

# *“Coming Home”*

## Recovery, Treatment, & Funding Strategies



for successful reintegration of incarcerated  
persons who have a Serious Mental Illness

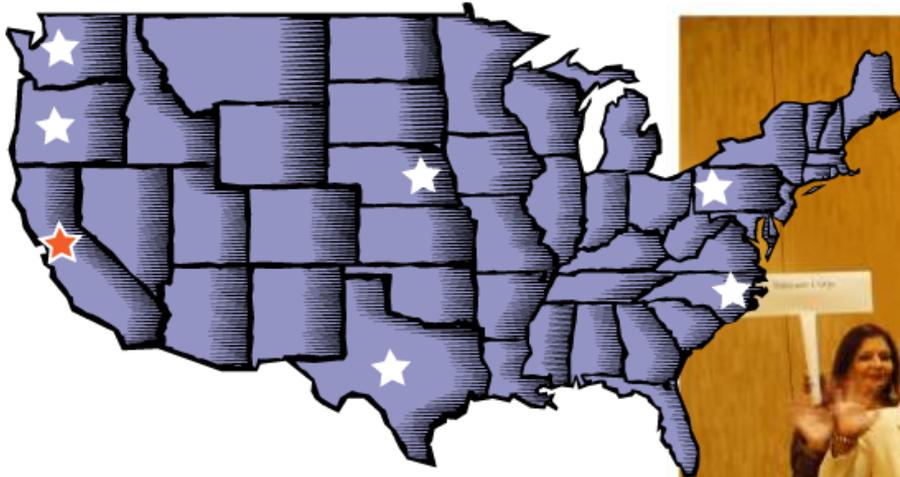
***JUNE 1, 2013***

**PRESENTED BY  
ROSS C PETERSON  
VICE PRESIDENT,  
TELECARE CORPORATION**

# About Telecare

2

2010  
**Best Places  
to Work** IN THE  
BAY AREA



Headquartered in  
Alameda, CA

Family, woman,  
employee-owned

80+ programs &  
2, 500 employees in  
8 states



Specialize in services  
for people with SMI  
and SA,DD,CJ,  
involvement



# Celebrating the Value of Partnerships



## 1965:

- 1 program
- 1 state
- 1 county
- 3 payers

## 1985:

- 5 programs
- 1 state
- 3 counties
- 5 payers

## 2013:

- 80 programs
- 8 states
- 22+ counties
- 40+ payers



# Our Early Experiences

## Working with Forensic Consumers



- **1998 Con Rep**
  - Solano subcontract
  - Day Treatment
- **2000 Psych Inpatient**
  - Alameda / Oakland
  - County Jail
- **Oregon PSRB**
  - 16 bed Secure Residential
    - ✦ Woodburn (2006)
    - ✦ Bend (2010)
- **2001 -2005 MIOCGA**
  - Solano
  - Alameda

# AB34/2034

## Homeless Outreach



- **These programs changed the face of California**
- **Outcome driven ACT /FSP Model**
- **Reduce homeless, ER, inpatient, in-jail days and return to prison rates**
- **Include large number of Parolees and Probationers**
- **Telecare provided services, LA, San Diego, San Mateo, Santa Barbara, Stanislaus and Ventura**
- **Lead to Prop 63 and statewide Full Service Partnership approach. Has leveraged millions of dollars of FFP via County Specialty Mental Health Medi-Cal program**

