

Meeting Date: August 28, 2014

Meeting Highlights

Opening

- The Task Force Chairs opened the meeting by describing the contribution of the Working Groups, the high level of participation in the process, and the need to build on this momentum as recommendations are moved into the implementation phase.
- The recommendations that have been prioritized are “layered”—some are ready to be implemented right away and others require more planning.

Following a presentation of the cross-cutting principles of the Task Force and prioritized recommendations, the group provided feedback on each of the Working Group’s recommendations.

Pre-Arrest

- It is difficult to measure success in terms of arrest reduction, since such a small number of Emotionally Disturbed Person (EDP) calls result in an arrest. Additional outcome targets should be identified (*e.g.*, number of individuals successfully connected to services and housing, and possibly the prevention of future hospitalization or criminal justice system involvement).
- Many of the recommendations refer to connection to services in the community—it is important to ensure that the existing system is receptive to behavioral health and justice-involved clients, and to measure and assess this connection to care. A plan may be needed to manage the provider system and its ability to accept individuals effectively.
- A system that is integrated and coordinated with the work of New York State will be most effective.
- With regards to peer involvement in the co-response teams, the Working Group differed in opinion over when peers should be brought into the process.

Pre-Arrest to Disposition

- The recommendation concerning veterans (2.3 Veteran Identification and Connection to Services) is easily implementable and low-cost.
- It is important to ensure that community services have the capacity to address the needs of individuals with behavioral health needs who are also justice-involved. Recommendation 2.4 Inventory of Existing Resources will take stock of existing community resources, including what works and what does not, competency of behavioral health providers in the community, and capacity and effectiveness across neighborhoods/communities.

Inside DOC

- Diversion options for adolescents should be explicitly added to the recommendations. The context of Raise the Age legislation and a consideration to move adolescents off Rikers Island could be addressed more directly.
- The proposed Crisis Intervention Teams and the “Special Populations Officer” will be particularly helpful in addressing both crisis situations and day-to-day needs. However, adolescent-specific training and programming are necessary to avoid and prevent incidents from escalating and becoming crises.
- The recommendations should be framed around the specific populations in jail (detainees vs. sentenced inmates, special populations, age and gender, etc.) DOC provided an approximate breakdown of the average daily population (ADP) at Rikers: 85% are pre-trial detainees, 14% are serving sentences, and 1% are serving six month split sentences.
- The group raised the issue of low-bail inmates, who may be able to make bail given additional time, and therefore may not need to join the short-stayer population at Rikers in the first place.

Release and Reentry

- Health Homes should be leveraged to connect individuals back to their providers in the community. The City should collaborate with New York State on this issue, as well as the issue of DSRIPs and HARPs.
- A language barrier exists between the criminal justice and behavioral health systems. Cross-training is necessary to address this issue.
- The rules around suspension of Medicaid while an individual is incarcerated should be reexamined, in collaboration with New York State. OMB and DOHMH have done some preliminary, internal work on this issue.

Back in the Neighborhood

- There has already been a large effort to address employment issues—the Task Force should build on this existing work.
- This is also an area to collaborate with the State, which has implemented some successful models to address individuals returning to the community, including:
 - o Personalized Recovery Oriented Services (PROS) provides individuals with serious mental illness occupational training and other clinical services, and is reimbursed by Medicaid.
 - o The Family Care Program is a foster care type model where individuals with behavioral health needs are assigned a provider to deliver care in their own homes.

General Discussion and Next Steps

- The group discussed the expansion of supervised release (Recommendation 2.2).
 - o Supervised release could dramatically reduce DOC's ADP.
 - o An estimate based on the programs operating in Manhattan and Queens suggests that 1,100 felony and misdemeanor cases may be eligible for supervised release. This estimate could increase with expansion to other boroughs and revisions to the eligibility criteria.
 - o The group discussed a risk-based approach that uses an assessment to calculate risk as opposed to charge-based exclusions that limit eligibility to misdemeanors and nonviolent felonies.
 - o A charge-based approach may serve as a starting point for expansion.
 - o There is not yet a risk assessment tool that is consistently used—this could be explored in pilot programs.
 - o The group agreed to reconvene a smaller group to further discuss this issue.