

JRI Overview

County Impact

Health Reform Taskforce Report
November 2016

What is JRI

An alternative to incarceration

- Federal, state, and local leaders continue to look for innovative ways to improve public health and public safety outcomes, while reducing the costs of criminal justice and corrections.
- Nationally, states continue to innovate strategies to save public funds and improve public health by keeping low-risk, non-violent, drug-involved offenders out of prison or jail, while still holding them accountable and ensuring the safety of our communities.

UAC supports the efforts to drive better outcomes for non-violent offenders and supported HB348 in 2015



HB348 – 2015 Overview

- Reduced penalties for specified offenses involving controlled substances
- Defined criminal risk factors and required consideration when providing mental health/SAD treatment options
- Requires standards for treatment to be created
- Requires modification of sentencing guidelines
- Requires the creation of implementation and outcome measures by CCJJ and requires the study of those outcomes
- Significant attention paid to treatment while in prison, not as much emphasis on community based treatment



Why Did We Do It?

- Prison population had grown by 18% in previous 10 years while total Utah population increase was 15%
- Prison population in last 30 years went from 88 per 100K in population to 242 per 100k in population (175% increase)
- Non-Violent Offenders made up 2/3 of all sentenced to prison in 2013 according to Pew Foundation
- 63% recidivism rate within 3 years and most related to parole violations (Is prison/parole working?)
- It costs the state \$86/day to house a prisoner (\$52 if housed in a county jail.)
- Pew projected CORRECTIONS savings of over \$500M in 20 Years by leveling out the growth rate in those sentenced to prison

*Pew Charitable Trusts Organization, Utah's 2015 Criminal Justice Reforms Report, June 2015, available at: [http://www.pewtrusts.org/~media/assets/2015/10/utahs2015criminaljusticereforms-\(1\).pdf](http://www.pewtrusts.org/~media/assets/2015/10/utahs2015criminaljusticereforms-(1).pdf)

Practical and Stated Effect

- By reducing sentences for nonviolent drug offenders, less of these individuals will be sentenced to prison (Required in HB348)
- By changing the response and incentive matrix for probations/parole fewer individuals will recidivate due to a parole violation (Required in HB348)
- This will mean, over time, less money needs to be spent on corrections and supervision. (The stated Pew Savings)

But these changes do not necessarily mean a change in behavior, just a change in response to a given behavior



Alternatives to Incarceration

- A critical element of any A-to-I program is creating robust alternatives with appropriately aligned incentives, moving from a charge-based to risk-based system.
- Utah determined that evidenced based treatment, based on a needs assessment, would be the best alternative to incarceration approach
 - Requires screening (Done)
 - Requires risk assessment (Limited)
 - Requires needs assessment (Differing Agencies)
 - Requires treatment (Limited)
 - Requires accountability/supervision (Limited)
- Our JRI program, at creation, assumed funding for treatment would be handled through Medicaid Expansion (Healthy Utah) – This has not occurred

Current Incarceration Dynamic

- Pre-JRI Felonies (Drug) 2,593 felony/quarter
- Post-JRI Felonies (Drug) 1,378 felony/quarter
47% reduction in felonies*
- Pre JRI Prison Admissions 47/quarter (All Drug)
- Post JRI Prison Admissions 28/quarter (All Drug)
40% reduction in Prison admissions*

**Does this mean we have less people using,
or is it all attributed to sentencing changes?**

*Commission of Criminal and Juvenile Justice, Utah justice Reinvestment Initiative: 2016 Annual Report, October 2016, available at: <http://le.utah.gov/interim/2016/pdf/00004159.pdf>

Current Behavioral and Response Dynamic

- Pre-JRI Drug Possession Charges – 5,508/quarter (avg of 2014)
- Pre-JRI Drug Possession Charges – 6,166/quarter (avg of quarters immediate JRI)*
- Post-JRI Drug Possession Charges – 6,996/quarter*

21% increase in charges – Not resulting in Prison from 2014 to June 2016
13% increase in charges – Not resulting in Prison from three quarters before and after

We are seeing a 21% increase in charges, but a 40% reduction in the admissions and a 47% reduction in felonies*

This equals a dramatic increase is needed in the county behavioral health system if we want to treat as an alternative to incarceration, little of which has been funded

It also equals a dramatic increase in county public safety and correctional response needs within our communities as they now go to county jails or county diversion programs instead of state prison.

