Bridging the gaps between the mental health and criminal justice systems

May 15, 2002

Opening & Keynote Speakers

Commissioner Lisa Naito

Multnomah County Commissioner and Co-Chair of the Persons with Mental Illness in the Criminal Justice System Working Group

I would like to thank each of you for joining us today. This provides us an opportunity to look a little deeper into this issue.

I would like to tell you the story of a multiple felon. He has a family that works to help him and cares about him. He has a history of drug use and suicide attempts. He has been homeless. He is overweight, unkempt, and will not look you in the eye. If you saw him on the street you would shun him. He was picked up on a drug charges.

Let's look deeper into one of these felony charges. He was picked up for failing to signal for 100 consecutive feet before making a left hand turn. He was asked to take a Field Sobriety Test because his speech was slurred, which it always is. He passed the test, but the officer asked to search him. During the search the office found a pipe with some ash in it. The ash was sent to a lab and tested positive for cocaine, and he was convicted of a Felony Possession of Drugs charge.

This is a person who has been in and out of the criminal justice system and has cost our system thousands and thousands of dollars with incarceration, with legal defense costs, with court time and prosecutorial time, and with probation.

He does have trouble showing up for his appointments for his Alcohol and Drug Services. He doesn't have a *Daytimer*. Sometimes, he doesn't have a phone. Often, he doesn't have a place to live. When he is picked up and taken into custody, he may lose his housing because his only source of income is Social Security for Disability for Mental Illness. He's kind to animals. He picks up strays and takes care of them. He would like to work, even though he won't always show up on time. He would desperately like to be part of a community.

So, this is a kind of person that I think we can serve a lot better in our community. And this is, I think, why we're all here today.

I want to thank everyone for coming – members of the faith community, all the police agencies and law enforcement agencies here, advocates, service providers, elected officials, and our County mental health staff. There are a few elected officials who are scheduled be here, Mayor Katz, I don't see her yet, Representative Jackie Dingfelder, Commissioner Maria Rojo De Steffey, Chief Kroeker, and Chief Giusto.

I would also like to thank all of the sponsors, the people who contributed to putting on this event: Judge Frantz, of course (and I'll introduce him in a minute), Multnomah County Chair Diane Linn, the Local Public Safety Coordinating Council, Cascadia Behavioral Health, including Leslie Ford specifically. Jim Hennings is here from the Public Defenders office. The National Alliance for the Mental Ill – John Holmes is here in the back. The Department of Community Justice – Joann Fuller has not been able to be here, but has really been a wonderful leader in this area. District Attorney's Office, Mike Schrunk, Division of Mental Health and Addiction Services, and I would like to specifically acknowledge Peter Davidson for all of the work he has done in this regard. Lillian Shirley of our Health Department, I saw Lillian earlier. Finally, last but not least, Sheriff Noelle has been a real advocate and strong leader as well.

Also, I would like to thank our speakers for taking the time out of their busy schedules to come and share their insights and knowledge with us. We have Judge Randall Fritzler, who is a national leader on therapeutic jurisprudence. He's from Vancouver, just across the river. So, it's just wonderful that he could come and be with us today. Deborah Cima, from San Bernardino. They have a very innovative Mental Health Court that they've put together and their relation of connecting services such as housing to the population that they serve is extraordinary. A group of us went down to San Bernardino and we were truly impressed with the services that they're providing. Dave Meyer is here from LA County. LA County jails are probably the largest mental health institution in the world. They have apparently about three thousand mental health clients in their jails. So, they will share their knowledge, their insights, and their innovations that they are doing.

Kamala Bremer, I want to thank her very much and I'll be introducing her in a minute after Judge Franz speaks. Finally, I would like to acknowledge Christine Kirk from the Local Public Safety Council, the Director. Charlotte Comida from my office, and Carol Wessinger from the Local Public Safety Council as well.

At this time I would like to introduce Judge Julie Frantz who has been a leader in our community on working with people in the corrections system that have mental health issues. Particularly, she has looked at and worked for streamlining court systems for those who have been ordered by a judge to either have evaluation or treatment in the State Hospital, and yet they are still being held in our jails. I want to thank her for her leadership and at this time introduce Judge Julie Frantz.

Judge Julie Frantz

Chief Criminal Judge, Multnomah County, and Co-Chair of the Persons with Mental Illness in the Criminal Justice System Working Group

Thank you. I join Commissioner Naito in welcoming you this afternoon to this symposium. I forward thanks to our three presenters who have come a long way and spent a great deal of time in preparing for this.

It comes as no surprise if I say that in this community it is nearly impossible to listen to the radio, to pick up a newspaper, or watch a TV news report without there being an article or a story focusing on the treatment or lack thereof of those with a mental illness, both within and outside the criminal justice system.

It is the clear consensus of all those who work in this area, and of those who are either directly or indirectly affected by mental illness, that an adequate and proper designation of resources must become a priority in this community. So that, for example, there are options other than jail that are available for police officers who come upon people in our community on the streets, in storefronts, wherever, who are either troubled or troublesome. So that there are treatment options which are available to those who are arrested, while pending resolution of their cases. So that for some persons there is a parallel track, which may be a Mental Health Court such as in other communities about which you'll hear about today. So that adequate resources – including housing, twenty-four hour walk-in clinics, mobile crisis units – be accessible for those in the criminal justice system, so that upon discharge they can be stabilized; they can find the resources within the community that will provide the treatment necessary both for their own well being and to reduce recidivism in this community so that there is not an unending cycle of those with mental illness problems returning to our jails, returning to our courts, and then returning to our community over and over again. Lastly, so that for those who are not competent to stand trial, that there are adequate resources and funding through our community, and through the State system, to furnish treatment options as are required by law.

So, we are in the time of crisis and we need to work together to respond to this crisis. It is my hope – and I'm sure it's shared by everyone here – that long after this symposium is over, that the dialogue will continue and that dialogue will turn into action, not just talk. So, thank you all for being here. We appreciate your participation, your thoughts, your ideas, and again, hope that the networking goes on after this symposium comes to an end. Thank you.

Kamala Bremer

My name is Kamala Bremer. When you see me, it means that we'll be doing something a little different next. So, I am here to do housekeeping details and get our speakers started.

The flow of the day will be that we'll be hearing from our speakers for about an hour and a half. We'll give you a chance to have a break – we have a very nice

spread set up in the back room – then we'll come back with questions and answers with them. The last hour of today, we will be breaking out into four groups. The groups are listed in your Agenda packets so that you can be thinking ahead which groups you'd like to go into, but we'll go over those as a group later – the break out sessions – we'll be doing debriefing in the session and talking about what you all want to see as *next steps*.

The restrooms are out the door into the left. When we take our break after the speakers, food will be right behind us and there is water back there if anybody is really thirsty during the session and needs to go grab one. Please do help yourselves.

We have a feed back form in your packet and we would appreciate it very much if you do not leave today without filling that out. We have guards posted by the door and they will be assisting us in making sure that we grab one from anybody actually leaving the conference.

So, I would like to now introduce our first presenter. As Commissioner Naito said, we are very fortunate to have with us today, Judge Randal Fritzler from Vancouver. A short list cannot do justice to all that he has done to help the community. Judge Fritzler has been with the Clark County District Court since 1987, including six years as Presiding Judge. He's founder of the Clark County Domestic Violence Court, organizer of the Clark County Mental Health Court, which began operation in 2000, and he was the first Clark County Judge to hold a Night Court. Since 1999, he's chaired the Therapeutic Jurisprudence Committee of the American Judges Association. Judge Fritzler is the author of numerous papers and has presented at many conferences and seminars. In 1998, the Washington State Misdemeanor Corrections Association named him *Outstanding Judge of 1998*. In 2001, he received the Clark County *CARE Award*, presented jointly by the Board of County Commissioners and the Substance Abuse and Mental Health Boards of Clark County. Please join me in welcoming Judge Fritzler.

