THE STEPPING UP INITIATIVE

Six Questions Case Studies
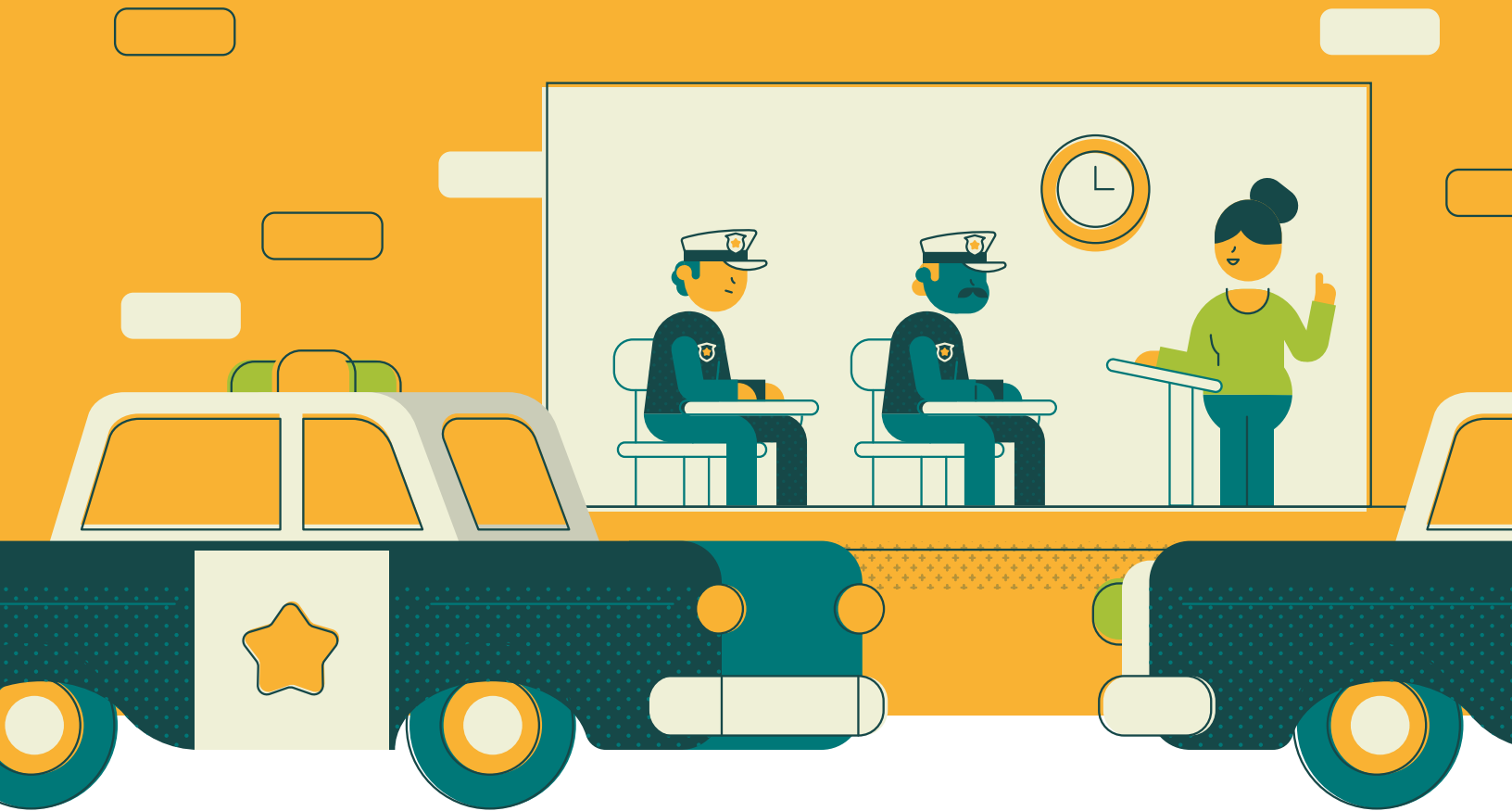
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COUNTY JAIL

THE STEPPING UP INITIATIVE

Six Questions Case Studies

An estimated two million annual jail admissions involve people with serious mental illnesses. Over the past decade, county commissioners and supervisors, police, judges, corrections administrators, public defenders, prosecutors, community-based service providers and advocates have mobilized to better respond to people with mental illnesses. Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails was launched in May 2015 to provide counties with the resources to further address this issue. Stepping Up is the result of a partnership between the National Association of Counties, The Council of State Governments Justice Center and the American Psychiatric Association Foundation.