*Commission of Criminal and Juvenile Justice, Utah justice Reinvestment Initiative: 2016 Annual Report, October 2016, available at: <http://le.utah.gov/interim/2016/pdf/00004159.pdf>

Current Behavioral and Response Dynamic

Offense Categories – New Court Commitment	FY2014	FY2015	FY2016	%Change
PROPERTY	252	206	182	-27.8%
SEX/REGISTERABLE	171	161	162	-5.3%
PERSON	153	147	142	-7.2%
DRUG DISTRIBUTION/INTENT	103	109	87	-15.5%
MURDER	32	49	46	43.8%
DRIVING/DUI	57	39	38	-33.3%
DRUG POSSESSION ONLY	97	77	30	-69.1%
WEAPONS	22	9	17	-22.7%
OTHER	25	26	14	-44.0%
SEX/NON-REGISTERABLE	2	2	1	-50.0%

*Commission of Criminal and Juvenile Justice, Utah justice Reinvestment Initiative: 2016 Annual Report, October 2016, available at: <http://le.utah.gov/interim/2016/pdf/00004159.pdf>

Current Behavioral and Response Dynamic

Heroin (Percent of Total Admissions by Year)					
Local Authority	2010		2013	2015	2016 (YTD)
Bear River	6.2%		10.7%	9.3%	10.8%
Central	5.4%		10.8%	7.4%	9.8%
Davis	16.6%		19.8%	33.8%	35.4%
Four Corners	3.1%		11.1%	23.2%	31.6%
Northeastern	6.5%		1.9%	8.0%	17.9%
Salt Lake County	21.6%		23.4%	30.4%	36.8%
San Juan	3.7%		3.1%	2.5%	0.0%
Southwest	15.2%		29.3%	34.3%	37.7%
Summit	6.4%		5.5%	8.4%	6.7%
Tooele	13.4%		15.2%	18.4%	16.5%
Utah County	28.6%		43.3%	47.0%	47.9%
Wasatch	8.8%		9.9%	16.3%	19.6%
Weber	10.3%		12.4%	15.4%	14.9%
State Total	18.2%		21.8%	28.6%	32.9%

*Utah Department of Human Services, Division of Substance Abuse and Mental Health

More Issues + Less Incarceration = More County-Based Alternative Approaches

- County Jail Funding
 - Jail Contracting for the State Prison
 - Less low-level offenders being sent to prison means fewer sent to county jails on contract
 - Increase in more difficult offenders in order to keep contracting numbers up
- County Supervision Services
 - Every successful alternative incarceration program has included robust supervision services. Because many, based on sentencing changes, are not hitting the state correctional system, they are not eligible for AP&P services
 - That means the county has to come up with a local supervision services program if we want community based alternatives to work
- Jail Program Funding
 - Access to Medicaid Extension for CJI requires the completion of a incarcerated program
 - Wrong judicial incentives – an offender must be sent to jail in order to get treatment and qualify for Medicaid for community treatment
 - Most jails do not have a program that satisfies the requirement
- Behavioral Health Needs
 - Fully fund existing program
 - Fund the remaining population to receive treatment as an alternative to incarceration

Current Local Funding

- 2015 Local Funding:
 - \$2.2 Million – Screening Tool
 - \$4.5 Million – Substance Abuse and Mental Health Treatment
 - \$2.9M (on-going)
 - 1.6M (one-time)
 - \$380K – County Jail IT upgrading
- 2016 Local Funding
 - Passage of Medicaid Extension – Creates some corollary benefit but implementation is waiting CMS approval
 - \$1.6M – For substance abuse treatment made on-going (no increase in the aggregate)
 - \$2M -- DTS to help coordinate data (some coming to counties) – one-time
 - \$3.57M -- Jail Contracting and Reimbursement
 - \$2.57M (on-going)
 - \$1M (one-time)

Summary of On-Going Commitment

\$4.5M for Treatment

\$2.2M for Screening

Local Funding Needs Behavioral Health Only

- Uninsured Adults in 2015 – 94,000
- Criminal justice involved (CJI) – 31,020 (33%)
- % with CJI and Substance Abuse/MI – 21,714 (70%)

- Already Being Served by Local BH– 14,985
 - This number assumes adequate funding of existing programs of which we are **\$5M short for Medicaid Match**

- Case Rate = \$3,100 (current avg. case rate – public)
- Case Rate X Population (6,729) = \$20.85M
- Amount Received = \$4.5M

