



Forensic Discharge Planning Study/Plan Update for SJ 47 November 28, 2017

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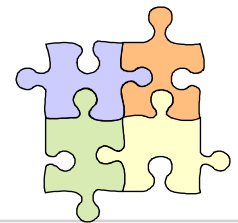
Assistant Commissioner – Forensic Svcs
Virginia Department of Behavioral Health
and Developmental Services

Legislative Mandate for Study

- During 2017 session HB 1784 and SB 941 were supported by both chambers and signed by Governor McAuliffe
- Require the Commissioner of DBHDS in collaboration with relevant stakeholders to develop a comprehensive plan for the provision of forensic discharge planning services at local and regional correctional facilities for individuals with serious mental illnesses who are nearing release
 - Plan should include requirement that each facility should have access to a discharge planner
 - Plan should detail the cost considerations associated with the implementation of such a plan as well as any cost savings and benefits
 - Plan to be completed by November 1, 2017

The Study in the Broader Context

- DMAS – Convening workgroup to identify and develop processes for streamlining the application and enrollment process for medical assistance services – focus on incarcerated individuals
- SCB – To *review* its jail staffing standards with respect to the provision of mental health and medical treatment in jails. This review shall include an evaluation of the costs and benefits of requiring in all jails an assessment within 72 hours of the time of the initial screening.
- The Secretary of PSHS and the Secretary of HHR shall jointly prepare a report on potential options for continued utilization of the Peumansend Creek Regional Jail as a state, regional, or local correctional mental health facility.



Definition of SMI

- Serious Mental Illness (SMI) is defined as a mental, behavioral, or emotional disorder in adults 18 years of age or older, which is of sufficient duration, intensity, and functional impairment to meet diagnostic criteria specified within the *Diagnostic and Statistical Manual of Mental Disorders*. Serious mental illnesses substantially interfere with or limit one or more major life activities, including personal relationships, self-care skills, living arrangements, or employment. Individuals with co-occurring substance abuse disorders or developmental disabilities are not excluded from this definition.
- Mental disorders typically meeting the criteria for Serious Mental Illness include Schizophrenia, Schizoaffective Disorder, Psychotic Disorders, Major Depressive Disorders, and Bipolar Disorders. Anxiety Disorders (such as PTSD) can also meet criteria for Serious Mental Illness if symptoms cause significant impairment.

Discharge Planning

- Jail discharge planning for individuals with SMI includes the screening and assessment of psychiatric, medical, social services, employment, and residential needs as soon as possible after the individual's admission to jail. Discharge planning will also include the development of a discharge plan which prioritize goals and objectives that reflect these assessed needs. It also includes care coordination with community providers and community supervision agencies, including the exchange of treatment records, communication of treatment needs, and linkage of clients with available services and support options upon release. Discharge planning should begin in the jail prior to release and continue into the community until the individual is connected with the appropriate services and supports, but should continue for no less than 30 days post-release to ensure a smooth transition.

Discharge Planning Includes....

- Linkage to a mental health provider in the community (CSB or private provider) that provides psychiatric, therapy, and/or case management services. This includes scheduling an appointment for follow-up services, and providing necessary records to the provider to facilitate the intake process
- Linkage to emergency or transitional housing (i.e., shelter, crisis stabilization, halfway houses)
- Linkage to long-term residential service providers/resources (i.e., referral to Assisted Living Facilities, nursing homes, group homes, permanent supportive housing programs, rental assistance programs, housing grant programs, etc.)
- Photo ID assistance (i.e., gathering necessary documentation to get DMV identification)
- Birth Certificate assistance (i.e., gathering necessary information and submitting application for certified copies of birth certificates)

Discharge Planning Includes....