In January 2017, Stepping Up released *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask* (Six Questions), a report intended to help county leaders determine to what extent their county's efforts will have a system-level impact, not only resulting in fewer people with mental illnesses in jail but also doing so in a way that increases public safety, applies resources most effectively and puts more people on a path to recovery.

The initiative hosted a series of webinars and network calls to outline some of the key strategies highlighted in the report and feature counties that have been working through the Six Questions process. The Stepping Up Six Questions Case Studies serve as a quick reference to the counties and strategies highlighted in this series. More information on the Six Questions and the webinar recordings featuring these counties are available on the Stepping Up Resources Toolkit.

Question 1
Is Our Leadership Committed?

Reducing the number of adults with mental illnesses in jails requires a cross-systems, collaborative approach involving a county-wide planning team. Planning teams may already exist in the form of a criminal justice coordinating council or mental health task force, or your county may decide to create a new planning team. Planning teams should include, at a minimum, county elected officials such as commissioners or supervisors, criminal justice and behavioral health leaders, representatives from the courts, people with mental illnesses or their family members and other relevant community stakeholders. Strong leadership from an elected official is essential to rally county agencies, and the designation of a person to coordinate the planning team's meetings and activities and to manage details will push the project forward.

QUESTION 1 IN ACTION
PITT COUNTY, N.C.
POPULATION: **168,152**
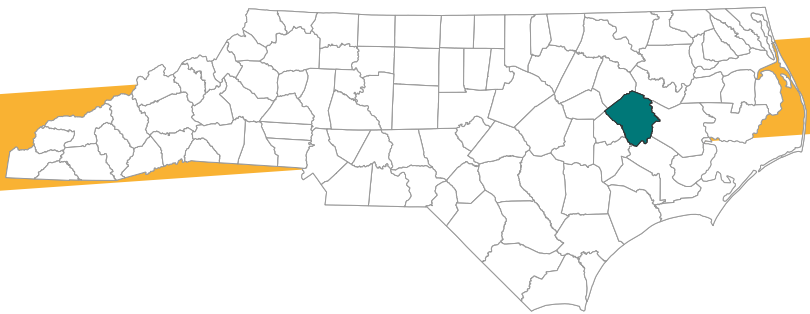
In 2015, while struggling with high numbers of people with mental illnesses and substance use disorders in the jail that were driving up the jail population, Pitt County conducted a study of the 25 highest utilizers of its jail. The study revealed that these individuals accounted for over 480 jail admissions and more than 20,000 jail bed days since the year 2000, which pushed leaders to take an active role in addressing this issue head on. Pitt County passed a resolution to join the Stepping Up initiative in August 2015 and received a Justice and Mental Health Collaboration Program grant from the U.S. Department of Justice's Bureau of Justice Assistance to further its Stepping Up efforts.

As part of these efforts, county leaders created two teams: a planning team and a policy team. The planning team includes representatives from county government, the sheriff's office, the hospital system, Local Management Entity/Managed Care Organizations (LME/MCO), behavioral health providers, the public defender's office, the district attorney's office, the judicial branch, law enforcement, probation and parole, the department of social services and the local homeless shelter. Recommendations from the planning team are funneled up to the policy team, which consists of the heads of these various agencies and several elected officials and makes decisions on policy changes or funding appropriations. The policy team also provides periodic updates to the Board of County Commissioners on the activities and progress of the two teams. While still in the planning stage for its Stepping Up efforts, having the two-team structure in place, as well as an open line of communication with county policymakers, has helped Pitt County collaboratively plan for and start to implement policies and programs to help reduce the number of people with mental illnesses in the jail.

POPULATION: **1,810,614**

The Tarrant County Commissioners Court passed a resolution to join the Stepping Up initiative in May 2015. The Court and county criminal justice and behavioral health leaders understood that the number of individuals with mental illnesses in the jail was a major issue for their community, but didn't have the data to back it up or a strategic plan to address it. They also knew that they were not going to be able to tackle this issue without an elected champion and a broad base of support from county and community leaders. Commissioner Roy Charles Brooks "stepped up" to be that champion and tapped into the existing Criminal Justice Coordinating Committee (CJCC) to serve as the convener on this topic.