Judge Fritzler

Presiding Judge, Clark County District Court, Vancouver, WA

I am very happy to be here today for a number of reasons. First of all, even though my Court is only about twenty minutes away from here, we really have very little dialogue back and forth across the Columbia River between the States of Washington and Oregon, at least on a judicial level. That's been disturbing for me because I have been on the bench for sixteen years. So I leap at the opportunity to come over and engage some of you this afternoon and perhaps participate with you in the breakout session later.

It's also significant to me because I think these kinds of gatherings present the hope for positive change because they're interdisciplinary. If we're going to make changes, the courts can't do it alone. The mental health providers can't do it alone. Social workers can't do it alone. The police can't do it alone. We all have to work together. That's really been brought home to me as I've explored some of the options that we have from the Court perspective. I'm going to talk to you from the

Court perspective today because that's what I know, so it's kind of a narrow focus and you'll have to take it that way as I speak about some of these things.

Now, we recognize on a de facto basis that the courts have become an important part of our mental health system. The jails have become the largest mental health facilities, really, in the United States. The courts must, and do, deal on a daily basis with people with severe disabilities and severe illness.

The traditional court system is extremely slow. It's procedural. It's difficult to negotiate, even for people without severe disabilities. When we have people in front of us – as judges – who have some significant disability, I think so many times, if I were standing there I would be scared to death. I would have trouble dealing with the court system and interacting with the attorneys and with the judge. It must be really difficult for someone who has disabilities and other things going on at the time. I think the Courts have to start looking at a different way of interacting with their clients and with everyone else that the Court should be interacting with.

Unfortunately, I come from a discipline where we haven't been very good about interacting with people in the past. We've operated in isolation a lot. What we have today, generally, is a court system that can process cases and make legally justifiable decisions, and in the process never address the fundamental or underlying problems that are fueling the Court's case load and that are troubling society. I think that's part of the reason for some of the lack of respect for the legal system in the United States today. People just don't see it being all that relevant. I think if the courts don't change, we're going to become much more irrelevant in the future. I am looking at this a lot from the perspective of court reform and the fact that the court system has to change, not just in the area of dealing with people with mental disabilities but in other areas too.

What I've been involved in, in Clark County, is the development of a number of specialized courts. I'm going to talk about that just a little bit in the future. I'm going to try to keep my comments relatively short right now and we can go into more in the breakout sessions, if you want.

As it kind of came out from my resume there, I've started so many courts that when they started building the administration over in Vancouver, they threatened to name the Food Court after me. I recognize that specialized courts can fragment the court system. They have some bad aspects to them too. So, I'm not necessarily an advocate of everybody starting a specialized court. I think you have to look at what works well in your own culture and legal environment in your county. Different sized counties – as you'll see when you hear from the people from California, Los Angeles is a totally different ball game than Clark County, Washington. What works there may not work in our county. So, I think you have to look at what can be adapted.

I want to tell you a little bit about my view of the court system today and my view of the court system the way it's changing. I see a lot of change. I'm the only American Trial Court Judge that's on the Congress of Chief Justices Problem Solving Courts Task Force. The Congress of Chief Justices of the United States passed a resolution that supports problem-solving courts, drug courts, and similar type

courts that apply these therapeutic principals. So, this is not original to me – the last original thought I had was, I think, in 1963. So, I have kind of adapted other people's ideas and you may see some of these things elsewhere.

What's the old court system like? Well, the old court system focused on dispute resolution. As I said, it processes cases and makes legally justifiable decisions that may or may not have any relevance in real life. The new system is problem solving and concentrates on dispute avoidance and ways of reducing conflict.

The old system focused on a legal outcome. The new system focuses on a positive therapeutic outcome.

The old system focuses on an adversarial process, the combat – the truth comes out of the dialectical clash between two attorneys doing combat. The new system focuses more on a collaborative process.

The old system is claim or case oriented. The new system is people oriented.

The old system is rights based. By the way, I want to say that I don't want to throw out the baby with the bathwater. Our traditional legal system in the United States has many great values. Many of those abstract values of our justice system in the United States must be preserved and we must protect people's rights. If I have time, I'll talk about that more in a minute and how the new system has to accommodate this respect for people's rights. The old system was rights based and the new system is interest or needs based.

The emphasis in the old system was placed on adjudication. In the new system, it's placed on post-adjudication and alternative dispute resolution.

The old system was focused on interpretation and application of the law. The new system is focused on interpretation and application of the social sciences.

The old system was backward looking. I think for those of you in the medical area, the system of medicine in the United States has been largely backward looking too. You look at the person's illness and look back at their history and we don't look at how, really, to avoid illness and to make a healthier society in the first place. So, I think both the professions there are kind of backward looking traditionally. The new system is forward looking.

The old system is precedent based. The new system is planning based.

The old court system had only a few participants and stakeholders. Judges, really, are pretty isolated. That was kind of a shock to me when I went on the bench, how isolated judges are. You are isolated by a number of things and by ethical considerations and by the people you can interact with in a number of ways. You're terribly isolated and that's where the old system was. The new system is more interactive and not so isolationist. It involves a wide range of participants and stakeholders and coordination of services.

The old way was legalistic, the new way is a combination of common sense and reliance on the social sciences to give the courts some structure and some guidance and some direction.

The old way was punishment focused. The new way is more therapeutic and risk management. If I have time, too, I'll talk a little bit about risk management because I think I look at the courts more and more as risk management instruments, not risk predictions – which is what the courts have tried to do in the past, I think that that is a mistake – but dynamic risk management to try to reduce risk and danger to the public.

The old system was formal. The new system is much more informal.

The old system was efficient and has been efficient in a lot of ways. The new system, I think, is more effective.

So, this is what we're trying to do and over in Clark County. We started four courts based upon these principles and based upon the idea that the Courts can intervene effectively in the lives of people, that we have a unique opportunity to do so, that we can seize the moment, that the incident of arrest is an opportunity to intervene in people's lives and make a positive contribution. So, our four courts started, all without any grants. We didn't have a penny outside the legal budget.

My argument to everybody else was, "We have to do these cases anyway. We are doing these cases anyway. Let's try to do them good. Let's try to do them well instead of poorly." So, we started a Domestic Violence Court that was the first. Then we started a Felony Drug Court. Then I started a Mental Health Court and it went a year and a half before we got a grant on that. Now we have a $1.3 million grant for coordination of services out of the Mental Health Court and identification of individuals that are appropriate to put in Mental Health Court.

We have a Misdemeanor Substance Abuse Court, and there are not many of those. I had so many of the judges handling misdemeanor cases saying, "We don't have drug cases. We have alcohol, but we don't have drug cases, all the drug cases are felonies." Well, as any of us know, many of the misdemeanor cases involve all kinds of drugs. The question is, "Do you require a drug charge or are you going to try to address the issue when drugs are involved when there are not drug charges?"

I think these courts have been successful. You know, we don't have all the data yet, but we have a lot of anecdotal evidence. If I have time, I'll talk about a couple of those success stories and a couple of our failures.

I wanted to take advantage of this opportunity to maybe address some misconceptions that people have about therapeutic jurisprudence and these kinds of courts. We try to use a number of concepts in these courts. We try to use restorative justice, preventive law, Community Court concepts. We try to use therapeutic jurisprudence concepts and we try to integrate them and use them in a context where we do coordinate services.

