Langlin, Steven

From: Orbeton, Jane
Sent: Monday, October 28, 2019 5:13 PM
To: Langlin, Steven
Cc: Sedgwick, Jeannette
Subject: FW: County ADP Month/Year
Attachments: County Population Trends (2009-).xlsx

Hi, Steve, Please print the cover note and then print the attached chart in color. I need 17 copies please. Thanks. Jane

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From: Liberty, Randall <Randall.Liberty@maine.gov>
Sent: Monday, October 28, 2019 4:28 PM
To: Warren, Charlotte <Charlotte.Warren@legislature.maine.gov>; Deschambault, Susan <Susan.Deschambault@legislature.maine.gov>
Cc: Orbeton, Jane <Jane.Orbeton@legislature.maine.gov>
Subject: FW: County ADP Month/Year

This message originates from outside the Maine Legislature.

Good Afternoon,

Please see the most current data of vacant County Jail Beds, 673.

Randy

From: Andersen, Ryan
Sent: Monday, October 28, 2019 12:06 PM
To: Liberty, Randall <Randall.Liberty@maine.gov>; Ferguson, Scott <Scott.Ferguson@maine.gov>
Cc: Thornell, Ryan <Ryan.Thornell@maine.gov>
Subject: County ADP Month/Year

Hello Commissioner,

Per your request...attached you will find the County Jail's ADP for each month/year.

Please keep in mind that these calculations are approximations. The data is self-reported, and in some circumstances errors can occur as a result of a typo or a missed day for reporting which can impact the ADP calculations. Although the calculations are not 100% accurate, they should provide a "near accurate" snapshot.

Hope this helps...if you have any questions about the tables, I'm more than happy to provide explanations.

Best,

Ryan Andersen | Manager of Correctional Operations
Maine Department of Corrections | 111 State House Station | Augusta, ME 04333-0111
Cell (207) 620-4805 | Fax (207) 287-4370

2019	January	February	March	April	May	June	July	August	September	October	November	December	Annual ADP	Capacity
Androscoggin	165	176	163	167	162	159	158	171	157					160
Aroostook	100	110	103	99	103	102	115	114	118					123
Cumberland	406	436	424	394	395	382	387	397	406					625
Franklin	28	25	22	24	28	30	24	23	21					39
Hancock	47	53	53	57	53	45	42	48	45					58
Kennebec	142	157	157	139	138	136	150	159	158					174
Knox	63	66	55	51	46	48	53	49	44					70
MCRRC	18	17	19	19	24	23	23	30	27					32
Oxford	9	10	9	9	9	9	8	11	8					27
Penobscot	184	179	167	182	168	168	171	158	181					157
Piscataquis	29	28	30	30	38	33	31	28	31					36
Somerset	92	93	91	95	102	100	119	140	142					234
TBRJ	143	132	125	125	131	131	112	111	112					217
Washington	38	36	35	27	33	38	39	39	37					42
York	137	158	152	172	190	167	172	171	165					298
County Pop Total:	1601	1676	1605	1590	1620	1571	1604	1649	1652	0	0	0	0	2292

Equal to or Under Capacity

Over Capacity

1619 = Current 2019 ADP (as of 10/01/19)

2018	January	February	March	April	May	June	July	August	September	October	November	December	Annual ADP	Capacity
Androscoggin										159	139	167	160	
Aroostook	88	102	106	97	96	96	101	103	104	108	95	93	99	123
Cumberland	374	372	364	368	388	388	399	404	403	382	366	374	382	625
Franklin	24	23	20	21	26	26	26	23	24	25	28	27	24	39
Hancock	55				54	52	52	52	52	45	39	39	52	58
Kennebec	142	150	145	151	157	133	127	144	166	147	142	134	145	174
Knox	60	56	59	60	53	49	49	59	54	56	55	57	56	70
MCRRC	21	18	19	24	20	19	17	16	16	21	19	17	19	32
Oxford	6	9	11	7	12	10	9	9	8	6	8	9	9	27
Penobscot													188	157
Piscataquis	26	24	27	25	24	24	28	27	28	28	28	25	26	36
Somerset	80	86	87	90	91	93	89	104	105	96	89	88	92	234
TBRJ	160	161	156	151	139	146	145	157	163	155	153	140	152	217
Washington	38				42	39	45	41	42	35	34	37	41	42
York	194	203	212	221	228	211	212	224	219	203	196	158	207	298
County Pop Total:	1622	1670	1668	1691	1691	1648	1665	1729	1740	1659	1588	1514	1659	2292

Equal to or Under Capacity

County Jail Population Totals (Monthly Avg)
01/01/2016 - 02/28/2017

2017	January	February	March	April	May	June	July	August	September	October	November	December	Annual ADP
Androscoggin	138	156	153	157							154		162
Aroostook	90	94	92	93	83	82	100	100	98	99	89		93
Cumberland	429	408	406	409	342	345	365	417	421	389	371		391
Franklin	31	25	30	29	21	26	29	28	27	24	21		26
Hancock			55	48	41	42	42	50	49	51	48		50
Kennebec					143	150	155	150	146	137	131		150
Knox	64	64	66	68	35	41	35	62	54	51	47		53
MCRRC	16	18	19	24	29	29	28	27	29	25	25		24
Oxford	11	8	9	9	9	10	11	12	11	9	4		9
Penobscot													190
Piscataquis	20	24	21	25	28	28	28	30	32	28	24		26
Somerset	91	93	94	97	104	102	106	106	93	85	76		95
TBRJ	167	156	167	152	157	141	140	132	139	154	140		150
Washington	39	37	35	35	34	38	40	42	45	38	31		38
York	223	225	223	218	190	186	190	186	196	193	186		201
County Pop Total:	1734	1726	1716	1700	1570	1577	1651	1706	1705	1633	1541		1659.9

Equal to or Under Capacity

Note: Kennebec Capacity increased from 147 to 168 on June 8, 2017 following renovations.

Note: "May 17" data has been ommitted due to a technical glitch in BARS for the month.

2016	January	February	March	April	May	June	July	August	September	October	November	December	Male ADP '16'	Female ADP '16'	
Androscoggin	149		153	156	154	153	143	154	144	150	129	129	129	19	
Aroostook	86	100	106	107	105	90	98	110	99	96	92	82	86	12	
Cumberland	447	470	494	492	469	457	435	430	392	392	389	388	361	77	
Franklin	26	26	29	29	26	24	24	19	18	24	21	27	21	3	
Hancock	54	53	58	53	55	48	50	50	50	51	55	52	44	8	
Kennebec												138	137	27	
Knox						63	62	65	68	64	67	58	58	11	
MCRRC	23	21	27	29	28	28	26	27	24	22	20	17	24	0	
Oxford	13	11	11	10	9	12	16	11	10	10	10	8	8	3	
Penobscot													155	37	
Piscataquis	28	31	31	28	31	31	26	29	27	26	21	21	24	3	
Somerset	123	129	130	132	119	125	121	120	107	109	118	114	108	13	
TBRJ	114	126	131	111	112	110	100	123	174	169	157	141	110	21	
Washington	38	37	37	37	42	34	37	37	36	32	38	36	30	7	
York	262	250	247	240	243	232	241	236	238	216	217	202	200	35	
County Pop Total:	1785	1843	1885	1845	1822	1765	1752	1784	1752	1723	1700	1599	1495	276	1771.3

Equal to or Under Capacity

2015	January	February	March	April	May	June	July	August	September	October	November	December	
Androscoggin	168	167	155	167	156	145	156	166	161	151	133	128	
Aroostook	86	93	97	93	94	91	87	86	94	95	94	84	
Cumberland	445	436	465	451	475	449	454	455	464	439	436	431	
Franklin	4	5	6	14	21	24	26	29	31	27	20	17	
Hancock	54	54	56	46	43	53	55	59	55	56	55	54	
Kennebec	172	165	154	152	145	148	152	170	171	165	174	143	
Knox	61	59	69	72	62	54	62	66	68	74	69	62	
MCRRC	25	30	30	29	31	29	29	29	24	22	21	22	
Oxford	9	8	12	8	11	9	11	10	11	10	10	10	
Penobscot	167	172	176	163	167	171	173	171	175	181	179	183	
Piscataquis	29	27	29	32	30	30	32	33	31	26	31	28	
Somerset	154	161	159	163	157	152	164	152	138	130	99	95	
TBRJ	172	157	164	161	147	144	138	122	123	113	112	105	
Washington	39	36	37	36	35	35	40	35	37	41	39	36	
York	235	224	226	241	239	233	231	231	242	218	234	243	
County Pop Total:	**1820**	**1794**	**1835**	**1828**	**1813**	**1767**	**1810**	**1814**	**1825**	**1748**	**1706**	**1641**	**1783.4 AVG /ADP**

2014	January	February	March	April	May	June	July	August	September	October	November	December	
Androscoggin	151	154	147	164	163	157	159	163	151	154	157	165	
Aroostook	70	89	83	90	84	89	84	83	87	94	100	90	
Cumberland	447	460	457	469	441	439	441	263	457	461	437	415	
Franklin	4	7	6	5	4	4	3	5	4	3	5	4	
Hancock	53	58	58	48	40	47	47	50	52	52	53	51	
Kennebec	175	164	174	174	168	181	171	183	180	185	189	189	
Knox	82	77	75	66	63	59	55	60	67	70	78	69	
MCRRC	24	23	28	31	29	28	22	35	21	26	25	21	
Oxford	14	13	11	11	12	11	11	11	10	12	12	11	
Penobscot	185	187	178	172	178	174	179	168	175	175	180	163	
Piscataquis	34	34	33	34	33	31	31	29	35	34	31	30	
Somerset	157	147	145	169	183	169	166	168	176	170	166	157	
TBRJ	170	167	155	166	165	162	159	162	168	163	181	177	
Washington	40	40	37	37	34	33	37	36	36	39	40	36	
York	247	243	234	224	245	223	209	206	219	204	219	227	
County Pop Total:	**1853**	**1863**	**1821**	**1860**	**1842**	**1807**	**1774**	**1622**	**1838**	**1842**	**1873**	**1805**	**1816.7** AVG/ADP

2013	January	February	March	April	May	June	July	August	September	October	November	December	
Androscoggin	145	144	140	150	153	142	147	153	156	155	156	150	
Aroostook	70	84	83	84	83	66	71	70	72	71	70	69	
Cumberland	419	430	472	480	469	459	450	434	452	445	444	439	
Franklin	5	4	6	6	5	6	6	4	6	5	5	5	
Hancock	47	48	51	48	47	44	40	39	46	50	47	40	
Kennebec	130	139	137	161	171	157	155	153	159	170	169	170	
Knox	70	72	68	66	69	65	69	73	73	69	73	72	
MCRRC	27	26	30	31	32	30	29	25	26	28	25	24	
Oxford	12	8	10	12	15	11	11	11	10	7	12	9	
Penobscot	144	152	159	167	168	158	154	163	179	171	169	169	
Piscataquis	32	34	32	34	33	33	29	29	34	34	33	30	
Somerset	190	189	193	168	163	157	158	157	157	148	157	150	
TBRJ	161	168	166	169	169	173	165	183	173	173	177	167	
Washington	34	35	38	41	37	36	34	37	40	36	38	38	
York	206	209	213	235	214	206	209	206	223	234	226	238	
County Pop Total:	**1692**	**1742**	**1798**	**1852**	**1828**	**1743**	**1727**	**1737**	**1806**	**1796**	**1801**	**1770**	1774.3 AVG/ADP

2012	January	February	March	April	May	June	July	August	September	October	November	December	
Androscoggin	147	148	147	142	147	143	151	143	147	143	131	126	
Aroostook	75	75	72	78	74	68	73	77	78	83	81	66	
Cumberland	432	419	431	451	433	430	435	450	442	430	422	395	
Franklin	5	5	6	7	7	7	5	5	4	5	5	5	
Hancock	52	49	44	45	35	37	36	42	37	41	32	37	
Kennebec	150	150	149	139	147	146	158	166	149	145	136	121	
Knox	68	68	57	58	63	63	64	72	69	66	69	67	
MCRRC	26	21	18	18	20	21	23	26	26	27	28	29	
Oxford	11	9	11	9	10	7	10	13	13	9	11	8	
Penobscot	155	155	146	159	153	155	163	172	174	165	160	146	
Piscataquis	28	29	31	30	34	34	34	35	32	30	29	33	
Somerset	184	194	193	177	143	110	119	169	188	208	201	179	
TBRJ	172	173	175	176	171	145	166	169	161	166	159	142	
Washington	47	37	34	37	37	40	38	29	34	37	38	38	
York	182	190	194	184	182	206	195	195	191	181	193	189	
County Pop Total:	**1734**	**1722**	**1708**	**1710**	**1656**	**1612**	**1670**	**1763**	**1745**	**1736**	**1695**	**1581**	**1694.3 AVG/ADP**

2011	January	February	March	April	May	June	July	August	September	October	November	December	
Androscoggin	127	144	155	153	149	149	147	147	159	153	152	147	
Aroostook	74	70	68	75	68	74	74	72	80	78	75	66	
Cumberland	419	415	429	443	428	423	421	428	444	421	425	396	
Franklin	4	5	4	3	4	4	4	3	3	3	3	4	
Hancock	48	49	37	36	40	37	48	52	53	47	44	46	
Kennebec	164	138	144	156	141	130	120	128	152	160	138	147	
Knox	66	70	66	70	63	67	61	59	59	68	65	68	
MCRRC	22	18	18	18	23	25	23	20	21	25	27	27	
Oxford	11	10	11	11	11	9	12	9	11	8	8	9	
Penobscot	141	140	144	151	141	143	143	144	151	149	150	145	
Piscataquis	29	30	31	26	25	22	29	30	28	27	32	29	
Somerset	175	178	170	168	167	144	153	175	189	193	192	179	
TBRJ	151	148	145	153	149	144	136	146	162	163	161	165	
Washington	40	41	42	41	44	48	43	37	39	42	42	47	
York	196	204	206	205	204	194	198	208	220	203	188	168	
County Pop Total:	**1667**	**1660**	**1670**	**1709**	**1657**	**1613**	**1612**	**1658**	**1771**	**1740**	**1702**	**1643**	**1675.2 AVG/ADP**