# MHSA Funded Forensic Services

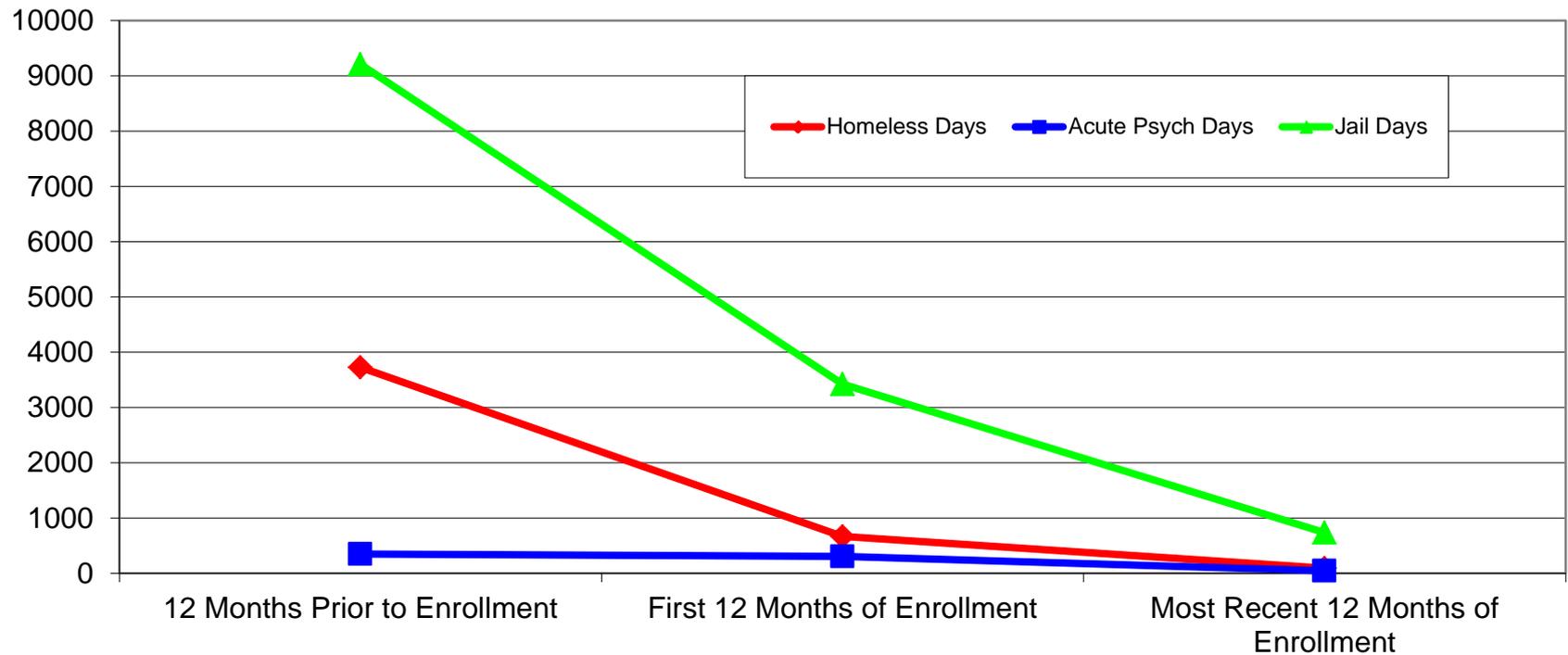


- Prop 63 substantially expanded the system of care but did not include Parolees (viewed as a State responsibility)
- MHSA does fund Court Collaborative and specialized FACT programs for Probationers
- Telecare currently operates programs in Orange, San Diego and San Bernardino Counties

# San Bernardino FACT



## April 2011 to April 2013

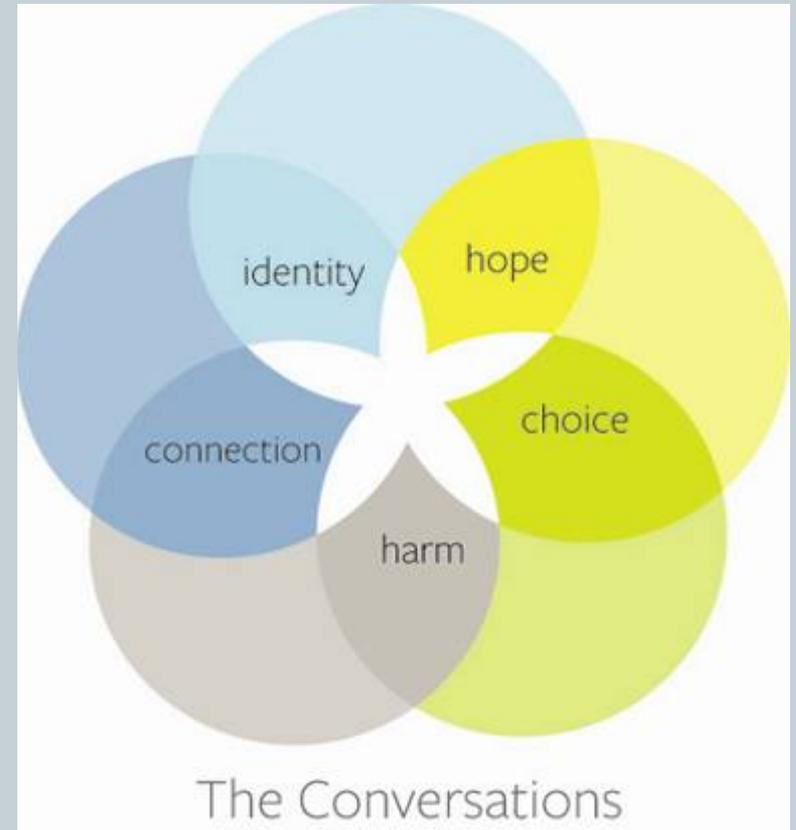
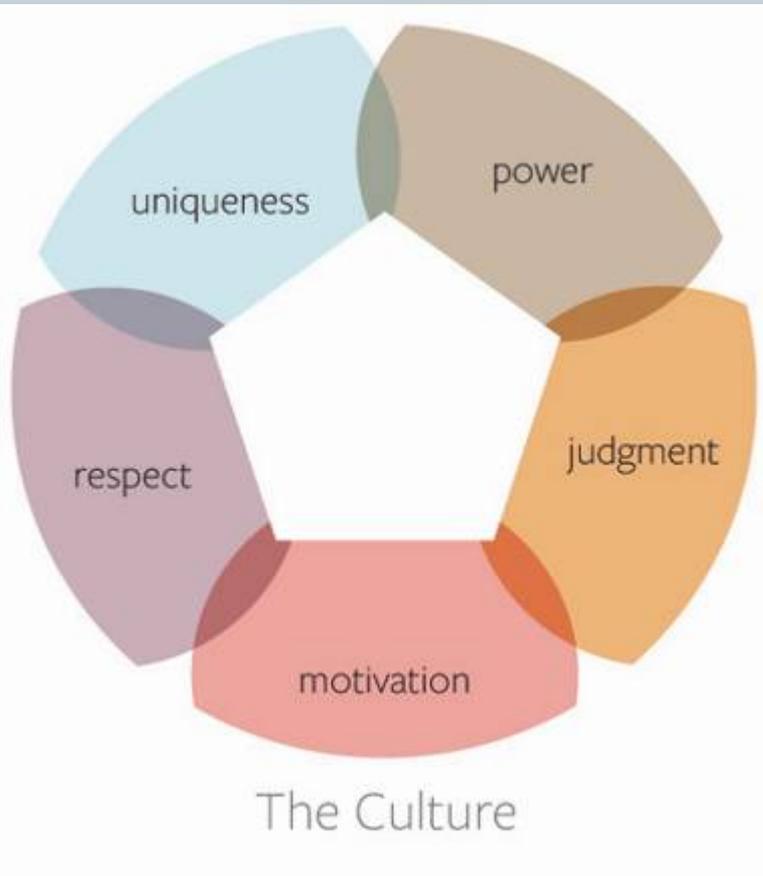