I think one of the misconceptions that people have, or they hear about these courts, is that they are all fluff. There's no substance to them. They're just touchy-feely and involve the judge in attempting to be a psychiatrist or social worker. I ought to be the poster boy here. You're not looking at Mr. Sensitivity necessarily here. If I can do this reasonably successfully, then almost anybody can. I never had a psychology course in college, never had a course in sociology or anything like that in college. I really knew nothing about it except I respect the social sciences. I think the essence of a good problem-solving court is not the touchy-feely approach, but rather a judge who simply shows that he or she cares and is dedicated to identifying problems and issues for the Court client, and then letting the client take responsibility for addressing those issues insofar as they can.

We realize that people have limitations, but they have to step up and say, "Insofar as I can, I am going to try. I'm going to try to address my issues." It's the concept that people are not condemned to live a life of misery just because they have some disability. No! They can deal with these things, they can go on, and they can improve the quality of their life. So, the problem-solving judge seizes the moment and actively involves the Court in the process of changing people's lives by engaging them and getting them involved emotionally in the process, then hooking them up with the right services. I'm not a social worker, or a psychologist, or anything like that, but I can create an environment where those professions are respected and where they can be accessed.

Another misconception is that these courts are too expensive. We did four of these courts for several years without any money. Then we started to get a flood of grants coming in, several million dollars overall in several grants. Again, we have to process these cases anyway. Jail and prison are not cheap. I think there was a study here in the Multnomah County Drug Court (or the Portland Drug Court here) that showed for every dollar spent in Drug Court, depending on how you figured it, somewhere between two fifty and ten dollars was saved. That wide range is because it depends how you figure the consequences of this and what is saved elsewhere, but there's no doubt it saves money. You can do it without money just by applying resources in a good and efficient way.

Another misconception, these courts violate due process and deny people their rights. This is something that concerns me and I think it is a concern that everybody should have. Good problem-solving courts are sensitive to this issue and attempt to build in safeguards. Examples are an opt-in/opt-out process that we use in Mental Health Court; special hearings set up by local Court rule enable clients to challenge abuse of judicial discretion. You have ombudsman and court watchers involved, and there are various things that are being explored by these courts as ways to ensure that rights are effectively protected. We can deal with that. You can have these kinds of courts and still protect people's rights.

Another misconception is that courts cannot produce evidence that they work. I really wanted to leave that one out because we don't have sufficient evidence yet and good studies to show that these courts really work, but there are a lot of studies that show positive signs. Some out of Portland, here, many out of Miami, and there's some others that, at least in the preliminary studies, show that these courts work and that these courts save money and that they are effective. I think

you have to look at it not just in terms of recidivism – that's important and that should be a factor – but also in whether or not people are staying employed, they're staying in their housing, and their quality of life has improved in some way or another. You have to look at these factors too and those have to be evaluated also. I think that's where some of the real gains occur also.

Lastly, you get the conception that these courts are only popular with bleeding heart liberals and not with the people out there, with the folk. Well, I come from Clark County. We've got more folk than just about anywhere, you know? If it can go over well there – and I've got some stuff, I can show you in the breakout session that shows you that it is – it cuts across political boundaries. Liberals and conservatives like it, for slightly different reasons, but it appeals to all of them because it saves money. It's effective. It has a number of good outcomes. It's changing the courts from being just focused on procedure to looking at outcomes, and that's what we have to do.

So, the endorsements are building up. I was just down in Atlanta. The ASAM people endorsed what we're doing in Clark County, down there. CCJ Caucus passed a resolution. The ABA has endorsed it. The AJA has a resolution that is pending, the American Judges Association. So, it's getting recognized on a national level that these are positive things to do. Now, all these things will not work in your community. You have to adapt them. You have to look at what works, what kind of variations on the theme. I'm across the river. I've got some publications, some materials, on this. I'm happy to come back any time and talk to any of you specifically, individually, or in a small group about more of the details.

I hope I've given you a little introduction, a little hope, a little enthusiasm that there are judges out there that really want to change the way things work for the better, and I thank you all very much.

Kamala Bremer

That was wonderful. Thank you for the introduction.

I'd like to acknowledge that Senator Avel Gordly has just joined us. Welcome.

We are now moving on to hear from Deborah Cima. Deborah holds a Masters of Science and Counseling in Psychology. As a Drug Treatment Court Administrator for the Superior Court of San Bernardino County, California, she oversees six operational Adult Drug Courts with two more due to open this year, as well as the Mental Health Court. She also coordinates communications and training, and acts as facilitator and mediator between the Court, jail mental health services, treatment providers, and teaches the ASI (Addiction Severity Index) at a local community college.

Welcome, Deborah Cima.

Deborah Cima

Drug Treatment Court Administrator for Superior Court, San Bernardino County, CA

Thank you. Thank you for inviting me.

Well, you have a real pretty city. I have never been here before. It's absolutely gorgeous. I wish I didn't have to leave tonight because I would hang out for a few days. It's so pretty; out and down south we just don't get these clear skies.

And I want to know who your grant writer is. I think we all want to know who the grant writer is for Clark County.

There are a few things that I want to touch on as part of my presentation. I only brought the PowerPoint to help keep me on track, because I go all over the map when I'm talking and I'm hoping that it's going to keep me focused. This happens to be a real pretty presentation that was put together by our sheriff's department to help get a grant for our Mental Health Courts. My presentations usually have my grandkids put in there somewhere in between to keep people awake and watch people drool. These don't have my grandkids in them.

So, briefly, a little bit of history about how our Mental Health Court got started. Our sheriff came to our presiding judge and said, "You have got to help me with this uncontrollable amount of people that are coming through our jail with mental health issues. We're spending a million dollars a year on medications and they just keep coming back."

So, something's missing. That link between jail and out in the community, something's really wrong. I happened to be at that very first meeting. There were six people and it was: the Department of Behavioral Health, the presiding judge, the sheriff, Jail Mental Health Services, Probation, and another judge that ended up taking on this Court. Basically, it was everybody having to, you know, "Let's agree, let's do this, let's everybody pitch in just a little bit," because, we too started off with no other resources than what we already had.

We used existing resources to start the Court. It started that easy, but then making it happen was more difficult because then we brought in attorneys. Are there attorneys in the room? Talk about complicating issues. After a while, they could see the benefits. Like the judge said, we already had a foundation with the Drug Courts of collaboration and cooperation. That meant that everybody was willing to set aside their adversarial roles, look at the outcomes for people, and agree to have them come into a court that required people to stay on medications. That was a big step for a lot of our public defenders. Even though they were already doing Drug Court, doing a Mental Health Court was something different and more difficult, less palatable. But they did it, they cooperated and the sheriff made a few adjustments in how they do business. The Court made adjustments on how they do business and we just started.

Again, like the judge from Clark County said, this is not the model for everybody, what we do. Our model starts with everybody in jail. Well, naturally, it was the

sheriff that came to us and said that, "You've got to help us. Not just to get these folks out of jail, but then to keep them from coming back." So, our point of entry to our Mental Health system for these programs is that they have to start in jail. Then, they get follow-up services. There's a case manager. Of course, they come to Court, some of them. There are actually three programs that we have in San Bernardino County. They have these acronyms because that's how the County operates. I can't explain it except that they made up all these fancy names and one of them is called the STAR program.

This is what we traditionally call our Mental Health Court. It stands for Supervised Treatment After Release. The STAR program is basically people come into jail…also, the jail said, the sheriff said, "We don't want you to just take anybody." They were going to predict our target population and, actually, that helped us because we have a very narrow, small net of which we can provide these services, because they're so intense.

So, we had to have people that were the high recidivists and who also had a long-standing, chronic mental health issue. So, these weren't people appearing before the Court for the first time or into Mental Health Services for the first time. These are people that usually had five or six, at least, entries into the jail system within a short period of time. That actually helped us come up with our Mission Statement of whom we were going to serve. I suggest if you haven't done that to come up with a mission statement because once we got started and the finger pointing started as to why things weren't working, we always had a mission statement to come back to, to help ground us.

