THE STEPPING UP INITIATIVE

Four Key Measures Case Studies

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AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION

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THE STEPPING UP INITIATIVE

Four Key Measures Case Studies

Stepping Up is a national initiative to reduce the number of people with mental illnesses in jails and 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, the Stepping Up partners released *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask (Six Questions)*, a report outlining a framework for counties to assess their existing efforts to reduce the number of people with mental illnesses in jails. The report also recommends that counties aiming to have an impact on the number of people with mental illnesses in the jail focus their efforts on one or more of the Stepping Up Four Key Measures: jail bookings, jail length of stay, connections to treatment after release and recidivism.

In 2018, the initiative hosted a series of webinars to outline strategies for impacting these measures and featured counties working on each. The *Stepping Up Four Key Measures Case Studies* serve as a quick reference to the strategies highlighted in this series and share suggested sub-measures associated with each of these measures to help counties better collect and analyze their data. More information on the Four Key Measures and the webinar recordings featuring these counties are available on the Stepping Up Resources Toolkit.

Key Measure 1: Jail Bookings

Goal: Reducing the Number of People with Mental Illnesses Booked into Jail

WHAT THIS MEASURE TELLS YOU

Knowing the number of people who have serious mental illness (SMI) who are booked into jail helps county leaders determine the scale of the problem they are working to address. This number can also be used to compare the jail booking rates of people who have SMI to those of people who do not have SMI and, if a county has an agreed-upon definition for SMI between its behavioral health and justice systems, to determine if there are disproportionate numbers of people with SMI in jail compared to the general SMI community population. For example, if 4 percent of your county's general population has SMI, but 17 percent of your jail population has SMI, then you know that people with SMI are disproportionately booked into your jail compared to their presence in the community. Tracking changes to this measure will help your county determine if new community-based policies, practices and programs like law enforcement training and crisis services are having the desired effect of reducing jail bookings of people with SMI.

HOW TO HAVE AN IMPACT

There is no one policy or program that will help to reduce the number of people with SMI booked into jails, and counties often use a combination of strategies to have an impact at this point. For example, training law enforcement to recognize the signs and symptoms of a person experiencing a mental health crisis is more effective when the officer can then connect the person to immediate services. It is important to note here that counties need to have an alternative in place so that fewer people going to jail does not mean that more are ending up in emergency departments. Solutions may be led by criminal justice agencies or may take place long before the justice system would be involved, such as providing supportive housing or crisis hotlines.

Here are some examples of policies and practices counties have used to impact this measure:

- Police-mental health collaboration[1]
- Crisis Intervention Team (CIT) and/or Mental Health First Aid training for law enforcement, 911 dispatch and other first responders
- Mobile crisis teams and/or co-responder programs
- Crisis stabilization or diversion centers
- Crisis warmlines or hotlines
- Citations in lieu of arrest
- Collaboration between law enforcement and community supervision agencies
- Peer-run living rooms or respite centers
- Affordable and/or supportive housing
- Identifying and intervening with frequent utilizers of 911 and emergency services[2]

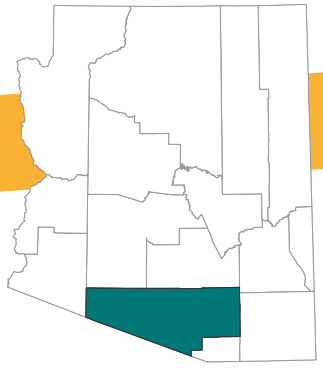
Key Measure 1: Key Data Points

Main Measures: Numbers of Total and Unique Individuals Identified as Having a Serious Mental Illness (SMI) Booked into Jail	
Suggested Sub-Measures	**Data Source**
The number of mental health calls for service received by 911 dispatch	Request data from 911 dispatch or police departments.
The number of people who screened positive for SMI according to a validated mental health screening conducted when booked into jail	Request data from the jail and/or jail's mental health provider.
The number of people who were confirmed as having SMI through a clinical assessment at the jail or as a result of data matching with state or local behavioral health systems	Request data from the jail and/or jail's mental health provider.
A comparison of the three sub-measures above to equivalent data for the general population, including demographic and criminogenic information (age, gender, race/ethnicity, offense type/level, etc.)	Request data from the jail.

