community needs Alcohol, Drug, and Mental Health Services to provide primary leadership in a concerted effort to organize, monitor and utilize all available public and private resources toward a common goal to end the cycle of mentally ill, chronic homeless jail recidivism.

FINDINGS AND RECOMMENDATIONS

Finding 1a:

The current yearly estimate of the public and private cost of responding to, and otherwise dealing with, chronic homelessness exceeds \$12 million.

Finding 1b:

The 2006 Heroux Report, commissioned by Santa Barbara County, gave *estimates* as to the cost savings if the chronic homeless were treated for the long-term rather than on an ad hoc basis.

Finding 1c:

There does not appear to be an official estimate for the cost to the Santa Barbara County community of the chronic homeless *mentally ill indigent* as they cycle in and out of jail.

Recommendation 1:

That the Santa Barbara County Board of Supervisors directs the Santa Barbara County Executive Officer to produce a document comparing the current total yearly costs of the

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incarcerated mentally ill indigent homeless to the estimated total yearly cost of providing housing, medical and psychological services, case management, outpatient care, and other needed services to create stability for these particular individuals.

Finding 2a:

Intake screening for mental illness at the Santa Barbara County Main Jail is currently undertaken by jail staff who have basic training in intake but are not certified mental health professionals.

Finding 2b:

Inmates with mental illness are not always recognized by booking officers, may not self identify as needing mental health treatment, may not realize they are mentally ill, and therefore may not be referred for mental health assessment by skilled mental health clinicians.

Finding 2c:

The contract between Prison Health Services, Inc. and Santa Barbara County for the mental health care of inmates, includes the provision that intake screening will be conducted by a mental health professional; however, this is not being done.

Finding 2d:

The contract between Prison Health Services, Inc. and Santa Barbara County for the mental health care of inmates, states that Prison Health Services, Inc. will provide a comprehensive mental health program that “provide(s) a seamless continuum of services from the point of entry into the correctional system through post-release community based services” including “1 FTE (full-time equivalent) for a licensed clinical social worker (LCSW) who will have the responsibility for overall discharge planning;” however, this is not being done.

Finding 2e:

The contract between Prison Health Services, Inc. and Santa Barbara County for the mental health care of inmates, states that Prison Health Services, Inc. will provide programs for inmates “that provide the foundation for productive, crime free lifestyles after incarceration.”

Recommendation 2a:

That the Santa Barbara County Board of Supervisors and the Santa Barbara County Sheriff hold Prison Health Services, Inc. accountable for its contractual obligation to provide professional mental health screening during the booking process.

Recommendation 2b:

That the Santa Barbara County Board of Supervisors and the Santa Barbara County Sheriff hold Prison Health Services, Inc. accountable for its contractual obligation to provide a continuum of comprehensive mental health services from entry through post-release including a full-time licensed clinical social worker as a discharge planner.

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Recommendation 2c:

That the Santa Barbara County Board of Supervisors and the Santa Barbara County Sheriff hold Prison Health Services, Inc. accountable for its contractual obligation to provide programs for the indigent mentally ill that provide the foundation for “creating a productive, crime free lifestyle after incarceration.”

Recommendation 2d:

That the Santa Barbara County Board of Supervisors calls for an audit of the Santa Barbara County Main Jail’s inmate mental health care practices to determine the level of performance per the Board of Supervisors’ contract with Prison Health Services, Inc. dated June 16, 2009.

Finding 3a:

There are not enough mental health treatment beds in the community to treat sufficiently the number of chronic homeless mentally ill.

Finding 3b:

The Santa Barbara County Main Jail has no designated licensed beds to treat the mentally ill inmate.

Finding 3c:

California Code of Regulations Title 22 details licensing criteria for providing correctional treatment beds for the mentally ill within existing jail facilities.

Finding 3d:

The California Corrections Standards Authority notes that some counties in the state found ways to institute best practices in housing and treating mentally ill inmates that go beyond meeting minimum *California Code of Regulations Title 15* requirements.