The finger pointing starts, it happens, even though we collaborated for a year. We met in something like this. Then we met in smaller groups. We met in big groups. We did cross-training. We had lunch. We did lunch. We did lunch. Breaking bread together always helps, but not when you get in the courtroom and your client isn't doing as well as the Public Defender thought they would do, and now the DA's upset and Probation wants to book him. You know, it all gets ugly real quick. So, having a mission statement and having – another suggestion is – a point of contact person, someone like myself, a coordinator that people could call and talk to and vent on. Then, maybe a person to mediate those issues is also very helpful.

So, the STAR program is our most intensive program, with a yearlong treatment program that provides housing – required housing – for at least six months, and it augmented Board and Care.

Augmented Board and Care is a board and care facility that is supplemented by the County to provide treatment services, so we have licensed clinical staff here. We have psychiatric technicians on board and they have treatment while they're in the housing unit. Then they can step down to a lower level once they've stabilized and are doing well, and have at least six months of a day treatment program under their belt. Day treatment is four hours of treatment a day at one particular location. We also decided to have a single-point provider for our group.

We called it also a Pilot Court in case it didn't work. That favorite term, you know, we'll take a little bit of a risk here. We'll take one step in because if you call it a

Pilot Court then you can always say, "Oh, it was just a pilot, it wasn't going to work out." That was two and a half years ago, so we're beyond the pilot point.

So, they provided housing, they provided day treatment, and then, of course, a Case Manager that pulls it all together. They come back to see the judge – just like we do in our Drug Courts, they come back to see the judge on a regular basis. The difference with our Mental Health Court was that we found very quickly that the Mental Health Court participants were very uncomfortable coming back to Court. For Drug Court participants, it's a good thing when you are doing well, you come back, you get clapped, you get a handshake, and you get all that good stuff. Our mental heath participants were frightened by the whole experience and found it to be very uncomfortable.

So, one of the incentives was, if you are doing really well, at least participating in your program, you don't have to come back to Court as often, but the foundation was the same as Drug Court: there would be tight supervision and oversight by the Court and that there would be doing well and there would be sanctions for not doing so well.

Sanctions changed drastically too. Our sanctions in our Drug Court, for those of you that are familiar with Drug Court, if you don't do real well, you will get a very short time in jail if you relapse or if you drop out of program. For our Mental Health clients it was very different. They weren't as intimidated by the short stint in jail. Actually it was kind of relaxing. At the point that we had them working so hard every day by going to day treatment every day and by having treatment within the housing facility, it was almost a breather that they could go to jail for the weekend. So, we quickly eliminated that sanction and moved on to community service. Community service has actually provided almost half of our mental health participants with jobs. It has really, really worked out well.

We have had thirty graduates from that program, which again is a very small number. We can only handle thirty people at a time in our housing unit, both men and women by the way. We have two separate housing units. These are not County programs but they're County-funded programs. So, they're private non-profit agencies that we supplement through contracts that were already in existence. We just moved that the referral base, instead of coming from mental health providers out in the County clinics, now came from the Mental Health Court.

The same with the day treatment program. We expanded capacity a little bit there, but basically the referral system changed. The funding did not.

So, from the Mental Health Court or this STAR program came these other two programs called the STAR LITE, which is the STAR program with – this is so fancy – Less Intensive Treatment Environment – STAR LITE. Meaning, they wouldn't have the required housing and they wouldn't have day treatment necessarily, although they could. That was an option based on need. This is a little bit lower level of care. They would be provided the opportunity to go to Court and see the judge for a regular follow up or if something was going wrong with the program.

We also had a client, a consumer on this – I'm sorry they left them off the list, but they were very, very important to us in deciding what kind of treatment modalities

are effective and what kind of sanctions and incentives are important, what's important to them – she was very helpful, she's still on our Board. She comes and watches Mental Health Court. She goes out to the treatment agency and watches how they do group and how individual assessment is done and has been a very strong advocate, as has the Alliance for the Mentally Ill. We have a strong component down in San Bernardino and they come to everything. We've been out presenting our program to various different Counties because of their involvement, so they are very important.

We started off with a lot of Probation involvement, but when they became unfunded after the first two years, well, I think we had a good enough foundation. We didn't find that we needed them quite as much and when we do, we call them. Otherwise, it's a comfortable relationship of "we'll call you when we need you" and they're just as comfortable with that as we are. You know, it's hard to break old habits and as soon as we started this program and there was a hint that somebody in the program might be using a substance – come on, most of them were using a substance when they came in, so this was no big shock to us – Probation decided they needed to go out and do searches and they brought in the dog to the housing place. Of course, everybody freaked at the housing place and we had a couple of people that ran away. It was just disastrous.

So, we had to back up and do some more homework with Probation and tell them to basically, "Respond when we ask you to and make sure that you include us when you want to respond to something like this; otherwise, take off that hat, come on with the new one, and jump on the board of treatment," which they did.

The DA and Public Defender had worked out their differences in processing these cases. We are mostly a felony-based Court, so we take not only the high-end recidivists and the high-end chronically ill, but also those with that are charged with high-end felony offenses. Our judge, our District Attorney, and Public Defender are all willing to look at the report from the police to see if this really warrants what we call, you know – *terrorist threat* is one of our red flags. It's how somebody's charged when they're acting out on the street and it's one of those things that we can actually look at and look around the offense and see what brought this up. Usually it's from people falling off their medication regime and decomposing or falling apart. Then they act out. Then they are charged with all sorts of things.

We've taken in some pretty serious offenses, but we've found a lot of success with these folks too. I know that sometimes you're limited on who you can take in by felony and misdemeanor offenses. I'm just telling you that we've had great successes in taking in a high-end felony offender.

Then the Department of Behavioral Health and the Sheriff's Department were the most gracious in giving of resources. The Sheriff's Department actually funds our clinicians within the jail mental health system. They also fund our Drug and Alcohol counselor that we bring into the jail, because treatment starts in jail until people stabilize and then come out into the community.

Basically, we've talked about this, that there's an Inmate Management Team and a Criminal Justice Committee. These are all the folks that got together and decided all of this next stuff. Let me get to the real bridge here.

Okay, so, of course, from Joe, Joe was saying that we have a full comprehensive assessment program in the jail and we're doing a real good job, but why are they coming back? So we obviously had a huge problem with people connecting out into the community once they got out of jail. So, this is how we've bridged those gaps, the steps that we took.

Night Time and Weekend Release, this was a major problem. I don't know where your jail is located – actually, I think it's really close downtown – but whatever, getting out at 12:01 or getting out at one, two, three, four in the morning is a problem. We had people that were picked up by 6:00 a.m. Mostly, if they weren't loitering, they had gotten in the wrong car with somebody and things just fell apart very, very quickly.

This was a big step for our public defender to take because they had to agree to have somebody to stay for working hours, for the next day. They finally agreed that it was probably more safe for their client to stay till the next day. We have found it to be a great help, because now we provide transportation to them during working hours to a place of contact.

So, nighttime and weekend release – we coordinated that those that come into to our STAR program or our STAR LITE program are actually directly to the courtroom. They're dressed out, ready to be released to a treatment provider. The treatment provider picks them up and brings them to where they need to be – either housing or at home or wherever their board and care facility is, or to their treatment provider.

The timing of the initial evaluation, we have services 24/7. We have jail mental health staff on board seven days a week, twenty-four hours a day. So, no matter when they come into the jail, within twenty-four hours they are evaluated for the right housing unit. So, for those that have symptoms and a history of mental health, they are put in a safe environment within the jail setting. Not everybody is placed there. There is plenty of room, we always have open beds, but some people really are able to manage out in general housing so that is where they go. The timing of the initial evaluation was important to us because if you have somebody that's not stabilized, we needed to get them to see a psychiatrist right away, get evaluated for the right meds, and before they're released to the community be stable on that medication. So, if any side effects were going to show up or it wasn't the right med for them, we could evaluate that before they left the facility. So, they had safe housing and they were evaluated.

