



REPORT: May 11, 2011 Working Group on *Health Reform and Criminal Justice: Re-Tooling the Relationship*

Preface

On May 11, 2011, COCHS, with support from the Robert Wood Johnson Foundation and Public Welfare Foundation, hosted a working group in Bethesda, Maryland to address the implications of health care reform for the criminal justice system, with primary emphasis on addressing the health needs of the millions of individuals cycling through the jail system, many of whom will become eligible for Medicaid in 2014. This working group was the outgrowth of a conference held on November 17, 2010, *Exploring Health Reform and Criminal Justice: Rethinking the Connection between Jails and Community Health*. Its goals are to advance issues and strategies proposed by criminal justice advocates and experts at a planning meeting held on February 24, 2011. Based on feedback from this planning meeting, the May 11th working group opened with a “fishbowl” exercise, in which experts representing various components of a local criminal justice system discussed the opportunities and challenges presented by health care reform in a hypothetical community called Cassidy County. After this exercise, the working group discussed some of the messages that it believes could be communicated to various stakeholders in the criminal justice system regarding the opportunities created by health care reform. This report describes the fishbowl exercise in greater detail, and presents a summary of the group exercise on message development.

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Section I: The Fishbowl Exercise and Insights

In order to depict health care reform and its potential impact on the criminal justice system, COCHS developed a fishbowl exercise to demonstrate conversations that may take place in the various sectors of local criminal justice systems to assist their leading stakeholders to anticipate some of the potential benefits offered by health care reform in 2014, and to help community providers become better prepared to meet the needs of the population newly eligible for Medicaid.

The fishbowl discussion was centered upon a fictitious individual named John Carlisle living in a hypothetical Cassidy County, located in the upper mid-west region of the United States. A panel of experts discussed the implications of health care reform for Mr. Carlisle, following his arrest, with each speaker representing an official of the criminal justice system, including the county sheriff, the jail warden, the prosecuting attorney, the public defender, the county judge, the pre-trial services officer, the jail social worker, and the jail's medical director. Each speaker explained the challenges they faced, contrasting current practices to possible changes under health reform starting in 2014. The following is a summary of each expert's perspectives and insights, and a set of conclusions taken from the fishbowl exercise. The background descriptions of Cassidy County and of John Carlisle, which set the stage for the fishbowl, are described in Appendix I.

Please note that the participants in the fishbowl exercise described below were instructed to play certain roles in a hypothetical context, and thus, they were expressing opinions that may not be their personal opinion or actual position on these matters. Moreover, their statements are not attributable to COCHS, RWJF, The Public Welfare Foundation, or to the speakers listed below.

Fishbowl Participants' Challenges and Conclusions

Jail Warden (Mike DuBose)

The primary difficulty facing the jail warden is limited staffing and funding, due to budget cuts, and a jail with too many inmates. The warden's primary responsibility is the custody and secure confinement of people who have been arrested and who are awaiting trial or who are serving short sentences after conviction. Many of the services provided in jail, including education, job training, acute and chronic health care and chemical dependency treatment are all generally available through community organizations outside of the jail. Providing these same services to the people in the jail could, at times, be better accomplished at less cost by releasing non-violent prisoners from the jail and thereby reducing the pressure on the jail due to overcrowding. New technologies also make it easier to track people released on bail in the community at less expense



than keeping them in jail. Even so, it is useful to bring community-based services into the jail in order to connect people to services there and improve the likelihood of continuing those services after release from jail.

The warden sees the potential value of enrolling eligible offenders into Medicaid at booking because this ultimately could save the warden and the county money. However, the primary challenge to such enrollment is a lack of appropriate staff, due to budgetary constraints.

The optimal situation could be achieved if selected offenders could be appropriately diverted from jail prior to arraignment, prior to booking, or even prior to arrest. For example, some communities train their police to screen and identify certain people with behavioral health disorders and send them to community mental health clinics or to drug detox centers rather than sending them to jail. For those who are booked, Medicaid enrollment at intake could be the most streamline method for bringing Medicaid to the population cycling through jails.

