

Familiar Faces Action Transcript

Good morning. Thank you for your patience, we have a few housekeeping items before we get started. If you experience technical difficulties during the session data 1-866-229-3239 or message the WebEx producer.

As a reminder, the event is being recorded for rebroadcast and we do encourage you to use the chat box on your screen and you can see that in the middle of the participant panel underwrites. I do want you to know that time permitting we will be able to address any questions.

I am pleased to turn the call over to your host today, Tran eight -- Maureen Buell.

My name is Maureen Buell and I am moderating the session today I'm with the national Institute of corrections. My co-moderator is Ryan Schwimmer and he will assist me today as well . We have two presenters for this event, Mane Martirosyan and Caleb Bradley -- Kayla Bradley. Mane Martirosyan is with the Louisville Department of Corrections and she is been there since 2003. She currently is a senior social worker and has held that position since March 2015. She received her Master of science in social work from the Kent school in 2013 and along with the Louisville Metro Department of Corrections director Mark Fulton co-developed and implemented the program that we will talk about today, familiar faces, action and community transition program.

Of programs and the alliance for community transition program are for discharge planning and people going in and out doing mental illness and homelessness issues, the second is Kayla Brady. She is a certified social worker with the Louisville Metro Department of Corrections and has a Masters in science and social work and also from the University of Louisville. She actually has been using her skills that she obtained during college and graduate school to navigate her thinking and approach in working with justice and individuals with mental health concern, substance abuse disorders, homelessness and behavioral issues. For people really needing assistance getting their life on track after they discharge from the facility. At this point I will turn it over to Mane Martirosyan.

Thank you.

Good morning everyone, to start our presentation aspect of the program I would like to start by talking about some data from 2015 about global Metro Department of Corrections so everyone has an understanding of the facility and how many inmates we are talking about.

According to this data, we had 32,000 bookings -- 32,201 bookings in 2015 and our average daily bookings are 89 and that is also our average daily release number, our daily in bed population was 1787 and 646 were home in Corporation and another 70 were in the reporting center. For 2015 our average daily population was 2433 and the length of stay on average in

our jail was 20 days and 2015. The cost to house one inmate per day was about \$76 and this is our general population. That is the cheapest bed and if we are housing someone in the mental health unit or medical unit due to medical or health issues or substance use issues or detoxing, those beds cost a lot more, triple that so around \$230 beds is what we are talking about.

Good morning everyone, too often individuals that we see here are chronically homeless and they have things like disorderly conduct, trespassing, loitering, and theft, a lot of nonviolent misdemeanor crime so here at Metro connect -- corrections we have an individual that has been booked here many times and these citizens use the resources they know which are scarce, panhandling to land an individual back into our custody, many people are released from jail and these people face significant barriers as they reenter society and without supportive services that we can connect with them they may cycle in and out of jail and homelessness.

Here at Metro homeless center we refer to them as familiar faces, not frequent flyers.

Our familiar faces and action and community transition program was started in July and action and community transition program was started in July 2015 and a lot of times the people that we work with report not having support and they do not have the chance for treatment or further substance use or mental illness and homelessness.

To discharge plan program not only helps these individuals that we serve but gives them chance to instill hope for the future and decreases the likelihood of returning to jail. You will learn why we feel so compelled to start the program and we want to share it with other professionals in the field of corrections.

We have a poll question for our attendees to get a better understanding on what everyone thinks and what is going on in our jails as far as mental illness. In 2006 the US Department and Bureau of statistics issued an extensive report on American jails in prison in the poll question is, according to the findings contained in this report, what do you think is the percentage of old people incarcerated in a local jail that have at least one mental health issue? Is our attendees can take a moment and participate in this poll I hope that everyone can see this question and be able to participate. >> 20 to 25%, 30 to 35%, 60 to 65% and 80 to 85%. >>

This is Sharon, the WebEx producer and we have 50% of participants answering the poll , if you look at the right hand side of your screen you can select an answer and hit submit and then we can close the poll shortly. >> I will be closing the poll at this time and it will just take a moment for the completion of the results. Thank you. >> Okay, at this time I will be sharing the results onscreen. >> Okay, thank you, it looks like one person answered 20 to 25 and 10 answered 30 to 35 and 44 answered 60 to 65 and 20 answered 8285.

This is great because it looks like the majority of us know the impact of mental illness on our jails and prisons. The correct answer is 64%, that is the correct answer so it means that 64% had at least one mental health issue. And out of hundreds of individuals being released from

jail at least 60 have mental health issues and you can see how prevalent this is in our jail population. >>

Their mental illness or what we refer to as SB and I can distract a person's ability to carry out their life so if you look here on the slide and according to the US Department of urban development during 2010 they observed that 26.2% of the sheltered people who are homeless also have this SMI and 34.7 who are homeless also have chronic substance use disorders. These skills include but are not limited and they are basic life skills and they are related to budgeting life skills and taking care of their health and taking proper messages -- measures to take care of hygiene and maintain relationships with friends and family and other members of society.

