

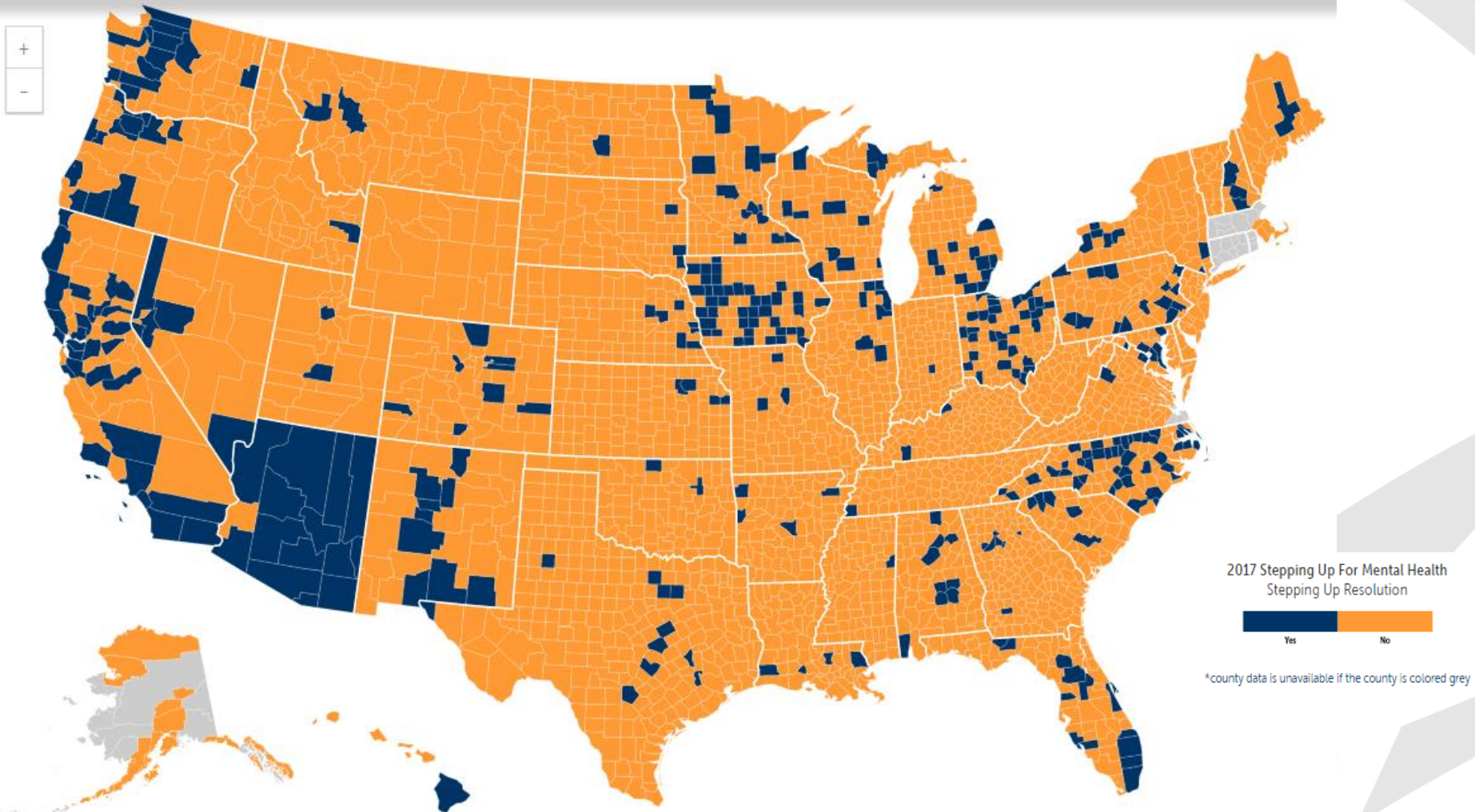
Conducting a Comprehensive Process Analysis and Inventory of Services for People with Mental Illnesses in Jails

June 2017



Counties are Stepping Up

Stepping Up Resolutions Received as of June 1, 2017



Speaker: Ruby Qazilbash



Ruby Qazilbash
Associate Deputy Director
Bureau of Justice Assistance
Office of Justice Programs
U.S. Department of Justice

Today's Webinar



Council of State Governments Justice Center

Tony Fabelo, Ph.D.
Deputy Director

Chester County, Penn.

Kim Bowman, M.S.
Director, Chester County Human Services

Speaker: Tony Fabelo



Tony Fabelo, Ph.D.
Deputy Director
Council of State Governments Justice Center





Stepping Up:

Conducting a Comprehensive Process Analysis & Service Inventory

Dr. Tony Fabelo, Deputy Director, The CSG Justice Center

June 29, 2017

JUSTICE ★ **CENTER**
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

Reminder: To Reduce the Number of People With Mental Illnesses in Jails, County Leaders Should Ask These Questions