Tarrant County's CJCC was established through a Commissioners Court Order, and the membership is appointed by the Commissioners Court. The CJCC provides an ongoing countywide forum for leaders from criminal justice agencies, government administration and community groups to collectively discuss public safety and criminal justice topics and ways to address these issues in the most evidence-based, cost-effective and equitable ways possible. It brings together local leaders to form a unique, policy-level forum to strengthen interagency coordination, communication and cooperation. The CJCC has a paid staff person to coordinate meetings and the work of the committee along with 67 members, including county commissioners, county judge, sheriff, county IT director, county budget director, county administrator, county judicial administrator, probation director, county clerk, pretrial release director, medical examiner, community development director, county auditor, district attorney, district clerk and public health director. While the CJCC is tasked with a variety of issues, reducing the number of people with mental illnesses in the jail is a high priority for the committee.

Tarrant County decided to use its own resources to contract with a local university to conduct a jail study and make recommendations on how to systematically address the growing number of people with mental illnesses in the jail. The university shared recommendations with the CJCC, including the need to come together as a group to determine shared language, values and goals for reducing the number of people with mental illnesses in the county jail. The well-established collaborative body and the inclusion of an outside perspective on the gaps and opportunities within the county have given Tarrant County the push it needs to jump start its efforts to put into place a continuum of services and supports for people with mental illnesses to break the cycle of incarceration.

Question 2
Do We Conduct Timely Screening and Assessments?

Counties should have a clear and accurate process for identifying people with mental illnesses coming into the jail. This requires screening every person booked into jail for mental illnesses, as well as for other behavioral health needs such as substance use disorders. Jails should also screen individuals for pretrial and criminogenic risks to help determine release and supervision strategies. Counties should refer people who screen positive for behavioral health needs to a follow-up clinical assessment by a licensed mental health professional. Ideally, these clinical assessment results will be recorded in a database or spreadsheet that can be queried. Having accurate information on individuals' risk and needs will assist with referrals to mental health treatment while a person is in the jail and connections to services when they are released. Having the ability to store and query this information using a system-wide definition of mental illness will assist with county planning efforts.

QUESTION 2 IN ACTION

CHAMPAIGN COUNTY, ILL.

POPULATION: **201,081**

In 2012, Champaign County was faced with jail capacity issues, and a task force made up of behavioral health treatment providers, representatives from the sheriff's office and community stakeholders prepared recommendations to the County Board on better responding to the needs of individuals with mental illnesses to reduce jail bookings, length of stay and recidivism. The County Board also commissioned a study from the Institute for Law and Policy Planning to develop recommendations to address this challenge. The task force and consultants suggested bringing community mental health workers into the jail and to enroll people in health benefits while in jail.

The sheriff agreed to allow community behavioral health providers into the jail to conduct mental health assessments and engage people with mental illnesses to start establishing relationships that would allow for a smoother transition from jail to the community. At the time, jail clinicians were also identifying people with mental illnesses through review of jail rosters and comparing them to health records and corrections staff were referring individuals for mental health assessments based on observed behavior. The sheriff and the county mental health board also started a process to enroll eligible individuals in Medicaid in the jail. But despite these advancements, the county still lacked a systematic way of identifying people with mental illnesses who were coming into the jail.

In 2015, Champaign County received a Justice and Mental Health Collaboration Program grant from the U.S. Department of Justice's Bureau of Justice Assistance, which helped the county prioritized the development of a new screening and assessment process for people with mental illnesses and/or co-occurring substance use disorders coming into the jail.

Now, correctional staff screen every person booked into the jail for serious mental illness using the Brief Jail Mental Health Screen (BJMHS) and for substance use disorders using the Texas Christian

University Drug Screen (TCUDS). Those who screen positive for one or both disorders are referred to on-site clinicians who conduct a secondary screen that includes trauma, eligibility for programming and health care enrollment. Clinicians use motivational interviewing techniques to try to engage the individual and determine if he or she meets criteria for a full assessment. Those who are deemed eligible receive a full clinical assessment from a licensed clinician in the jail or in the community, depending on when they are released.

The two screening tools were selected based on their compatibility with the existing intake process to reduce the impact on corrections staff and community providers working in the jail. While the screens were initially completed on paper, results of the screens are now stored in a database that makes it easier to collect and analyze information. The county is working on using this screening data to provide a proxy baseline prevalence number for people with mental illnesses in the jails that will allow county leaders to track progress against the Stepping Up four key measures (reducing bookings, shortening length of stay, increasing connections to treatment and reducing recidivism). County leaders anticipate that being able to document progress will lead to additional support for their efforts to reduce the number of people with mental illnesses in their jail.

QUESTION 2 IN ACTION

Douglas County, Kan., was also highlighted on this webinar. An updated case study on their screening and assessment process is available on the NACo website.

Question 3
Do We Have Baseline Data?