**Total Need, Less amount Received: \$16.35M
Plus the \$5M to support the existing system**

Local Funding Needs Behavioral Health Only

State MH/SUD Costs for JRI Population

Uninsured Adults in Utah 2015	% and (#) Uninsured in the CIS	% and (#) in CIS with SUD/MI	Already in Services, CIS Involved	Case Rate and Total with initial \$4,500,000 backed-out
94,000	33% (31,020)	70% (21,714)	14,985	\$3,100 X6,729 \$20,859,900 - 4,500,000 \$16,359,900

94,000 # from DOH Natl Checketts

%Uninsured and in CIS; Council State Governments

<http://csgjusticecenter.org/wp-content/uploads/2013/12/ACA-Medicaid-Expansion-Policy-Brief.pdf>

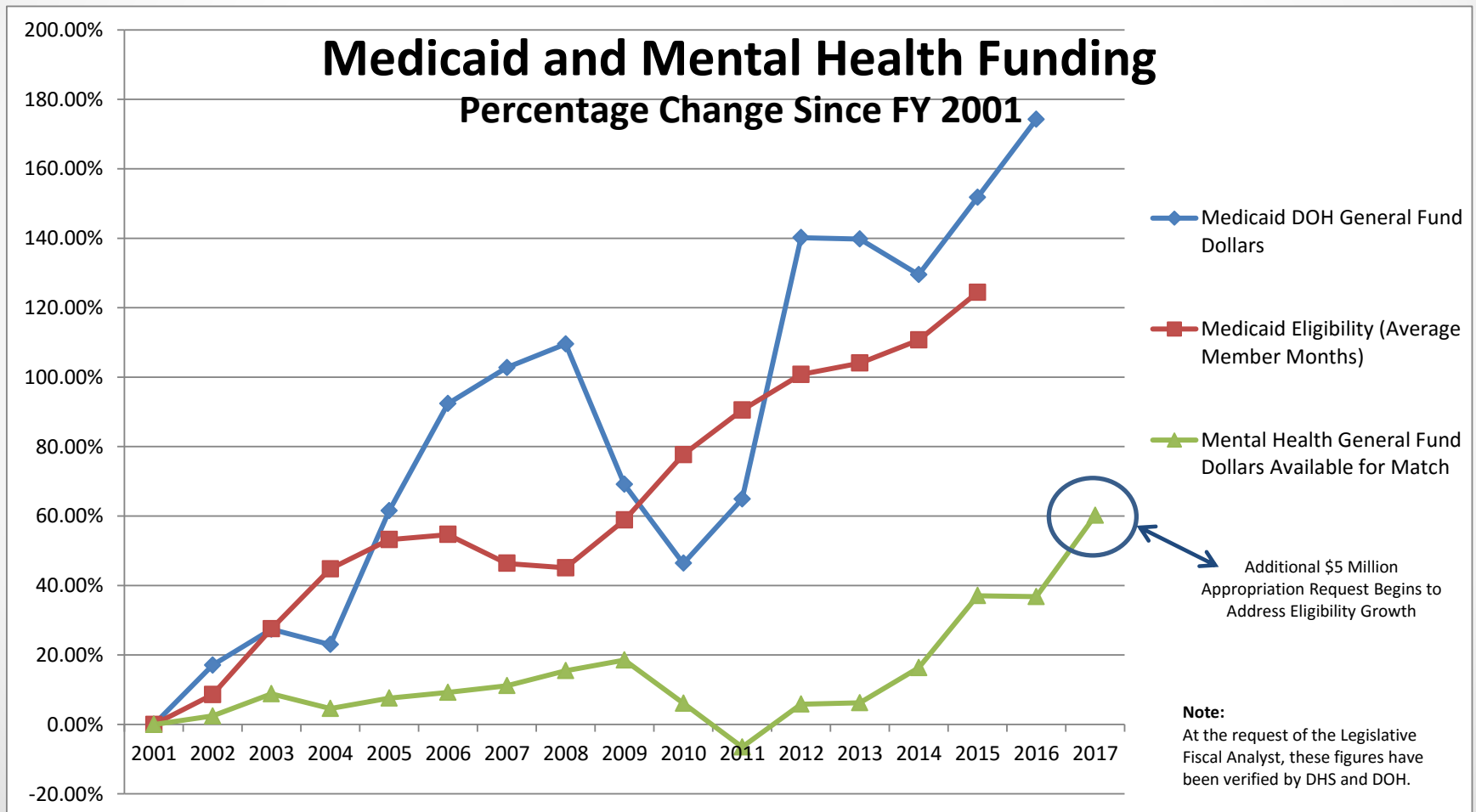
% in CIS with SUD or MI; Bureau Justice Services <http://www.bjs.gov/content/pub/pdf/mhgpj.pdf>