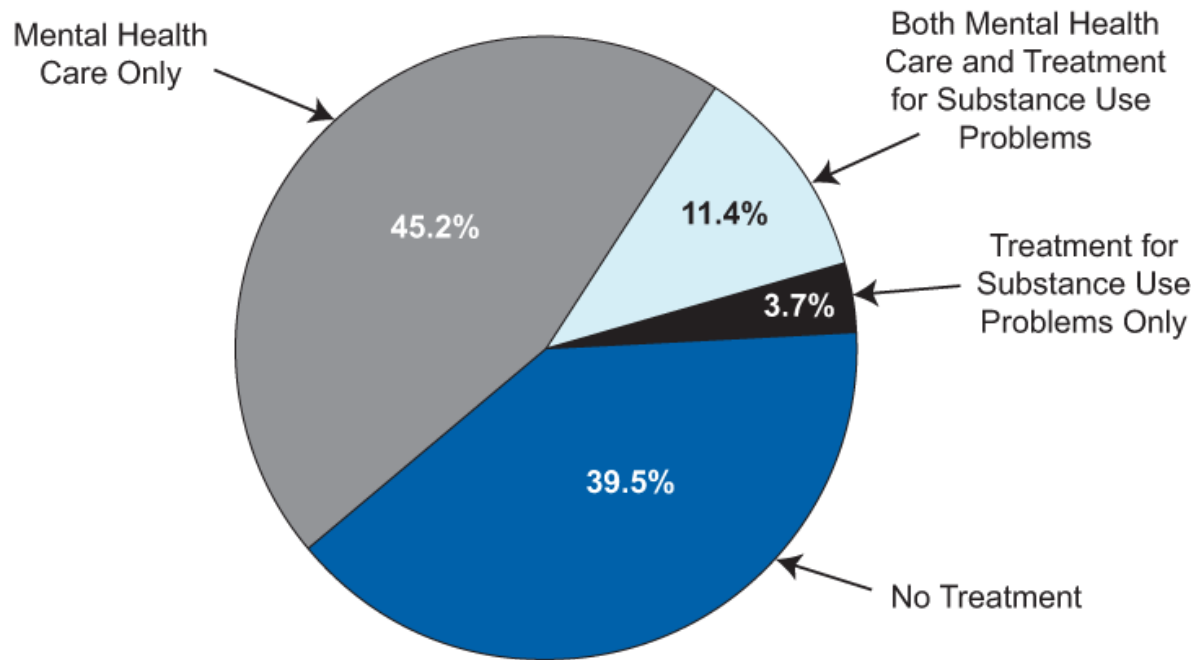


Released in January 2017

1. Is your leadership committed?
2. Do you have timely screening and assessment?
3. Do you have baseline data?
4. **Have you conducted a comprehensive process analysis and service inventory?**
5. Have you prioritized policy, practice, and funding?
6. Do you track progress?

Without a Comprehensive Process Analysis & Inventory of Services, There Are Missed Opportunities for Connection to Care

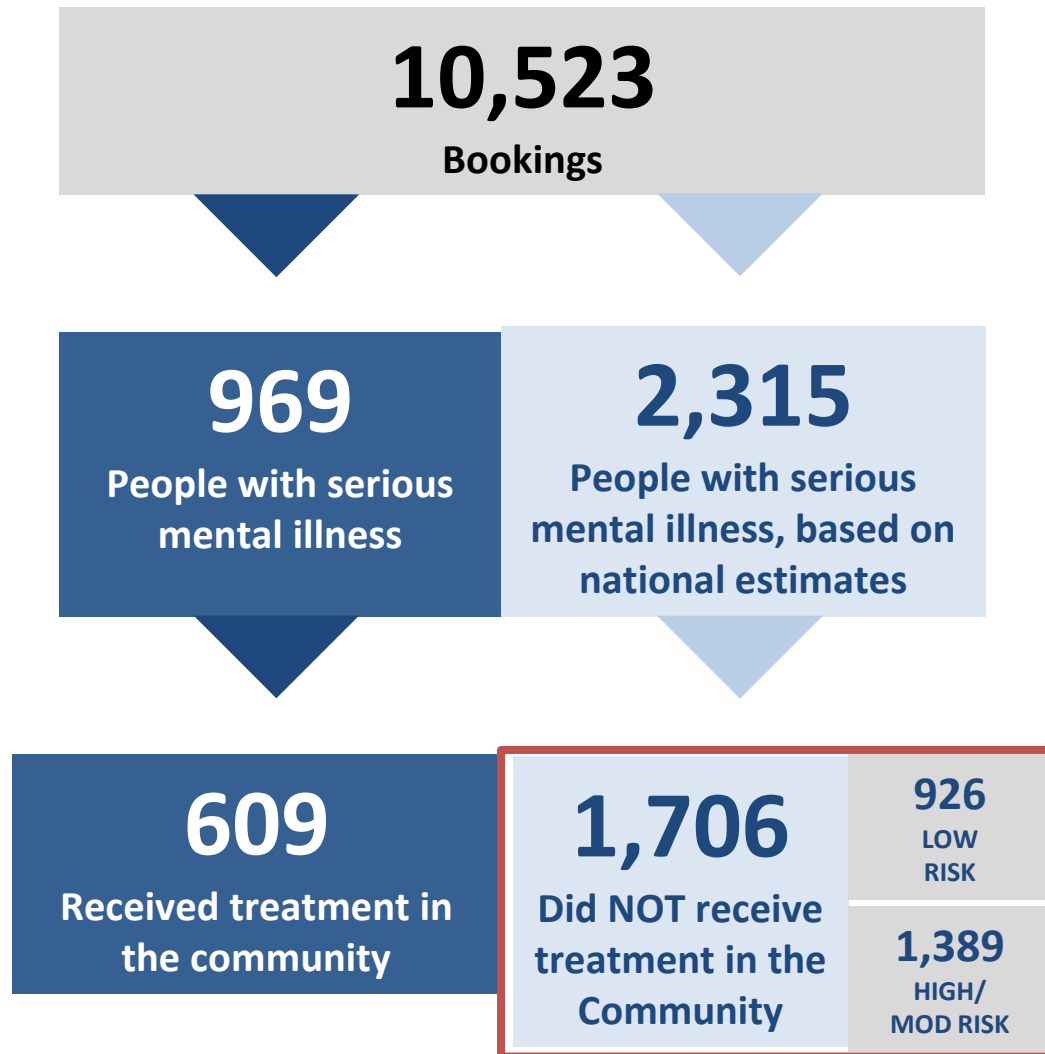
Mental Health Care & Substance Use Treatment for Adults (18 or Older) With SMI & Co-Occurring Substance Use Disorder



2.5 Million Adults with Co-Occurring SMI and Substance Use Disorder

Existing Services Only Reach a Small Fraction of Those in Need

Example from Franklin County, OH:



Why is this important?