Baseline data highlight where some of the best opportunities exist to reduce the number of people with mental illnesses in the jail and provide benchmarks against which progress can be measured. The following four key measures are important indicators for counties to track and can help structure county efforts to address these challenges.

- The number of people with mental illnesses booked into jail

- Their average length of stay

- The percentage of people with mental illnesses connected to treatment; and

- Their recidivism rates.

Counties may consider comparing these four key measures to those of the general population in the jail to identify disparities. These comparisons can be especially useful when data on both populations are disaggregated further by charge type, criminogenic risk level, race, gender or other demographic factors.

QUESTION 3 IN ACTION

ATHENS-CLARKE COUNTY, GA.

POPULATION: **115,453**
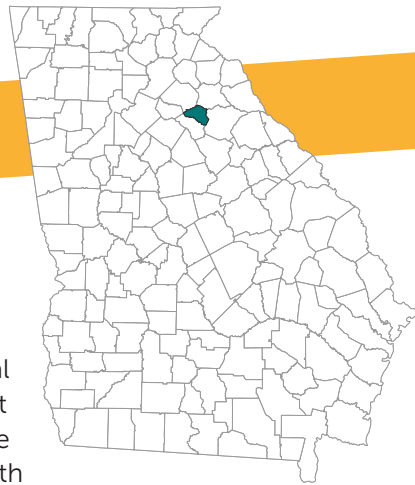
In 2015, Athens-Clarke County received a Justice and Mental Health Collaboration Program grant from the U.S. Department of Justice's Bureau of Justice Assistance to help formalize the county's planning activities to reduce the number of people with mental illnesses in the jail and develop a data collection process to inform local decision making. With the grant, the county developed a core collaborative group to lead planning efforts, including representatives from the local behavioral health services provider, the jail, the police department, the local court system and the University of Georgia's J.W. Fanning Institute, which was contracted to fulfill grant requirements.

After completing a comprehensive systems process analysis and identifying gaps and services in the county, the group realized that the missing piece was having data on the individuals who move through the behavioral health and justice systems. Advantage Behavioral Health Systems (Advantage) – the 10-county behavioral health provider covering Athens-Clarke County – partnered with the jail to do a point-in-time study of arrested individuals to determine a baseline prevalence rate for mental illness in the jail. The sheriff provided Advantage with arrest data during a three-month period, which Advantage then matched to its electronic health records to identify clients with behavioral health diagnoses. Once clients were identified, Advantage used the jail management system to determine the average number of lifetime arrests of its clients, their average length of stay in the jail and their recidivism rates. Advantage then compared data for its clients with those of the individuals arrested during this time who were not clients. Advantage clients had higher average numbers of arrests over their lifetimes, longer average lengths of stay and higher recidivism rates than their counterparts

who were not clients. Advantage also looked at charge records for a subset of its clients and found that their most frequent charges were parole and probation violations, signifying a need for further collaboration with community supervision partners.

Having this localized data gave the collaborative group the evidence it needed to justify changes to policy and practice in the county. The Athens-Clarke County Commission passed a resolution in April 2017 to join the Stepping Up initiative, and the county used these data to apply for two federal grant opportunities to support its efforts. The jail has started implementing a screening and assessment process to better identify individuals in need of behavioral health services and is developing a system-wide record management system to allow for a more systematic way of tracking and analyzing data on people with mental illnesses in the jail. While the process of establishing baseline data was arduous, these data have increased the county's capacity to understand its jail population and advocate for needed changes.

QUESTION 3 IN ACTION

WAKE COUNTY, N.C.

POPULATION: **901,037**
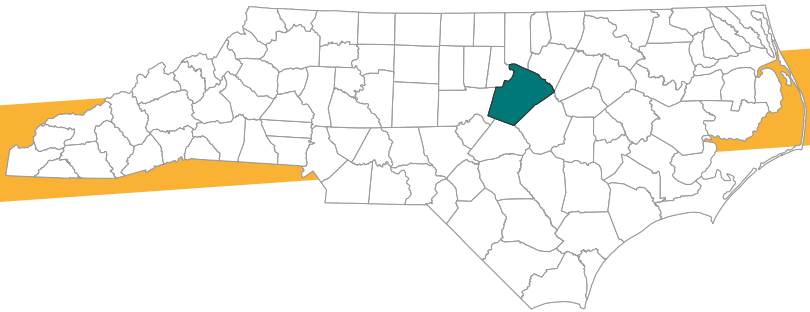
Due to local and state changes in the way mental health care was administered, Wake County, which had previously seen a drop in its overall jail population, started to see an increase in the number of people with mental illnesses coming into its jails. In 2014, the county was awarded a grant from the Substance Abuse and Mental Health Services Administration to conduct a Sequential Intercept Mapping exercise to help stakeholders better understand how individuals with mental illnesses interact with the behavioral health and justice systems. Following the mapping exercise, Wake County formed the Criminal Justice Mental Health Advisory Committee to address some of the identified gaps. In 2016, Wake County passed a resolution to join the Stepping Up initiative to create a system-wide plan to reduce the number of people with mental illnesses in the jail.