2010	January	February	March	April	May	June	July	August	September	October	November	December	
Androscoggin	122	132	131	129	121	133	124	121	131	132	122	120	
Aroostook	59	53	55	63	75	72	73	70	71	67	66	70	
Cumberland	381	385	388	400	429	461	449	438	454	458	445	398	
Franklin	3	3	4	3	3	4	3	4	4	4	4	4	
Hancock	56	54	57	59	58	47	46	39	40	41	41	38	
Kennebec	167	164	167	172	169	173	179	165	162	160	161	163	
Knox	75	72	71	68	73	69	73	64	68	69	74	62	
MCRRC	1	6	11	13	14	15	14	18	17	21	20	22	
Oxford	9	9	10	10	10	8	14	9	10	9	8	8	
Penobscot	166	157	169	168	174	171	165	174	175	163	149	154	
Piscataquis	27	24	25	24	22	17	22	21	23	20	24	27	
Somerset	181	189	168	164	149	140	146	156	155	164	165	143	
TBRJ	136	144	151	158	162	162	142	151	140	146	145	133	
Washington	44	44	39	42	43	40	39	46	41	48	43	43	
York	197	190	203	219	220	220	208	206	208	194	190	181	
County Pop Total:	**1624**	**1626**	**1649**	**1692**	**1722**	**1732**	**1697**	**1682**	**1699**	**1696**	**1657**	**1566**	**1670.2** AVG/ADP

2009	August	September	October	November	December		
Androscoggin	144	134	134	133	130		
Aroostook	60	69	65	72	72		
Cumberland	436	409	369	379	394		
Franklin	3	3	4	4	3		
Hancock	51	50	45	50	45		
Kennebec	162	170	182	180	166		
Knox	73	74	65	65	65		
MCRRC	0	0	0	0	0		
Oxford	11	11	8	9	7		
Penobscot	186	186	184	172	169		
Piscataquis	22	24	25	22	23		
Somerset	141	155	188	173	144		
TBRJ	149	151	150	144	136		
Washington	38	32	39	42	36		
York	238	231	215	207	193		
County Pop Total:	**1714**	**1699**	**1673**	**1652**	**1583**	**1664.2**	**AVG/ADP**

Orbeton, Jane

From: Ferguson, Scott <Scott.Ferguson@maine.gov>
Sent: Monday, November 4, 2019 8:07 AM
To: Orbeton, Jane
Cc: Liberty, Randall; Thornell, Ryan; Black, Anna
Subject: RE: Requests for information from 10-22
Attachments: 2019-11-04 CJ FY10-FY19 Expenditures-ADP-Per Capita.pdf; 2019-11-04 CJ Three Year Avg Major Cost Components.pdf; 2019-11-04 Historical Perspective SBOC.pdf

Jane,

Good morning.

I have attached three documents which you can decide what you would like to use for tomorrow:

- ✓ 2019-11-04 CJ FY10-FY19 Expenditures-ADP-Per Capita – Historical information which was reported in the CRAS and BARS systems by the counties:
  - Expenditures and growth trends
  - Average Daily Population (this represents in-house populations)
  - Per Capita calculations based on CRAS reported expenditures and BARS (in-house) Average Daily Populations
- ✓ 2019-11-04 CJ Three Year Avg Major Cost Components
  - Representative Pickett had asked about jail costs.
    - This schedule summarizes cost components into Personnel, Contractual and Commodities with several sub categories.
      - The information is based on a three year spending average – FY16 to FY18
    - This information is also available at a detailed level
- ✓ 2019-11-04 Historical Perspective SBOC – a brief history of the SBOC from my perspective. I was involved with its formation from 2007 forward. It discusses:
  - Five reasons the Board was created
  - Enabling legislation - The Board and its purpose
  - The Tax CAP
  - And the link to the Board's Historical information on the Department's web-site.

Please let me know if you have any questions.

Thanks,
Scott

From: Orbeton, Jane <Jane.Orbeton@legislature.maine.gov>
Sent: Wednesday, October 23, 2019 11:48 AM
To: Metayer, Lauren <lauren.metayer@legislature.maine.gov>; Ferguson, Scott <Scott.Ferguson@maine.gov>; Liberty, Randall <Randall.Liberty@maine.gov>; Thornell, Ryan <Ryan.Thornell@maine.gov>; Black, Anna <Anna.Black@maine.gov>; Joel Merry <jmerry@sagsheriff.com>; Todd Brackett <tbrackett@Lincolnso.me>; Kevin Joyce (joyce@cumberlandcounty.org) <joyce@cumberlandcounty.org>; Charles Pray (cppray1@gmail.com) <cppray1@gmail.com>; Gregory T Zinser <gtzinser@yorkcountymaine.gov>; 'bgdevlin@kennebecso.com' <bgdevlin@kennebecso.com>; cwainwright@oxfordcountysheriff.com
Subject: Requests for information from 10-22

Please find attached requests for information that were made by members of the CJPS Committee at the meeting yesterday on county jail funding. Please note:

Requests to the Maine Sheriffs' Association are in the county jail section. The Maine County Commissioners Association and Maine Association of County Clerks, Administrators and Managers may wish to consult with the sheriffs on these issues. With regard to cost drivers and cost containment, I believe the committee would like to hear from the Cumberland County Jail, the Oxford County Jail and 2 other jails chosen by the Maine Sheriffs' Association as representative of jails that are in counties that have not increased the assessment for correctional services or that have increased the assessment only by small percentages. The per capita per day cost figure is a request to the Maine Sheriffs' Association and Scott Ferguson from DAFS.

The request to Commissioner Liberty on the relationship between the jails and the DOC is a request for information about personnel, prisoner transfer and financial issues.

The request to Lauren Metayer in the category called "background information" is a request for a written copy of her narrative on jail funding is a limited request, not a request for additional data.

With regard to the requests to me for background information, I have sent electronic copies to the CJPS members this morning.

With regard to the requests for information on medical, mental health and substance abuse services, I will be contacting Gordon Smith and DHHS by telephone with those requests.

Thank you to you all for assisting the CJPS Committee.
Jane Orbeton

STATE OF MAINE
DEPARTMENT OF CORRECTIONS
SERVICE CENTER

TO: CRIMINAL JUSTICE AND PUBLIC SAFETY COMMITTEE

FROM: SCOTT FERGUSON, CORRECTIONS SERVICE CENTER DIRECTOR

SUBJECT: INSIGHTS INTO THE FORMATION OF THE STATE BOARD OF CORRECTIONS

DATE: AUGUST 21, 2019

CC: RANDALL LIBERTY, COMMISSIONER, DEPARTMENT OF CORRECTIONS
RYAN THORNELL, DEPUTY COMMISSIONER, DEPARTMENT OF CORRECTIONS

Members of the Criminal Justice and Public Safety Committee,

In order to better understand the history of the State Board of Corrections and the objectives of the Jail Funding Committee, I felt it necessary to provide a historical perspective on the establishment of he Board, the establishment of the Property Tax CAP, population trends and spending history of the jails. My perspective is one of someone who has no stake in the outcome and I was also there in 2008 and worked exclusively on this project contributing to the Board's creation.

The establishment of the Board was to address five conditions at the time:

1. An historical growth rate of 9.0% in the county jails over (2003-2007)
    a. While disputed by the counties, they hired Marie Van Nostrum, who ended up verifying the 9.0% spending growth rate
2. An historical growth rate of 5.8% in the Department of Corrections for the same time period
3. Overcrowding at State Facilities
4. Capacity systemwide (state and jails)
5. Several county capital building projects that were in discussion for approximately $121M

The conclusions we obvious:

- ✓ The cost of growth in Maine Corrections needed to be contained
- ✓ While overcrowding was specific to individual jails and the Department, there was excess capacity system-wide/ state-wide, as there is today.
- ✓ With system-wide capacity, why were new capital projects being considered?

Enabling Legislation: Public Law 653, April 18, 2018,

- ✓ Established the State Board of Corrections:
    - Purpose: "*The purpose of the board is to develop and implement a unified correctional system that demonstrates sound fiscal management, achieves efficiencies, reduces recidivism and ensures the safety and security of correctional staff, inmates, visitors, volunteers and surrounding communities.*"
- ✓ Board Membership – 9 members – all appointed by the Governor:
    - One Sheriff
    - One County Commissioner
    - Two Executive Branch Representatives
    - One Municipal Official
    - Four members who broadly represented the public and geographical regions of the state
- ✓ Responsibilities & Duties:
    - Manage the Cost of Corrections
    - Determine Correctional Facility Use and Purpose
    - Adopt Treatment Standards and Policies
    - Certificate of Need (Capital Improvement/ Construction Projects)
    - Administrative Duties
        - Cost Savings – contracts, staffing, training, transportation, technology

- Consult with State Sentencing and Corrections Practices Coordinating Council
- Assist Correctional Facilities to Establish And Achieve Professional Correctional Accreditation Standards
- Administer the County Jail Prisoner Support (then the State Board of Corrections Investment Fund, now the County Jail Operations Fund) and Community Corrections Fund (CCA)
- Prepare and submit a budget to the Governor (biennial and supplemental)
    - Regarding Debt Service: "*The board shall also propose in its budget an appropriation to the State Board of Corrections Investment Fund of an amount equal to the difference between the 2007-08 fiscal year's county jail debt and the amount of that year's debt payment;*"
        - The intent of this language was to establish a Capital Improvement Reserve account to address capital needs and deferred maintenance.
- Receive and Review Recommendations
- Authority Limited
    - The Board was not given authority over labor negotiations, contracts or personnel rules.
        - This comprises approximately 67% of the budget, leaving approximately 33% of the budget which could be influenced by the Board.
- Rulemaking
- Appeals
- Reporting - to the Criminal Justice Committee each April 1st and January 15th
- Committee Review

The Tax CAP:
http://www.mainelegislature.org/legis/statutes/30-A/title30-Asec701.html
Title 30-A §701. Annual estimates for county taxes 2-C. Tax assessment for correctional services beginning July 1, 2015

Counties were given several months to come up with the jail budget and once established a certification document was provided to the Board. The certification attesting to the Jail Tax CAP (budget at that time) was to be signed off by the County Commission Chair, the Treasurer, the Sheriff and the Jail Administrator.

Several changes to the CAP occurred from the original bill:
- ✓ Lincoln and Sagadahoc changed to a 50%/ 50% split
- ✓ Somerset did make a change to its Property Tax CAP in FY2010, which was approved by the State Board of Corrections (twice), but it was never reflected in this section of statute
- ✓ York petition the Criminal Justice and Public Safety Committee to lower its CAP by what it considered to be a Debt Service component from its original submission.

The original Tax Cap was established at $62,452,804, however the Tax Cap today is unknown as subsequent legislation allowed counties to increase the Cap by 3%, then 4% or the LD1 rate, whichever is less. We have an amount currently reported in CRAS (County Reporting of Actuals System) of $45,118,416 for FY19; we know this is incorrect by accounting inconsistencies with the counties and three counties have yet to report. It also appears that 13 have actually underreported their Tax Cap in comparison to prior years.

Other historical information regarding the SBOC can be found here http://www.maine.gov/corrections/BOC/index.shtml

Please let me know if you should have any questions.

Thanks,
Scott Ferguson
Director, Corrections Service Center

County Jail Spending by Major Category
Three Year Average (FY16-FY18) Actual Spending - Source: CRAS

Major Category	FY16-FY18 Average	% of Total
SalaryAnd Wages	32,775,793	
Fringe Ben Jail Emp Only	17,193,170	
Misc Pay	6,352,517	
P/T Salary and Wages	1,129,072	
Total Personel	***57,450,552***	67.6%
Prof Fees	15,925,141	
Utilities	3,580,883	
Repair Maint	1,316,634	
Op County Vehicles	269,859	
Other	163,208	
Rental	121,060	
Gen Op	70,367	
Travel Exp	58,494	
Total Contractual	***21,505,647***	25.3%
Food	2,066,160	
FixedIns	1,472,878	
Supplies	1,101,121	
Clothing	364,505	
Total Commodities	***5,004,664***	5.9%
Jail Surchrge	155,215	
Community Corrections	1,458	
Other Items	***156,673***	0.2%
Capital	863,540	1.0%
Grand Total	**84,981,075**	

Detailed Level Information Available

County Jail Expenditures, ADP & Per Capita - FY10 to FY19 (CRAS/ BARS Reporting)