# Criminogenic Risk & Need Factors



- **Static (can't be changed)**
  - Age
  - History of Antisocial Behavior
- **Dynamic ( can change behaviors, attitudes, choices)**
  - Criminal personality (anti-social behavior)
  - Antisocial attitudes, values and beliefs
  - Antisocial associates (criminal peers)
  - Poor self control and problem solving skills
  - Substance Abuse
  - Dysfunctional family (marital and family relations)
  - Employment and Employment Skills

# Recovery Center Clinical System(RCCS): Culture, Conversations



# California Prison and Parole Populations



- In 2009 California had 167,832 persons in State Prisons and 111,202 on parole
- Persons with mental illness are disproportionately represented:
  - 4 to 8 times higher than in general population
  - As high as almost 20% of prison population
- Higher rates of parolee violations
  - Some studies have shown as high as 95% (dual dx)
  - 70% to 80% with serious mental illness compared 50 to 60% for persons with criminal behaviors.
- Parolee expanded services through the development of Integrated Services for Mentally Ill Parolees

# Integrated Services for Mentally Ill Parolees (ISMIP)



- **Telecare was awarded 4 of these 8 pilot programs:**
  - San Diego County
  - San Bernardino County
  - Two in LA County
- **Other programs include:**
  - Kern County
  - Sacramento County
  - San Francisco County
  - Santa Clara County

# Telecare CORE Programs

## Los Angeles, San Bernardino San Diego



### **Corrections Outpatient Recovery Enhancements (CORE)**

- Multidisciplinary Team (ACT) approach
- Integrated services
- Team approach
- Low client-staff ratios
- Locus of contact in the community
- Medication management (Medi-Cal)
- Focus on everyday problems in living

# The ISIMP Challenges



- Identifying eligible parolee
- Medi-Cal and SSI benefits
- Housing Options / Homelessness
- Access to Health Care
- Access to Medications
- Need for pre-employment and vocational services
- High levels of co-occurring substance abuse
- Lack of access to Specialty Mental Health Funding

# Recommendations



- 1. Allow CDCR to contract with CAMHSA as a Specialty Mental Health Provider for ISMIP services or via the Counties**
  - It is estimated 30% -40% current cost of services for Medi-Cal eligible consumers could be funded via FFP
  - With proposed expansion of ISMIP from its current 400 to 5,000 members this could save millions of State General Fund dollars

# Recommendations (Continued)



- 2. Allow smaller Parolee specialized case loads for consumers with serious mental illness.**
- 3. Begin Benefit Application process as soon as allowable while persons are still in Prison.**
- 4. Where “injectables” are clinically indicated begin process while still in Prison.**

# Recommendations (Continued)



## 5. Promote Evidence-Based Practices and Programs \*

- Assertive Community Treatment
- Integrated Mental Health and Substance Abuse
- Supported Employment
- Supported Housing
- Cognitive Behavioral Treatment

*\* (Checklist of SAMSHA Gains Center for Behavioral Health and Justice Transformation)*