



**Snohomish County Human Services  
2006**

**COMMUNITY MENTAL HEALTH  
JAIL TRANSITION SERVICES REPORT**

**INTRODUCTION:** Throughout 2006 staff from the Community Mental Health Program in the Human Services Department worked to develop and implement the Jail Transition Services (JTS) Project funded by a contract with the North Sound Mental Health Administration (NSMHA), as authorized by the State Legislature during its 2005 session. The purpose of the funding is to provide mental health services for mentally ill offenders while confined in a county or local jail. These services are intended to facilitate access to services upon release from confinement, and a safe transition of the individual to the community. A particular focus of this funding is to assist identified inmates with applying for Medicaid benefits and completing intake evaluations into the mental health system prior to their release from jail, so services can be in place immediately upon release. DSHS is under a related legislative mandate to expedite review of Medicaid applications filed under this project, which has resulted in a well coordinated effort in Snohomish County to implement this project on cross systems basis.

The early part of 2006 was spent developing the project plan with close community partnerships, establishing Memoranda of Understanding with DSHS and County Department of Corrections outlining processes and roles and responsibilities, hiring and training project staff, and establishing vendor agreements with provider agencies.

The JTS Project in Snohomish County is built on close coordination with DSHS, jail staff, project staff, and community mental health service providers. Two FTE Resource Managers have been hired in Human Services to screen referrals, assist in the Medicaid application process, coordinate with DSHS on benefits authorization, develop a service plan to meet the individual needs of the client, and authorize and facilitate the purchase of transition services up to 90 days post release. Three community mental health agencies (Compass Health, Catholic Community Services, and Sunrise Services) have signed vendor agreements with the County to provide transition services. The first client was admitted into the project on May 19, 2006.

Additionally, a system has been developed and implemented to electronically match the jail's daily bookings with the mental health system's database. This allows timely identification of known mental health system (NSMHA) clients, either past or current, who have been booked into the jail. This electronic matching has been done on a daily basis since June 10, 2006, with sporadic matching (10-12 days of data) when the process was being developed.

**CLIENT REFERRALS:** Client referrals to the project have grown dramatically since May, as have the sources of those referrals. An analysis of client admissions to the project for 2006 yielded a total 405 unduplicated clients and a total of 441 admissions to the project. The large number of clients referred to the project in such a short period of time speaks to the need for

Table 1

**2006 PROJECT ADMISSIONS**

MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
6	19	32	78	69	90	84	63	441

these services and the success of the model. Table 1 shows the growth in admissions as the project became established.

The first 400 referrals to the project were reviewed to determine the source of those referrals. The results of that review are given in Table 2 below. The vast majority (63.5%) of referrals are identified either by project staff or through the database matching process. Another 19.75% of referrals have come from the mental health professionals on staff at the jail. As word of the project has spread throughout the community and broader community partnerships have been formed, referrals are also starting to come from the legal community, other service providers, and family members.

**Table 2**

**REFERRAL SOURCES DATA THROUGH 12/6/06**

	<b>DATA BASE MATCH</b>	<b>JTS SW</b>	<b>SELF</b>	<b>JAIL MHP</b>	<b>JAIL STAFF</b>	<b>SERVICE PROVIDER</b>	<b>PUBLIC DEFEND</b>	<b>FAMILY</b>	<b>TOTAL</b>
<b>ADMITS</b>	<b>202</b>	<b>52</b>	<b>22</b>	<b>79</b>	<b>13</b>	<b>30</b>	<b>1</b>	<b>1</b>	<b>400</b>
<b>PERCENT</b>	<b>50.50%</b>	<b>13.00%</b>	<b>5.50%</b>	<b>19.75%</b>	<b>3.25%</b>	<b>7.50%</b>	<b>0.25%</b>	<b>0.25%</b>	<b>100.00%</b>
<b>NOTE</b>	JTS SW = Resource Managers Jail Staff = Custody Or Booking Staff Service Provider = Other System (DDD, DSHS/CSO, Community Service Provider, Etc.) Database Match = MH System Database								

**DATABASE MATCHING:** Snohomish County appears to be the only county in the state to have developed a means of electronically screening jail bookings for a match with the mental health system database. Without an electronic means of conducting this task, it would not be possible to review bookings on a daily basis because of the large volume. This process has been in place for daily screening since early June, 2006. Through December 31, 2006 a total of 14,868 bookings were screened. A total of 3014 were matched with the mental health system database. Consistently throughout this process, approximately 20% of jail bookings have been found to have a current or past history with NSMHA services. Of those who did, 27.94% had received services of a sufficient level to have a clinical profile in the system. This process clearly documents the significant overlap between the County jail and the public mental health system.