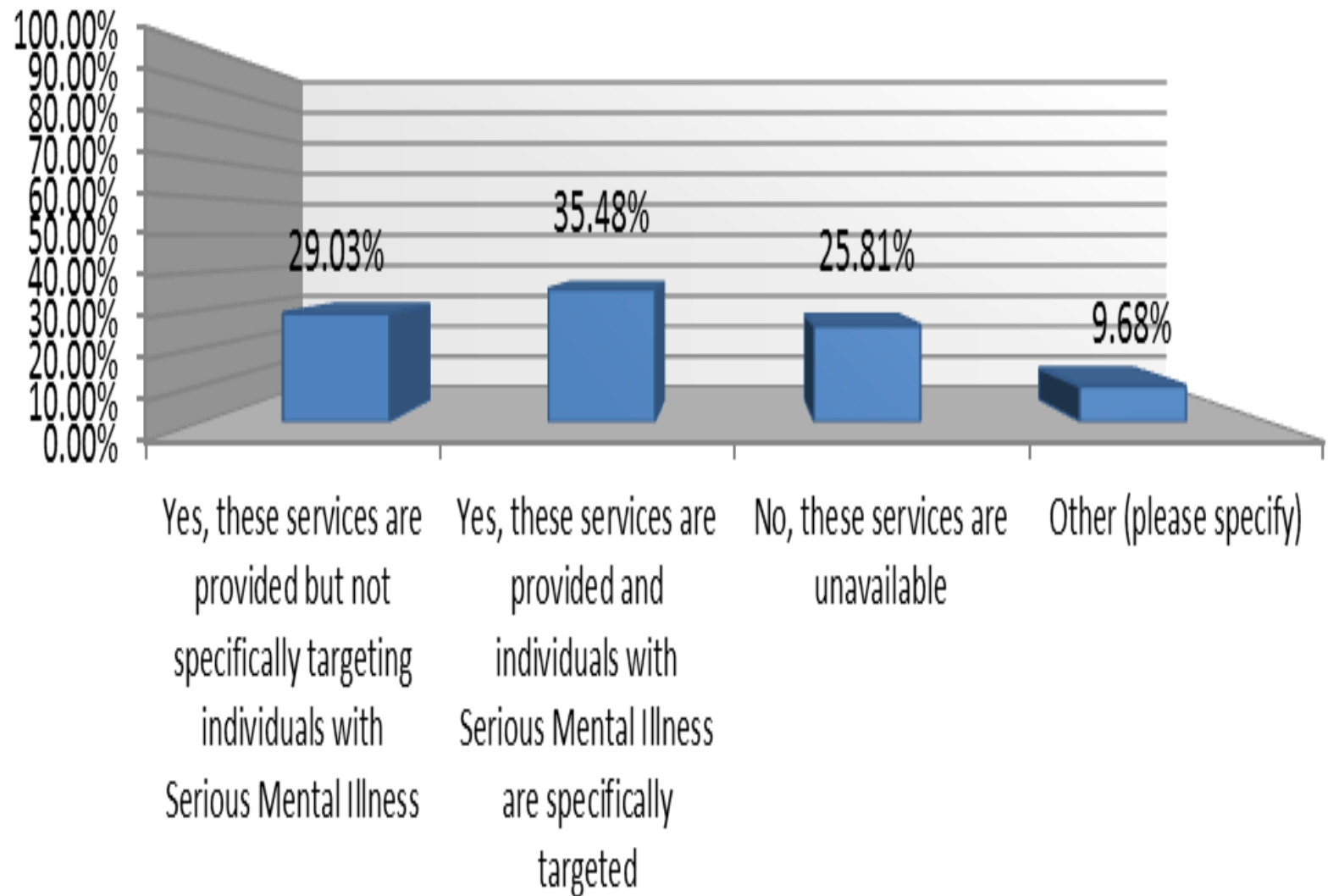
- Medicaid reinstatement assistance (i.e., completing necessary paperwork and providing documentation to begin the process of Medicaid reinstatement prior to release)
- Transportation assistance (i.e., providing bus tokens, cab vouchers, or actually providing direct transportation from the jail to the follow up appointments/providers/discharge placement)
- Emergency Food or Clothing Assistance (i.e., linkage to a food bank, food vouchers, clothing donation assistance centers, etc.)
- Social Security/SSDI assistance (i.e., completing the necessary paperwork and providing documentation to begin the process of reinstatement/application prior to release)
- Linkage to medical providers for treatment of any identified medical conditions
- Connection to community support groups (i.e., AA, NA, Grief and Loss, peer support groups, peer provider programs, etc.)

