

For Local Governments: Policy Suggestions to Cut Mental illness to Jail Pipeline

- **Measure and Report on Meaningful Metrics.**

Require mental health director to annually report the number or rates of homelessness, arrest, incarceration, violence, and needless hospitalization of adults with serious mental illness. Those are the most important metrics and the ones they should be evaluated on. By requiring them to report on those metrics you will be encouraging them to reduce them.
- **Listen to Criminal Justice to Develop Mental Illness Policies**

Have meetings with police, sheriffs, DA's, and mental health court judges without mental health officials in the room and ask them what has to be done. You will get much different response from them than from community mental health providers and advocates who rarely deal with seriously mentally ill (SMI). Ensure criminal justice is well-represented on all MH committees as they have the most experience dealing with seriously mentally ill. When talking to mental health officials, talk to those who run hospitals and forensic programs, not just community programs. They too have SMI expertise.
- **Refocus Existing Systems**

If there is enough money to fund services for the seriously ill, then cuts are not needed. If cuts are needed, you can ameliorate opposition by asking the mental health organizations currently funded to present new proposals which reduce the metrics above.

 - See att. "Where We Spend." Cut or redirect stigma, PR, MHFA, Prevention and education programs
 - Move social services that are masquerading as MH programs to proper departments. These include jobs programs to jobs, tutoring to education, marriage counseling, anti-poverty, etc.
 - Ensure funds that are being distributed based on identities (race, gender identification, age, etc.) are serving seriously mentally ill within those subpopulations rather than going to community centers to improve generic mental wellness.
- **Put resources against highest the risk populations.**
 - Evaluate all inmates who received mental health services while incarcerated prior to release, to see what services are needed in the community including AOT if appropriate
 - Evaluate all those who are being released from involuntary commitment, or have had multiple hospitalizations to determine what services, including possibly Assisted Outpatient Treatment, is needed.
- **Robustly implement Assisted Outpatient Treatment (AOT)** (See attached data on success of AOT)
 - Put AOT evaluators in jails, prisons, hospitals and shelters.
 - Train mental health hotline operators, hospitals, mental health program employees, prosecutors, judges and public defenders about AOT and how to get someone in it.
 - Provide families pro-forma forms to get loved ones into AOT
 - Hire or allocate assertive community treatment (ACT) teams to AOT
- **Create Housing for the Most Seriously Ill**
 - Bring back group homes and S.R.Os, both of which had on-site 24/7 support (not just housing vouchers)
 - Allocate large percentage of any new housing to SMI, specifically to mental health courts and AOT (it saves money).
- **Support and expand programs that do focus on seriously mentally ill**
 - Support and expand Clubhouse programs
 - Support and expand Assertive Community Treatment Teams, mobile case managers
 - Implement mental health courts and hire/create more forensic assertive community treatment teams (FACT)
 - Prioritize programs with strong *independent* evidence they improve *meaningful* metrics (ex. homelessness, arrest, incarceration, hospitalization, suicide) in adults with *serious* mental illness.
 - Give Crisis Intervention and Outreach Teams priority access to existing services
 - Hire gap navigators to help SMI over the crack between hospitals/jails and community care
 - Urge state to enact a 'gravely-disabled' and "need for treatment" state civil commitment standards
- **Preserve Hospitals:**
 - Make access to city hospitals easier for the most seriously ill.
 - Encourage hospitals to use long-acting (3-month) injectables, ECT, and clozapine
 - Make greater use of Conditional Discharge from hospital
 - Have city council request state apply for Medicaid IMD waiver and to fight Olmsted Agreements
- **Use Your Bully Pulpit** to communicate anosognosia prevents voluntary access to services, civil commitment saves lives, lack of services (not stigma) is biggest barrier to care, violence by untreated SMI is legitimate area of concern, suicide is disproportionately in adults, and SMI can't be prevented. Do not romanticize, trivialize or normalize serious mental illness.