Already in Services- 14,845 Adults enrolled SUD x 70% CIS; 30,628 Adults Enrolled MH x 15% CIS;

Case Rate-\$3,100 DSAMH 2014 Annual Report

http://dsamh.utah.gov/pdf/Annual%20Reports/2014%20Annual%20Report%20Final%20Web%201_27_15.pdf

Local Funding Needs Behavioral Health Only



County Jail and Supervision

- Current Daily Rate: \$52/Day (Less than statute allows or suggests)
 - More difficult criminals now coming on contract
 - Should we be contracted at a higher rate to address this?
 - Still dealing with the same SAD issues, just directly instead of on contract with the state
 - Same population issues, with no funding associated and requiring costly but effective medicated assisted treatment (MAT)
- Working w/ Sorenson Impact on Programming
 - What sort of programming should qualify (job, SAD, anti-social counsel)
 - How much will “evidence based programming cost”?
- Working w/ Sorensen Impact on Supervision
 - How do we develop county based supervision services?
 - Who should be supervised and at what levels?
 - How much will this supervision structure cost?

So What are Counties Doing Now?

Salt Lake County

CORE II

1228 S. 900 E.

A Valley Behavioral Health Dual Diagnosis Residential Program for Women With Serious Mental Illness and Co-occurring Substance Use Disorders (September 2015)

Costs:

SGF (JRI)	\$ 750,000
County	\$ 190,000
Federal Medicaid Share	<u>\$ 937,217</u>
Total:	\$1,877,217

Outcomes:

- 84 clients served to date
- 5-6 m wait (27 women on the waitlist)

In a 3 yr period, CORE I (men) participants housed in county housing programs experienced a 48% decline in new charge bookings and a 70% reduction in length of stay. As a result, there was a high demand from stakeholders for a CORE II for women. We await recidivism data for this program.

Salt Lake County

Intensive Supervision Program (ISP)

A JRI-driven partnership between the Salt Lake County Sheriff's Office, Criminal Justice Services, and Behavioral Health Services Serving High-Risk Individuals (August 2015)

Costs:

SGF (JRI)	\$ 339,000 for treatment
County	<u>\$ 2,228,000</u> to meet the growing demand (March 16)
Total:	\$ 2,567,000

Outcomes:

- 263 total clients served
- 22 graduates to date
- 77% of clients have remained engaged in treatment
- 39% reduction in LS/CMI "risk" scores for graduates



Salt Lake County

Operation Diversion

A Pre-Prosecutorial Diversion Program addressing a public health and safety crisis through immediate connections to treatment for the chronically homeless/criminal justice involved.

Costs (for a 6 month period)

SGF (JRI)	\$ 100,000
County (reserve one-time)	<u>\$ 1,320,000</u>
Total	\$ 1,420,000

68 Individuals transported to treatment during operations.

An additional 94 individuals referred into treatment voluntarily post-diversion

The retention rate although fluid is better than expected.

Operation Diversion Expanded Treatment Capacity would require \$2,740,000 ongoing annually.

- County and City Law Enforcement worked together to gather intel and develop a strategic arrest plan.
- BHS worked to put into place onsite assessments, 53 residential beds, 10 detox beds, access to Methadone, outpatient treatment, and increased capacity within the UNI Crisis System.
- The District Attorney and Legal Defender's Office worked to advise clients of their rights and enter diversion agreements.
- The Salt Lake City PD Social Work Program worked to transport participants directly to treatment and to voluntarily engage additional participants in the days following from the Rio Grande Area.
- Behavioral health providers work/ed tirelessly to engage this vulnerable population, and advise attorneys regarding a client's engagement into services to inform legal proceedings.

What does JRI Mean?

- Did Justice **Reinvestment** mean true **Reinvestment** in alternatives to incarceration, or just correctional cost savings?
- At the outset, UAC continued to mention that the savings in corrections must be redirected to treatment in order for us to address the real problem.
- The real problem is not just the growth rate in incarceration, it's the realization that we have a drug and mental illness problem that is in dire need of resources.
- Without the **Reinvestment**, this was simply a cost and burden shift to the county behavioral health and public safety system.
- UAC seeks opportunities to partner with the state to reinvest corrections saving in viable evidence-based SAD and Mental Health programs (most currently are under the purview of the counties not the state).