This was a problem of no medications at time of release. People did fairly well in jail when they're on their meds. Then they get out and, of course, they have a prescription in their hand but no way of filling. In fact, no way of even getting into the clinic because they would call and make an appointment and an appointment was three months out. It was not working. So, before they leave, they leave with two weeks medications at release and they have an appointment with our County clinic to see a doctor within two weeks. For some reason, clients couldn't make that contact themselves but when you have a mental health clinician making that connection for them, prioritizing them, and putting them at the top of the list, it worked.

We have a public health nurse evaluate at the time of release because of core recurring medical conditions. They don't just have substance abuse problems; they don't just have mental health problems. Usually, they are problematic. They have many problems. They even have health problems. So, we have the public health nurse and everybody in on this evaluation and discharge planning.

Then, weak aftercare linkage was our major problem. So, we have financial and housing advocacy that starts before they leave jail so that nobody is released without a place to live before they leave jail. So, we have social workers in the jail calling board and care facilities, room and board facilities, relatives, friends, and whomever they can, but nobody is released without a home to go to.

They also start that SSI process, because it's cut off when they come into jail and then it can take forever to get started again. They start that process for them and they advocate for them and then, actually, that particular case manager goes out and follows them up a week after they leave the jail to make sure that they're following through on things. If they need a ride to the SSI place, they bring them there. They make sure that that is started.

In the meantime, our County has a general fund that we can pay for housing in the interim. They'll get paid back through SSI but they have this general fund. They're hooked up with substance abuse services and mental health resources before they leave again, and appointments at the clinics that handle dual diagnosis or mental health disorders.

Then, the inadequate transportation – we were able to get vans and drivers. This was through a Mentally Ill Crime Reduction Grant, it's a long acronym, from the Department of Corrections. They funded this and approved this, to actually fund drivers and fund vans. They are deputies – but they are not in uniform – who transport. That's from the jail to the Court. Otherwise, the transportation that takes place is by the case manager who gets access to a County car and can pick people up in their home and bring them out to a clinic. That was an important piece.

Then, the mentally ill offender is not easily identifiable by law enforcement. So, we developed these cards that the client holds that has a picture on it, gives a twenty-four hour hotline, and gives a number *In Case of Emergency* contact. It's usually a family member, but for some people it's our case manager.

The truth is that we've been doing this for a little while now, and it's not been found to be that effective, unfortunately, because it's up to the client to make sure that the law enforcement officer gets this card. They forget them, they lose them, or they don't want to use them. We've got to find a better system. We thought this would be a real clever idea. It was a clever idea on paper, but making it work has been something else. I'm not sure what we're going to do with that; we just identified that this isn't working. What else can we do? We'll figure something out because law enforcement wants to work with us on this.

Then, the family support coordinator. We do have families that want to work with their family members, but they've run against these block walls with the criminal justice system. Nobody will talk to them. Mental health workers won't talk to them

– they need all these releases of information and just don't want to release information. So, we started a Family Support Coordinator at the jail.

Our jail is user-friendly, shall I say. It's new, big, and beautiful and has wonderful reception rooms. So, we provide coffee and cake and guest speakers and things and have family members come in. We try to get them there once a week. This can happen while people are in jail and while they're out of jail. It's a Family Support Network, so they can talk to each other and find out how to get help and services and housing if where they're living isn't working. Also, to talk to the jail personnel about, "What can I do, what role can I play, how can we stop this from happening?" They have social workers, clinicians, and the family support person to talk to them. That has been a tremendous help, at least to connect that family member to that person again.

Then, we have our treatment resistant clients. I don't know if you know any of these folks, but they just don't want to sign up for anything and they definitely don't want to sign up for a year of treatment. That's why we call it the Less Intensive Treatment Environment. These are folks that are given a lower level of care than our STAR program, but are given all the linkages that they need to make it work out in the community. They do come back and see a judge, but usually about every two or three months and it's just to check in, to get a pat on the back and make sure that everything is going well.

Now, the judge hears more often how they're doing because, of course, there's a case manager. The case manager meets with treatment and the housing people every single week and they provide a progress report to the Court. The Public Defender always knows what's going on. The DA always knows what going on. The judge always knows what's going on, but they don't have to show up in Court. Sometimes they do. We have a dedicated calendar right after our Drug Court that people come to and we actually clear the courtroom and just have the mental health folks come and the clinicians and everybody – of course, the case conferencing goes on before they come into the courtroom – but they come in and it's a safe environment.

So, that is what we've offered through our STAR and STAR LITE programs. Now, the SPAN program is even a less intense program than that. There's no housing, there's no requirement to go to treatment, but there is case management. So, again, before they leave jail, they have a house to go to. They have a home to go to. They have an appointment with a clinician. They have an appointment at the County Office of Alcohol and Drug Programs if they need that service. So, they have linkages and then somebody follows up on them –usually every week for the first month and then less often as time goes on – to make sure that they are doing okay. Programs have shown that out of seven hundred and five people that have been followed, three quarters of them have never returned to jail. It's an amazing statistic and that's a year out of program.

I want to bring up one thing. Have you heard of the Dual Diagnosis Anonymous Program? Anybody? Because you have one here in your county. It started, actually, with – anybody hear of Corbett Monica – no? Well, he's here in your community too. He started in San Bernardino with us and he developed this *Twelve-Step Plus Five* program, which is a social support network for dually

diagnosed clients or mental health clients. You know how they're ostracized in AA and NA, they just are. It's not really talked about that they take meds, and when they talk about taking meds, people shun them.

So, these twelve-step meetings, *Twelve-Step Plus Five*, which incorporates the use of staying on medications and talking to a doctor and making sure you stay hooked with society and the norms of society, has really helped to stabilize our folks once they get out there. They still need community support. They need friends. They need a support basis.

So, I brought a start-up packet for you. It's acknowledged by NA and AA world organization. I brought a couple of brochures for you. You can contact these folks, but I suggest if you're going to do this, get a Dual Diagnosis Anonymous program going in your community. Apparently, there are two different places. I'm not sure you can call down south. The world organization is right across the street from our courthouse, they'll tell you where these meetings are, and you can build on that as a support network for your folks.

I applaud you for what you're doing. It's going to make a difference in your community. It's a brave thing to do. It's not an easy thing to do. It takes a lot of sometimes arm-twisting and definitely cooperation. So, *Collaboration, Communication, Cooperation*, the big three C's and you'll be there.

Good luck to you.

Kamala Bremer

Thank you so much Deborah. Each of our speakers has brought materials for the group to look at. When we take our break, you'll find them in the back of the room with signs that say where each stack has originated from. So, if you're interested in doing some in-depth reading on these issues, you'll find the materials right in the back.

Now we are moving on to a presentation by David Meyer. He serves as Chief Deputy Director for the Los Angeles County Department of Mental Health, the nation's largest public provider of community mental health services. He was Chief of Justice Programs for that organization, supervising the Department's legal and forensic functions, and is a member of the California Council on Mentally Ill Offenders, and Chair of the Forensics' Committee of the California Mental Health Directors Association. During his twenty-two years with the Los Angeles County Public Defender, Mr. Meyer specialized in mental health issues, heading that Office's Mental Health Branch for seven years, and finished his tenure there as Chief Deputy Public Defender. An attorney, Mr. Meyer has written and taught extensively on the subject of mental health law, including authorship of the California State Bar's Continuing Education of the Bar publications. He is a clinical professor of Psychiatry and Law at the University of Southern California School of Medicine, a member of the American Bar Association in its Health Care Law section, and a member of the American Health Lawyers Association.