One of the committee's first steps was to engage a researcher at North Carolina State University to help the county analyze jail data. The Sheriff's Office was screening individuals for symptoms of serious mental illness using the Brief Jail Mental Health Screen (BJMHS) at booking, and researchers used this information, along with records on medications, charges and release dates and demographic data, to do an initial analysis. It became clear in the process that jail staff was under-detecting symptoms at intake and that additional screening and follow-up clinical assessments would be beneficial to help more accurately identify those in need. Having the screening process in place is helping the county to establish a proxy baseline prevalence number that will be used to then analyze the costs associated with services for people with various levels of mental illnesses. Having accurate, local data on the prevalence of mental illness in jail and associated costs will help the county garner support for implementing mechanisms to connect people in need to community-based services upon release from jail and reduce recidivism rates.

Question 4
Have We Conducted a Comprehensive Process Analysis and Inventory of Services?

An opportunity exists at every step along the criminal justice continuum to improve responses to a person's mental health needs. Completing a comprehensive process analysis helps county leaders determine where improvements can be made to better identify needs and share information. Some counties choose to conduct an initial analysis through a Sequential Intercept Mapping exercise. It is important that an inventory of community-based services and supports also be conducted as part of this process, and data to support this analysis should be included at all possible points. For example, knowing the current number of people who have mental illness who are booked into jail helps county leaders determine the scale of the problem they are working to address and can be used to compare arrest rates of people who have mental illness to people who do not.

QUESTION 4 IN ACTION

CHESTER COUNTY, PA.

POPULATION: **499,146**
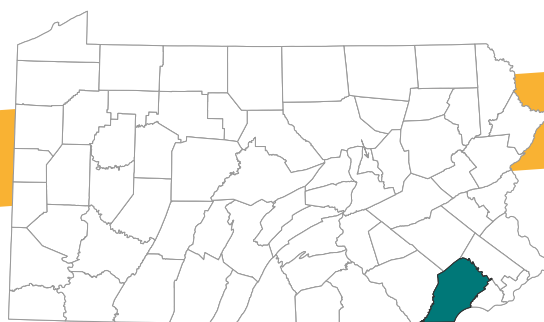
Chester County has had a collaborative partnership between the courts, corrections and human services agencies for decades and completed a Sequential Intercept Model mapping exercise in 2010. Through this exercise, county leaders from these different sectors developed a comprehensive picture of how individuals with mental illnesses moved through the system from initial contact with law enforcement or emergency services through to the initial detention and court hearings, jail, court processes and reentry and community supervision. The mapping helped to identify gaps, resources and opportunities at each point and the county then used this information to develop priorities for how to address them.

At that time, the county decided to prioritize changes to its jail intake processes, what happens while a person is in jail and release processes. Leaders developed systems to better identify individuals with mental illnesses at intake using screening and assessment and cross-referencing records with mental health providers. They also added specialized probation and parole officers to help with reentry planning prior to release and hired forensic peer specialists to engage individuals in need of services.

The Chester County Board of Commissioners passed a resolution to join the Stepping Up initiative in October 2015 to revisit and reevaluate its efforts. To start, a working group was convened to review data on every point of the justice system: emergency services, 911 calls, crisis teams, corrections, mental health, courts and parole and probation data. The working group also worked with a third party to host a focus group with individuals who had direct experience with the criminal justice system and their family members to get perspectives on their interactions with the system. A local foundation worked with the county to investigate best practices in crisis models. And the county's police chiefs association developed a mental health subcommittee to work collaboratively to create common language and priorities.

The working group decided to prioritize activities related to diversion and law enforcement. The county obtained a grant from the state for crisis intervention team training for law enforcement. The working group also participated in community outreach and education on mental health first aid, as well as hosting community conversations to educate citizens on mental health to reduce stigma. The county is looking to expand peer support services in the jail and in the community and to set up processes for ongoing evaluation to continue improvement efforts.