Meaningful reductions in the prevalence of people with mental illnesses in jails cannot be realized without examining how strategies, programs, and services influence the **four key measures**

1

Reduce

The number of people with SMI booked into jail

2

Shorten

The average length of stay for people with SMI in jails

3

Increase

The percentage of connection to care for people with SMI in jail

4

Lower

Rates of recidivism

Reminder: The third Stepping Up webinar on Baseline Data in County Jails includes further information about the four key measures. A recording of this webinar can be found on the Stepping Up Toolkit, stepuptogether.org/toolkit

Checklist for Question 4



Detailed process analysis

- Decision-making process? Timely and efficient?
Type of information? Accessibility? Properly
trained staff?



Service capacity & gaps identified

- What services exist (community and jail)?
Capacity needs? Waitlists? Population
projections?



Evidence-based programs & practices identified

- What works to meet needs of population and
reduce recidivism?

Conducting a Comprehensive Process Analysis & Service of Inventory is NOT Quick or Easy

There are multiple points in the system, from law enforcement contact to release in the community after a period of incarceration, where there are **opportunities to improve responses** to people with mental health needs

Identify what exists, capacity needs, and what works

What exists?

To assess existing services, some counties partner with local universities or hire consultants to complement the work of the planning team

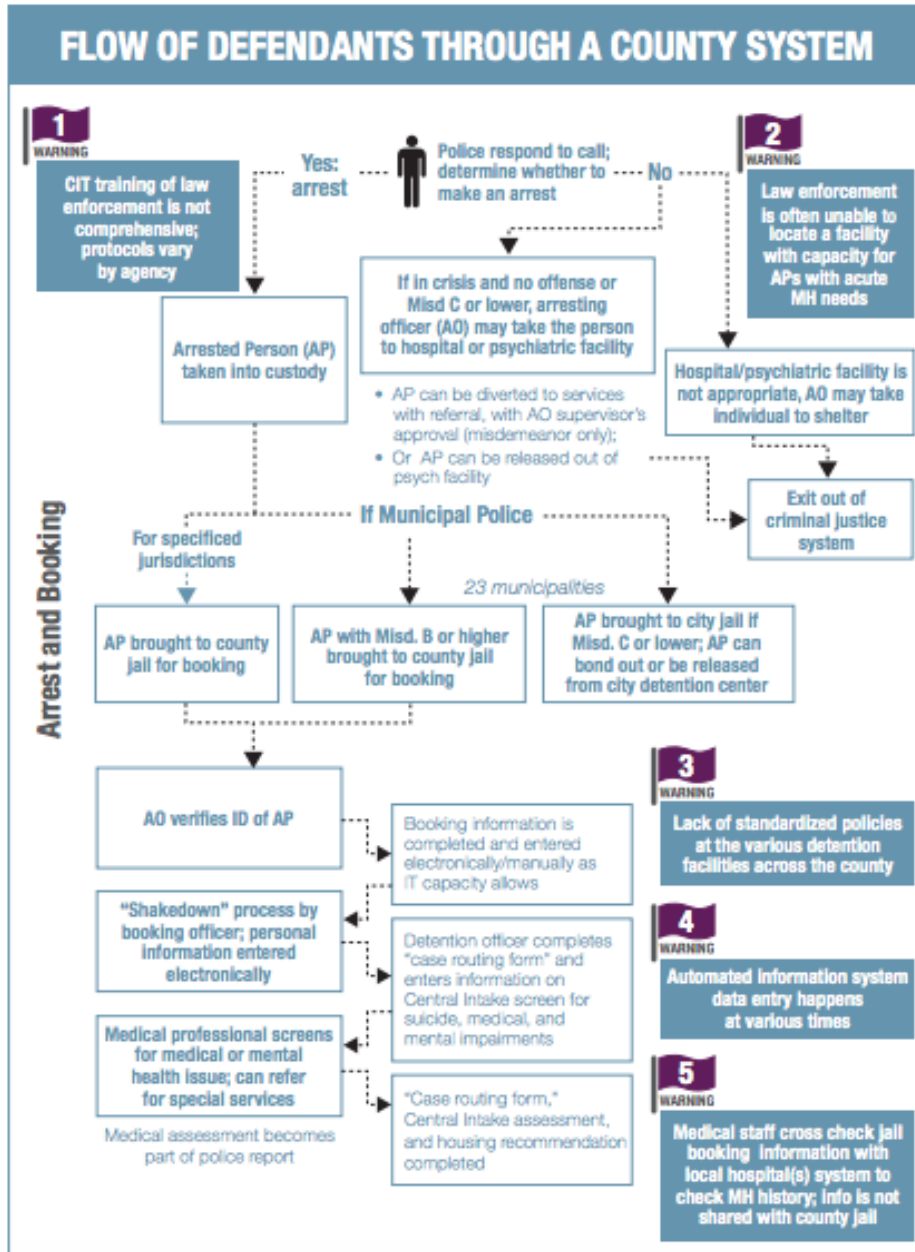
Capacity needs?