County Sheriff (Sheriff Susan Rahr of Seattle)

The sheriff emphasized the need for educating police officers and providing them with the skills to appropriately divert certain individuals with mental health and chemical dependency disorders prior to bringing them into the criminal justice process. The sheriff has a unique role, as an elected official, in helping the public understand that the delivery of health care services in jail may lead to greater public safety, less public expense and to healthier communities overall. Moreover, this is a constitutional requirement and not an option of the system.

The sheriff also sees the importance of behavioral health treatment for so many petty offenders - the “frequent flyers” - whose repeated detention costs the county thousands of dollars each year with little to show in return, and whose chronic mental health problems and addictions perpetuate the intergenerational cycle of broken and dysfunctional families. She sees health care reform as an opportunity to expand access to treatment for a population that historically has been excluded, thus health care reform would improve public health and public safety.

Another dimension of access to mental health services is the safety of the sheriff’s staff. Three of the most recent deaths involving the Seattle police force implicated mentally disturbed individuals.. This is also a factor for correctional officers who work inside jails, where untreated mental illness leads to assaults and injuries.

Pre-Trial Services Officer (Tim Murray)

As the first person in the criminal justice system to assess John Carlisle after booking, the pre-trial services officer is pivotal in determining the severity of charges and influencing the judge and the district attorney in how they handle the case. The pre-trial services officer could identify



Mr. Carlisle upon arrest as someone in need of mental health and chemical dependency services, and potentially expedite him out of the criminal justice process and into a treatment program under supervision of the court or the probation and parole system. When appropriate, this could reduce the complexities and criminal justice costs of handling John's case down the line.

The pre-trial services officer cautions, however, that the provision of a Medicaid benefit will not necessarily assure treatment capacity; Too often, offenders who are diverted to treatment wait many weeks or months before it begins.

District Attorney (David LaBahn, Esq.)

One of the primary challenges faced by the District Attorney is the high case load of individuals in a low-risk, high-need category. These are people who are not a significant danger to society, but who need behavioral or physical health care. They typically lack gainful employment and they face chronic disability or premature death by violence or a drug overdose. This segment of the population imposes a significant financial burden upon the county and drains resources from the criminal justice system, which was intended and designed to handle dangerous criminals. This deluge of low-level offenders generates a deep sense of discouragement and futility among the judicial, law enforcement and corrections staff, who see the quality of life declining in the county, despite their best efforts to control crime. Moreover, their attention is shifted away from high-level criminals due to the daily grind of processing low-level offenders.

However, without a convincing drug treatment program in place, the District Attorney has little incentive to do anything other than to charge Mr. Carlisle with a petty crime. This would keep Mr. Carlisle in the county jails for several weeks or months, absent his ability to post bail. Subsequently, he would likely be sentenced to time served and released. And after a number of these arrests, he might go the prison for several years.

Even so, the District Attorney does not consider this to be a productive strategy for handling low-level criminals, but rather, it is an expensive exercise in futility. The PPACA could be used to increase access to health care, and this may result in cost savings to the criminal justice system along with better individual health outcomes. However, without such reforms, people like Mr. Carlisle will most likely remain a persistent drain on the criminal justice system and other publicly funded programs.

Public Defender (Lynn Overmann, Esq.)

Similar to the prosecuting attorney, the public defender faces a significant challenge in dealing with Mr. Carlisle as one among a multitude of low-level offenders who deflect attention and divert resources from more pressing cases. The public defender's recommendation is to get Mr.



Carlisle into some sort of drug treatment program, under the supervision of probation, provided that a reliable treatment program is available and financially accessible. Health care reform could provide a significant boon to the criminal justice system, by paying for chemical dependency treatment.

In many jurisdictions, defendants are held pre-trial for many days or weeks after booking and detention. By this point, defendants who were receiving treatment prior to arrest would have gone a long time without treatment, and may have lost their place in a treatment program.