KEY MEASURE 1 IN ACTION

PIMA COUNTY, ARIZ.

POPULATION: **980,263**



Pima County is a large, urban county located along the Mexico border in Arizona. For more than a decade, the county has been working on innovations to better serve people with mental illnesses who come into contact with the justice system. In May 2015, the county became part of the John D. and Catherine T. MacArthur Foundation's Safety and Justice Challenge, and the Board of Supervisors passed a resolution to join the national Stepping Up initiative in November 2015, which boosted the county's efforts in this area.

MENTAL HEALTH SUPPORT TEAM

In 2013, the Pima County Sheriff's Office started the Mental Health Support Team (MHST), a dedicated team of law enforcement officers to respond to calls for service involving people experiencing a mental health crisis. The sheriff's office trains many of its law enforcement officers in the Memphis Model of Crisis Intervention Teams (CIT), but only a select few are part of the MHST and MHST officers only respond to mental health calls. Shortly after the sheriff's office started MHST, the Tucson Police Department joined the effort.

The MHST is composed of both officers and detectives who play distinct roles. MHST officers focus on the safety and service of people who are already in the civil commitment system, including transporting people to crisis services. In contrast, MHST detectives investigate nuisance calls to help recognize patterns in individuals' behavior, allowing them to connect people to services before a situation escalates to a crisis.

COMMUNITY CRISIS RESPONSE SYSTEM

The success of the MHST and other county-sponsored programs to serve this population would not be possible without a robust, community-based crisis response system. The county provides crisis services through a variety of mechanisms, including a crisis line, mobile crisis teams, a process for making urgent appointments with treatment providers, a mental health co-responder program and community stabilization centers, including the 24-hour Crisis Response Center. Built with Pima County bond funds in 2011 to serve as an alternative to jail, emergency departments and hospitals, the Crisis Response Center serves more than 12,000 adults and 2,400 youth each year. In addition to serving the public, the Crisis Response Center also caters to law enforcement by accepting anyone who is dropped off at the center and getting the officer back on the street in an average of seven minutes. Key Measure 2: Jail Length of Stay

Key Measure 2: Jail Length of Stay

Goal: Shortening Length of Stay for People with Mental Illnesses in Jail

WHAT THIS MEASURE TELLS YOU

Calculating the average length of stay (ALOS) for people in jail who have serious mental illness (SMI) helps determine the amount of resources (i.e. jail bed days) that are being used by these individuals and comparing this number to the ALOS of the non-SMI population will illuminate whether one population is more likely to remain in jail longer than the other. National research shows that the ALOS in jails for people with mental illness tends to be two to three times longer than for people without mental illness.[3] Tracking changes to this measure will help your county determine if new jail and court policies, practices and programs as well as community-based solutions such as availability of psychiatric beds or outpatient treatment options are having the desired effect of getting people with SMI out of jails more quickly.

HOW TO HAVE AN IMPACT

Many factors can impact jail length of stay regardless of a person's charges, criminal history or mental health status, but often these factors can be exacerbated by a person's mental illness. People with SMI may find it difficult to understand and follow jail rules, especially if they are not engaged in treatment, leading to more rule violations that may impact their release. Many people with SMI are held in jails while awaiting transfer to psychiatric hospitals for treatment and/or competency restoration. In addition, as there is a high correlation between homelessness and joblessness for people with mental illnesses that are booked into jails,[4] inability to make bail or a judge's reluctance to release a person back to the streets may impact their length of stay. And some communities still lack pretrial resources such as pretrial risk assessments, supervision and services that may make judges more reluctant to release individuals without some form of contact or treatment while awaiting trial. With so many opportunities to affect change at the pretrial stage, counties often use a combination of strategies to have an impact at this point.