Welcome David Meyer.

Dave Meyer

Chief Deputy for the L.A. County Department of Mental Health

Thank you so much, it's pleasure to be here. I learned so much every time I've been here before. I wanted to thank Commissioner Naito and Judge Franz for bringing me here, but also, especially, Commissioner Naito's staff – Christine Kirk who was required to chase me all over the airport last night in order to get me here at all. Thank you for doing that.

I bring you greetings from LA-LA land, as we like to call ourselves. I agree with Deborah, it's nice to be somewhere where it's green. We're having an early fire season in Southern California, so that's scary for us and its very dry and hot. So, it's a pleasure to be here on that level also.

I'm going to describe to you a number of programs in Los Angeles County. You are going to hear large numbers – lots of people, millions of dollars, much coverage across the entire criminal justice system. It's going to be very impressive in terms of absolute numbers, but I want to say two things before we launch into this.

The first is that the great successes here – what I want hear across these various programs – the great successes have some common things in them. Number one, these are collaborative programs. They bust a lot of barriers. They bust through a lot of silos. These are intergovernmental programs, lots of different agencies from the County of Los Angeles, different governments, City and County governments, working together; Federal government in the case of one program, working together. It is very seamless in most places. It's transparent.

In order to really get a sense of that, you've got to go into the Los Angeles County Jail and see a sworn officer in green and tan sitting in a treatment team meeting, talking about symptoms and treatment plans and things of that nature, or go out with a SMART team and see our senior lead or sergeant on the street corner with a mental health nurse talking down somebody in crisis, dealing with mental health problems. When you see that, you can't tell who is who. You can't tell what their discipline is. You can't tell who pays them. You can't tell what government they're a part of. It just works, and we're very, very proud of that.

Another element is that these various programs wrap around the problem of individuals who have mental illness, who are in the criminal justice system, and who very frequently are homeless. All of those problems contribute to the fact that they are getting our services and all of them have to be addressed. We have to wrap around those various agencies.

Finally, we have made a conscious effort and have done a pretty good job at cutting out the finger-pointing. The common, common, common problem across the country in this area is that nobody takes responsibility once an individual who has mental illness gets into the criminal justice system. The public protection folks point their finger at mental health people, demanding to know why they didn't do their job to keep them out of the jail and demanding to have those services provided by those people since they are in the jail. The mental health people point their finger at the law enforcement and say, "We're not responsible for people who

do anti-social behavior. It's your problem. Stay away from us." There's an immense amount of this. These programs, which I'm going to describe to you this afternoon, have gone a long way in addressing that.

About this that you've been staring at, we don't claim that we have solved the problem. We don't claim that we know how to solve the problem. We do know that we're consuming an elephant and that we've taken a few positive bites. When you look at Los Angeles County, when I tell you about these programs and give you some numbers, you've got to look at Los Angeles County and see how this works in context. It is gigantic in any measure. Next year sometime we'll have more than ten million residents. A little bit after that, the County of Los Angeles will be bigger than the City of New York, which is the only fair kind of comparison for the areas. It's gigantic in physical space, not as big in San Bernardino, but then nothing is.

It's extremely complex in terms of government. There are many different levels of government involved. The demographics are very broad. There are one hundred and four languages spoken. There are eleven languages commonly spoken in the County of Los Angeles. It is a bilingual community, Spanish and English, in the same sense that Albuquerque or San Antonio is a bilingual community at this point. Huge amounts of money are spent on social service, public protection, and health, but it doesn't approach the problem either.

To tell you a little bit about us in the Department of Mental Health, we're a freestanding agency of County government. Mental health services in the State of California are organized around county governments. They are County-provided health services. We have a huge budget, of course, and reflect the demographics of our area. We do provide services both directly, that is by employees of the Department of Mental Health, and by contracts with community-based organizations. Most of the CBO's do our Medical program. Medical is our Medicaid program. It's like the Oregon Health Plan. So, Medical is the same sort of thing. We tend to do more indigent care in our directly-operated system. We contract with hospitals and then we have individual providers out there, individual doctors and social workers who provide services as well.

Here's about the criminal justice system. Again, gigantic numbers you're talking about in Los Angeles County. There are almost four hundred judicial officers who sit, so, you kind of get lost in a crowd down there, Judge. You've got to be careful about being a judge in LA. Of course, there are positive parts of that as well.

Our County Jail is immense. Right now, the population is about twenty thousand. Its cap is twenty-two thousand. It occasionally goes up to about twenty-four thousand. Seven different jail campuses. If we had the capacity, there would be a lot more people in jail. About seventy percent of the people are pre-sentenced. Many, many, many people are sided out on their own recognizance who would otherwise be in the jail. Four or five hundred booked a night in the Los Angeles County Jail is pretty ordinary. One hundred and seventy five thousand will be booked in Los Angeles County Jail this year. Most, as is true in your system, most folks in the Los Angeles County Jail and the criminal justice system have some involvement with drugs or alcohol.

I also want to jump off and give you one caveat. I am going to talk a lot about mental health services, but when I say that, that includes substance abuse services. We do provide those services, don't see those services as being a different kind of a thing than our mental health services at large, and in this population, again, we see an overlay of about seventy percent of mental illness and substance abuse. So, it's really the same sort of thing, at least in the population with whom we deal.

We do have a large Drug Court system. We have one Juvenile Drug Court, eight Adult Drug Courts. We have several different kinds of mental health courts and I'll describe these to you as I get in to the programs.

There is one Mental Health Court in the model that we were talking about a little bit earlier in the day; it's in the Juvenile Court. It's relatively new and we really don't know what its success is going to be. It's just been in operation for a couple of months. A Juvenile Court has decided to use the Mental Health Court model. Of course, we do have the world famous Department 95 in Los Angeles County, which is a Mental Health Court that has been in existence since the 1930's, but it's not this model. It does the civil commitment work, it does the incompetency to stand trial work; the judicial commitment work is done at Department 95. But it's not this restorative approach that's used out of Department 95.

On the other hand, and we are now planning to implement that model in Los Angeles County, I don't say that disparagingly and I don't think I have a better idea. We just think that our approach to this is one that suits us a little bit better. What it is, and I'll explain in more detail in a moment, we have twenty-nine courthouses now in which there are mental health clinicians assigned to a particular courtroom. That's where they work. So, they approach it in a little different fashion.

We do not, by the way, have a mental health diversion statute. I don't know whether or not you have one here, but we don't have one. We have to do this in between the creases of the law and we do not have a community-assisted treatment law or Court-assisted treatment law. These are the outpatient commitment laws. We had a nasty political fight in the State of California over that issue in the last two years, but at this moment, we do not have such a law. So, once again, we do these things with existing laws.

Okay, let me tell you about the programs that we do have. There are not barriers in these programs either. I tried to organize them around the sorts of topics that you include in your reports. So, they kind of address those same areas.

First is the front end of the criminal justice system – crisis intervention / crisis resolution model. We have Psychiatric Mobile Response capacity in our mental health system. These are typical. I'm sure you have the same thing here. These are clinicians, this is the Psychiatric Paramedic Model. We have them both publicly operated and privately operated. They work with varying effectiveness, in some cases highly effective. The most effective ones have a direct law enforcement link. That is, they can call a local police agency in the area that they work and meet them at the scene if that appears to be necessary. Those are mental health clinicians directly employed, sometimes contracted.