There is a probability that putting Mr. Carlisle on probation would not be effective without a drug treatment program in which to enroll him; he may break the conditions of his probation by relapsing into drug use. This would put Mr. Carlisle back into the jail where he would cost the county more in jail expenses and health care costs without addressing his most pressing chronic health care need. It also may incur added liabilities for the county, due an inadequately staffed and overcrowded jail.

Low level offenders with drug and alcohol addiction are widely perceived to be a “nuisance” to public defenders and district attorneys because they present with social and health issues more than with criminal problems. They need the attention of the community safety net and social workers more than they need the legal system.

Judge (The Hon. Judge Morrison¹)

The first instinct for the judge handling Mr. Carlisle’s case -- especially a judge elected for being tough on crime -- is to avoid any risk of adverse publicity. It would be challenging to take a risk in releasing Mr. Carlisle to a drug treatment program without evidence that it would reduce crime levels. Consequently, Mr. Carlisle should be treated like any other offender coming through the court, so that with his outstanding warrants and arrears in child support, he would have to post a \$500 bond or stay in the jail until his case was adjudicated, even though this could end up costing the county about \$1000 over the course of a month, with the added risk to the county of liability for poorly administered health care. However, matters of public expense and liability are of less concern to the judge than maintaining his reputation for the next election cycle. And besides, the likelihood is that whomever is elected as judge would opt for doing the same thing.

¹ It is relevant to note that Judge Morrison is an appointed judge who is explaining here the pressures that an elected justice may face in this hypothetical scenario.



Medical Director for the County Jail (Keith Barton, MD)

From the doctor's perspective, Mr. Carlisle may have had a variety of undiagnosed health issues, including diabetes with dehydration, long-standing depression and/or heroin or alcohol withdrawal. The risk of a medical complication developing in the jail is possibly 10 percent, leading to hospitalization at the county's expense. Meanwhile, Mr. Carlisle had not been to see a doctor in years, and the resources needed to diagnose these conditions in the jail are likely to be either unavailable or underutilized. For example: a fifty-cent urine test might reveal that Mr. Carlisle has diabetes when he entered the jail; however, it is not a common practice to perform this test during the intake procedure. The current focus of medical services in jails is on communicable diseases, in particular tuberculosis and syphilis. The PPACA may provide an opportunity to perform a more thorough assessment of inmates at intake and booking.

Another issue is the policy restrictions on treatment options for opiate addiction, which is widespread in corrections. Besides a shortage of medical staff willing to work in the corrections, most jails and prisons do not allow evidence-based treatment for opiate addiction, such as methadone or Suboxone.² Moreover, in the medical world outside of corrections, physicians are limited to prescribing Suboxone to either 30 and 100 patients per physician, and even then only with special approval. Consequently, it is difficult for opiate addicts to access one of the safest treatments available for this condition. Without treatment, they continue to cycle through jails and prisons.

The capacity of community health providers would need to increase under health care reform, to ensure that the population newly eligible for Medicaid services could be accommodated, and that treatment programs on a broader scale would be available. This requires not only staffing increases but policy changes.

The experiences in Washington State and in Texas illustrate that access to treatment for chemical dependency can significantly reduce crime and arrest rates and relieve the pressure on the criminal justice system. Moreover, the treatment does not have to achieve complete sobriety in order to demonstrate a significant reduction in crime and arrest rates.

Social Worker (Derric Johnson)

The social worker feels that the role of health care reform in improving John's situation would likely be minimal unless the other underlying causes of his criminal activity, i.e., his poverty, lack of job skills, a poor economy, and unstable housing situation, are also addressed. However,

² Many jails do permit methadone to be administered to pregnant women with opiate addiction.



it could be possible that health care reform would be linked to supportive sober housing resources to address this central barrier to recovery.

Insights and Conclusions from the Fishbowl Exercise

The following section includes various and disparate opinions and perspectives expressed during the Fishbowl Exercise. They are grouped in topical categories.