County	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	Average Annual Increase
ANDROSCOGGIN	4,869,022	5,430,411	5,631,074	5,654,731	5,738,442	5,788,492	6,015,326	5,877,171	6,257,493	6,573,290	3.5%
Year over Year Spending Change		11.5%	3.7%	0.4%	1.5%	0.9%	3.9%	-2.3%	6.5%	5.0%	
ADP	131.30	135.50	148.09	142.90	154.42	158.92	152.17	147.55	168.25	164.92	25.6%
Per Capita	$ 37,083	$ 40,077	$ 38,025	$ 39,571	$ 37,162	$ 36,425	$ 39,531	$ 39,833	$ 37,192	$ 39,858	
AROOSTOOK	3,032,176	3,097,968	3,187,853	3,435,453	3,869,845	3,931,806	3,488,780	3,250,045	3,242,438	3,471,622	1.4%
Year over Year Spending Change		2.2%	2.9%	7.8%	12.6%	1.6%	-11.3%	-6.8%	-0.2%	7.1%	
ADP	65.70	70.40	73.88	77.20	77.33	91.00	94.50	93.55	96.08	101.75	54.9%
Per Capita	$ 46,152	$ 44,005	$ 43,148	$ 44,501	$ 50,041	$ 43,207	$ 36,918	$ 34,743	$ 33,746	$ 34,119	
CUMBERLAND	16,048,396	16,460,376	17,575,066	17,584,683	17,982,071	17,982,736	18,762,624	18,518,042	19,030,381	20,128,914	2.5%
Year over Year Spending Change		2.6%	6.8%	0.1%	2.3%	0.0%	4.3%	-1.3%	2.8%	5.8%	
ADP	389.60	433.20	427.32	441.80	448.08	432.92	459.00	401.82	380.17	397.08	1.9%
Per Capita	$ 41,192	$ 37,997	$ 41,129	$ 39,802	$ 40,131	$ 41,539	$ 40,877	$ 46,086	$ 50,058	$ 50,692	
FRANKLIN	1,362,624	1,140,058	982,780	1,005,486	1,062,283	1,276,533	1,846,446	1,931,217	2,035,735	2,038,403	5.0%
Year over Year Spending Change		-16.3%	-13.8%	2.3%	5.6%	20.2%	44.6%	4.6%	5.4%	0.1%	
ADP	3.20	3.90	4.75	5.10	5.08	8.17	25.83	24.45	24.58	25.83	707.3%
Per Capita	$ 425,820	$ 292,323	$ 206,723	$ 197,154	$ 208,974	$ 156,310	$ 71,475	$ 78,972	$ 82,810	$ 78,906	
HANCOCK	2,064,363	2,200,403	2,199,785	2,381,317	2,307,616	2,487,373	2,264,539	2,496,053	2,623,479	2,797,075	3.5%
Year over Year Spending Change		6.6%	0.0%	8.3%	-3.1%	7.8%	-9.0%	10.2%	5.1%	6.6%	
ADP	52.00	41.00	45.99	42.20	47.17	50.92	54.58	52.18	51.83	48.92	-5.9%
Per Capita	$ 39,699	$ 53,668	$ 47,836	$ 56,429	$ 48,925	$ 48,852	$ 41,488	$ 47,834	$ 50,614	$ 57,180	
KENNEBEC	5,926,307	6,227,010	6,841,376	6,609,732	6,666,760	6,381,617	7,080,396	7,594,988	7,503,551	8,078,117	3.6%
Year over Year Spending Change		5.1%	9.9%	-3.4%	0.9%	-4.3%	10.9%	7.3%	-1.2%	7.7%	
ADP	169.60	155.60	143.76	147.40	167.67	169.42	162.42	161.18	145.58	144.08	-15.0%
Per Capita	$ 34,943	$ 40,019	$ 47,588	$ 44,842	$ 39,762	$ 37,668	$ 43,594	$ 47,121	$ 51,541	$ 56,066	
KNOX	3,529,069	3,559,834	3,714,554	3,647,714	3,648,281	3,560,790	3,588,068	3,300,025	3,865,834	3,814,693	0.8%
Year over Year Spending Change		0.9%	4.3%	-1.8%	0.0%	-2.4%	0.8%	-8.0%	17.1%	-1.3%	
ADP	69.70	67.50	62.93	67.90	70.92	64.67	70.67	61.91	52.25	54.92	-21.2%
Per Capita	$ 50,632	$ 52,738	$ 59,030	$ 53,722	$ 51,445	$ 55,064	$ 50,775	$ 53,304	$ 73,987	$ 69,463	
LINCOLN	425,255	421,985	425,535	437,542	441,196	435,564	396,223	469,356	503,508	400,248	-0.6%
Year over Year Spending Change		-0.8%	0.8%	2.8%	0.8%	-1.3%	-9.0%	18.5%	7.3%	-20.5%	-0.2%
ADP											
Per Capita											
OXFORD	1,171,766	1,253,686	1,234,311	1,192,206	1,267,065	1,236,071	2,035,884	2,143,419	2,221,670	2,342,442	10.0%
Year over Year Spending Change		7.0%	-1.5%	-3.4%	6.3%	-2.4%	64.7%	5.3%	3.7%	5.4%	
ADP	9.30	10.00	9.37	10.90	11.00	10.33	10.67	10.09	9.33	8.67	-6.8%
Per Capita	$ 125,996	$ 125,369	$ 131,708	$ 109,377	$ 115,188	$ 119,620	$ 190,864	$ 212,411	$ 238,036	$ 270,282	
PENOBSCOT	6,820,827	7,187,751	7,414,515	7,624,042	7,707,456	8,073,477	8,077,708	8,499,857	8,965,748	9,239,261	3.5%
Year over Year Spending Change		5.4%	3.2%	2.8%	1.1%	4.7%	0.1%	5.2%	5.5%	3.1%	
ADP	172.20	153.30	150.14	160.70	173.25	171.33	182.33	191.82	192.33	179.42	4.2%
Per Capita	$ 39,610	$ 46,887	$ 49,384	$ 47,443	$ 44,487	$ 47,121	$ 44,302	$ 44,312	$ 46,616	$ 51,496	
PISCATAQUIS	1,174,928	1,310,035	1,407,628	1,392,398	1,404,332	1,455,779	1,405,176	1,372,088	1,386,975	1,472,682	2.5%
Year over Year Spending Change		11.5%	7.4%	-1.1%	0.9%	3.7%	-3.5%	-2.4%	1.1%	6.2%	
ADP	22.90	24.80	29.91	32.50	32.33	30.58	30.08	24.36	26.67	29.33	28.1%
Per Capita	$ 51,307	$ 52,824	$ 47,062	$ 42,843	$ 43,433	$ 47,600	$ 46,709	$ 56,317	$ 52,012	$ 50,205	

Information Source: CRAS/ BARS - County Reported

County Jail Expenditures, ADP & Per Capita - FY10 to FY19 (CRAS/ BARS Reporting)

County	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	Average Annual Increase
SAGADAHOC	384,172	364,289	389,718	396,965	395,914	381,612	349,071	401,326	412,828	389,115	2.5%
Year over Year Spending Change		-5.2%	7.0%	1.9%	-0.3%	-3.6%	-8.5%	15.0%	2.9%	-5.7%	
ADP											
Per Capita											
SOMERSET	5,889,347	6,265,829	6,436,179	6,452,372	6,570,834	6,622,424	6,795,107	6,464,588	6,038,370	6,656,001	1.3%
Year over Year Spending Change		6.4%	2.7%	0.3%	1.8%	0.8%	2.6%	-4.9%	-6.6%	10.2%	
ADP	159.90	160.80	173.29	176.80	158.08	162.42	128.00	106.18	91.25	95.33	-40.4%
Per Capita	$ 36,831	$ 38,967	$ 37,141	$ 36,495	$ 41,566	$ 40,774	$ 53,087	$ 60,882	$ 66,174	$ 69,818	
TWO BRIDGES	6,457,533	6,647,072	6,358,500	7,000,466	6,940,436	6,870,647	6,446,618	6,887,585	6,620,421	6,637,423	0.3%
Year over Year Spending Change		2.9%	-4.3%	10.1%	-0.9%	-1.0%	-6.2%	6.8%	-3.9%	0.3%	
ADP	147.90	145.50	161.81	164.00	168.58	162.92	118.08	151.18	146.58	141.67	-4.2%
Per Capita	$ 43,661	$ 45,684	$ 39,296	$ 42,686	$ 41,169	$ 42,173	$ 54,594	$ 45,558	$ 45,165	$ 46,852	
WALDO	1,924,311	1,967,344	2,012,671	2,105,931	2,053,610	2,126,655	3,445,035	3,619,713	3,286,585	3,621,343	8.8%
Year over Year Spending Change		2.2%	2.3%	4.6%	-2.5%	3.6%	62.0%	5.1%	-9.2%	10.2%	
ADP	7.50	21.60	24.24	30.10	26.67	27.00	25.25	22.00	23.67	18.83	151.1%
Per Capita	$ 256,575	$ 91,081	$ 83,020	$ 69,964	$ 77,010	$ 78,765	$ 136,437	$ 164,532	$ 138,870	$ 192,284	
WASHINGTON	2,168,806	2,348,602	2,377,164	2,425,398	2,333,701	2,321,950	2,246,616	2,355,197	2,390,933	2,551,035	1.8%
Year over Year Spending Change		8.3%	1.2%	2.0%	-3.8%	-0.5%	-3.2%	4.8%	1.5%	6.7%	
ADP	39.40	42.80	40.19	36.30	37.00	36.83	37.75	36.00	41.17	36.75	-6.7%
Per Capita	$ 55,046	$ 54,874	$ 59,150	$ 66,815	$ 63,073	$ 63,039	$ 59,513	$ 65,422	$ 58,079	$ 69,416	
YORK	9,645,792	10,097,042	10,544,925	10,216,357	10,326,771	10,103,934	10,319,058	9,432,073	9,380,400	9,773,568	0.1%
Year over Year Spending Change		4.7%	4.4%	-3.1%	1.1%	-2.2%	2.1%	-8.6%	-0.5%	4.2%	
ADP	214.40	199.50	193.62	202.10	229.33	223.50	239.42	220.82	200.50	182.33	-15.0%
Per Capita	$ 44,990	$ 50,612	$ 54,462	$ 50,551	$ 45,030	$ 45,208	$ 43,101	$ 42,714	$ 46,785	$ 53,603	
Grand Total	**75,926,871**	**79,077,664**	**81,921,488**	**82,998,245**	**84,586,457**	**84,969,265**	**88,051,454**	**87,862,788**	**89,008,787**	**93,456,856**	**2.3%**
Year over Year Spending Change		**4.1%**	**3.6%**	**1.3%**	**1.9%**	**0.5%**	**3.6%**	**-0.2%**	**1.3%**	**5.0%**	
ADP	**1,654.6**	**1,665.4**	**1,689.3**	**1,737.9**	**1,806.9**	**1,800.9**	**1,790.8**	**1,705.1**	**1,650.3**	**1,629.8**	**-1.5%**
Per Capita	**$ 45,888**	**$ 47,483**	**$ 48,495**	**$ 47,758**	**$ 46,813**	**$ 47,181**	**$ 49,170**	**$ 51,530**	**$ 53,937**	**$ 57,341**	

Information Source: CRAS/ BARS - County Reported

Title 34-A: CORRECTIONS
Chapter 1: GENERAL PROVISIONS
Subchapter 2: DEPARTMENT

§1210-D. County Jail Operations Fund

1. County Jail Operations Fund. Notwithstanding any provision of law to the contrary, at least $12,202,104 in state funding must be appropriated annually and used for the purposes of the County Jail Operations Fund, as established pursuant to this section and referred to in this section as "the fund." The department shall administer the fund and shall distribute funds to the jails in accordance with this section for the purposes set forth in subsections 2 and 3.

[2015, c. 335, §23 (NEW) .]

2. Community corrections. The fund must be used for the purpose of establishing and maintaining community corrections. For purposes of this subsection, "community corrections" means the delivery of correctional services for adults in the least restrictive manner that ensures the public safety by the county or for the county under contract with a public or private entity. "Community corrections" includes, but is not limited to, preventive or diversionary correctional programs, pretrial release or conditional release programs, alternative sentencing or housing programs, electronic monitoring, residential treatment and halfway house programs, community correctional centers and temporary release programs from a facility for the detention or confinement of persons convicted of crimes. The following provisions apply to community corrections funding.

A. Thirty percent of the funds distributed to the counties under this section must be used for the purpose of community corrections. [2015, c. 335, §23 (NEW).]

B. The county treasurer shall deposit 30% of the funds received under subsection 4 into an account for community corrections purposes. [2015, c. 335, §23 (NEW).]

C. Before distributing to a county that county's entire distribution under this section, the department shall require that county to submit appropriate documentation verifying that the county expended 30% of its prior distribution for the purpose of community corrections as required by this section. [2015, c. 436, §11 (AMD).]

D. If a county fails to submit appropriate documentation verifying that the county expended 30% of its prior distribution for the purpose of community corrections under paragraph C, the department shall distribute to that county only 80% of its distribution. The department shall hold in escrow the 20% not distributed to a county to give the county jail an opportunity to comply with the requirement that 30% of the total distribution be used for community corrections purposes and qualify for disbursement of the withheld funds. [2015, c. 335, §23 (NEW).]

[2015, c. 436, §11 (AMD) .]

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2-A. Pretrial release or conditional release programs. Using community corrections funds distributed under this section, each county shall provide a program, directly or through contract with an organization, to supervise defendants subject to a pretrial release condition imposed pursuant to Title 15, section 1026, subsection 3, paragraph A, subparagraph (1) and such requirements as may be established by rule or order of the Supreme Judicial Court.

[2015, c. 436, §12 (NEW) .]

3. Prisoner support. The fund must be used to provide a portion of the counties' costs of the support of prisoners detained or sentenced to county jails. The following provisions apply to prisoner support funding.

A. Up to 70% of the funds distributed to a county under this section may be used for the purpose of support of prisoners detained or sentenced to county jails and for such other jail operations and correctional services purposes as the sheriff determines to be appropriate. [2015, c. 335, §23 (NEW).]

B. The county treasurer shall deposit 70% of the funds received under subsection 4 into an account for prisoner support, jail operations and correctional services purposes. [2015, c. 335, §23 (NEW).]

[2015, c. 335, §23 (NEW) .]

4. Formula; distribution. The department shall establish by rule a formula for the distribution of funds from the fund to the counties for jail operations. Beginning July 1, 2015 and annually thereafter, the department shall distribute to the counties from the fund amounts based on the formula. The formula must be based on the most recent fiscal year for which data is available and must:

A. Take into consideration total statewide county jail prisoner days for all jails; [2015, c. 335, §23 (NEW).]

B. Take into consideration and assign to a jail the number of county jail prisoner days attributable to each prisoner who was charged with committing a crime in that county or was committed to the custody of or detained by the sheriff of that county; [2015, c. 335, §23 (NEW).]

C. Determine the proportion of statewide county jail prisoner days attributable to each county; [2015, c. 335, §23 (NEW).]

D. Determine the per diem per prisoner reimbursement amount; and [2015, c. 335, §23 (NEW).]

E. Determine the reimbursement amount for each county based on the county's proportion of statewide county jail prisoner days multiplied by the per diem per prisoner rate. [2015, c. 335, §23 (NEW).]

Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

[2015, c. 335, §23 (NEW) .]

5. Surcharge imposed. In addition to the 14% surcharge collected pursuant to Title 4, section 1057, an additional 1% surcharge must be added to every fine, forfeiture or penalty imposed by any court in this State, which, for the purposes of collection and collection procedures, is considered a part of the fine, forfeiture or penalty. All funds collected pursuant to this subsection are nonlapsing and must be deposited monthly in the fund.

[2015, c. 335, §23 (NEW) .]

SECTION HISTORY
2015, c. 335, §23 (NEW). 2015, c. 436, §§11, 12 (AMD).

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Chapter 3: COUNTY JAIL OPERATIONS FUND DISTRIBUTION OF FUNDS FORMULA

1. By August 1st of each year, each county shall report to the Department of Corrections the number of "county jail prisoner days" for that county for the previous fiscal year. This total is to be based on the daily reports made by the county in the BARS (Bed Availability Reporting System) or other reporting system approved by the Commissioner of Corrections. These daily reports must be entered into the system by 9:00 a.m. and reflect the jail's population count as of 12:00 a.m. for the day reported.

2. The county shall provide the number of "county jail prisoner days" attributable to each prisoner who was charged with committing a crime in that county or was committed to the custody of or detained by the sheriff of that county. This includes persons who are housed in a jail as pre-trial detainees, pre-sentence detainees, and sentenced prisoners, and persons who have been found incompetent to stand trial or not criminally responsible but who are being detained pending placement in a state psychiatric hospital. This does not include persons charged with juvenile crimes nor does it include persons who are being held temporarily in a cell, holding area or detention area for purposes of processing, arranging bail, and/or release.