Forensic Discharge Planning Objectives and Outcomes

Forensic discharge planning has traditionally been designed with the following **OBJECTIVES** in mind:

- **Increased public safety** – by linking to necessary treatment, the likelihood of reoffending once back in the community would likely be reduced
- **Increased treatment engagement** – by providing intensive post-release case management and support through the process of community re-integration, the likelihood of long-term engagement increases
- **Improved quality of life for participants** – by providing comprehensive treatment and supports upon release, utilization of crisis services both in jail and in the community (i.e., ED, CSB crisis stabilization, temporary detention to a psychiatric hospital) should be reduced, medication adherence should increase, relapse of substance use should be reduced, and long-term recovery would be more likely
- **Reduction in costs for jails** – as a result of improved collaboration and discharge planning, jails may see a reduction in staff costs associated with management of persons with SMI in jails; it is also projected that jails would see fewer individuals returning to jail post-release, as they are better linked with services that mitigate their risk
- **More effective use of limited community resources** – by assessing an individual's risk, needs and responsivity to potential treatment interventions, and providing treatment from jail into the community that is appropriate to their level of assessed risk, communities should see better outcomes and more effective use of community resources

Current Status of Discharge Planning



Current Status of Discharge Planning

- Of those jails responding to this survey, 75 percent report that the staffing and other resources needed to provide “comprehensive” discharge planning services to all inmates with SMI are insufficient at this time.
- On average jails providing this service report only around 13 hours per week of targeted discharge planning
- 51.6 percent of respondents reported that the resources and services in the community necessary to support individuals upon release are insufficient.

A Model for Forensic Discharge Planning Services

- One model for which there is significant support is the “APIC Model” of discharge planning.
- This model was developed by SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation in partnership with the Council of State Governments Justice Center in 2013 and has been further elaborated on in a more recent implementation guide published in 2017.
- The APIC Model, which stands for *Assess, Plan, Identify, and Coordinate*, was developed as a tool to guide communities in implementing the principles of the Risk Need Responsivity Model (RNR) with individuals being released from jails in order to improve clinical and legal outcomes.
- The focus of these models, and therefore to forensic discharge planning, should be prioritizing limited criminal justice and community resources.

Estimated Costs for Staff Positions

- According to the State Compensation Board's 2016 *Mental Illness in Jails Report*, a total of 6,554 inmates had some form of mental illness at the time of the survey, and of those 3,356 were reported by the jails to be SMI.
- Given the intensity of services provided under the umbrella of forensic discharge planning, and the prioritization of medium to high risk and high needs inmates, the workgroup agreed that a single forensic discharge planning should have a maximum caseload size of 20 clients.
- Therefore, assuming a 20-person caseload and calculating the total number of SMI adults in the local and regional jails to be approximately 3,356 individuals, the workgroup estimates that ultimately 168 forensic discharge planner positions will be needed to provide comprehensive discharge planning from jails in the commonwealth.

Costs by Region

<u>Cost Calculated by % of SMI in Jails</u>	<u>Central Region</u>	<u>Western Region</u>	<u>Eastern Region</u>
Regional % of SMI	34.9% of SMI	30.3% of SMI	34.8% of SMI
# FTEs Per Region Based on % SMI	58.6 FTEs	51 FTEs	58.4 FTEs
Avg. Total Compensation Per FTE	\$56,000	\$47,000	\$57,000
Cost Per Region Based on Avg. FTE Cost	\$3,281,600	\$2,397,000	\$3,328,800

Total Cost to Fund 168 Positions in Virginia = \$9,007,400/year

Estimated Costs for Services & Supports

- With a recommended caseload size of 20, an estimated turnover rate of 60 days, and an estimated rate of 5 new cases per month, each of the 168 discharge planners could serve in the range of 60-70 individuals per year.
- Estimating the costs of transitional housing, transportation, and services is challenging. At the far end of the spectrum are those individuals who will need a month of hotel stays (using the average government rate of \$91/night + taxes), a month of transportation funds (\$10/day), and a month of basic needs such as food and self-care products (\$20/day). Adding on to that the costs of boosting the availability of case management or psychiatric hours, the workgroup estimates that the most intensive individuals could require up to \$4,500 during their time transitioning from jail to community.
- If one in twenty individuals served require the maximum amount of funding, and down from there, each full-time discharge planning position serving approximately 65 people per year would need roughly \$20,000 in additional funds to cover supports and services that enhance stability and likelihood of successful transition (approximately \$308 per client on average).