According to the national coalition of the homeless a result of these factors in the stresses of living with these disorders, people that have these are much more likely to become homeless in the general population. Being poor is a combination that results in this high vulnerability from homelessness and there have been 200,000 people that have been identified as having these SMI conditions. >> The number of mentally ill homeless in the United States has definitely increased during the last half of the 20th century and this increase is directly attributed to the US security and policy changes towards mental health and this is when they decided to close down institutions because the patients were being mistreated and they move them towards community and the theory behind the policy was well intended and it was disorganized in the community services at that time meant that many mentally ill weather -- were left without consistent care and they ended up in jail or in prison and this is a nice cartoon that we have and it explains what happened in the 70s with this population, no more warehousing and so the thinking outside the box in the 70s resulted in living inside the box into the 2000's.

The image you see now shows the shift of the mentally ill and where they reside over a 40 year spent in prior to eliminating psychiatric hospitals only 2 1/2% resided in jails at that time so only about 9% resided in the psychiatric hospitals and the rest were known to be homeless or living elsewhere.

Moving forward to this act you can see a significant change in the graph are the mentally ill population in size increase from about 6 million to 7 1/2 million in that 40 years time and you can see there is an increase in the number of individuals that were known to be incarcerated by 120%. So 5 1/2% of people with mental illnesses were incarcerated so look at this and that is 410,000 more people compared to the 100,000 or so of individuals in the 40 years prior.

You can also identify from this chart that mentally ill people are more prone to homelessness because their basic needs are being met. >> The harsh reality of all of this is that these people are likely to fall victim to substance abuse, chronic homelessness and deteriorating health with her needs are not being met and without the support of the community they continue to recycle in and out of the jails and those are charges that are discussed earlier on. >> This photo illustrates the idea of cutting out the hospitals that we were talking about and some

people could think it would be a financial gain to mental health professionals and taxpayers but when people cycle in and how it cost taxpayers a lot of money so that a six dollars per day is the cost of housing the general population in comparison to about \$200 per day to individuals with mental health issues and concerns.

A lot of the time other programs and contributions from other agencies and nonprofit agencies. When it comes to the private hospitals and nursing homes it is hard to say whether the needs of the mentally though people are being met because they are too often uninsured.

This is another great cartoon picture that illustrates what is going on in the American jails.

We are not a surrogate psychiatric hospital for hundreds of thousands and we have way too many mental injuries in our jails and we're also the biggest detox facility in our state and I am sure it is probably the same for other jails in the nation.

We definitely don't want to be but the fact is that we are and they are not a lot out in the community, there insurance and private pay beds we know many individuals do not have the money nor the insurance to secure one of those beds for themselves, especially coming out of jail, they don't even have the jobs, the money or anything that can support these types of ads.

The reality of the familiar face individual is this, the cycle that you see on the screen, homelessness per jail back to homelessness and talk to jail on the street and the cycle does not and unless something changes unless we do something about it.

As mentioned before individuals with substance use disorders or homelessness cycle in and out of the jail and a good example is a homeless citizen here and sometimes he comes to the jail four times per week on panhandling charges and we want to strive to assist people like him so they do not continue to come back. We continue to work with him each time he is but to find the best fit as we do for many other of our familiar faces but this individual that I am talking about is an individual that has been homeless since about the age of seven. We want to break the connection between the inmate and the jail.

We like to work with individuals to connect them with the community resources that we have here in this area and these pathways can assist individuals with case management and substance use treatment and life skill training and medication stability and transitional housing. Lifestyle changes, job searches, a lot of other different things that can assist in stabilizing an individual to find it easier to manage their daily life. >> With all that being said, the moment of relief prevents a very critical point in time that can make or break an inmate's successful integration into society and historically this was taking care of inmates when they were inside and when it was time for release the doors were open and they got medication and pretty much this was without a plan of where they were going to or what would happen to them in the same day or night.

The majority were released in better shape than when they were booked, however without proper discharge planning the change was not really lasting long at all, on our next slide we will talk about the importance and benefits of discharge planning and we will talk about for reasons why this is beneficial in the first is a link to resources based on need and that is what discharge planning is all about, connecting them with mental and substance abuse treatment and helping them get their ID and obtain health insurance and giving them local transportation tickets to make it to their next appointment and giving them a resource booklet with information on shelters medication, food and clothing, anything that a person could need to meet their basic needs.

The second reason that it prevents vulnerable populations from returning to homelessness and this basically means finding an appropriate bed or housing in a community whether it is a residential treatment that or transitional housing or just a shelter bed, any of that can prevent a person from sleeping under a bridge or in a box.