3. The county shall attribute a "county jail prisoner day" to the "county of origin" for the prisoner. When determining a prisoner's "county of origin," the following criteria shall be used:

   a. The county in which the prosecution for the crime(s) is taking place or has taken place is the "county of origin," unless venue was changed by the court or as otherwise noted below.

   b. If venue was changed by the court, the "county of origin" is the county in which the prosecution originated.

   c. The "county of origin" for a revocation of probation or revocation of supervised release for sex offenders is determined by the county where the prosecution for the underlying crime(s) took place.

   d. For federal prisoners or prisoners transferred to the county from the Department, the "county of origin" shall be so noted as "federal" or "state," as applicable.

   e. A prisoner who is being boarded for another county shall have the sending county noted as the "county of origin."

4. The Department shall determine the total "statewide county jail prisoner days" by totaling the county jail prisoner days provided by each county adjusted, as necessary, by the Department to correct any errors and excluding federal prisoners and prisoners transferred to the counties from the Department.

5. Based on the statewide county jail prisoner days and the amount of funds appropriated to the County Jail Operations Fund, the Department shall determine the per diem per prisoner reimbursement rate and shall notify each county as to this rate.

6. The Department shall determine the reimbursement amount for each county from the County Jail Operations Fund based on the proportion of "county prisoner jail days" for each "county of origin" to the total "statewide county jail prisoner days." This reimbursement amount shall be distributed to each county annually, except as set forth in Title 34-A sections 1208-B(1)(B) (monetary penalty for noncompliance with standards) and 1210-D(2)(D) (failure to document required community corrections expenditures).

7. Each county shall report to the Department of Corrections the previous month's financial data (revenue and expenditures) in the Corrections Reporting of Actuals System (CRAS) by the 10th business day of each month.

8. By August 1st of each year, each county shall report to the Department of Corrections all revenue and expenditures associated with county jail operations as reported in CRAS for the previous fiscal year. By August 1st of each year, each county shall also submit to the Department of Corrections its Community Corrections Account Annual Expenditure Report.

9. Each county shall provide to the Department of Corrections a copy of its independent annual jail audit as soon as it is available, but no later than six months after the fiscal year has ended. The county shall adjust the fiscal year financial data (revenue and expenditures) reported in CRAS to match the annual audit.

STATUTORY AUTHORITY: 34-A MRSA §§ 1208-B, 1210-D

EFFECTIVE DATE:

August 31, 2015 – filing 2015-163 (Emergency)
November 8, 2015 – filing 2015-207

From Lauren Metayer
OFPR

County Jail State Funding Talking Points

In the **2009-2010** fiscal year, funding from a County Jail Prisoner Support and Community Corrections fund was transferred into the State Board of Corrections Investment fund, as well as the Prisoner Boarding Program Fund.

- The Investment Fund totaled $9.1M,
- The prisoner boarding program was about $1.0M.
- The Investment fund used for the purpose of compensating county governments for costs approved by the board and the Legislature.
- Prisoner boarding funding used to board inmates at county facilities.
- Total funding in FY 2009-10 was about $10M.

In **FY 2010-11** the Investment fund remained at about the same level,

- The prisoner boarding program was reduced, according to the budget, as a result of improved prisoner movement and management within departmental facilities. ($361,350)

In **FY 2011-12**, the Investment Fund was increased by about 3.5M on an ongoing basis, prisoner boarding program was unchanged, bringing total State funding that year to $13.6M.

In **FY 2012-13**, the Investment fund was reduced by over half a million,

- $335 thousand of that was a reduction in funding without a specified reason given in the budget,
- $135 thousand reduction due to revenue forecast projections,
- $163 thousand reduction due to curtailment, which was done to all allotments that year.

In **FY 2013-14,**

- $1.2M was appropriated to cover an anticipated shortfall in that year.
- Prisoner Boarding program was reduced by $400 thousand as a result of statewide savings identified in the report of the Office of Policy and Management, which was an office within the Governor's office.

In **FY 2014-15**, one time funding of $2.488M appropriated for an anticipated shortfall in that fiscal year on a one time basis to the Operational Support Fund,

- The prisoner boarding program was unchanged.
- Total funding was about $15.2M

In **FY 2015-16**, the State Board of Corrections is repealed.

- Funding is moved from to the County Jail Operations fund, which is within the Department of Corrections.
- Funding remained relatively stabled at $14.6M, included again one time funding of $2.4M.
- The prisoner boarding program remained at $547K.

- There was also a $120 thousand appropriation made for the Criminogenic Addiction & Recovery Academy at the Kennebec County Jail.

Since about $2.4 million of the $14.6 M appropriated to the County Jail Operations Fund in 2015-16 was one time funding, the ongoing general fund appropriation to that account dropped to **$12.2 million in FY 2016-17**, and unlike previous years the Legislature did not again appropriate additional one-time funding to bring funding in line with previous years.

- Total funding that year dropped from $15.3M to $12.8M.

In **FY 2017-18**, $3M in funding was provided to reimburse county and regional jails for costs that were incurred in the previous fiscal year.

- This brought funding back to $15.3M, but since part of that total funding was one time funding for the previous year, funding for FY 2017-18 was still effectively lower than historical levels.
- The Prisoner Boarding account was also cut to $0.
    - I looked back at the expenditures of this program, and in FY 2016-17, only $9,968 was expended from the $547 thousand amount that had been budgeted.

An Act To Ensure That Incarcerated Individuals Are Eligible for Medicaid during Incarceration and Receive Food Supplement Program Benefits upon Release

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §3104, sub-§17 is enacted to read:

17. Preenrollment for persons released from a correctional facility. The department shall apply for and implement a waiver pursuant to 7 Code of Federal Regulations, Part 273 to promote streamlined and timely access to food supplement program benefits for a person who is being released from incarceration. The waiver must:

A. Serve a person who is incarcerated in any state or county correctional facility and who, upon the person's release, is not entering a household that is receiving food supplement program benefits;

B. Permit a person described in paragraph A to submit an application for food supplement program benefits sufficiently in advance of the person's release date to ensure the availability of benefits on that date; and

C. Establish that the release date of a person described in paragraph A is the first day the person is eligible for food supplement program benefits.

Sec. 2. 22 MRSA §3174-CC, as enacted by PL 2001, c. 659, Pt. B, §1, is repealed and the following enacted in its place:

§ 3174-CC. Medicaid eligibility during incarceration

1. Establish procedures. The department shall establish procedures to ensure that:

A. A person receiving federally approved Medicaid services prior to incarceration does not lose Medicaid eligibility as a result of that incarceration and receives assistance with reapplying for benefits if that person's Medicaid coverage expires or is terminated during the term of incarceration; and

B. A person who is not receiving federally approved Medicaid services prior to incarceration but meets the eligibility requirements for Medicaid receives assistance with applying for federally approved Medicaid services.

2. Presumptive eligibility. If a MaineCare provider determines that a person who is incarcerated who does not have Medicaid coverage is likely to be eligible for services under this section, the provider must be reimbursed for services provided under this section in accordance with 42 Code of Federal Regulations, Section 435.1101.

3. Memorandum of understanding. The department and the Department of Corrections shall enter into a memorandum of understanding in order to provide an incarcerated person with assistance in applying for benefits under this section and section 3104, subsection 17.

The provisions of this section apply even if Medicaid coverage is limited during the period of incarceration. Nothing in this section requires or permits the department to maintain an incarcerated person's Medicaid eligibility if the person no longer meets eligibility requirements.

Sec. 3. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Office for Family Independence Z020

Initiative: Provides one-time appropriation and allocation for required technology changes to add a presumptive eligibility group when eligibility is determined by a provider other than a hospital.

GENERAL FUND	2019-20	2020-21
All Other	$29,509	$0
GENERAL FUND TOTAL	$29,509	$0

OTHER SPECIAL REVENUE FUNDS	2019-20	2020-21
All Other	$30,478	$0
OTHER SPECIAL REVENUE FUNDS TOTAL	$30,478	$0

Effective 90 days following adjournment of the 129th Legislature, First Regular Session, unless otherwise indicated.

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner

Maine Department of Health and Human Services
Commissioner's Office
11 State House Station
221 State Street
Augusta, Maine 04333-0011
Tel: (207) 287-3707; Fax: (207) 287-3005
TTY: Dial 711 (Maine Relay)

MEMORANDUM

TO: Joint Standing Committee on Health and Human Services
FROM: Office for Family Independence and Office of MaineCare Services
DATE: April 4, 2019
RE: Responding to Questions on LD 981

What is the current eligibility for Medicaid?
Attached please find the full MaineCare FPL chart.

The dollar figures vary per household size. Even though these individuals are incarcerated, if they file taxes with a spouse their household size may be greater than 1. The FPLs for the adult categories are as follows:

Parents/Medicaid Expansion = 133%
Pregnant Women = 209%
SSI – Related (Aged, blind, disabled) = 100%

Status of the Sec. 1115 waiver for hub and spoke (and how that affects this bill?)
We do not have a 1115 waiver for the hub and spoke model. The closet thing would be the proposed 1115 Demonstration Waiver associated with the Institute for Mental Disease (IMD) Exclusion for Substance Use Disorder (SUD), Serious Mental Illness (SMI) and/or children with Serious Emotional Disturbance (SED). As for how it would affect the bill, we are still in the comment phase of the waiver process and are way too early to predict what it would look like if it eventually got approved by CMS.

What does Medicaid cover v. county jails
Medicaid only pays for inpatient services in hospitals, nursing homes, and intermediate care facilities while the individual is incarcerated. OMS may have more information regarding specific covered services. We are not sure regarding what the county jails cover, and that could possibly vary from facility to facility.

Provide information about the application and suspension process
Individuals may apply at any time before, during, or after incarceration. While incarcerated, the individual must still report changes and complete an annual review to remain eligible. They may appoint an authorized representative to assist with these requirements. The available coverage is limited while incarcerated. If the individual maintains their coverage while incarcerated, he/she needs to contact OFI to have us update their living arrangement (and any other financial or non-financial changes such as household composition, employment, etc.) to allow for full Medicaid coverage.

MaineCare Eligibility and Process for Incarcerated Individuals

Regulatory Background

Current Maine statute and regulations provide that an incarcerated individual is eligible for MaineCare, as long as that the individual meets the eligibility criteria for a coverage group. See 22 M.R.S. § 3174-CC; MaineCare Eligibility Manual: 10-144 C.M.R. ch. 332, Part 2, Section 9(I) ("Medicaid coverage is authorized for inmates of state prisons, Mountain View Youth Development Center, Long Creek Youth Development Center, local or county jails, if the individual meets financial and non-financial criteria applicable to non-incarcerated individuals."). Medicaid expansion significantly increases the number of incarcerated individuals who may be eligible for MaineCare, because their eligibility no longer depends on living with a dependent child or having a disability (for example). See id. Part 3, Section 2.4.

However, federal and state law and policy limit the Medicaid-covered services that an incarcerated individual can receive while incarcerated. See MaineCare Benefits Manual: 10-144 C.M.R. ch. 101, Chapter I, Section 1.04(B) ("For inmates involuntarily confined in a public institution, state or federal prison, jail, detention facility or other penal facility, who are MaineCare members, MaineCare will pay only for covered inpatient medical institution services provided to the inmate while an inpatient in a hospital, nursing home, ICF/IID Intermediate Care Facility for Individuals with Intellectual Disability or juvenile psychiatric facility. MaineCare will not pay for any other services."); see also 22 M.R.S. § 3174. Other medical services for incarcerated individuals are provided by the institutions in which they are held; for example, by the Department of corrections for incarcerated individuals in state facilities.

System Design

Whether an incarcerated individual applies and receives coverage while incarcerated, or becomes incarcerated after becoming a MaineCare member, an eligibility worker will record the individual's incarceration status in a designated field in the Department's Automated Client Eligibility System (ACES). That action automatically limits the MaineCare coverable services that the individual can receive, in accordance with the legal requirements described above. Upon a person's release, the field will be updated, immediately thereafter making the full set of MaineCare services available to the individual.

Inter-Departmental Collaboration

In light of expansion and recognizing that proactively enrolling Medicaid-eligible incarcerated individuals improves health outcomes, reduces recidivism rates, and lowers costs, DHHS Commissioner Jeanne Lambrew and DOC Commissioner Randall Liberty have committed to maximizing MaineCare enrollment for incarcerated individuals in state custody. To that end, the Office for Family Independence and DOC are working together on the following:

- Drafting an incarcerated person-specific, abbreviated MaineCare application
- Incorporating a MaineCare application component into the standard intake process for new incarcerated individuals
- Ensuring that incarcerated individuals without existing coverage apply for MaineCare 90 days prior to release
- Establishing up an information-sharing process for DHHS records on incarceration status to stay current, allowing for the availability of appropriate services on entry and release
- Ensuring that DOC personnel have the training and expertise needed to assist incarcerated individuals with applying for and maintaining MaineCare coverage

MAGI Based Coverage Groups								
HH Size	133% Parents/ Med Ex	156% Age 19 & 20	157% Age 1-18	191% Under 1	208% CubCare	209% Pregnant Women	350% Maine Rx	5% MAGI Disregard
1	$1385	$1624	$1635	$1988	$2165	$2176	$3643	$53
2	$1875	$2199	$2213	$2692	$2932	$2946	$4933	$71
3	$2365	$2773	$2791	$3396	$3698	$3715	$6222	$89
4	$2854	$3348	$3369	$4099	$4464	$4485	$7511	$108
5	$3344	$3923	$3948	$4803	$5230	$5255	$8800	$126
6	$3834	$4497	$4526	$5506	$5996	$6025	$10089	$145
7	$4324	$5072	$5104	$6210	$6762	$6795	$11378	$163
8	$4814	$5646	$5683	$6913	$7528	$7565	$12668	$181
Add	$490	$575	$579	$704	$767	$770	$1290	$18

MAGI CubCare Fees								
HH	157% - 166%	Fee	166% - 177%	Fee	177% - 192%	Fee	192% - 208%	Fee
1	1635 – 1728		1728 – 1843		1843 – 1999		1999 – 2165	
2	2213 – 2340		2340 – 2495		2495 – 2706		2706 – 2932	
3	2791 – 2951	1 = $8	2951 – 3147	1 = $16	3147 – 3413	1 = $24	3413 – 3698	1 = $32
4	3369 – 3563	2+ = $16	3563 – 3799	2+ = $32	3799 – 4120	2+ = $48	4120 – 4464	2+ = $64
5	3948 – 4174		4174 – 4451		4451 – 4828		4828 – 5230	
6	4526 - 4785		4785 - 5103		5103 - 5535		5535 - 5996	