The MET SMART HOPE teams are something of which we are extremely proud. This is our approach to the CIT model. Once again, we don't think it's a better model, we just think it's better for us. It differs in the fact that a mental health clinician directly employed by the Los Angeles County Department of Mental Health is teamed with a sworn law enforcement officer. They have their own equipment. They have cars, which are provided by the partnering police agencies. They have computer linkages. They have all the modern equipment that a modern police car has, except they are unmarked. In most cases, both team members are in plain clothes, in plain clothes normally. There is one exception to that, the Long Beach Police Department has insisted on having a uniformed officer. They operate the MET teams that are primarily the Los Angeles County Sheriff's Department and there is a Long Beach MET team. The model it uses allows it to roll to the scene of an incident directly. It is not at the moment 24/7.

The SMART teams are similar. They are partnerships with the Los Angeles City Police Department. This is our largest component. As of this fiscal year, the SMART teams operate 24/7 citywide. So, Mark, your hard work came to final fruition this year. We are citywide in the city of Los Angeles 24/7.

SMART operates in a slightly different model. SMART responds to calls from dispatchers. So, the first thing that will happen in an LAPD encounter is that an officer will appear on the scene. That officer, if they sense something needs to be done, will call in a sergeant (or, actually, in some cases directly call the dispatcher), then the dispatcher will roll one of the SMART teams. It works on a slightly different model, but it works.

The HOPE team is a brand new team this fiscal year. It's similar to the MET teams. It operates with the Pasadena Police Department. There are thirty of these things. We actually have money for more of them and are encouraging, especially the Los Angeles County Sheriff, to expand their program.

The COURTS program I mentioned to you. The MET and SMART teams are populated, in terms of the mental health component, primarily by psychiatric nurses and psychologists. There are some social workers and there are some vocational nurse types who we call psychiatric technicians that are on these teams, but it's primarily psychiatric nurses and psychologists who populate these teams. The COURTS program is primarily social workers and some psychologists.

These folks are employees of the Los Angeles County Department of Mental Health. They are assigned to specific courtrooms in twenty-nine different courthouses now. The literature that you'll note in back says it's twenty-seven. We've expanded it. It's now twenty-nine. That person works for the Department of Mental Health. Their work location, their work site, is in a courtroom. They have direct access to the mental health system. Some of them actually have computer linkages, but most of them have telephones where they can call in, directly access the mental health management information system, talk to local providers of care, whether it's housing, outpatient care, whatever it is. They have direct access to inpatient services if something happens in the Court that requires somebody being placed on what we call a 51-50 or the initial involuntary hold. They can do all of that right directly in the courtroom. Again, highly seamless.

Now, this partnership, I would have to describe as a partnership between the judges in individual courtrooms and the Department of Mental Health, the Department of Mental Health worker. When you go in and watch it operate, you really can't tell who is doing what and who works for whom. The DA's think that social workers are working for the Public Defender. The Public Defender thinks they're working for the judge. Nobody really knows where they come from, except that they're there. In fact, they work for the Department of Mental Health and they have direct access from the courtroom and the case into the mental health system. It works very quickly, very seamlessly.

They do diversion. That is, they can move people out by agreement of the parties – out of the criminal justice system for even long periods of time – while cases get continued and get placed in suspended animation while a person progresses. If it's part of the agreement between the litigants, a case could be dismissed if they are successful. They have their own dedicated alternative sentencing beds. They have seventy-nine beds in a variety of levels of care ranging from secure inpatient care through sub-acute, that's where most of their capacity is. It's kind of a sub-acute level called Institution for Mental Disease or IMD. And then they can provide outpatient care. They have access to housing. All of the needs of the individual can be taken care of by the COURT program workers.

They are also an entry point into the mental health system. I want to re-emphasize that as we talk a little later about the three floors in the MIOCR programs. But the COURT program folks are an entry point. Folks who have never been treated in our system, treatment can be initiated through the Court by these individuals.

Jail Treatment Program, most of you have asked me questions about this program. It is immense. We have an immense jail. We have twenty thousand people in jail right now. We have three thousand people under some level of treatment. Most of those people, by the way, are simply under a medication maintenance treatment. Within the jail, we have a fifty-bed acute care psychiatric hospital. It's operated, obviously, 24/7. It's an acute care hospital for people in crisis. It is very richly staffed. That fifty-bed hospital has three psychiatrists assigned to it and very intensive care by psychiatrists, psychiatric nurses, social workers – a very richly staffed inpatient unit.

We have a sheriff who has dedicated his most modern facility to the treatment of individuals who have mental illness. It's called the Twin Towers Correctional Facility, two tall buildings. In Tower 1, seven floors of that building are dedicated to men who have mental illnesses. Their level of acuity ranges from sub-acute, people who have been discharged or who are ready to go into the inpatient facility. That's very intensively staff ranging down through various levels of care. It is heavily programmed. It is staffed for group therapy, individual therapy. Any form of medication can be prescribed and is used in that jail. The other tower, again seven floors of it, that is the women's jail. Three floors of it are for mentally ill women. So, we have a full complete program for our women in the jail as well.

JMET is an analog of the MET teams, Jail Mental Evaluation Team. Actually, there are three of them now. They are assigned to the various other jails in the system. Remember, there are some seven of them. These teams go to the alternate sites and they literally roam around that jail looking for business. They take referrals

from custody officers or from medical staff at those facilities. They go to them. They assess right there on site. If the individual qualifies for services, they are transferred by the Sheriff, on order of the JMET team, to the Twin Towers Correctional Facility, which is the mental health facility. It happens within twenty-four hours. So, the way that we pick up folks that are out there in the other facilities is through our JMET capacity.

Forward Momentum is a dedicated program for women. We have, in our men's jail, just using the raw numbers, about fifteen percent of the men's jail is under some level of mental health care ranging down to medication maintenance. It's much higher for women. About a quarter of the population of women in the jail are under mental health care. Women have qualitatively different problems that would be addressed in different ways. Many of them are in the jail, but could easily have been victims. Almost all of them in their lives have been victims of serious crimes. They have children. They have families. Many of them are the sole parent in the family. There are all sorts of issues and problems that play into the fact they are very heavily represented in mental health programs in the jail. Forward Momentum is one of several programs that we have to address that. It's one of the MIOCR grants, Mentally Ill Offender Crime Reduction grants. It's State money from something called the Board of Corrections, which is a State agency that's kind of a grant agency. It's not the prisons; it's different. It has been highly effective. There's a brochure about it in back if you are interested in how we approach that particular problem.

Now, I hope I have enough time to tell you about what I think our greatest successes are, which are the exits from the jail. These are once again collaboratives. These are different agencies and different kinds of disciplines that are trying to affect this same issue. You've heard about STAR programs, this is very much in the same area as those programs. The hole in the system into which people continue to fall is discharge. It's the one place where, if I had to spend my only dollar, I would do it. These programs are directed at that particular problem.

I'm going to come to the 34's last because it is the biggest and most successful of all of these programs. It's the one, if you're going to emulate something, it would be the one I would suggest.

MIOCR is Mentally Ill Offender Crime Reduction grant. That is the Forward Momentum program. I list it in both places because you need to know what's under people's money, number one. Number two, it's a grant – always problematic when you fund long-term programs with grants.

CROMIO is another of the Mentally Ill Offender Crime Reduction grant programs. CROMIO is directed at heavy weight cases. One of the entry criteria for CROMIO is that it must be a felony. Now, we do a lot of focusing on people who are situationally in the criminal justice system. They are relatively minor crimes. They are very often property crimes. CROMIO doesn't do that. CROMIO is picking the tough ones. It's a very highly intensive program. It's wraparound services. It's very heavily weighted towards clinical services where some of our other wraparound programs are not. It starts in the jail. The treatment process in CROMIO actually starts in the jail. The providers of the care begin the process while a person is there. The reason for that is most of these folks are sentenced

individuals. So, they are going to be there for a while in the jail. The treatment program starts there in the jail. The CROMIO follows them out for treatment purposes and sometimes does linkages.