Number three is investing an outcome that every life has some human potential to be a productive member of society and we cannot forget that after being released from jail those individuals do not disappear into thin air, they returned to their communities, our communities and our neighborhoods really so the better that they feel and do the better our neighborhood and communities will be and the fourth reason is maintaining gains during her separation -- incarceration. One might argue this is a loss and not again but believe it or not, for the population that we are talking about there are many games and the jail is the only place where many receive services they need including hot food, place to sleep, detox services, mental health stabilization, haircuts and showers and all of us that are blessed to have those things take for granted but for the individuals we are talking about, for our familiar faces even the haircut and shower means a lot so by recognizing the importance of all of this with the support of our administration all the way to our officers and civilian staff, we are all committed to successful discharge planning processes for the inmates that are the most vulnerable and require additional assistance in meeting basic needs out in the community.

Here on this slide I have listed out the basics of discharge planning and all of these things are not necessarily basic things that we can do, there is a lot of planning into this and relationship building with people and agencies outside.

What we like to do with individuals that are participants of the program is we want to supply them with at least 30 days medication so like it was mentioned, when they come in here and stay a little while, a lot of times people at these mental illnesses become stabilized so we don't want to put them back out in the community so that they do not have these medications and they become unstable and then end up back in jail, we have a clothing closets that has so graciously been assisted with the councilwoman here in Louisville and it is stocked with pants and shirts and donations from other agencies and this good collection of people is not going out and shorts and flip-flops . All of these things are put into a backpack and the backpacks are purchased with inmate funds that are collected through Commissary purchases and shelter

and housing. We like to call community beds that we have relationship with to reserve this bed with the individual on the basis that they are released.

If an individual is here long enough, we can assist them with completing an application for health insurance and here at Metro corrections we have a full-time employee that was known as a connector here in Kentucky and she completes the process for us so that when an individual is released he or she can have activated health insurance when they leave and they also mentioned that we can get flex passes in these backpacks for individuals so that they may have transportation after an appointment and we can send them to a warm handoff with a police officer and someone can give them a ride so that we ensure that they are there and they do not get misguided once they are released out in the street.

Also, state IDs if they have had one in the past year in Kentucky we can get them in ID because some of our shelters require that they have an ID and the resource handbooks, they are provided by the coalition of homeless here in Louisville and they are full of resources such as where to get food, clothing, overnight shelter and other kind of services that the homeless can access on a day-to-day basis.

Of course we would never be able to do that by ourselves, we cannot do this alone and developing a start for the program took a lot of networking in many discussions and conversations in the community and the different agencies that have services needed. Today we have many partners that allow us to keep this program going and we are proud of those partnerships, every single one of them. Just to mention a few our contracted with care provider is one of our biggest partners and we need to work together to help our mentally ill or detoxing individuals and shelter Sandra is just an all -- shelters and tours in transitional housings, we tour everything and we never send anyone to a place we have not personally seen. The judicial system is another great partner for us, the judges know about the program and public defenders know about the program, prosecutors know about the program and very often they refer individuals to us. The community reentry organizations and community health providers will not go into detail to name every single one of them but there are quite a few.

Every agency has an influence and every influences another program that makes it better.

What we wanted to look like and what it needs to look like is this. I will call it a little wheel, the different things that play a part in this.

As mentioned earlier we want to break the connection between the person and the jail and between jail and homelessness, they cycle in and out and we want to break it, when an individual is a participants of our fact program, familiar faces action and community transition program, this is a cycle that they are in when they get released. This is what it looks like to have a successful discharge planning program.

Of course we definitely need to share one of our success stories with you so you can see what the program can do for an individual who so desperately needs it and I will just take one about

an inmate who was booked in our facility 65 times and he was diagnosed with severe mental illness as well as substance use disorder and he was homeless and had been for a while and he did not have health insurance. He did not have any family member that wanted him in his current state, he had family but they had all given up on him, he was always being booked in crisis and he was a danger to himself and others on the street, we started working with him towards his release date and he was pretty script the call of any kind of help that we could provide, but he knew that he needed it so he worked with us.

We worked with his public defender to let the courts know about his discharge plan and that he would have some kind of support and he got released from jail why he was on medication and we started the medication while he was in jail.

We released him with a supply of 30 days and some clothes and a backpack and we got him a bed in a local treatment facility that was going to trace his mental health issues as well as his substance issues and we had one of our officers that transported him with a warm handoff turned him into the care of the treatment facility and this warm handoff is important to acknowledge because the program would not be as successful if we were just handing people a little referral if you know what I'm saying, go to this address, they are expecting you.

The majority of them would not be able to make it so this warm handoff piece let us know that the person made it to that facility.

He had a follow-up court date on the day of his court I received a call from his public defender and I still remember him telling me the story and he said that he was so excited that he had to call and share with me what happened in court earlier that day.