SSI Related Coverage Groups								
HH Size	State Supplement	100% Elderly & Disabled	140% QMB	160% SLMB	175% QI & DEL	+25% DEL	250% Working Dis & SBW	Katie Beckett
1	$781	$1041	$1458	$1666	$1822	$2278	$2603	$2313
2	$1172	$1410	$1973	$2255	$2467	$3084	$3523	-

	Individual	Couple
Federal SSI (1/19)	$771	$1157
Federal Disregard	$20	$20
State Disregard	$55	$80
Ineligible Spouse Allocation	$386	-
Child Allocation	$386	-
Parent Allocation	$771	$1157

Nursing Home	
Hospital/Waiver/KB Income Limit (1/19)	$2313
Nursing Care Private Rate (10/14)	$8476
Community Spouse Asset Limit (1/19)	$126420
Minimum Monthly Income Standard (7/18)	$2058
Monthly Excess Shelter (7/18)	$618
Maximum Monthly Income Allocation (1/19)	$3161

Asset Limits	Individual	Couple
MAGI/Rx	$0	$0
SSI-Related	$2000	$3000
Buy-in/DEL	$50000	$75000
Working Disabled	$8000	$12000
Savings Exclusion	$8000	$12000

Residential Care	
Maximum Spousal Living Allowance	$1041
SSI Spousal Living Allowance	$325
APRC Max Allowable Mo. Income (OMS)	
Adult Family Care Home Income Limit	

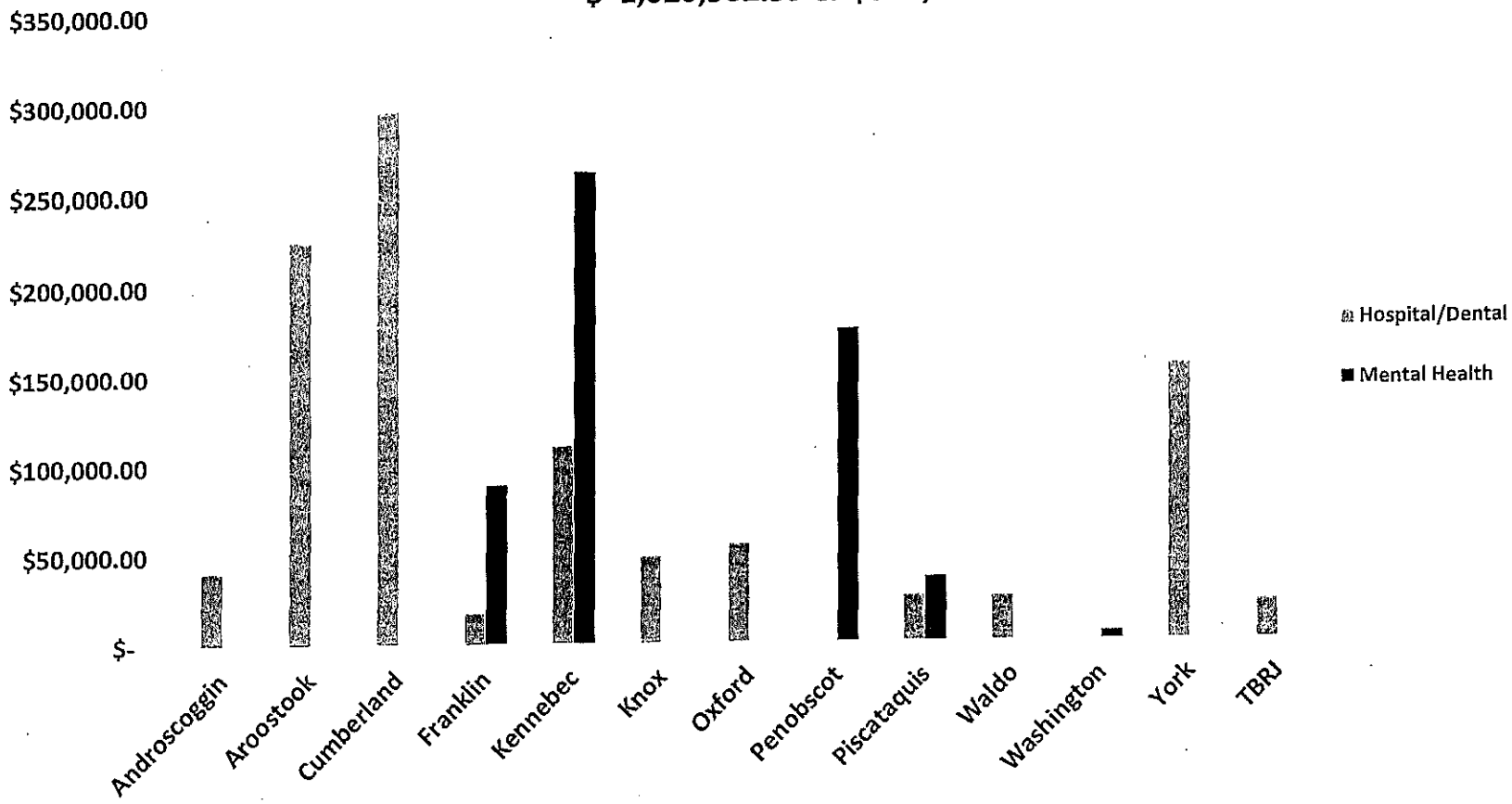
Working Disabled Fees		
Fee	Individual	Couple
$0	up to $1562	up to $2114
$10	$1562 - $2082	$2114 - $2819
$20	$2082 - $2603	$2819 - $3523

Living Arrangement	PNA
VA Pension/Single/VA NF	$40
$30 VA Single/Private NF	$130
Residential Care/APRC	$70
Residential Care SSI Only	$50
Waivers (200% FPL)	$2082

Estimated Annual Totals

Hospital & Mental Health Costs By County

$ 1,020,562.59 & $567,454.00



Source Kennebec County Commissioner Robert Devlin. Lincoln Waldo & Sagadahoc combined in Two Bridges Jail.
Somerset, Washington and Penobscot did not have available hostpital Data

Statewide Homeless Council

Statewide Homeless Council
c/o MaineHousing
353 Water Street
Augusta, ME 04333

August 13, 2019

To Whom it May Concern,

Attached is the Statewide Homeless Council Criminal Justice System Blueprint for Ending and Preventing Homelessness. This Blueprint was created by experts in the homeless arena and the criminal justice system and contains specific action steps designed to help Maine end and prevent homelessness.

As you know, we are seeing the same people ricocheting through our criminal justice system, mental health system, substance use disorder system, and our homeless system. This Blueprint is designed to stabilize each of these people, and to minimize the intensive interventions of our systems. Ultimately, this will involve housing and support. Our success with solving the issue of people ricocheting will save all of our systems money but more importantly it will open the door to better lives for each of the people involved.

The Blueprint contains three primary areas:

1. Improve and Coordinate Discharge Planning
2. Invigorate the Intensive Case Management (ICM) Program
3. Coordinate all efforts

Each of those three primary areas is supported with concrete action steps that if taken, will help Maine end and prevent homelessness.

The goal of the Statewide Homeless Council Criminal Justice System Blueprint for Ending and Preventing Homelessness is to invite a dialogue to see which of these ideas can be put into action most efficiently and which ones will require more thought and revising. We hope that you will participate in a discussion with the Statewide Homeless Council, and in regional discussions with the Regional Homeless Councils to think through, improve upon, and implement this Blueprint.

Thank you for taking the time to review this document.

Sincerely,

Stephanie Primm, Chair Statewide Homeless Council

Statewide Homeless Council Maine Criminal Justice System Blueprint for Ending and Preventing Homelessness
7/9/19

Overview: The Statewide Homeless Council (SHC) Maine Criminal Justice System Blueprint for Ending and Preventing Homelessness outlines three (3) main goals which the SHC and the criminal justice system/facilities hope to fulfill: A) Improve and Coordinate Discharge Planning; B) Invigorate the Intensive Case Management (ICM) Program; and C) Coordinate all efforts to ensure all involved are on the same page, working together to end and prevent homelessness. Each goal includes specific strategies and action steps with which the SHC, the DOC, the County jails, and other related aspects of the criminal justice system will use in order to actualize these goals. Working together, and using these goals and strategies, this Blueprint is designed to improve overall coordination and collaboration so that people who were homeless prior to entering the criminal justice system develop necessary ties to housing and community navigation services to best resolve their homelessness and achieve stability. This Blueprint will also act as a mechanism to prevent discharges to homelessness from the criminal justice system whenever possible by focusing on successful reentry to include housing, housing-related activities (including access to rental subsidies), navigation, and case management services.

A. Improve and Coordinate Discharge Planning

1. **Assess people for housing needs to avoid being discharged without a rental subsidy.**
    a. Have eligibility and rental subsidy application completions occur upon entry and continue with a goal of a rental subsidy being in hand upon discharge.
    b. Coordinate this effort with By-Name List groups, hospitals, and emergency shelters.
    c. For BRAP – have a clinician sign off regarding qualification for Section 17. Provide access to KEPRO and establish a means to administer LOCUS.
    d. Use ICMs to coordinate this in the correctional facilities and jails. Connect dots between community providers to look for mental health and eligibility assessments to avoid redundancy while incarcerated.
    e. Remove internal barriers to the continuity of care within the DOC.
    f. Simplify housing assessments to simply determine: Do you have a place to go upon discharge?
        i. Plan to follow up/verify after asking this question, and work to ensure this an actual address and housing opportunity.
    g. Find solution to lack of first one to three month's rent to remove this as a barrier to housing placements upon discharge.
    h. Create or find a uniform housing assessment tool for use in these circumstances. Consider modifying and using HUD's sample assessment at intake.
    i. Create a uniform discharge and reentry form.
        i. DOC has a form in use; see if this has applicability in the County Jail System, and consider making this form uniform.

j. Create and make use of supportive housing in the community. Housing is a major issue. Do something about the housing stock in Maine, change land-use laws, and find ways to revitalize housing development and availability.
k. Find solutions to the need for access to rental subsidies in housing and recovery residences.
l. Improve access to BRAP and Shelter Plus Care for this population.
m. Prioritize housing for people coming from incarceration.
n. Take steps so people are not left isolated once they are housed.
o. Set up the system to plan sufficient time for relationship-building as a best practice model.
p. Use relationship work to help people develop person-centered plans for housing, support in the community, recovery, employment, and everything else involved in their life from trauma to other challenges. Use this information to tailor plan for each individual. Network with treatment providers for intensive treatment and other interventions as needed. Get people the care they need and create "hot" hand-offs.
q. Set up employment and vocational programs for people upon discharge so employment skills learned during incarceration are immediately applied to the jobsite upon discharge. Continue substantial coordination with Department of Education.
r. Continue to expand probationary job placements for paying restitution, etc. so that they are debt free upon discharge.
s. Help prisoners volunteer in the community to be visible representatives in the community for making good things happen, such as renovating buildings and otherwise improving communities. Make these efforts highly visible so that stigmas are erased, ultimately helping people be hired upon discharge. If these efforts can help produce more housing, this will help.
t. Create language that avoids stigmas, such as "illness-related crimes" rather than "drug-related crimes".

2. Use data analysis and data sharing for successful discharge planning.

a. This is not mental health or SUD information – make this barrier-free data sharing.
b. Avoid working in silos to share names and histories of inmate lists to improve outcomes.
c. Create a measurable way to demonstrate the quantitative effect of reductions in reincarcerations/recidivism.
d. Use data from DOC to convene employers most likely to engage people upon discharge to have an interactive dialogue.
e. Map the system pre-incarceration to post-incarceration.
f. Identify the tier of people whose rate of recidivism is high (high risk) and invest in this population.
    i. Create a by name list of high-risk people to be compared across all areas of contact for this population (people who tend to cross multiple systems

such as mental health, homeless, healthcare in general and corrections/DOC).

ii. Utilize risk assessment tools and compare to other risk assessments used in other sectors to ensure they are creating a common language. (MDOC is using the LSI-R and is exploring new risk and needs assessments.)

3. **Make use of MaineCare expansion for people exiting correctional facilities.**
   a. Note that basic healthcare is the number one stabilizing factor, after housing, for people.
   b. Connect people with MaineCare upon discharge.
      i. Access to services is key, and MaineCare expansion has increased this and removed barriers to services.
      ii. Maine is a "suspend state" not a "terminate state," thus MaineCare can more easily be reactivated before discharge.
   c. Explore Medicaid waivers for long term support services for this population.
   d. Solve the issue that ability-to-hire the staff needed to care for people with MaineCare expansion is a barrier that will affect capacity/availability of services.
      i. Workforce development across the system is an issue and needs to be examined.
      ii. Agencies will all be looking at the same pool of people (ICMs, Probation Officers, Case Managers, etc.).
   e. Use MaineCare to create supportive care for people in prisons.
   f. If they don't have access to MaineCare, make sure bridging opportunities exist.
   g. Create presumed eligibility for MaineCare if people are homeless and incarcerated. Cut out the 15 day wait for services.
   h. Have everyone at entry apply for MaineCare.
   i. Access the diagnostics in general of DHHS, so that people can be set up for services immediately. (Recognize the need for diagnostics to occur in jails). Incarceration presents an opportunity for effectively diagnosing people.
   j. Use Targeted Case Managers for providing case management.
   k. Expand on existing systems such as Assertive Community Treatment (ACT) teams to support people with serious and persistent mental illness.
   l. Have all case management be modeled as "intensive" for this population.
   m. Treat OUD as an illness and see through pilots that have people receive treatment three months prior to discharge and have there be continuity after discharge.
      I. Solve cost issues with treatments like Vivitrol so that treatment continues and is consistent.
      II. Have services and treatment follow the person into the community.
      III. Take innovative systems developed in prisons and have them continue on the local level in the community.
         a. Bring stakeholders from prisons and DOC into emerging systems in the community – have expertise have one foot in each world.

b. Solve issue with for-profit organizations controlling treatment strategies that prevent these from extending into the community – we need a seamless transition.

IV. Make sure interventions are not unique to OUD – look at systems so they will work for any SUD or polysubstance use disorders.