The Need for Effective Jail Diversion Programs and Education for Corrections Officers

- . The criminal justice system cannot arrest its way out of low-level crime and substance abuse problems. It is facing empirical limits to expansion.
- . People with mental health and chemical dependency problems could be diverted prior to arriving at jail, provided that they are not a threat to the community.
- . If a person is sent to jail and provided with behavioral health treatment, and then this treatment ends abruptly upon release, comparatively little has been accomplished. With the advent of health care reform, the focus, instead, could be on avoiding jail altogether, and promptly connecting offenders with ongoing community services.
- . A new program soon to be piloted in King County, Washington, will take people directly to an assessment and evaluation center rather than to jail. Some defenders will go to jail, but others will never enter the correctional system and, instead, get linked to services and treatment that is more appropriate to their needs and the nature of their offense. This pilot program will involve education and training for the city police.
- . It may be important to design diversion programs that don't create an incentive for people to commit crimes just to get enrolled in services.
- . When discussing an offender's path through the criminal justice process, it's easy to assume that he or she has been charged correctly from the start. However, a distinction can be made between the legal charges, which may be accurate, and the mental condition of the defendant, which may produce or predispose to criminal behaviors. Mandatory sentencing laws fail to make this distinction, and this puts some people in jail or prison who would be better served in a treatment program.
- . The criminal justice system often appears to punish people for the lifestyle choices they make.
- . Diversion programs need to be documented as proven effective so that officials throughout the criminal justice system become willing to accept them as viable alternatives to incarceration.
- . The job of the criminal justice system isn't to save money; it's to administer justice. Thus, it is the responsibility of leaders within the criminal justice system to try to fashion a system that helps its members do their job better.



Need to Increase Community Health Care Provider Capacity

- . In 2014, there will be a large population group newly eligible for health care services through Medicaid, but it is not clear how the capacity of community health services will be increased to accommodate the newly eligible population.
- . Generally speaking, jurisdictions are more likely to support and utilize diversion programs when there is sufficient capacity to provide effective treatment in a timely fashion.
- . Coordination between jails and community health resources is crucial in making viable placements in order to divert people from the criminal justice system.
- . Policy considerations can relieve or can aggravate staffing shortages. (Examples include licensure requirements, billing standards, prescription drug restrictions, formulary restrictions.)

Cost-Effective Approaches to Incarceration and Crime Reduction

- . The “tough on crime” motto has dominated the criminal justice system since the 1980’s. It has meant longer sentences, constructing more jails and prisons, and spending more money for corrections; this is no longer affordable.
- . There has been a shift in public perceptions, leading to a greater acceptance of rehabilitation efforts for non-violent criminals. The public wants to be safe, but it also appears to want tax dollars to be spent wisely.
- . Without access to adequate medical and mental health services for the criminal justice population, individuals in the criminal justice system are forced to depend upon emergency rooms for primary care and to require more hospital-based services, often at public expense. Corrections staff, police and the general public are also put at risk for assaults, injuries, medical expenses and loss of income.
- . Demonstrating the association between access to health care and cost savings for the criminal justice system may drive the conversation forward with policy makers, stakeholders, voters and taxpayers.
- . There is a large number of people in the criminal justice system who are not a direct threat to public safety, yet who have behavioral health problems that drive low-level crime such as petty theft and shop-lifting. Research shows that it is more cost-effective to get these people into treatment than let them cycle in and out of jail for short periods of time.



Need to Educate the Public About Connection Between Health Care and Safety

- . The public often resists providing health care services to criminals. It may be important to frame the discussion in terms of promoting public safety through expeditious treatment of mental health disorders and chemical dependency.
- . Since the recent assaults in Tucson, the public is very aware of the risks of untreated mental illness combined with access to firearms.

Need for Health Care Access and Treatment

- . The criminal justice system, divorced from health care and social services, appears to perpetuate an expanding underclass of low-level criminals through inter-generational poverty, educational deficits, developmental impoverishment, and addiction.
- . It may be advantageous to expand treatment options for these individuals to include medication assisted therapies, such as methadone and Suboxone for opiate addiction, and Vivitrol for alcohol addiction.
- . While awaiting full implementation of health care reform in 2014, it is important to maintain the health care infrastructure that currently exists, despite the budgetary crisis, rather than try to rebuild it in 2014.
- . Access to medical and mental health care could reduce arrest rates, crime, and help avoid crisis-related expenses -- both medical and legal expenses -- while at the same time reducing long-term disability expenses for the chemically dependent population, many of whom can be found in the criminal justice system.