Existing services may have waitlists and need to be expanded and/or new services may need to be developed for people with the highest behavioral health needs

What works?

Evidence-based practices should encourage systems-level change across criminal justice and behavioral health agencies.

A County's Process Analysis for the Arrest/Booking Stage



1 CIT training of law enforcement is not comprehensive; protocols vary by agency

2 Law enforcement is often unable to locate facility with capacity for Arrested Persons (APs) with acute MH needs

3 Lack of standardized policies at the various detention facilities across the county

4 Automated information system data entry happens at various times

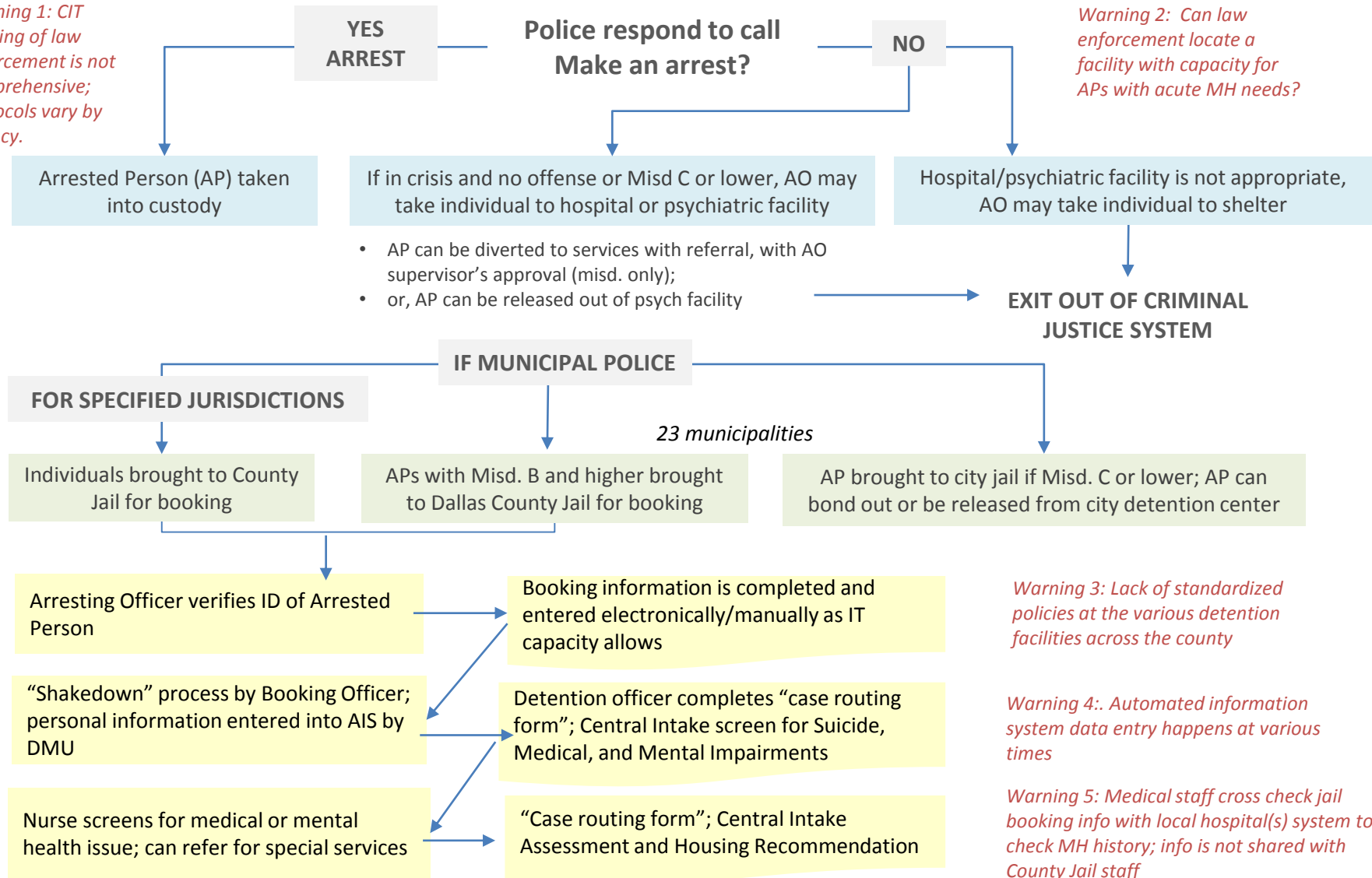
5 Medical staff cross check jail booking information with local hospital(s) system to check MH history; info is not shared with county jail

Comprehensive Process Analysis: Texas Example

Warning 1: CIT training of law enforcement is not comprehensive; protocols vary by agency.

Warning 2: Can law enforcement locate a facility with capacity for APs with acute MH needs?