4. **Replicate the Maine Prisoner Re-Entry Network as an effective model.**
   a. Use engagement and relationship work to help connect the dots and help people access community and mainstream resources upon discharge.
   b. Have a DOC dedicated, legislatively approved budget line-item for re-entry.
   c. Look at the Cumberland County Project Re-Entry as a great program.
      i. Note that this program is dependent on capacity in housing.
   d. Look at Rhode Island's Intensive Housing Stabilization Program for replication.

5. **Solve the ambiguity in sentencing and discharge dates.**
   a. Solve the issue that not having set release dates (early releases and delayed releases) is problematic for planning and continuity of care.
      i. The multitude of unknowns regarding sentencing in the county jails is a barrier.
      ii. Pre-sentence / pre-trial cases are problematic because housing and support networks are not addressed prior to discharge.
   b. Use pre-adjudication and pre-conviction work to assist with the sentencing issues. Maine Pre-Trial will be an important partner for this.
   c. Solve the volume and turnover issues in the jails which compound all of these issues
      i. These are the people everyone is serving because they're ricocheting through all parts of the system.
   d. Avoid transfers to other facilities due to overcrowding, warrants in other counties, etc. because it disrupts work being done with people who are incarcerated.
      i. This greatly complicates injections for people with OUD while they are incarcerated prior to release.
   e. Work with the DA and Judicial System to cure erratic sentencing issues and their effect on discharge efforts.

6. **Coordinate discharges for people with opioid use disorder (OUD) because of the added risk for a fatal overdose upon release due to decreased tolerance.**
   a. Use reentry supportive housing, and/or master leasing programs with case managers, with tenant accessibility to MAT, as successful housing models for people with OUD after discharge to eliminate barriers and decrease the risk of fatal overdoses.
   b. Replicate Medicaid-supported housing (being modeled in Massachusetts).
   c. Use Medicaid waivers to provide services associated with supportive housing.

d. Work to develop aftercare and discharge planning to get people into supportive housing. This is a very high priority; approximately three people a week are dying after discharge, due to this not being solved.

7. **Examine Recovery-oriented housing as an option for discharge.**
    a. Recognize that people who come from recovery residences that provide an array of support services are far more successful in housing.
        i. Plan with the idea that the recovery community acts as great support system and can help deter reincarceration.
        ii. Make sober housing a stipulation of release in judgement phase so that this becomes part of the probation plan.
    b. Have Probation Officers be present in sober housing and have them continue to develop relationships with landlords and residents.
    c. Solve the problem that people can seldom utilize subsidies in recovery residences.
        i. Lack of best practices / standards has been a barrier to using rental assistance in recovery-oriented housing.
        ii. Continue ongoing legislative efforts to create housing subsidies for recovery residences.
    d. Look to increase the availability of MAT in recovery housing.
    e. Develop a state alliance for sober housing, which can develop state guidelines amongst the collaborative of people running recovery housing and the State to balance the needs of people in the housing.
        i. Look for National Association for Recovery Residences affiliation (preferred by Corrections).
        ii. Maine Association for Recovery Residences has its own grassroots standards.
        iii. Examine and explain the differences between recovery residences and sober houses.
        iv. Investigate the reasons why some sober housing across Maine doesn't appear to be well run.
            1. Regulate or not? Yes and no – there are many dynamics at play.
    f. Explore sober houses as a potentially better option for someone exiting prison/jail; a sober house may be a better option than a shelter.
    g. Look at Habitat for Humanity and other options to develop creative supportive recovery/reentry housing.
    h. Expand on successful pilots in use around the state – replicate things that work.
    i. Note that there has been a lot of focus on OUD, but this shouldn't preclude paying attention to other substance use disorders affecting the population.
        i. Data shows that the substances used across the state varies.

B. Invigorate the Intensive Case Management (ICM) Program

1. **Fund ICMs as key, trusted liaisons, and have them serve as navigators who are experts in the prisons/jails as well as the communities. Allow them to flow back and forth.**
    a. Restore the funding for ICMs that was cut 20 years ago.
    b. Create substance use ICMs. Don't pull funding for other ICMs to do this; ICMs for acute mental illness remain very important.
    c. Make ICMs resource hubs.
    d. Have DHHS and DOC coordinate ICM efforts.
    e. Have ICMs come back as a statewide system.
    f. Have ICMs come back as a best practice model.
    g. Have experts from DOC attend ICM meetings to form deeper connections and cooperative solutions for the mutual populations served. Do the converse with ICMs connecting with DOC facilities. Make use of existing community meetings.
    h. Have ICMs serve as navigators with flexible funds.
    i. Recognize that Probation Officers have different roles and expertise.
    j. Have ICMs come to Probation Officer offices weekly to allow networking and case conferencing.
    k. Improve the flow of support to avoid gaps in services during incarceration.
    l. Use ICMs as experts who can do the work.
    m. The ICM program is under new supervision, opening the door for improvement and collaboration.
    n. Have ICMs help make transfers to community resources.
    o. Have ICMs help with applications while incarcerated, follow the person through into the community.
    p. Have programs such as PATH and ICMs work together.
        i. PATH can help connect people with housing and mainstream resources for people who are homeless in the community.
        ii. Form connections between ICMs and the ESHAP program.

C. Coordinate all efforts

1. **Coordinate efforts so everyone is on the same page.**
    a. Coordinate with the Statewide Homeless Council.
    b. Coordinate regional trainings, including available resources and how to access them.
    c. Make use of prevention resources for certain populations for people prior to release (i.e. continue rent payments while someone is in jail for a short period of time to avoid eviction).
    d. Coordinate with By-Name List meetings as prime opportunities for planning and communication.
    e. Have ICMs attend By-Name List meetings.
    f. Eliminate public and private silos.

g. Engage the public and private sectors.
h. Advocate for legislation related to homelessness and how it pertains to DOC populations.
    i. Ensure that discrimination issues related to homelessness beget support for resolution.
i. Coordinate with housing advocacy efforts for affordable housing, supportive housing, and recovery housing so this population has more realistic access.

2. **Coordinate with Sheriffs, county jails, the Judicial System, and district attorney offices.**
    a. Build relationships with sheriffs and ICMs, and work with the county jails to mitigate county jail transfers to ensure continuity of services.
    b. Engage sheriffs' departments and invite them to the RHCs.
        i. Coordinate with the Maine Sheriff's Association Conference Annual Conference and/or the monthly Maine Sheriff's Association meetings as opportunities for engagement.
    c. Engage with the DA offices to connect the legal dots as well.
    d. Include Rent Smart training in corrections settings for improved housing outcomes upon discharge.
    e. Encourage local coordination with police departments, sheriff departments, state police, and judges.
    f. Coordinate with Crisis Intervention Training operating through NAMI.
    g. Work with Coordinated Entry to have emergency housing placement opportunities.
    h. Continue to eliminate silos across each jail and between jails and prisons.
    i. Tie in probation services so that everyone is working on the same team together. The probation officers are playing a key relationship role in the system.
    j. Connect EVERYONE in and outside of the prison/jail network to replicate best practices.
    k. Ensure that people with lived experience of homelessness, incarceration, and/or the legal system, are incorporated into each part of the design process for an improved system.

About Us

- The Consumer Council System of Maine (CCSM) is an independent, public instrumentality established by Maine law (Title 34-B, §3611).
- The CCSM is responsible for providing an independent and effective consumer voice into mental health public policy, services, and funding decisions.
- The CCSM consists entirely of past/present recipients of mental health services (consumer/peers), including all Statewide Consumer Council representatives and paid staff.
- We welcome and need the participation of all mental health consumers/peers from all over Maine.
- Being part of the CCSM will benefit you, your peers, your community, and our state.

Mission Statement

The Consumer Council System of Maine represents fellow consumers with an effective, organized voice in shaping public policy and mental health services. We hold as essential the participation of all consumers and look to collaborate with allies to find realistic solutions to local and statewide issues and to advance recovery-oriented, consumer-driven mental health care and peer-run recovery opportunities.

Vision Statement

The Consumer Council System of Maine leads the way as a well-established cornerstone of a recovery-oriented system of mental health care, moving forward with courage and creativity, directed by an informed, diverse grassroots consumer network.

Values Statement

- We believe inclusion of all consumers/peers is essential to the success of our mission and honors the diversity of our community.
- We believe in a recovery-oriented, peer-led system of care guided by resiliency and hope.
- We believe in building collaborative relationships to find realistic solutions to local and statewide issues.
- We believe in moving forward with creativity and innovation to bring about systemic change to mental health care.
- We believe in listening and supporting one another with compassion, equality, dignity, and respect.
- We believe in open, honest communication, conducting ourselves with integrity and transparency, to encourage collective accountability.
- We believe in acting wisely and deliberately, informing ourselves and others, to advocate effectively for quality services and preservation of rights.

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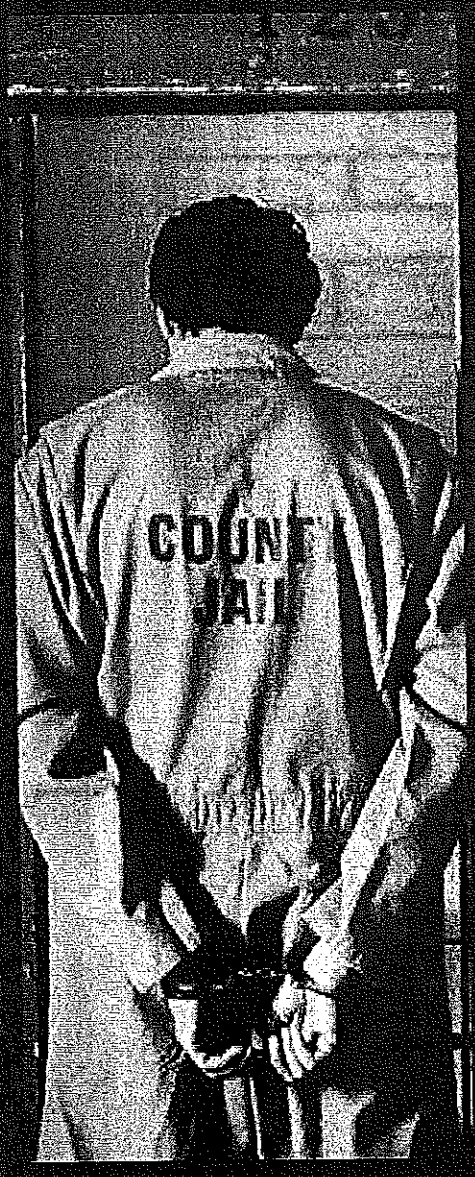
JUDGE DAVID L.
BAZELON
CENTER
FOR MENTAL HEALTH LAW

September 2019

DIVERSION TO WHAT?

Evidence-Based Mental Health Services That Prevent Needless Incarceration



ESSENTIAL COMMUNITY-BASED SERVICES

Investing in community-based mental health services provides numerous benefits, including a reduction in law enforcement intervention and incarceration. These services also promote the integration of people with mental health disabilities into their communities, allowing them to have opportunities to work, a place to call home, and support throughout the day.

This fact sheet describes essential and effective community services that should be part of every community's mental health system. It also describes the evidence that these services decrease the incarceration and institutionalization of individuals with mental health disabilities. When communities provide these services in sufficient amounts and ensure that there is ongoing coordination between the criminal and mental health systems, they will dramatically reduce the damaging and costly cycling of people with mental health disabilities in and out of jails, emergency rooms, hospitals, and shelters.

Assertive Community Treatment (ACT)

What is ACT?

- ACT is an individualized package of services and supports effective in meeting the day-to-day needs of people with serious mental illness living in the community. ACT is designed to meet the needs of individuals with the most significant conditions and greatest needs.
- ACT teams help people with serious mental illness navigate the day-to-day demands of community living, including staying in treatment, maintaining stable housing, securing and maintaining employment, and engaging in community activities. It helps individuals build skills, manage their illness, and recover.
- An ACT team is composed of a multi-disciplinary group of professionals, including a psychiatrist, a nurse, an employment specialist, a housing specialist, a substance use disorder specialist, a peer support specialist, and often a housing specialist and a social worker. As needed, the team may include a physical therapist, or an occupational therapist. Among the services ACT teams provide are case management, assessments, psychiatric services, substance use disorder services, housing assistance, and supported employment.
- The team is on call 24 hours a day to address the individual's needs and any crises that may arise.

ACT helps prevent needless incarceration.

ACT has proven extremely effective in reducing criminal involvement and hospitalization for individuals with mental health disabilities. For example:

- A 2017 study examining forensic ACT (FACT), which is specifically designed to serve people involved with the criminal justice system, found that participants receiving FACT over the course of a year spent significantly fewer days in jail than similar participants not receiving FACT (21.5 vs 43.5) and were less likely to incur new convictions.[1]
- An Illinois study found an 83% decrease in jail days over the course of a year for participants in Thresholds' Jail Linkage ACT program, which reduced jail costs by $157,000.[2] That same community also saw an 85% reduction in the number of inpatient hospital days, which reduced hospital costs by $917,000 that year.[3]
- A California study found that over 12 months, jail bookings for individuals enrolled in ACT were 36% lower than those for similarly situated individuals not enrolled in ACT, and the group not enrolled in ACT spent 48% more days in jail.[4]
- A New York study found that over the course of one year, individuals enrolled in ACT had fewer arrests and spent approximately half the number of days in jail as individuals in a

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[1] J. Steven Lamberti et al., *Forensic Assertive Community Treatment: Preventing Incarceration of Adults with Severe Mental Illness*, 55 PSYCHIATRIC SERVICES 11, 1285-1293, 1289 (2004).
[2] *Gold Award: Helping Mentally Ill People Break the Cycle of Jail and Homelessness The Thresholds, State, County Collaborative Jail Linkage Project, Chicago*, 52 PSYCHIATRIC SERVICES 1380 (2001).
[3] *Id.*
[4] Karen J. Cusack et al., *Criminal Justice Involvement, Behavioral Health Service Use, and Costs of Forensic Assertive Community Treatment: A Randomized Trial*, 46 Community Mental Health J. 356 (2010).

control group receiving enhanced "treatment as usual."[5]

- Individuals who received ACT for the first time in Oklahoma in 2007 spent 65% fewer days in jail and 71% fewer days in inpatient hospitals than they had during the prior year.[6]

Learn more:

- SAMHSA Evidence-Based Practices KIT, *Assertive Community Treatment* (2008)
- SAMHSA Evidence-Based Practices KIT, *The Evidence: Assertive Community Treatment* (2008)
- Case Western Reserve Center for Evidence-Based Practices, *Assertive Community Treatment*
- University of Rochester Medical Center, *Keeping Mentally Ill Out of Jail and in Treatment: Rochester Model Works in Breakthrough Study* (June 1, 2017)

[5] J. Steven Lamberti et al., *A Randomized Controlled Trial of the Rochester Forensic Assertive Community Treatment Model*, 68 PSYCHIATRIC SERVICES 1016 (2017).