When a former inmate entered the courtroom the judge was so shocked to see the transformation of this person's appearance that he just tossed the papers in his hands up in the air and the person looks healthy, did not look homeless, he was groomed, very much stable. The court had not seen that person before in that form, they had seen a different person, a homeless and unstable guy and this is the first time they actually sell through all of this. As I stated earlier he had 65 bookings prior to us helping me -- him and this was 2015 and today it is 2016 and he has not been back to our facility. He is doing great and his sister after seeing how great he was doing took him in and actually he lives with his sister now and has the family support, I call this a success story and I call it a life for him that has a meaning and it makes all the hard work definitely worth it. And the program does take a lot of hard work on our side but it is definitely worth it.

I know we cannot be going around and telling stories like this unless we have good data to back it all up.

We do have a very recent data on the program now that it has been going on over one year.

We took 329 of our participants and compared them with themselves. We took a year prior to discharge and then we looked at the aftereffect discharge.

Out of those 329 participants, 46% did not return to jail. 46%, we are really happy with that number. Another 31% return to jail but had reductions in their arrest numbers. About 23% they call it a success because they kept coming back almost with the same arrest rates and their bed days in jail was reduced because they were not coming back with a high acuity level and they were able to go straight back into community and get reconnected with their support system that we had set up.

All in all, this program had 77% success rate which we are pretty proud of and in one year it has stayed a little under \$2 million in savings, remember that bed days are 70 or \$75 per day in the general population, however the more expensive beds that many familiar faces are using are about \$230.

A little under \$2 million is considering just the conservative spacing and if we were to calculate it would be somewhere between 2 million and \$4 million of savings for corrections in these bed status. 77% success rate. >> We would definitely recommend every agency to invest time and effort to put in place of this discharge thinning program that will help connect individuals with services outside the jail and it is important to recognize who is there higher users and the familiar faces that keep coming out and believe me, you will get a huge return on the investment. >>

This concludes what we have prepared, if there are any questions we would love to answer those. >> I want to say thank you to Kayla and Mane Martirosyan, it is an impressive program and the fact that you have data and potential for cost benefits, that is really important.

We have a couple of questions and if we can pose them now, one of the questions is can you talk a little bit about how the program is funded?

Absolutely, that is a good question and we know that budget is not available for programs like this with a lot of jails and it certainly was not available for our jail either. My position and Kayla's position is pretty much a repurposed position from our prior social workers that were doing other jobs inside the jail and art director recognize the need to do the same kind of repurposed things and he told us let's give the discharge planning a shot and we have been doing it since then without adding any money in salary. And because this is a repurposed position.

As far as the items that inmates receive upon release they are all as Kayla mentioned purchase through our inmate funds which is generated through the commissary purchases, this is the money that has to be spent on inmates and that is what we do.

Everything else is donated, whether we donate our times or our officers time to do the warm handoff or our work time to make those communications and networking and the clothing donations from our local agencies. We do not have to spend any money on that.

Do want to add anything to that Kayla?

No, I believe that she covered just about all of it and they do want to mention that there are some different agencies here in Louisville that we have partnered with that basically have cut us a deal. We are not having to spend a lot of money on bus tickets or IDs in such and they have agreed to work with us and give us a low cost on things. Such as IDs and bus tickets.

Those are the two main things that pop in my head. >> It sound like they've built a valuable partnership and another question is are there any programs that they are working on currently that might address seduces him -- citizen mental health or substance abuse?

We have many initiatives and programs through different stages. >> [No audio] >>[Please standby for realtime captions]

There is many substance abuse programs and some other programs to mention our second chance act programs that we are starting with our community and mental health providers in the seven counties and they just change their name to center stone. It is a really good program that will target our dual diagnosis inmates who do not have a severe mental illness but just passed other mental health issues as a population that was always being left out and we also are working on the initial stages of pay for success program and another thing that we are very proud of is our medication assisted treatment program in which we provide injections to inmates that are willing to have the injection before getting released and we connect them to community agencies to continue the treatment as well as the follow-up injection. That is just a few to mention that I can think of.

Thank you. A lot of innovative things are happening, clearly, tailored you want to add anything to that? No. >> Okay.

I think at this point unless there is any further questions I think we are getting close to the end, is there any final statements? >> I would just say that I know there is a discussion board and if any agency would like to ask us any further questions on how to start discharge planning or anything else they would like to know about the program, please feel free to go to the discussion board and under our conference webinar post those questions and we will definitely get back to anyone so feel free to use our contact information to call, email, any form of communication we are always ready and excited to share more information that we did not cover or any other success or failure that we could talk about. >> [Silence] Are there any other questions from anyone? >>

This is sure in the web X producer, if there are no further questions at this time and the session has ended then you may disconnect.