Arrest and Booking



If in crisis and no offense or Misd C or lower, AO may take individual to hospital or psychiatric facility

- AP can be diverted to services with referral, with AO supervisor's approval (misd. only);
- or, AP can be released out of psych facility

Hospital/psychiatric facility is not appropriate, AO may take individual to shelter

EXIT OUT OF CRIMINAL JUSTICE SYSTEM

IF MUNICIPAL POLICE

FOR SPECIFIED JURISDICTIONS

23 municipalities

Individuals brought to County Jail for booking

APs with Misd. B and higher brought to Dallas County Jail for booking

AP brought to city jail if Misd. C or lower; AP can bond out or be released from city detention center

Arresting Officer verifies ID of Arrested Person

Booking information is completed and entered electronically/manually as IT capacity allows

Warning 3: Lack of standardized policies at the various detention facilities across the county

"Shakedown" process by Booking Officer; personal information entered into AIS by DMU

Detention officer completes "case routing form"; Central Intake screen for Suicide, Medical, and Mental Impairments

Warning 4: Automated information system data entry happens at various times

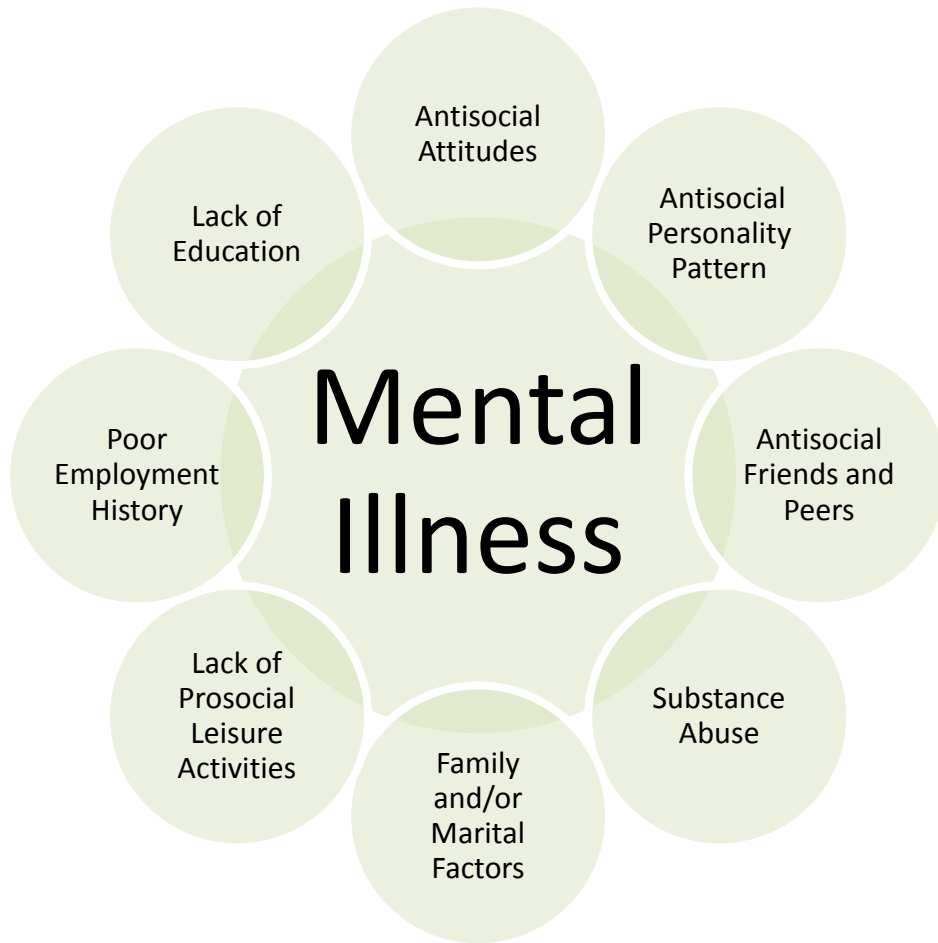
Nurse screens for medical or mental health issue; can refer for special services

"Case routing form"; Central Intake Assessment and Housing Recommendation

Warning 5: Medical staff cross check jail booking info with local hospital(s) system to check MH history; info is not shared with County Jail staff

Nurse assessment becomes part of DPD report

Counties Should Use Evidence-Based Programs to Respond to People with Mental Health Needs



Use **methods** which are effective for justice-involved individuals

Adapt treatment to individual limits (length of service, intensity)

Consider those factors that may serve as barriers to program or supervision compliance (language barrier, illiteracy, etc.)



THANK YOU

For more information, please contact:

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THE
STEPPINGUP
I N I T I A T I V E

Speakers: Kim Bowman



Kim Bowman, M.S.
Director
Chester County Human Services
Chester County, Penn.

Stepping Up Process Analysis and Inventory of Services

Chester County, PA



Chester County

- ▶ Philadelphia Suburb
- ▶ Population 516, 312 (2016 American Community Survey 1-Year Estimates)
- ▶ 759 square miles
- ▶ 73 municipalities
 - 1 city, 15 boroughs, and 57 townships
- ▶ 43 municipal police departments + State Police coverage for 23 municipalities
- ▶ 2017 Average Daily Prison Population - 803

Chester County

- ▶ **Highly educated (2014 American Community Survey 1-Year Estimates)**
 - 49.3% have a bachelor's degree or higher
 - 20.2% have a graduate or professional degree
- ▶ **Home median sales price 2014 - \$315,000 (CCPC, 2014 Housing Cost Profile, July 2015).**
 - **2017 Point In Time Count for Homelessness – 570 sheltered + unsheltered**
- ▶ **Median Household Income \$85,976 (2015 Dollars, 2011-2015; U.S. Census Bureau, QuickFacts)**
 - **7% Poverty**
- ▶ **Low unemployment rate - 3.5% - March 2017 (U.S. Dept of Labor)**