[6] Oklahoma Department of Mental Health and Substance Abuse Services, *Program of Assertive Community Treatment (PACT), One Year Pre- and Post Admission Comparison* (last modified June 16, 2010), https://www.ok.gov/odmhsas/documents/one%20year%20pre%20and%20post%20admission%20comparison.pdf.

Supported Housing

What is Supported Housing?

- Supported housing is a comprehensive set of services including a housing subsidy and social support for being a successful tenant. It allows people with serious mental illness to live in their own apartments and homes within their community. Tenancy rights should not be conditioned on participation in treatment or compliance with any other criteria.
- In addition to a housing subsidy and help with securing and maintaining housing of a person's choice, individuals in supported housing have access to a flexible and comprehensive package of services designed to address each person's individual needs. These services may include case management, independent living skills training, medication management, substance use disorder treatment, help securing and maintaining employment, help maintaining housing, and home health aide services. Supported housing recipients can also receive ACT, mobile crisis, or other team-based services if they need them.
- Supported housing units are typically scattered in buildings throughout the community—a practice that promotes greater integration than housing in developments exclusively or primarily designated for individuals with disabilities.[7]

Supported Housing helps prevent needless incarceration.

- Supported housing "leads to more housing stability, improvement in mental health symptoms, reduced hospitalization and increased satisfaction with quality of life, including for participants with significant impairments, when compared to other types of housing for people with mental illnesses."[8]
- Supported housing reduces rates of incarceration. A large study in New York City of homeless individuals with serious mental illness receiving supported housing demonstrated

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[7] *See* Substance Abuse and Mental Health Service Administration, *Permanent Supportive Housing Evidence-Based Practices* (EBP) KIT (2010), http://store.samhsa.gov/shin/content//SMA10-4510/SMA10-4510-02-HowtoUseEBPKITS-PSH.pdf; Department of Justice, Justice Department Obtains Comprehensive Agreement to Ensure New York City Adult Home Residents with Mental Illness Are Afforded Opportunities to Live in the Community (July 23, 2013), http://www.justice.gov/opa/pr/2013/July/13-crt-830.html; North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, DOJ Settlement - Transition to Community Living Initiative (Aug. 23, 2012), https://www2.ncdhhs.gov/mhddsas/providers/dojsettlement/nc-settlement-olmstead.pdf.

[8] Bazelon Center for Mental Health Law, *A Place of My Own: How the ADA is Creating Integrated Housing Opportunities for People with Mental Illnesses* (March 2014), at 6, http://www.bazelon.org/wp-content/uploads/2017/01/A-Place-of-my-Own.pdf.

[8] Dennis P. Culhane, et al., *The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections, and Emergency Shelter Systems: The New York, New York Initiative*, HOUSING POLICY DEBATE 13.1 (2002), at 137-38.

[9] Fairmount Ventures Inc., *Evaluation of Pathways to Housing PA* (January 2011), at 3, https://c.ymcdn.com/sites/www.philanthropynetwork.org/resource/resmgr/research_reports/pathways_to_housing_report_.pdf

[10] Matthew Makarios et al., *Examining the Predictors of Recidivism Among Men and Women Released From Prison in Ohio*, Criminal Justice and Behavior 37:12 (2010).

that these individuals experienced significant reductions in shelter use, hospitalizations, duration of hospital stays, and incarceration.[8]

- A Philadelphia pilot involving Pathways to Housing, which provides supported housing to formerly homeless individuals with serious mental illness and substance use disorders, found that participants' incarceration rates fell by 50 percent.[9]
- An Ohio study found that individuals in supported housing who had been incarcerated were 40% less likely to be re-arrested and 61% less likely to be re-incarcerated.[10]

Learn more:

- Bazelon Center, *A Place of My Own* (2014)
- Bazelon Center, *Supported Housing: The Most Effective and Integrated Housing for People with Mental Disabilities*
- National Council on Disability, *Home and Community-Based Services: Creating Systems for Success at Home, at Work and in the Community, Appendix A, Supported Housing for People with Psychiatric Disabilities* (2015)
- National Council on Disability, *Inclusive Liveable Communities for People with Psychiatric Disabilities* (2008)
- Anne O'Hara, *Housing for People with Mental Illness: Update to a Report to the President's New Freedom Commission* (July 1, 2007)
- Deborah K. Padgett et al., *Housing First Services for People Who are Homeless with Co-occurring Serious Mental Illness and Substance Abuse* (2006)

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[10] Jocelyn Fontaine, et al., *Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project*, Urban Institute (Aug. 2012), https://www.urban.org/sites/default/files/publication/25716/412632-Supportive-Housing-for-Returning-Prisoners-Outcomes-and-Impacts-of-the-Returning-Home-Ohio-Pilot-Project.PDF.

Mobile Crisis Services

What are Mobile Crisis Services?

- Mobile crisis services are typically provided by teams of mental health professionals trained to de-escalate individuals in mental health crises. Mobile crisis teams should include at least one peer specialist and one on-call psychiatrist.
- In some communities, these teams make arrangements with police departments to respond to particular emergency situations. In others, these teams are hired by police departments to assist law enforcement officers or include both police and mental health professionals.[11]
- Mobile crisis teams respond as quickly as possible to individuals in crisis, assess them, and utilize a variety of techniques to de-escalate the situation.
- By providing timely intervention directly to a person in crisis, teams can help divert individuals from hospitalization or arrest and incarceration.
- Teams should be available 24 hours per day, 7 days per week to respond to individuals needing crisis services. The team should provide services until the crisis subsides, and also up to a week following the onset of the crisis if needed to connect the individual with ongoing services.
- Mobile crisis teams should have access to community crisis apartments where individuals can stay for a short period as an alternative to hospitalization, incarceration, or stays in costly and hospital-like crisis facilities. Crisis apartments should be operated with sufficient clinical support and peer staffing.

Mobile Crisis Services help prevent needless incarceration.

- Mobile crisis teams prevent needless incarceration because they can resolve emergency situations involving individuals with mental disabilities without intervention by law enforcement. Mobile crisis teams have been shown to be effective in diverting individuals from the criminal justice system.[12]
- Studies have found that mobile crisis teams resulted in arrest rates ranging from 2% to 13% of clients, with an average of less than 7%, in contrast to an arrest rate of 21% for typical contacts between police officers and individuals with psychiatric disabilities.[13]
- A new mobile crisis team in Verde Valley, Arizona stabilized crises in the community in 55% of the calls it received from first responders. Without the intervention of the mobile crisis team, 90 of the 109 calls received would have resulted in arrest or an emergency department visit.[14]

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[11] H. Richard Lamb, et al., *The Police and Mental Health*, 53 Psychiatric Services 1266, 1268 (Oct. 2002), https://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.53.10.1266.

[12] *Id.*

[13] *Id.*

[14] Cheri Frost, *Spectrum Healthcare's Mobile Crisis Team Partnership Program*, Verde Independent, Sept. 12, 2016, https://www.crisisnetwork.org/wp-content/uploads/2016/09/The-Verde-Independent-_-Spectrums-MobileTeam-Partnership.pdf.

- Mobile crisis services also decrease hospitalization rates. One study found that mobile crisis team intervention led to an 8% decrease in hospital admissions, and that people hospitalized as a result of a crisis were 51% more likely to be hospitalized within 30 days of the crisis than those who used mobile crisis services.[15]
- In DeKalb County, Georgia, mobile crisis services were found to have prevented hospitalization 55% of the time compared to only 28% for regular police intervention.[16]
- Both consumers and law enforcement prefer mobile crisis teams to police involvement and find them to be more effective.[17]

Learn more:

- SAMHSA, *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies* (2014)
- Eddy D. Broadway and David W. Covington, National Association of State Mental Health Program Directors, *A Comprehensive Crisis System: Ending Unnecessary Emergency Room Admissions and Jail Bookings Associated with Mental Illness* (August 2018)
- Jeffrey J. Vanderploeg et al., Children and Youth Services Review, *Mobile crisis services for children and families: Advancing a community-based model in Connecticut* (Dec. 2016)

[15] Shenyang Guo et al., *Assessing the Impact of Community-Based Mobile Crisis Services on Preventing Hospitalization*, 52 PSYCHIATRIC SERVICES 2, 223-228 (Feb. 2001).
[16] Roger Scott, *Evaluation of a Mobile Crisis Program: Effectiveness, Efficiency, and Consumer Satisfaction*, 51 PSYCHIATRIC SERVICES 9, 1153-6 (Sept. 2000).
[17] *Id.*

Supported Employment

What is Supported Employment?

- Supported employment is a package of services and supports aimed at helping people with serious mental illness get and keep a job in the mainstream workforce. Supports are not time limited and are focused on the individual's vocational goals and preferences.
- Employment is widely viewed as an essential part of mental health recovery.
- Individual Placement and Support (IPS) is the most successful model of supported employment for individuals with serious mental illness.[18] IPS has a proven track record of helping individuals with serious mental illness secure employment and of ensuring that employment is sustained over a period of time.[19]
- IPS uses a rapid job search approach to help individuals obtain jobs rather than focusing on lengthy assessments, training, and counseling. Individuals are not excluded from IPS on the basis of readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or involvement with the criminal justice system.[20]

Supported Employment helps prevent needless incarceration.

- Supported employment prevents needless institutionalization and incarceration by promoting mental health recovery and keeping people with mental health disabilities successfully employed in their communities.
- IPS has consistently impressive outcomes in employment for people with mental illness,[21] with some studies showing 60% of individuals receiving IPS becoming employed, compared to 23% for traditional vocational services, and high employment rates 10 years after receiving IPS services.[22]
- In one study, individuals receiving IPS decreased their use of mental health services by 41% over one year, with fewer inpatient hospitalizations and emergency room visits.[23]

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[18] IPS Employment Center, *What is IPS?*, https://ipsworks.org/index.php/what-is-ips/.

[19] *See* Bazelon Center for Mental Health Law, *Getting to Work: Promoting Employment of People with Mental Illness* (Sept. 2014), at 5-6, http://www.bazelon.org/wp-content/uploads/2017/01/Getting-to-Work.pdf (citing Gary R. Bond et al., *An Update on Randomized Controlled Trials of Evidence-Based Supported Employment*, 31 PSYCHIATRIC REHABILITATION JOURNAL 280, 284 (2008), and Michelle P. Salyers et al., *A Ten-Year Follow-Up of a Supported Employment Program*, 55 PSYCHIATRIC SERVICES 302, 305 (2004)); *see also* David Salkever, U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation Office of Disability, Aging, and Long-Term Care Policy, *Toward a Social Cost-Effectiveness of Programs to Expand Supported Employment Services: An Interpretive Review of the Literature* (Dec. 2010), http://aspe.hhs.gov/daltcp/reports/2010/supempLR.pdf.

[20] IPS Employment Center, *What is IPS?*, https://ipsworks.org/index.php/what-is-ips/.

[21] David Salkever, Westat, *Toward a Social Cost-Effectiveness Analysis of Programs to Expand Supported Employment Services: An Interpretive Review of the Literature* (Dec. 2010), at 27-28, https://www.ssa.gov/disabilityresearch/documents/MHTS_Final_Report_508.pdf.

[22] Gary R. Bond et al., *An Update on Randomized Controlled Trials of Evidence-Based Supported Employment*, 31 Psychiatric Rehabilitation Journal 280, 284 (2008); Michelle P. Salyers et al., *A Ten-Year Follow-Up of a Supported Employment Program*, 55 Psychiatric Services 302, 305 (2004).

[23] Sally Rogers, et al., *A Benefit-Cost Analysis of Supported Employment Model of Persons with Psychiatric Disabilities*, 18 EVALUATION AND PROGRAM PLANNING 2, 105-115, 113 (1995).

- A Washington State study found that individuals with serious mental illness receiving supported employment had lower arrest rates than similarly situated individuals not receiving it.[24]
- Securing employment is particularly challenging for individuals with criminal justice involvement. Two controlled trials found significantly better competitive employment rates for individuals with criminal justice involvement receiving IPS than for individuals receiving traditional vocational services.[25]

Learn more:

- SAMHSA Evidence-Based Practices KIT, *The Evidence: Supported Employment* (2009)
- Case Western Reserve University, Center for Evidence-Based Practices, Supported Employment/Individual Placement & Support
- Bazelon Center, *Advances in Employment Policy for Individuals with Serious Mental Illness* (Oct. 2018)
- Bazelon Center, *Getting to Work: Promoting Employment of People with Mental* Illness (Sept. 2014)

[24] Z. Joyce Fan et al., *Improving Employment Outcomes For People with Mental Health Disorders in Washington State* (June 2016), https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-11-230.pdf. The supported employment services studied were not required to be IPS.

[25] IPS Employment Center, *Work for People with Justice Involvement*, Employment Works! Newsletter, Spring 2019, at 3, https://ipsworks.org/wp-content/uploads/2019/04/newsletter_spring2019-final.pdf.

Peer Support Services

What are Peer Support Services?

- The term "peer support services" includes a number of services designed to support people with mental illness. Peer support services are provided by trained specialists with "lived experience" in the mental health service system, who use that experience to build relationships of trust with people and provide needed support.
- Peer specialists may perform a variety of tasks, including helping individuals transition from a corrections or other institutional setting to the community, stay connected to treatment providers, build confidence, maintain or develop social relationships, and participate in community activities. Peer specialists may also staff crisis apartments or other crisis centers or serve on ACT, mobile crisis, or supported employment teams.
- Some peer support programs are specifically designed for individuals with mental illness who have been in the criminal justice system, with peers who themselves have also had criminal justice system involvement.

Peer Support Services help prevent needless incarceration.