Section II: Messaging Notes and Strategy

The second half of the May 11 agenda was planned as an outgrowth of the working group planning meeting that was held on February 24, 2011. At that meeting, participants felt that it would be important for this group to identify some of the gaps in awareness and knowledge among policy makers and stakeholders about the opportunities that the PPACA creates for increasing access to health care for the population of offenders who cycle in and out of jails. Additionally, the planning group agreed that an array of educational messages could be developed by working group members to fill some of those gaps. To that end, Burness Communications planned and led the afternoon session with the aim of identifying some of the audiences and messages that would be most relevant to the purpose.

The conversation was guided by questions meant to clarify the goals and challenges of developing messages for stakeholders inside and outside of the criminal justice sector. There was a lot of brainstorming, and the responses were collected to help develop a preliminary messaging platform. At the end of the day, a brief conversation was held about next steps, and some working group members volunteered to continue the message development process.

The following is a summary of the group's discussion, broken down by question and by target audience, followed by a summary of next steps.

Criminal Justice and Health Care Reform Messaging Grid

Who are the audiences the working group would like to engage?

Internal Audiences:

- . Sheriffs, judges, prosecutors, probation officers, pretrial services, victim advocates, jail warden, social workers, public defenders, clients, businesses that work with (or supply goods and services to) health care and corrections, accrediting bodies (correctional), police, unions, parole boards, community corrections infrastructure.

External Audiences:

- . Tier one: County commissioners, mayors, state criminal justice authorities, appropriations committee chairs (in charge of public funds); CMS, State Medicaid Directors.
- . Tier two: Community leaders, media professionals, religious leaders, voters/general public, mental health, substance abuse, educators, employment services, vocational training schools, community-based organizations operating on federal dollars, business that could benefit from greater diversion from jails.



What is the problem/Why does this matter?

Internal Audiences:

- . How should the medical care of people who probably do not belong in the criminal justice system be handled?
- . The range of available resources in the community does not yet provide sufficient alternatives to incarceration, and the treatment in jails is threadbare for substance use disorders and mental health disorders.
- . The people who need better access to health care services and resources are not getting the help they need to stay out of the criminal justice system.
- . We need to find a better way to connect the right people in the right place at the right time with the right resources.
- . Recidivism is too high, and we could reduce it with appropriate medical and mental health care.
- . There is a lack of coordination and collaboration between the public/community health system and the criminal justice system. They speak different languages and pursue different goals, but they are both ultimately financed with tax dollars. Hence, it makes sense to improve cooperation between them in order to achieve better use of tax dollars.
- . People associate public safety with police. Police need more resources to tap into the public health system.
- . Lack of appropriate health care increases the case load on prosecutors and defenders, and on the court system in general

External Audiences:

- . Approximately three million people a year enter jail with mental health problems and repeatedly cycle through jails.
- . Many of the people that land in the criminal justice system don't belong there, and are actually made worse because of it. They, their families, and society in general suffer for this mistake.
- . The public tends to believe that punishing people keeps communities safe; this is a false belief. The conversation could shift to "helping people makes communities safer," or that "jail could provide opportunities to make people better."
- . There is a lack of coordination and collaboration between the public/community health system and the criminal justice system. They speak different languages and pursue different goals, but they are both ultimately financed with tax dollars. Hence, it makes sense to improve cooperation between them in order to achieve better use of tax dollars.
- . Counties spend a lot of money on health care in jails without much long-term benefit.