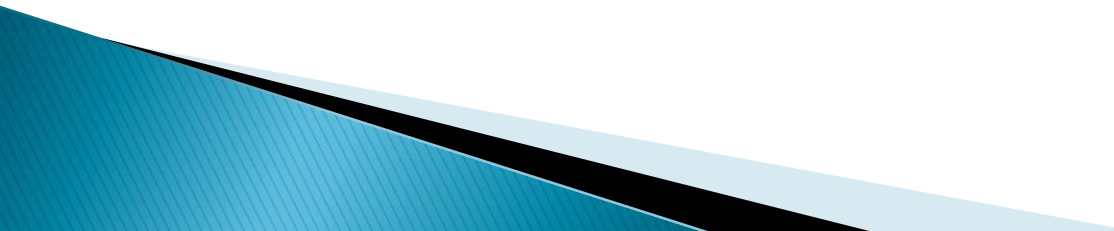
Stepping Up

- ▶ **October 2015 – County Commissioners Pass Resolution**
 - **Call to action- reduce the number of individuals with mental illness in our criminal justice system**
 - **Stepping Up Framework and Resources**
 - **Well positioned due to strong history of partnerships**
 - **1997 – Established our first Treatment Court**
 - **Now 4 Specialized Courts including Mental Health Court**
 - **Mental Health Protocol – Specialized Probation/Probation**

Stepping Up Key Leadership Group Convened

- County Commissioners
 - Department of Human Services
 - Department of Mental Health & Intellectual Disabilities
 - Local Community Foundation
 - Hospital Representative
 - Department of Drug and Alcohol
 - Medicaid Managed Care
 - District Attorney
 - Public Defender
 - Adult Probation, Parole and Pre-Trial Services
 - Court Administration
 - Police Chiefs' Association
 - County Prison
- 

Additional Context

- ▶ Ongoing interest by some in central drop off
 - ▶ Challenging Community Emergency Department Cases
 - ▶ Developing Relationships with Law Enforcement
- 

Assessment

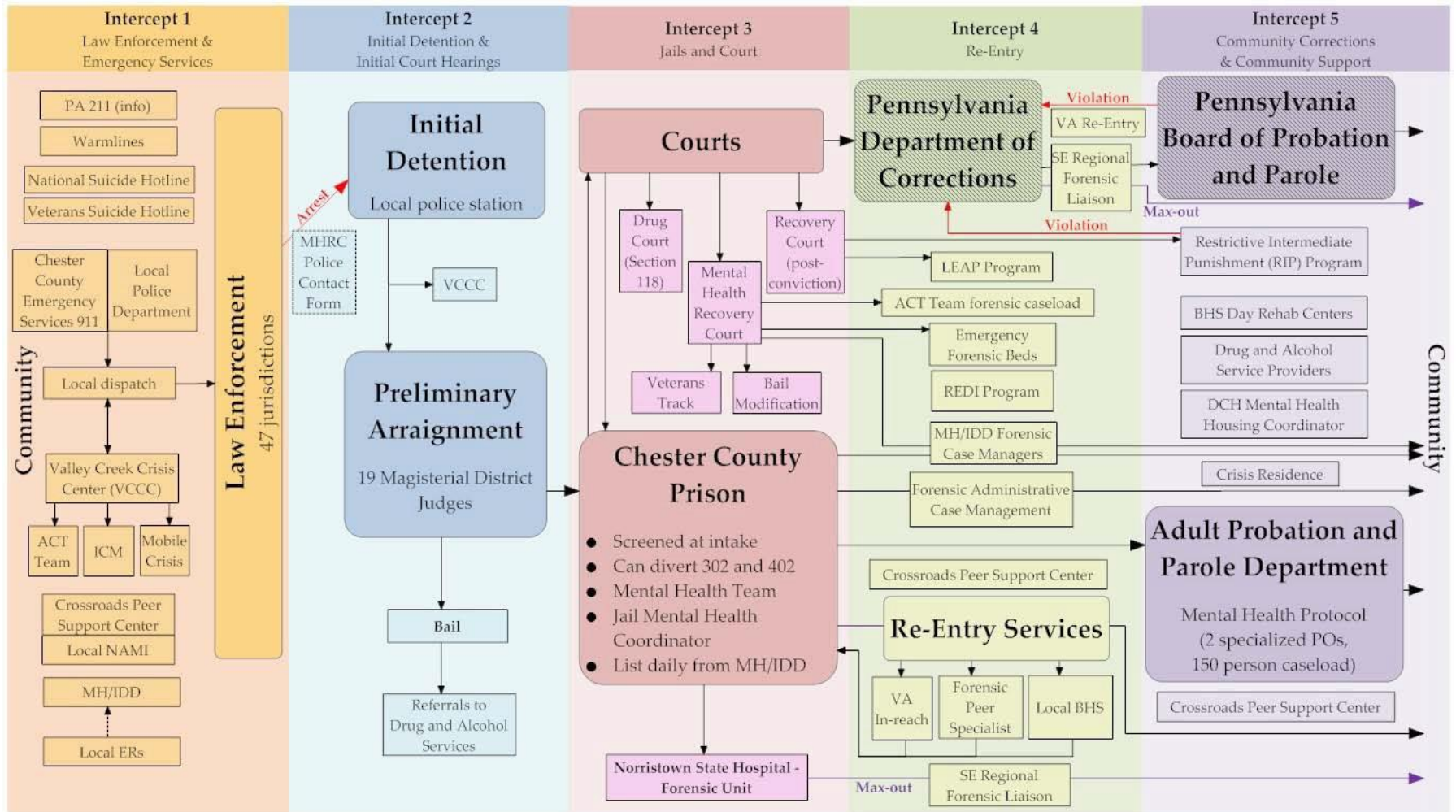
Sequential Intercept Mapping

▶ Cross System Mapping Exercise

- **Develop a comprehensive picture of how individuals with mental illness move through the criminal justice system at 5 distinct intercept points:**
 - **Law enforcement and emergency services**
 - **Initial Detention/Court Hearings**
 - **Jails and Courts**
 - **Re-entry**
 - **Community Corrections/Community Support**
- **Identify gaps, resources and opportunities at each Intercept**
- **Develop priorities to improve system and service responses**