Estimated Cost-Savings

- While the costs of funding staff positions and support services for forensic discharge planning is considerable when viewed as a whole, an investment in these strategies will greatly improve the systems (i.e. behavioral health crisis, ER, police, jails, etc.) that are impacted directly by this population.
- In all, existing research shows promising trends of reduced recidivism and enhanced treatment engagement and stability with the use of forensic discharge planning
- Research also indicates that these improved outcomes will result in cost-savings in the criminal justice systems with time. While it is yet to be seen whether there will be significant cost-savings or merely a shifting of resources from one system to another, at the very least these practices have a high probability of resulting in a better quality of life for the individuals served.

Proposal for Implementation

- Although costs are broken out by jail in the above charts, DBHDS recommends that funding be allocated to the CSBs that serve those jails, as the forensic discharge planner positions should be employed and managed by those agencies.
- The numbers above are cost estimates intended to gauge the scope of costs – decisions about which CSBs to fund and at what amounts should be made at a later time.
- In total, full funding for comprehensive forensic discharge planning services at the levels recommended in this report would cost the Commonwealth **\$12,367,400** per year.
- Funding these measures in phases, such as those proposed below, would make the implementation of these measures more realistic and attainable.

Implementation

- Various Approaches to Implementation
- Balance level of impact with readiness to implement
- Phasing will allow DBHDS to learn from earlier phases and adjust expectations accordingly
- If funding is not available to fund as outlined, it is conceivable forensic discharge planning can be implemented on a more scaled back version at a lower cost, but felt it was our obligation to present ideal model.
- Coordinating forensic discharge planning with STEP-VA initiatives will be essential.

Funding Based on Percentage of SMI

- Following is one model based on percentage of SMI
- Benefits
 - Targets funds to locations with high percentage of SMI – greater impact of funds
 - Funds to ideal level allowing to measure impact of ideal vs. less than ideal
- Limitations
 - Virginia would still have inconsistent levels of services across jurisdictions
 - Some regions not ready to implement (e.g. recruitment, services/supports to refer individuals to, etc.)

Phase 1

- Fund five jails with highest percentage of SMI
- These five jails account for approximately 33% of SMI in all Virginia jails
- Total Cost = \$4,109,100 per year

Phase 2

- Fund the next 10 jails with the highest percentage of SMI
- Equates to approximately 33% of SMI across Virginia
- Total Cost = \$4,099,200 per year

Phase 3

- Fund remaining 45 jails
- Equates to approximately 33% of SMI across Virginia
- Total Cost = \$4,158,400

Post-Implementation Data Collection & Program Evaluation

- Collect data from all localities receiving funds for forensic discharge planning services to ensure a good return on investment, to monitor program outcomes, and to monitor adherence to best practices.
- Generally, data should be collected in the following categories:
 - Characteristics of the Participants
 - Clinical Outcomes
 - Legal Outcomes

Conclusion

- There is strong evidence to support the development of forensic discharge planning services in jails across Virginia.
- There clearly are a significant number of individuals with SMI housed in local and regional jails and the evidence is clear that absent comprehensive discharge planning services these individuals are at risk of recycling through the criminal justice system.
- There are many legal precedents which suggest that states/localities have an obligation to provide adequate mental health services to individuals with SMI involved in the criminal justice system and several states have fallen under Department of Justice oversight for failure to do so.
- Forensic discharge planning may be a helpful tool for connecting individuals to needed treatment and supports in the community at jail release, this should never be the only way, or even the primary way, to assure jail diversion of persons with mental illness in the criminal justice system.
- Forensic discharge planning services should be only one option along the continuum of diversion opportunities in order to truly have an impact.