QUESTION 4 IN ACTION

FRANKLIN COUNTY, OHIO

POPULATION: **1,163,529**
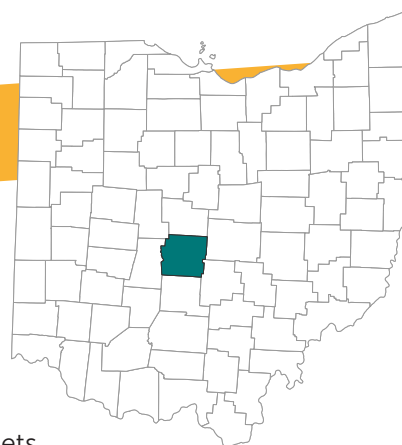
Franklin County passed a resolution to join the Stepping Up initiative in May 2015. Prior to joining the initiative, the county had already established a Criminal Justice Planning Board that meets quarterly. The planning board includes representation from the largest city in the county, county commissioners, the city council, the sheriff and police, the prosecutor and the city attorney, the public defender, city and county courts, adult and juvenile probation departments and key human services agencies such as the Alcohol, Drug and Mental Health Board.

The planning board met as a group to create a strategic plan using the Sequential Intercept Model as a guide. For each of the intercepts within the model, the county asked two questions:

- What data should be considered?

- Who should be at the table to move recommendations?

These two questions have been integral to helping the county identify gaps in the system and who needed to be part of the solutions. The county created lists of key data points to help identify challenges and gaps at each intercept and worked with partners to get access to that data. For example, the county noted that only a small portion of patrol officers across the 29 law enforcement agencies was trained in Crisis Intervention Teams (CIT). Since police departments and the Sheriff's Office were at the table for these conversations, they led the efforts to increase training for their officers. The Sheriff's Office also made significant investments in training its correctional officers in CIT and mental health first aid, which has led to a safer jail environment and reduced use of force. The county also used data to identify the highest utilizers of emergency services and law enforcement resources so providers could offer comprehensive wraparound services such as benefits connections, workforce services, mental health treatment and supportive housing to these individuals. The combination of data review and strong leadership has led to significant changes in policy and practice to improve how the county responds to people experiencing mental health crises.

Question 5
Have We Prioritized Policy, Practice and Funding Improvements?

Counties should prioritize policies and processes that will impact one or more of the four key measures: reducing jail bookings, shortening length of stay, increasing connections to treatment and reducing recidivism. County leaders should provide guidance to the planning team on how to make policy recommendations and budget requests that are practical, concrete and aligned with the fiscal realities and budget process of the county. Any budget proposal should identify external funding streams including federal programs such as Medicaid, federal grant opportunities and state block grant dollars as the first source for funding, with any potential county dollars filling final gaps in needed funding. Routine communication with the planning team on its ongoing efforts will help county leaders stay up to speed on the latest developments.

QUESTION 5 IN ACTION
PACIFIC COUNTY, WASH.
POPULATION: **20,920**

Pacific County received a Justice and Mental Health Collaboration Program grant from the U.S. Department of Justice's Bureau of Justice Assistance to support its planning efforts around reducing the number of people with mental illnesses in its jails. Upon receiving the grant, the county passed a resolution in December 2015 to join the Stepping Up initiative and convened a core planning team consisting of representatives from the jail, behavioral health department and public health department.

After completing a Sequential Intercept Mapping exercise, interviewing key community partners and reviewing available data, the core planning team started developing a plan to build upon existing supports and relationships to enhance capacity and services to serve people with mental illnesses. As a rural county, Pacific County faces challenges with hiring and retaining qualified mental health staff and with locating services in accessible areas to best serve its population. Identifying existing resources and finding ways to leverage and expand upon those resources and partnerships helped the planning team to come up with recommendations for no-cost and low-cost changes to policy and practice to impact the four key measures.