Finding 3e:

There are limited community out-patient treatment facilities for the mentally ill, indigent, homeless population.

Finding 3f:

Proposition 63 (Mental Health Services Act) funds are available to counties from the state for restoration or construction of mental health facilities.

Recommendation 3a:

That the Santa Barbara County Board of Supervisors directs the Santa Barbara County Executive Officer to produce a document that provides a cost estimate for establishing an out-patient treatment center for the mentally ill indigent homeless at the Santa Barbara Juvenile Hall or some other location.

Recommendation 3b:

That Alcohol, Drug and Mental Health Services apply for capital expenditure funds available under Proposition 63 (Mental Health Services Act) for an out-patient treatment

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center for the mentally ill indigent at the Santa Barbara Juvenile Hall or some other location.

Recommendation 3c:

That the Santa Barbara County Board of Supervisors and the Santa Barbara County Sheriff jointly prepare a cost analysis of the actual cost of converting a proportional number of jail beds to licensed treatment beds for mentally ill inmates.

Recommendation 3d:

That the Santa Barbara County Sheriff applies for correctional treatment bed licensure.

Finding 4:

Mental Health Treatment Courts are found to be effective in reducing both recidivism and relapse in mental illness.

Recommendation 4:

That the Santa Barbara County Board of Supervisors seeks funding to expand Mental Health Treatment Courts in both north and south county to achieve levels of service found in 2001-02.

Finding 5:

Although Alcohol, Drug and Mental Health Services is utilizing funding from SSI/SSDI Outreach, Access and Recovery Initiative (SOAR) to reach the chronic homeless, current SOAR training is primarily limited to Alcohol, Drug and Mental Health Services staff.

Recommendation 5:

That Alcohol, Drug and Mental Health Services expands its SSI/SSDI Outreach, Access and Recovery Initiative training to include the staffs of public and private non-profit agencies most likely to come into contact with the mentally ill, indigent, homeless, and jail recidivist.

Finding 6a:

There are over 50 agencies, including public and private non-profit, providing some aspect of support to the mentally ill, indigent, homeless, and jail recidivist.

Finding 6b:

There is no centralized, coordinating entity with the authority to marshal all public and private non-profit resources engaged in providing services to the mentally ill, indigent, homeless, and jail recidivist.

Recommendation 6a:

That the Santa Barbara County Board of Supervisors directs Alcohol, Drug and Mental Health Services to take leadership and responsibility in planning and coordinating all public and private non-profit agency efforts in providing services to the mentally ill, indigent, homeless, and jail recidivist.

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Recommendation 6b:

That the Santa Barbara County Board of Supervisors directs Alcohol, Drug and Mental Health Services to establish measurable outcomes and report its progress in addressing the issues related to the mentally ill, indigent, homeless, and jail recidivist to the Santa Barbara County Board of Supervisors at least twice yearly.

Recommendation 6c:

That the Santa Barbara County Board of Supervisors evaluates the effectiveness of Alcohol, Drug and Mental Health Services' leadership in achieving measurable outcomes in addressing the issues related to the mentally ill, indigent, homeless, and jail recidivist on a yearly basis.

REQUEST FOR RESPONSE

In accordance with *California Penal Code Sections 933 and 933.05* each agency and government body affected by or named in this report is requested to respond in writing to the findings and recommendations in a timely manner. The following are the affected agencies for this report, with the mandated response period for each:

Santa Barbara County Sheriff-60 days

Findings 2a, 2b, 2c, 2d, 2e, 3b, 3c
Recommendations 2a, 2b, 2c, 2d, 3d, 3c

Santa Barbara County Board of Supervisors-90 days

Findings 1a, 1b, 1c, 3a, 3d, 4, 6a, 6b, 6c
Recommendations 1, 2d, 3a, 3c, 4

Santa Barbara County Alcohol, Drug and Mental Health Services-60 days

Findings 3a, 3e, 4, 5, 6a, 6b
Recommendations 3b, 4, 5, 6a, 6b, 6c