BRIDGES is very similar to one of the programs that Deborah was talking about. The idea of BRIDGES is to address this funding gap that occurs for folks who are on Social Security, who receive SSI. There's an automatic suspension of SSI benefits when they are admitted into a public institution, whether it's a jail, or a State hospital, or anything like that, and it happens fast. Right now, thirty days after a person gets in jail, boom, no more SSI.

Well, when they get out it doesn't happen quite so easily. It can take months to restore those benefits. It's a very difficult and torturous process. While you can recover money from the protected filing date for that person, if there isn't something for that person to live on in the interim, they're in big trouble. That's what the BRIDGES program is about. The collaborative is between mental health, Sheriff, and the County Department of Public Social Services. What it does is it arranges for general relief benefits to start up upon release. Housing, usually Section 8 housing, is the vehicle that is used. It is something to ensure that the person isn't out there alone and without benefits upon release and pending the reestablishment of benefits.

The Sheriff has some programs that they have put together themselves. They are really unique, very unusual. There, again, is some documentation on them in the rear if you want to pick it up. They have created a Community Transition Unit that they fund and staff. We are involved in it, but it's definitely a Sheriff's program. It is not limited to people who have mental illnesses. It's anybody who is willing to volunteer to go into this unit for purposes of getting transitional services into the community. It focuses very heavily on homelessness issues. They also have a component of our drug treatment programs that comes out of the Drug Courts that are directly operated in one of their jails. Very interesting program.

Now, let me tell you about the 34's. There's lots to be said in terms of the successes of these programs. All 34's, because they derive from several pieces of State Legislation, all of which have the number thirty-four in them. The original one was AB34, authored by Assemblyman Steinberg from the Sacramento area. That was followed on by AB2034. Then we had 334. There's lots of 34's, but it's all fundamentally the same program. It is revenue that comes from the State that is extremely flexible in terms of its uses. This money, as long as it's used to address the problem of mental illness and homelessness can be used for any purpose.

The actual criteria for participation is that you have an Axis 1 diagnosis, you have a serious and persistent mental illness, that you are either homeless or at risk of homelessness, or that you are in jail or at risk of going to jail. If you meet those three criteria, you're in the AB34. The monies are rather large. Now, there are only three Counties that are involved at this moment. We're trying to expand that in the State, but because of that, the funding is relatively rich in those three Counties. Fortunately, Los Angeles County is one of those Counties.

It addresses one of the greatest problems systemically, which is categorical funding. You can't use money from various funding categories except for those

purposes. It's especially true with respect to FFP programs, Medicaid programs, and things of that nature. AB34 money can be used for anything as long as it addresses the problem. It can be used to pay rent. It can be used to pay for medication. It can be used to pay for transportation. It can be used to pay for entertainment. It can be used to pay for any purpose that the treatment team decides is appropriate to care. You can use whatever mix of clinicians and non-clinicians you wish. The AB34 services of Los Angeles County are provided primarily by private agencies, by community-based agencies. However, the linkage services are done by County employee personnel.

So, there are folks inside the jail, which is the main entry point, who identify individuals who may be eligible for services. They then identify which community-based providers exist in that person's area of residence. They contact those providers, based on availability and appropriateness. The provider becomes responsible for coming into jail and initiating services for purposes of discharge, transition, and initiation of services in the community. They remain responsible for that individual for however long they are involved in the AB34 program. They're existing providers of services. They're not startups. They're not people we don't know.

The numbers out of all of these programs are pretty impressive in terms of outcomes. I'll tell you there is one exception to that. I don't say this very loud and probably wouldn't say it if I was back across the state line. The one place where the numbers do not particularly look good is in the CROMIO program, the one for felons. The numbers that are common in all these programs are things like days in jail, re-arrest, those are the outcomes measures that are used to test the effectiveness. The CROMIO numbers actually show more arrests for the individuals in the program than for the control group, and more days in jail for the CROMIO people than folks in the control group. The reason we've discovered is that it's a collaborative with the Probation Department. What happens is that Probation Officers have more opportunity to violate individuals, and they do more time. That's a flaw in the program. That's a flaw in the staffing of the program. They have to address it. That being said, every other one of the programs has been immensely successful.

Let me tell you just briefly about some of the numbers in the AB34 program. Seventy-seven percent increase in permanent housing. Sixty-five percent decrease in the number of days homeless. Sixty-five percent reduction in number of consumers incarcerated. Sixty-two percent decrease in the number of incarcerations. Eighty percent decrease in total days of incarceration. Thirty-three percent reduction in the number of hospital admissions. Seventy-four percent decrease in total number of hospital days. Two hundred and fifty percent increase in numbers of consumers employed full time. Two hundred and ninety percent increase in the numbers of consumers employed part-time. It's wildly successful by any measure. It is a tribute to what happens when you bust up silos and work together and get focused on an outcome.

How do you do it? Joint responsibility and joint staffing, you have to stop worrying about who's responsibility it really is and just get to it. It requires law enforcement personnel. It requires social service personnel. It requires mental health

personnel. It requires clinical personnel. It requires non-clinical personnel. It requires federal government personnel, state government personnel, city government personnel, and all of the above. The place we have to get is an understanding that this not "their" problem. This is our joint problem and it's only going to get addressed when we address it jointly and take responsibility for doing that. You have to have common objectives. It helps to have MOU's. We do in many of the programs. We make a statement in dry ink that it's our joint responsibility and what that means. Joint training, especially in custody facilities, it's really important to train custody and mental health people together because they both have needs and they both have requirements and they both have to learn to respect the other folks. We found a problem with having mental health people, mental health employees, in a Los Angeles County Jail who do not understand that it's a security facility. They don't get that.

Other keys to success – celebrate successes, measure outcomes, have joint accountability, responsibility, and authority. The Department of Mental Health pays for services if they are outside of the jail; if they are inside, the Sheriff pays. Above all, I would advise that you build strong relationships with the media.

Kamala Bremer

After hearing from County Chair Dianne Linn, we will be adjourning this session and taking a fifteen-minute break. The question and answer session will follow, as well as the breakout sessions this afternoon. We will be having a chance to have refreshments and we'll be starting back here in 3 P.M.

So, with those reminders, I would like to introduce County Chair Dianne Linn.

County Chair Dianne Linn

Hello, there. I'm going to be very brief because you've all sat for a long time to hear, I think, some very compelling information from our guests. I just want to join Commissioner Lisa Naito and Judge Franz, in welcoming you to this facility to talk about this very, very important issue.

In the past twenty years, all around the country, the cost-containment exercises in the mental health system has really led, as all of you know – and you wouldn't be here today if you didn't know – to deinstutionalization, a shift from the institutions into the community, and now into the jail and corrections systems. Since managed care, it's even gotten worse and what we are trying to do here in Multnomah County is make some great progress on the community mental health end. The tragic consequences of people getting involved in the criminal justice system because of their mental illness, I think we all can feel viscerally, and the cost issues are overwhelming our systems.

It's great to have all of you here from all the different walks of the community to hear from our neighbors and to share information. I really do believe we're turning the corner here in Multnomah County. We're making progress. We have a ways to

go because, ideally, the lion's share of people who are affected by mental illness shouldn't be involved in the criminal justice system at all. The collaboration and the discussion of the other systems and other models are obviously things we can learn a lot from, and that's where we really need to pitch in and work together.

The DA, the Sheriff, the Chief of Police, all the people here from the State Legislature, we honor your involvement in this process and really look forward to continuing our progress in the mental health system. I think we're all starting to talk and we can begin real collaboration that I think is going to be critical.

So, I'm going to end there. You're all ready for a break. Let's keep up the great work together and thank you all for participating in this session.