For example, the county partnered with its five-county regional behavioral health authority to support a crisis team and law enforcement training to help keep people from ever coming to the jail. The planning team also prioritized improving mental health screening in the jail. Working with jail leadership, the planning team selected a non-proprietary, validated screening tool (the Brief Jail Mental Health Screen) to be implemented and the planning team is creating a system for collecting the information from the screening tool in a database that can be queried to help with data collection and future planning purposes. Implementing this tool had minimal startup costs and is sustainable without additional funding. The county also received a state grant to start a mental health diversion program and was able to leverage funding from the county's 0.1 percent behavioral health sales tax as
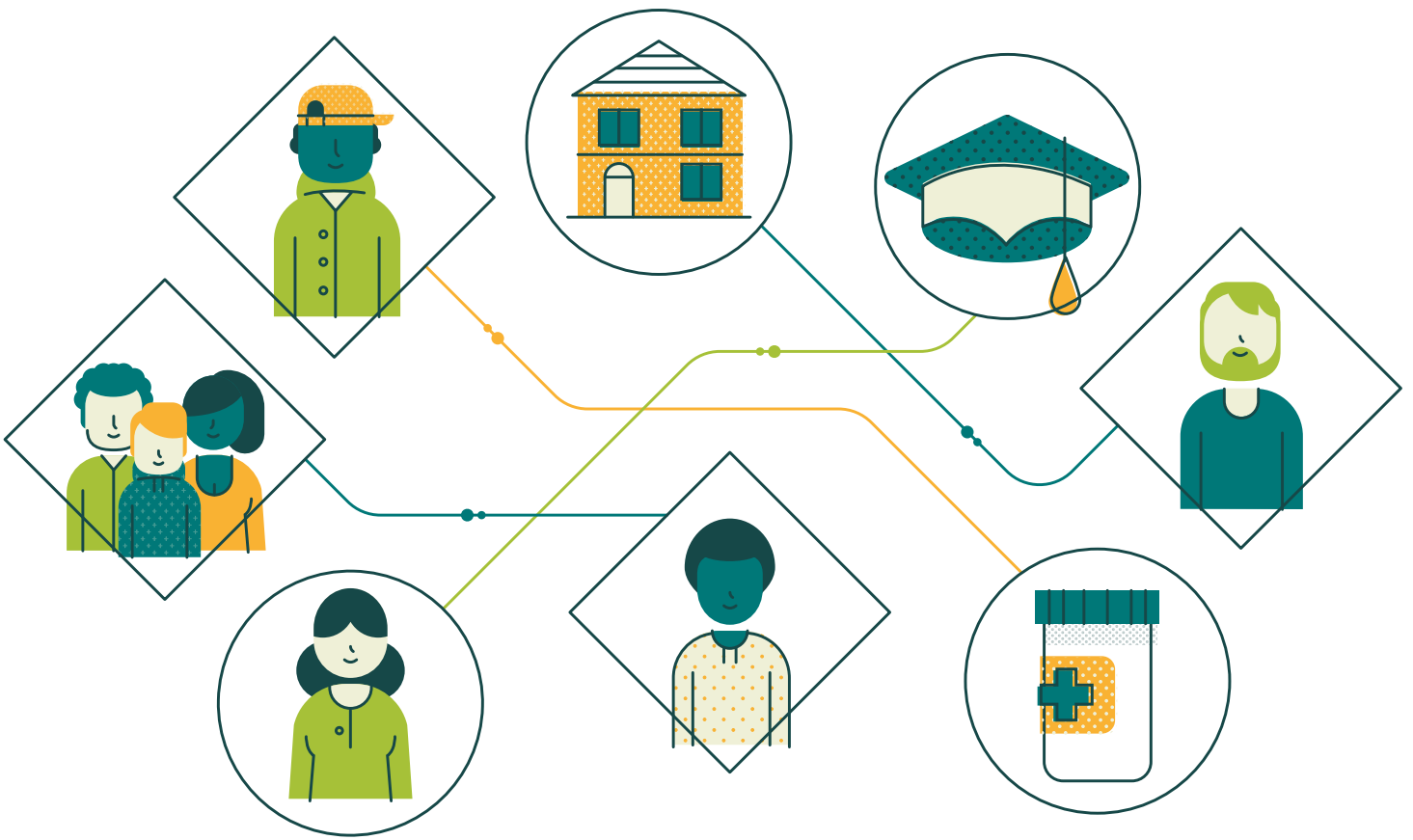
a match to obtain the grant. Using this state grant, the county hired a behavioral health case manager who works closely with the county's housing case manager on mutual clients to provide permanent supportive housing and wraparound services to eligible individuals. The county was also able to use state funding for jail-based behavioral health services.

Pacific County has also built relationships with community partners like hospitals and housing systems and leveraged federal and state funding sources like Medicaid and state and federal grants, which has allowed leaders to create woven funding streams to support the county's work to reduce the number of people with mental illnesses in its jail. While the planning team continues with its prioritization process, it also takes advantage of time-sensitive funding opportunities that are in line with the overall vision for the county's initiative and provide an opportunity to create lasting policy and practice changes rather than funding-dependent programs. By prioritizing sustainable policies and practices that will impact one or more of the four key measures, the county is creating a path for long-term success with its initiative.

Question 6
Do We Track Progress?