- Peer support services prevent needless institutionalization and incarceration by assisting individuals to make decisions that promote their recovery. Individuals receiving peer support services report increased problem-solving capabilities, social connectedness, and ability to address stressors and crises.[26]
- Early participants in a New York "peer bridger" program for individuals being discharged from psychiatric hospitals experienced 41% fewer re-hospitalizations over a two-year period. Ten years later, the program continued to help keep participants from being re-hospitalized 71% of the time.[27]
- Pierce County, Washington helped reduce involuntary psychiatric hospitalizations for individuals in emotional crisis by 32 percent using peer support services.[28]
- 24% of participants receiving peer support from a peer-run 23-hour crisis program in Louisville, KY (using a "Living Room" model) were diverted from hospitalization and 37% were diverted from jail in the first several months of the program.[29]

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[26] Phyllis Solomon, *Peer Support/Peer Provided Services Underlying Processes, Benefits, and Critical Ingredients*, 27 PSYCHIATRIC REHABILITATION JOURNAL 4, 392-401 (2004).
[27] New York Association of Psychiatric Rehabilitation Services, Inc., *Peer Bridger Project*, http://www.nyaprs.org/peer-services/peer-bridger/ (last accessed May 31, 2019).
[28] Sue Bergeson, *Cost Effectiveness of Using Peers as Providers*, OPTUMHEALTH, (2011), at 11, http://www.fredla.org/wp-content/uploads/2016/01/Cost_Effectiveness_of_Using_Peers_as_Providers.pdf.
[29] Nat'l Association of Counties, *Supporting People with Mental Illnesses in the Community* (2018), https://www.naco.org/sites/default/files/documents/SAMHSA%20Case%20Study%20Louisville-Jefferson%20Final.pdf.

Learn more:

- SAMHSA Evidence-Based Practices KIT, *The Evidence: Consumer-Operated Services* (2011)
- SAMHSA, *What Are Peer Recovery Support Services?* (2009)
- Mental Health America, *Evidence for Peer Support* (Feb. 2017)
- Kevin Cleare, Policy Research Associates, *Spotlight on Peers Working in Criminal Justice Settings: Reintegration, Family, and Peer Support* (Sept. 17, 2018)
- Maureen Richey, Council of State Governments Justice Center, *For the Formerly Incarcerated, Peer Mentoring can Offer a Chance to 'Give Back'* (Aug. 14, 2015)

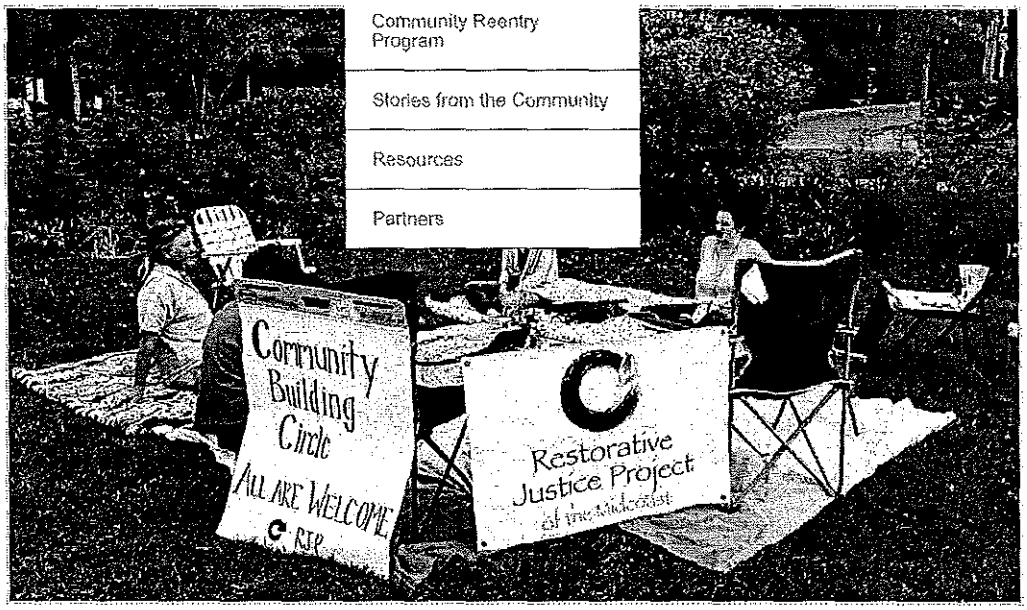
Sept. 26, 2019

This report was created with support from the Ford Foundation and from the John D. and Catherine T. MacArthur Foundation as part of its *Safety and Justice Challenge* initiative, which seeks to address over-incarceration by changing the way America thinks about and uses jails. Core to the Challenge is a competition designed to support efforts to improve local criminal justice systems in jurisdictions across the country that are working to safely reduce over-reliance on jails, with a particular focus on addressing the disproportionate impact of over-incarceration on low-income individuals, communities of color, and persons with mental illnesses and substance abuse disorders.

More information is available at:
www.safetyandjusticechallenge.org

Restorative Justice Project of the Midcoast

ABOUT THE STICE PROJECT



Learn more...

What is restorative justice?

Our Mission, Legacy & Vision

Our Philosophy

Staff & Board

Formed in February 2005, The Restorative Justice Project of the Midcoast provides restorative conferences for adult and juvenile offenders in Knox. Waldo. Lincoln and Sagadahoc Counties and an array of restorative justice services for the Maine Coast Regional Reentry Center and for K-12 schools. The focus on offender accountability, coupled with a focus on the impact of the offense on the victim and community, has significantly decreased recidivism, healed the harm done to victims, and transformed lives with understanding and meaningful community connections.

Our View: Fewer inmates will relieve pressure on jails

centralmaine.com/2019/11/03/our-view-fewer-inmates-will-relieve-pressure-on-jails-2/

By The Editorial Board November 3, 2019

Maine has 15 county jails, in places as different as Madison, Portland and Rockland, each with different histories, each operated by different county governments and drawing workers from different labor markets.

But there is one thing they have in common — though some more than others, all jails would benefit from fewer inmates, as would the state as a whole.

The Legislature's criminal justice and public safety committee and other stakeholders are now working to find a permanent solution to the decade-old problems surrounding jail funding. Following the group's first meeting, both the chairwoman of the committee, Rep. Charlotte Warren of Hallowell, and Randall Liberty, the state corrections commissioner, told the Bangor Daily News that much of the group's focus should be on reducing the jail population.

They're right.

The problem is at least 10 years in the making. With jail costs rising, Gov. John Baldacci in 2008 capped the amount of county taxpayer dollars that could be used for funding. The new Board of Corrections was left on the hook for any budget increase.

However, the state never followed through. Costs kept increasing, but counties found it difficult to get additional state money. The next governor, Paul LePage, did not like the way the Board of Corrections was set up — he fought against additional funding, and eventually let the board die through neglect.

LePage toward the end of his second term put forward a halfhearted plan to address jail funding, including closing up to five jails. But he never took them seriously, and neither did anyone else. So jails were left to operate without any way to raise more money.

The Legislature has provided relief here and there, but the structural problem persists. A series of bills aimed at the issue were considered last session, but lawmakers instead opted for a study group overseen by the criminal justice committee. It met for the first time last month.

Now, counties pay about 80 percent of jail costs while the state picks up the rest. There doesn't seem to be much interest in changing the formula, but lawmakers will have to decide who pays for budget increases, and who gets to decide when those increases are necessary, in a way that adequately funds jails while preventing overspending. There must be a mechanism that pushes jails to coordinate efforts to install best practices and find efficiencies.

Beyond that, however, the most effective route lawmakers can take is to advance policies that cut the number of jail inmates — and cutting the number of inmates means cutting the number of people held before trial.

Nationwide, about two-thirds of jail inmates have yet to be convicted of the crime in question. The same holds true in Maine, and while the overall jail population has fallen in the last decade, the number of inmates held pretrial has increased.

Why? The system relies too heavily on bail, and when defendants can't afford it, they are left for days, weeks, even months waiting for adjudication.

Sometimes, too, people are arrested when they could be issued citations, or they are incarcerated for minor probation violations.

Such incarcerations do not increase public safety; in fact, they may do the opposite. People held pretrial are more likely to be convicted and receive harsher sentences, adding to our costs. They are also more likely to recidivate.

Maine should cut back on the use of bail and expand pretrial release, as well as alternative housing and monitoring programs. Law enforcement should be pushed to avoid nuisance arrests.

In addition, more violators, when appropriate, should be pushed toward mental health and addiction treatment rather than jail. Treatment and re-entry programs should be expanded to cut down on recidivism.

A lot of these ideas came forward last legislative session, many of them in a bill that Warren crafted with help from sheriffs. Now is the time for the committee to figure how Maine can use them correctly.

Maine Sheriffs' Association

Presentation to the Joint Standing Committee on
Criminal Justice & Public Safety: County Jail Funding, Meeting #2
November 5, 2019
(Submitted by: Sheriff Todd Brackett)

The following is a summary of the steps counties are taking to address the top cost drivers identified by the MSA and presented at your October 22, 2019 meeting. Attached to this summary, for your review, is a more detailed list of responses to this question from each county:

Cost Drivers:

Personnel:

- Androscoggin and Aroostook have added full-time positions to reduce the rising costs of overtime.
- Franklin, Hancock, and Penobscot like most counties are having difficulty filling vacancies, resulting in vacant positions reducing costs, helping to offset OT etc. In addition, Hancock uses the jail administrator to cover some court appearances and transports as needed.
- Knox and Waldo have collaborated to unify their correctional facilities under one Unified Correctional Administrator. The partnership has allowed the Jail Administrator to begin creating a coordinated, cost effective correctional system between the two counties that is efficient, consistent, and uniform. Both counties have also realized an immediate cost savings associated with the shared salary and benefits of the administrator.
- Lincoln and Sagadahoc through TBRJ like Cumberland and York in the past have closed a large housing pod and reduced the total number of staff.
- Washington uses part-time corrections officers whenever possible to help control personnel costs.

Inmate Medical Expenses:

- Aroostook has recently switched medical providers for a reduced cost.
- Cumberland has a Contract Compliance Monitor to oversee health care costs.
- Hancock and Piscataquis uses a local medical provider or local hospital to provide services at a reduced cost.
- Knox anticipates further savings as part of the relationship with Waldo County.
- Lincoln, Sagadahoc, and Somerset along with others use a competitive bid process to help control costs.
- Penobscot has added nursing hours within the facility to reduce costs associated with hospital visits, they also use inmate co-payments to help defer costs when possible, as do all counties, Penobscot uses medical furloughs whenever possible.
- Waldo utilizes an on call Nurse Practitioner who performs sick call once a week and meets the health requirements of our population. This arrangement continues to keep our inmate health

costs significantly low as compared to other areas ($30,000 per year). Additionally, Waldo has collaborated with community service providers on grants to: implement Medication Assisted Treatment (MAT) Program pre and post release; provide a three-year fulltime (FTE) Recovery Coach position; and hired a Recovery Coach Site Coordinator.

Inmate Populations:

- Androscoggin, Aroostook, Cumberland, Kennebec, Knox, Lincoln, Penobscot, Sagadahoc, Somerset, and York utilize either contracted or county employed (or a combination of) pre-trial case managers to divert qualified individuals. Many of these counties uses community service programs, as well as Alternative Sentencing Programs (ASP) with sentenced populations to reduce the overall length of stay. (Over 1093 pre-trial individuals diverted on 10/18/19 statewide)
- Penobscot Jail was built for a state rated capacity of 136; modifications were made changing it to 157, yet has an ADP of 238. They are preparing to launch a day reporting program, which will replace the former first offender ASP. Penobscot also uses boarding agreements with several counties.
- Waldo, in 2010 opened the first and only county based, 32 bed, and full service reentry center for men. It provides a full array of evidence based programming and intensive case management that targets the individual's risk. The Maine Coastal Regional Reentry Center (MCRRC) has proven to be a cost effective, proactive approach to reducing jail populations while providing solid, responsible, long-term solutions to overall public safety as it strengthens our communities.

Facility Capital Needs:

- Many Counties have capital improvement plans in place; therefore, they prioritize and plan for facility upkeep.
- Aroostook and Penobscot, have aging deteriorating facilities and have been considering their options for some time to include new construction.

Mental Health Services:

- Androscoggin, Aroostook, Franklin, Lincoln, Piscataquis, Sagadahoc, Somerset, Washington, and York all use combinations of in house contracts and/or collaboration with local service providers to meet this overwhelming need. Gaps in services exist. (forensic beds, transitional housing etc)
- Cumberland in addition, uses jail intake staff to meet with judicial representatives to triage severe mental health cases for appropriate placement.
- Knox has a motivated, enthusiastic, and dedicated group of professionals from many disciplines that have formed the Knox County Recovery Collaborative, chaired by the Sheriff. They meet weekly to discuss, create and promote initiatives to meet the needs of people struggling with substance abuse disorder and mental health. Many important connections and outcomes are happening through this collaborative effort. For example, Maine Behavioral Health recently received a Project Reach Grant, which provides an outreach clinician.
- Waldo In late 2018 the Sheriff's Office began meeting with a group of local mental health providers to include representatives from Maine Behavioral Health, Sweetser Crisis services, Sequel Care of Maine, the emergency department of the Waldo County General Hospital and

Mental Health Services (continued):

- Seaport Community Health Center. The most significant result of this collaborative was the creation of a Community Response Team consisting of the treatment providers from the above listed organizations. This team has agreed to serve as a resource for those who are suffering from mental illness or SUD. This group now provides a unified group of treatment providers to serve as a referral resource for the larger collective group. As a result, a grant will provide Waldo a fulltime SUD/Mental Illness Community Liaison position for the three years. This community liaison will serve those post release from incarceration as well as serve as a co-responder with law enforcement personnel to calls for services involving parties with SUD and mental illness to assist with linking parties to required services.

Food Service:

- Androscoggin has shortened menu to 6-week cycle and uses portion control.
- Cumberland has a one-year pilot program with vendor for purchasing food and paper products, reducing cost, vendor dietitian also reviews menu to look for food product alternatives.
- Franklin, Hancock, Penobscot, Somerset, and Washington all utilize in house employees to purchase and prepare foods at rates lower than contracting.
- Cumberland, Kennebec, Lincoln/Sagadahoc/TBRJ, and York all contract out under competitive bid for food services.
- All jails utilize inmate workers in the kitchen, some providing culinary arts and Serve Safe experience for those who participate.

Prisoner Transportation:

- Cumberland uses alternating transport staff on 10-hour shift to reduce OT, in state transfers only 2 days per week.
- Franklin shares responsibilities with 1 transport officer, patrol deputies, and administrative staff when necessary.
- Aroostook, Hancock, Kennebec, Penobscot, Piscataquis, and Washington continue to utilize the northern transportation HUB to coordinate transports and reduce cost.
- Knox and Waldo are coordinating transports under their new management model.
- Lincoln and Sagadahoc also share coordinated transport for TBRJ and cross train staff for other duties.
- Kennebec, Lincoln, and Sagadahoc all use video communication with the courts to reduce costs as well.