When a current mental health system client is identified through the matching of the booking reports, continuity of care is fostered during the client's incarceration. Jail health services and classification staff are notified of the client's status in the mental health system. The client's case manager is notified of the booking and, if available, a medication sheet is faxed to Jail Health Services to facilitate continuation of the medication regimen. Professional visitation between the case manager and the client is facilitated during the incarceration. By notifying the agency that the client is incarcerated, the client is not terminated from services for missing appointments. The goal of this process is to maintain continuity of care for the client to prevent further decompensation during incarceration, thereby minimizing the cycle that plagues this population: behavioral infractions that increase the length of jail stays, resulting in loss of Medicaid benefits, causing further disruptions of care, and leading to higher recidivism rates.

Past mental health system clients are also identified by this process and efforts are made to reconnect the client to services through this project.

**STATE REPORTING BENCHMARKS:** Data on client history with NSMHA at the time of the jail booking for the 441 admissions to the project in 2006 is shown in Table 3.

Although more than two thirds of the clients admitted to the project have current or past history with the mental health system, the remaining two state reporting benchmarks deal primarily with those new to the system. In 2006, 92 mental health system intake evaluations were completed prior to the client's release from custody.

**Table 3**

**CLIENT HISTORY WITH NSMHA**

	<b>Number</b>	<b>Percent</b>
Current NSMHA client	119	26.98%
Past NSMHA History	180	40.82%
No NSMHA History	142	32.20%

During the same time period 88 Medicaid applications were submitted to DSHS while the client was still incarcerated. There is no reporting or tracking of how many clients were already linked to public benefits at the time of incarceration. Staff remains concerned that the state reporting benchmarks are not reflective of the comprehensive nature of the work accomplished by this project. This is particularly significant in relation to the clients known to the mental health system at the time of their incarceration.

**CLIENTS SERVED:** Males comprise 71% (288) of the 405 unduplicated clients served in 2006 (117 females were served). Table 4 provides detail of the primary psychiatric diagnosis for 342 clients where such data was available at the time of admission to the project.

Additionally, it is estimated more than 80% of JTS clients have a co-occurring substance abuse issue which compounds their psychiatric illness.

**Table 4**

**CLIENT DIAGNOSIS AT ADMISSION**

<b>BIPOLAR</b>	<b>DEPRESSION &amp; MOOD DISORDER</b>	<b>SCHIZOPHRENIA</b>	<b>PSYCHOSIS</b>	<b>MISC.*</b>	<b>TOTAL</b>
96	75	58	51	62	342
28.07%	21.93%	16.96%	14.91%	18.13%	100.00%

\*Miscellaneous diagnoses include ADHD, PTSD, panic & anxiety disorders, etc.

**PROJECT ACCOMPLISHMENTS:** Other accomplishments of note for the Jail Transition Services Project include the following;

- Close collaboration with Health Services at the Jail prevents disruption of medication regimen when client is released from jail.
- DSHS has convened and maintained a close team of community stakeholders in the jail services project in Snohomish County. This team includes representatives from the CSO's, County Human Services, County Corrections, State Department of Corrections (both Community Corrections and the Special Offenders Unit), Social Security Administration, agencies providing direct client services under the Jail Transition Services project, public defense, and the Prosecuting Attorney's Office. While the original focus of

this group was to implement the expedited review process for DSHS benefits applications for people being released from incarceration as required under HB 1290, the team has expanded its focus to the full implementation of the project. It has provided a great forum for cross system coordination and collaboration on the project and the efforts of the group have resulted in most eligible Jail Transitions Services clients having a Medicaid coupon upon release from jail or very shortly thereafter. Reports from other counties indicate that this team and level of community collaboration is truly exemplary and is lacking in other projects.

- Client data is routinely entered into the mental health system information system which allows electronic reporting to NSMHA.
- JTS resource managers work closely with their counterparts in the other North Sound counties to assure continuity of care for clients from Skagit, Whatcom, Island, or San Juan Counties being held in the Snohomish County Jail. Work is underway to establish a similar process with the jail services project in King County.
- JTS resource managers also work closely with staff at Western State Hospital to coordinate care for clients returning to the jail following a hospital stay and alert jail mental health staff of the client's planned return from the hospital.