Once planning is completed and the prioritized strategies are being implemented, tracking progress and ongoing evaluation begins. Planning teams should monitor the completion of short-term, intermediate and long-term goals, as it may take years to demonstrate measurable reductions in jail populations. Showing evidence of more immediate accomplishments, such as the implementation of new procedures, policies and evidence-based practices, contributes to the momentum and commitment necessary to ensure this is a permanent initiative. Tracking data within the four key measures may also provide the justification necessary to secure continuation funding and/or additional implementation funding.

QUESTION 6 IN ACTION

MARICOPA COUNTY, ARIZ.

POPULATION: **3,817,357**
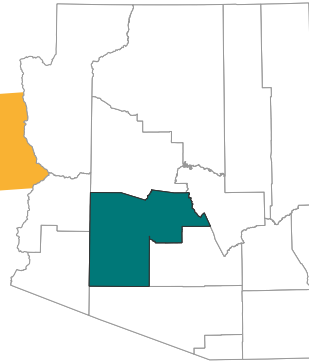
Maricopa County formed its Smart Justice Committee in 2011 to create a forum for collaborative, data-driven decision making to improve public safety and reduce recidivism in the county. The committee members include leadership from all sectors of criminal justice and the courts in the county, as well as the county manager's office and health and human services agencies. The inclusion of the county's Justice Systems Planning & Information (JSPI) office, which conducts research to inform policy and practice, is key to the committee's ability to be data-driven.

Through the committee, the county developed data-sharing agreements between the Sheriff's Office, Correctional Health Services (CHS) and the regional behavioral health authority (RBHA). The Sheriff's Office provides information on individuals booked into the jail, including demographic information, risk scores and booking and release dates. CHS has information on mental health assessments, participation in jail treatment programs and referrals to community services. The RBHA has information on individuals' serious mental illness (SMI) status and whether they are currently receiving case management in the community.

Using these three data systems, the county established baseline data on the four key measures (reducing jail bookings, shortening length of stay, increasing connections to treatment and reducing recidivism) and tracks progress toward impacting these measures. The county uses these data to inform key initiatives to impact public safety and its jail population, including in May 2015 when the county passed a resolution to join the Stepping Up initiative to focus on reducing the number of people with SMI in the jail.

The county has leveraged the data to identify several targets for improvement along the four key measures. The Sheriff's Office and several municipal police departments have increased law enforcement training and the RBHA and community partners have developed a robust crisis response system to reduce the number of individuals with SMI booked into the jail. And after the data showed that individuals held for longer than three days in the jail had higher recidivism rates than those held for less time, the jail worked with the courts to more quickly and deliberately release low-risk individuals charged with non-violent offenses.

The county also used this data to identify its 59 highest utilizers of the jail and determined that about a quarter of them had an SMI and almost all of them (93 percent) were homeless. These individuals were held primarily on misdemeanor charges like loitering and noise violations and scored low on the jail's risk proxy score. Using cost estimates, JSPI determined that these individuals cost the county about $750,000 to house in the jail over two years. Having this information provided policymakers in the county with a foundation to start looking at ways to address the homeless and SMI populations in the county and will be useful in assessing if strategies are successful.

Previously, JSPI had to pull data from each of these systems to develop static reports to share with stakeholders. While having these data available in regular reports has been integral to policymakers in the county, with 100,000 bookings per year, this process was arduous and didn't provide the opportunity to share real-time information with decision makers. In 2017, Maricopa County began the process of implementing a database that will automatically store information from the three agencies and allow for fast analysis and real-time sharing of information on a web-based dashboard.

The county also developed an online community resource connection that helps to identify resources in a particular area to connect individuals to services and also helps to track if an individual participating in services is arrested and booked into the jail. In the county's next phase of this project, treatment providers will be able to track if clients engage in services, which will help to monitor key measure three: connections to treatment.

Having these systems and data-sharing agreements in place has allowed Maricopa County to target interventions at the points and scale needed to have an impact on individuals in the jails. The county continues to find new and innovative ways to track its progress toward reducing the number of people with mental illnesses in the jail and improving individuals' chances for recovery in the community.

THE STEPPINGUP INITIATIVE

About the National Association of Counties

The National Association of Counties (NACo) unites America's 3,069 county governments. Founded in 1935, NACo brings county officials together to advocate with a common voice on national policy, exchange ideas and build new leadership skills, pursue transformational county solutions, enrich the public's understanding of county government, and exercise exemplary leadership in public service.

To learn more about Stepping Up or join the Call to Action, go to www.StepUpTogether.org.

Please contact Nastassia Walsh, NACo Program Manager, with any questions at nwalsh@naco.org or 202.942.4289.