▶ Initially done in 2010

2010 Chester County Mapping



2010 Mapping

- ▶ **Resulted in Recommendations Along Continuum**
- ▶ **Subsequent Effort Predominately Focused at Jail Intake and Discharge**
 - **Information Sharing and Care Coordination**
 - **Review of all jail intakes for MH system history**
 - **Care Coordination Community Provider ↔ Prison Medical**
 - **Mental Health Coordinator on Staff at the Jail**
 - **Enhancement of Services within County Corrections**

2010 Mapping (cont.)

▶ Subsequent Effort Predominately Focused at Jail Intake and Discharge (cont.)

- Re-entry Probation/Parole Officers
- Forensic Peer Specialists
- Enhanced Crisis Service
 - Bridge Medication
 - Mobile Outreach
 - Crisis Residential
- Mental Health Recovery Court Team
 - Forensic Peer Support Specialist
 - Treatment Providers
 - Assertive Case Management

Working Group

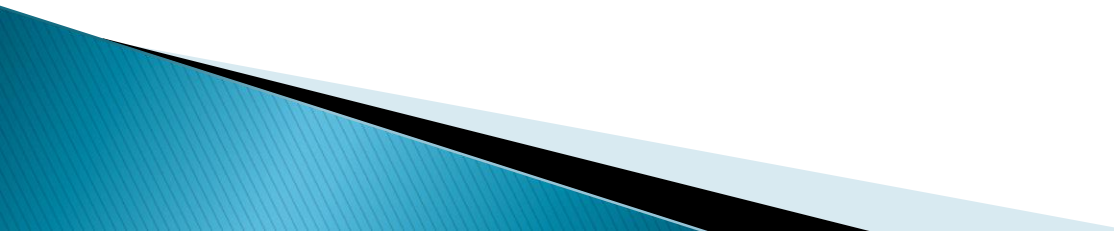
▶ Representatives Identified and designated by key leaders

- Mental Health
- Hospital
- Local Foundation
- Drug and Alcohol
- Medicaid Managed Care
- District Attorney
- Law Enforcement
- Public Defender
- Probation/Parole/Pre-trial Services
- County Jail

Gather and Organize Existing Data

- ▶ **Number of Calls to 911 with mental health component**
- ▶ **Crisis Team and Police Interaction**
 - Volume
 - Duration
- ▶ **Prison Data**
 - Number of Inmates with SPMI
 - Number of Inmates with history of public mental health services
 - Number and wait time for State Hospital Referrals
 - Jail Assessments ↔ Community Treatment
- ▶ **Treatment Courts**
 - Referrals
 - Admissions
 - Outcomes
- ▶ **Adult Probation/Parole**
 - Specialized Caseload Volume

Additional Information

- ▶ **Focus Group**
 - **Individuals in Recovery and Families**
 - ▶ **Survey of Crisis Models and Best Practices**
 - ▶ **Police Chiefs' Association - Mental Health Subcommittee**
- 

Mapping

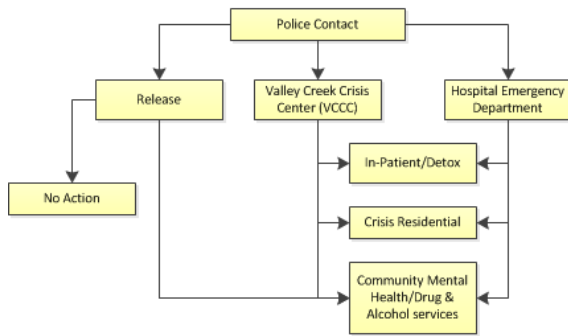
- ▶ **Used Sequential Intercept Model**

- ▶ **For Each Intercept**
 - **Description**
 - **Involved Parties**
 - **Possible Diversion Schematic**
 - **Identification of Diversion Resources and Natural Supports**
 - **Formal – established processes in place specific to diversion, e.g. mental health in-reach and re-entry plan**
 - **Informal – available resource no specific diversion process defined, e.g. continuum of community mental health services**

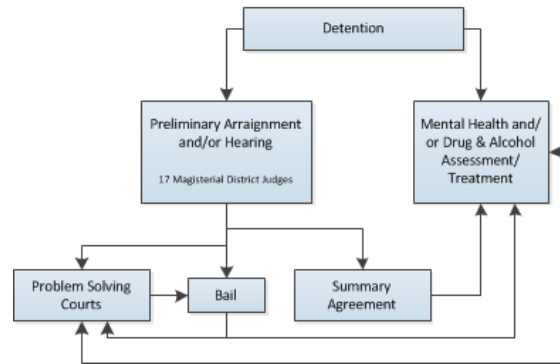
- ▶ **Explanation of Diversion Resources**
 - **Brief Description**
 - **Eligibility Criteria**
 - **Capacity and Utilization**
 - **Applicable Diversion Intercept(s)**