- . Only a minority of people with mental health/substance abuse problems are successfully treated within the system.
- . The American taxpayers are getting a poor return on their investment in the criminal justice system.
- . Many members of the public don't understand that jails are constitutionally obligated to provide health care.
- . There is a real difference between violent and non-violent crime, and how both can be addressed by the criminal justice and health care system.
- . People associate public safety with police. Police need more resources to tap into the public health system.
- . There are political sensitivities around terms like "health care reform" that have to be acknowledged and worked with.
- . The public is wary of providing "benefits" to criminals.

What is in it for these audiences?

Internal Audiences:

- . Safer working conditions for jail staff and correctional officers
- . Better allocation of public resources
- . Professionals will be able to do the jobs they signed up for (e.g., wardens can focus on custody and confinement more than health care; defenders can help people who need defending, not those that need health care, District Attorneys can focus on dangerous criminals and investigate serious corruption, etc.)
- . Crime reduction, with cost-savings for communities (crime costs money)
- . Recidivism reduction, with cost-savings for counties and taxpayers (recidivism costs money)
- . Reduced progression to disability (SSDI disability payments cost money)
- . Reductions in potential liability to counties (law suits cost money)
- . Healthier inmates with less utilization of hospital and emergency room services (which are county expenses, in many cases)
- . More efficient management of the population cycling through jails, with smaller numbers of people in jail

External Audiences:

- . Safer communities
- . Improved public health
- . Reduction in crime
- . Better management of public resources with cost savings



What resources can we turn to for stories and research that affirm our messages?

- . Council of State Government Justice Center – Justice Reinvestment Program
- . Unity of Greater New Orleans - Martha Kegel
- . Bureau of Justice Assistance
- . Memphis, TN BJA Crisis Intervention Team
- . National Institute of Corrections - “The Transition from Jail to Community (TJC) Initiative” in partnership with the Urban Institute
- . Urban Institute – Justice Policy Center research on justice and public safety
- . GAINS Center
- . National Association of Counties – “Network of Care”
- . Legislators – Constituent letters
- . SAMHSA
- . Drug Court Association
- . TASC published case studies
- . Washington State data from David Mancuso’s work on Medicaid expansion and cost savings
- . San Francisco County Superior Court Study: “Findings from “Examining Program Costs and Outcomes of San Francisco’s Behavioral Health Court.”

What are some possible solutions to the problem?

Internal Audiences:

- . The inmate exception needs to change (people in jail need access to Medicaid)
- . Increase the treatment capacity at the local level
- . Empower police patrol units with Crisis Intervention Training (CIT) to allow them to make better informed decisions in the field
- . State/local legislative changes re: bail laws, diversion for drug cases, fewer mandatory sentences
- . Create linkages and outreach to medical care at every point in the criminal justice system to shift people out of the system into the health care system, unless there is a public safety concern.
- . Shift costs from counties/states to the federal budget
- . Counties can make changes that help turn lives around and make communities safer and healthier.
- . As trusted public servants, perhaps law enforcement (especially police) can be effective messengers to the public about the need for health care for offenders.
- . People are in jail because they got arrested, so it’s important to be careful about messages that might absolve defenders with behavioral health issues before the criminal justice system has a chance to do its work.. Once they are arrested, , there are opportunities to



partner with appropriate providers to deliver appropriate treatment services either through diversion or while they are in jail.

Communications Strategy: Next Steps

At the end of the communications and messaging workshop, it was agreed that a smaller working group or committee could be formed to refine these messages, and to take responsibility for consulting with identified stakeholders who are helping shape health care policy for the criminal justice population. An email will be distributed to members of the working group who expressed interest in being members of this committee, setting up a time to discuss other ideas for messaging and communications strategies not covered in this working group, and a logistical plan for how the committee could meet and operate. Comments made about this smaller group include:

- . The purpose of this exercise will be to create messages for criminal justice stakeholders regarding the criminal justice population that has not yet been recognized as a large proportion of the expanded Medicaid population. There needs to be more attention to this constituency in discussions around Medicaid policy development and implementation.
- . Who should be brought into the discussion now so that in 18 months there will a group who can speak confidently and clearly on these issues?
- . Who are the stakeholders whose support already exists, which stakeholders need to be enlisted? Who are the stakeholders who can carry these messages effectively?
- . The committee should balance the immediacy of policy development discussions with longer term communications and messaging efforts that may help shape the implementation of Medicaid regulations when they are published.
- . The committee could produce a central messaging document that can be used for communicating to both internal and external audiences, ensuring that there is a common and agreed upon language when interacting with stakeholders. This messaging document could prepare advocates for handling tough questions such as “If you can get a hot meal and health care in jail, why wouldn’t you just hold up a liquor store?”
- . Grid topics that were not addressed in the working group that could be addressed by the committee: What is wanted/needed from the audiences identified? How can our group be of assistance to these audiences in making these changes happen?



Appendix I: Outline of Cassidy County Fishbowl Exercise

Cassidy County

Cassidy County has three jurisdictions: Fair Oak, Red Oak and White Oak, each of which is surrounded by a number of smaller, unincorporated regions and towns. Each jurisdiction has its own police department, and Red Oak and White Oak both have a smaller municipal jail, where police can book offenders and detain them, prior to transferring inmates to the central county jail facility in Fair Oak. The main county jail was built in 1985, and was designed to hold 890 detainees. In the past year, the jail population has fluctuated between 1340 and 1625, peaking in winter.

The majority of people detained in Cassidy County's municipal jails and in its county jail are young black men between the ages of 18 to 38. More than half of the jail population is there pre-trial, charged with either misdemeanors with a bail under \$500 (30-40%) or felonies with bail greater than \$500 (20-25%). As is common in many county and municipal jails, the turnover of the jail population in Cassidy County is high, and many of the detainees are repeat offenders. Of the people in the jail on any given day, 15% are arrested on the average of twice a year or more, and 60% return within three years of release.

Currently, there are not enough services for mental health and chemical dependency treatment in the jail or in the community to meet the demands of Cassidy County's criminal justice population. The majority of detainees in Cassidy County jails have no health insurance of any kind. Even if they have a health plan through an employer, or are eligible for and are enrolled in Medicaid, both employer health plans and Medicaid are routinely terminated when an individual is arrested, regardless of whether they are convicted, and there is a Medicaid bounty paid to the jurisdiction to identify those held in custody. As a direct result of this, those with mental health or medical disabilities lose access to any medication they had been receiving after they are released from jail.

Chemical dependency is the most prevalent health issue afflicting Cassidy County's jail population. Sixty five percent of the detainees have a diagnosed substance use disorder. Mental health disorders represent another significant health care challenge in Cassidy County jails. Thirty five percent of detainees have a mental health diagnosis, per self-report, and 4% of the population was receiving mental health services in the community prior to arrest. Whether or not an individual has had prior engagement with community health providers, there is no coordination between the mental health providers in the jail and the mental health providers in the community. Lastly, there are no institution-based efforts to help detainees enroll in



entitlement services, such as Medicaid, SSI, WIC, and there is minimal provision for case management of physical and behavioral health issues.

John Carlisle

John Carlisle, is a 26 year old African American male living in Cassidy County. He has been arrested several times on charges of drug possession and petty theft for which he has been either diverted to programs that require him to show up and listen to lectures, or been sentenced to time served, having failed to post bail after one arrest. He currently lives with the mother of his third child, and when he can, he occasionally provides cash to the mothers of his other two children, but they are both TANF recipients, and there is an outstanding warrant on Mr. Carlisle for delinquent child support.

Mr. Carlisle dropped out of high school in the 10th grade, and since then he's held a series of odd jobs, getting paid mostly under the table. The bulk of his income lately has come from a relationship with a methamphetamine manufacturer in a rural part of Cassidy County who has been willing to extend Mr. Carlisle credit for acquiring and distributing meth. Mr. Carlisle doesn't like dealing drugs or working for the meth. manufacturer, but he recognizes that he has few other viable sources of income.

Most recently Mr. Carlisle has been picked up on a petty theft charge in Red Oak.



Appendix II: List of Working Group Participants

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