2016 Mapping Updates

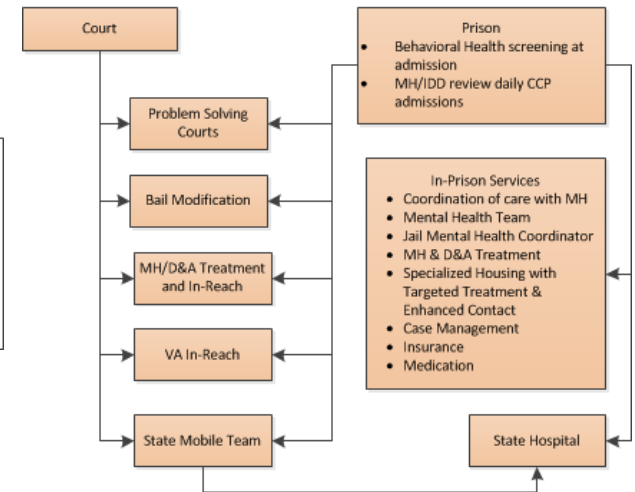
Intercept 1



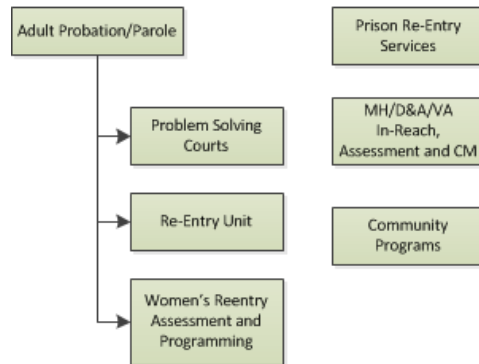
Intercept 2



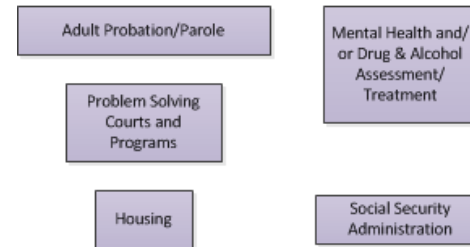
Intercept 3



Intercept 4



Intercept 5



Result

- ▶ Reviewed data and mapping

- ▶ Identified Gaps and Opportunities by Intercept

- ▶ Developed and Presented Recommendations to Key Leader Group
 - Focus on Intercept 1
 - Recommendations
 - Cross system training
 - Public awareness and outreach
 - Increase use of peer support
 - Increase use of involuntary commitment
 - Establish and maintain ongoing review process
 - Continue system enhancements based on findings

To Date

▶ Crisis Intervention Training

- Obtained Grant

- Curriculum Committee

- Diverse participation

Law enforcement

Courts

Higher Education

District Attorney

Drug and Alcohol

Prison

Mental Health

Individuals in Recovery

Adult Probation/Parole

Intellectual Disabilities

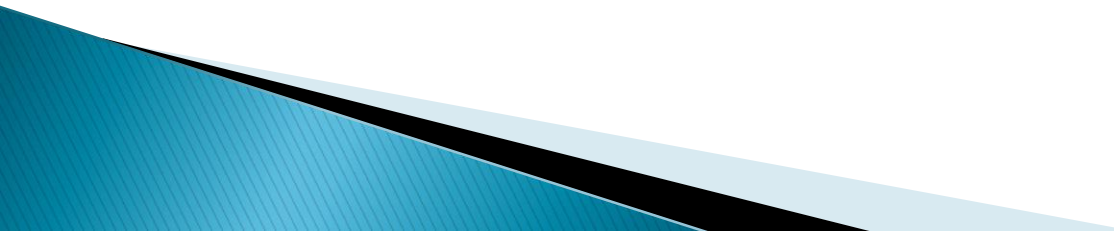
- First Training

- April 2017

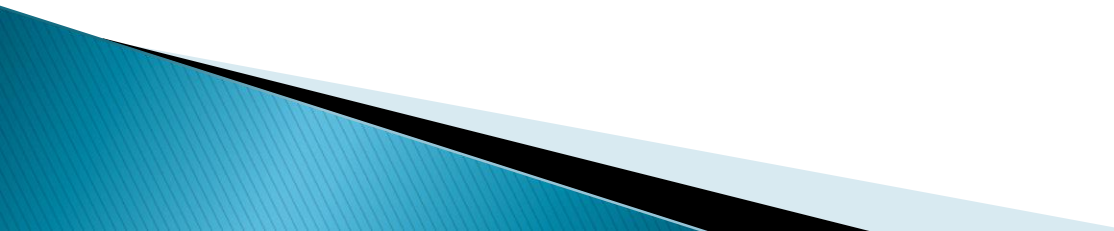
- 28 Officers

- 14 Municipalities

To Date (cont.)

- ▶ **Mental Health First Aid**
 - **Including Public Safety Mental Health First Aid**
 - ▶ **Community Conversations**
 - ▶ **Question, Persuade, Refer**
- 

Next Steps

- ▶ **Continue cross training**
 - **October 2017 - Next Crisis Intervention Team training**
 - ▶ **Maintain and enhance public information and outreach**
 - ▶ **Continue to expand and enhance peer supports**
 - ▶ **Implement routine review process to inform ongoing efforts**
- 

Questions?

Monthly Webinars and Networking Calls

- **Network Call:** Conducting a Comprehensive Process Analysis and Inventory of Services for People with Mental Illnesses in Jails (July 6 at 2pm ET)
- **Webinar:** Prioritizing Policy, Practice and Funding Improvements for People with Mental Illness in Jails (August 10 at 2pm ET)
- Register at www.StepUpTogether.org/Toolkit

NACo Annual Conference

- July 21-24 in Franklin County, Ohio
- Find out more at www.NACo.org/Annual

Poll Questions

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