Here are some examples of policies and practices counties have used to impact this measure:

- Improvements in overall court processing times
- Bail reform
- Pretrial risk screening and assessment
- Mental health screening prior to first appearance
- Risk-based pretrial release supervision and diversion programs
- Community-based alternatives to detention or adjudication
- Availability of housing and other community services
- Community-based, outpatient competency restoration programs
- Increased beds for hospital-based, inpatient competency restoration
- Training corrections and court staff to recognize and appropriately respond to symptoms of mental illness
- Implementing information-sharing processes between courts, jails, hospitals and community-based health and mental health service providers to identify individuals with mental illnesses booked into jail and coordinate care

Research shows that detaining low-risk defendants (regardless of their mental health status), even for just a few days, is strongly correlated with higher rates of new criminal activity both during the pretrial period and years after case disposition.[5]

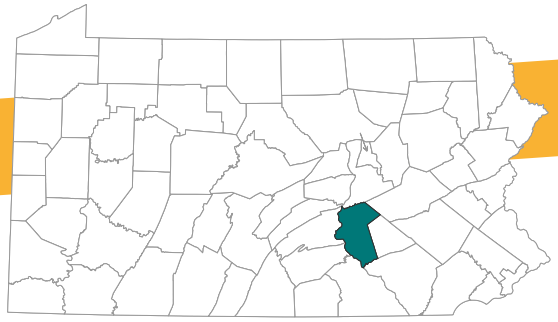
Key Measure 2: Key Data Points

Main Measure: Average Length of Stay in Jail for People with Serious Mental Illness (SMI)	
Suggested Sub-Measures	**Data Source**
The number of people who have SMI who screened as low, medium and high for pretrial risk	Request data from the jail or outside agency performing screenings.
The average length of stay for people who have SMI by classification and release type (including pretrial population, sentenced population, surety bond release, federal holds, etc.)	Request data from the jail.
A comparison of the two sub-measures above to equivalent data for the general population, including demographic and criminogenic information (age, gender, race/ethnicity, offense type/level, etc.)	Request data from the jail and the agency that collects pretrial risk information.

KEY MEASURE 2 IN ACTION

DAUPHIN COUNTY, PA.

POPULATION: **268,100**



Dauphin County is located in south central Pennsylvania and is home to the state capitol of Harrisburg. The Dauphin County Commissioners passed a resolution to join the national Stepping Up initiative in June 2016, and the county entered into an agreement with the Council of State Governments Justice Center to assess its justice and mental health system in December of that year. The assessment confirmed that people who have serious mental illness (SMI) stay longer in the county prison[6] than people who do not have SMI across release types, offense types and criminogenic risk levels (98 days versus 70 days).[7] Further, individuals who screened positive for SMI and who were identified as being low risk of recidivism had the highest average length of stay (116 days) of the three risk levels (both medium- and high-risk individuals with SMI had an average of 94 days). Armed with this information and that of an internal county data study from 2016, Dauphin County leaders set out to implement policies and practices to reduce the average length of stay of individuals with SMI.

CROSS-SYSTEM INFORMATION SHARING AND COLLABORATION

In 2017, the Dauphin County Mental Health and Intellectual Disabilities Program (MH/ID) started looking at the jail roster daily and cross-referencing it with its own database to identify current or past clients. MH/ID now also provides limited database access to pretrial staff so they know if an individual has ever been a client of MH/ID. The intention is that these agencies can work together to quickly divert these individuals from the county prison and re-engage them in mental health services.

In addition, data from 2017 showed that 77 percent of people who met the criteria for the county's jail diversion program were incarcerated due to a probation violation, and more than two-thirds of these were for a technical violation. MH/ID is currently working with probation to implement a process to better match individuals who are at medium and high risk of recidivism and who are on the specialized mental health probation caseload with forensic mental health case managers to coordinate care. The hope is that more coordinated responses to people with SMI who violate their probation will help reduce the high number of violations resulting in prison admission and to get individuals with violations out of prison sooner.

PRETRIAL RISK SCREENING

To better identify people with SMI who can be diverted from prison, the county is now piloting a validated pretrial risk assessment instrument that pretrial services will conduct on all individuals who are processed through the Judicial Center – before they are booked into prison – to help inform release and supervision decisions. The county is also hiring a full-time staff person to coordinate the county's Stepping Up efforts.

Key Measure 3: Connections to Treatment

Goal: Increasing Connections to Treatment Once People with Mental Illnesses are Released from Jail

WHAT THIS MEASURE TELLS YOU

Identifying the percentage of people who have serious mental illness (SMI) who are connected to community-based treatment and supports upon release from jail illuminates to what extent people are getting the services they need to be successful in the community. Each community may define "connections to treatment" differently and there is no "right" way to do it as long as the county feels like the definition provides ample information to help guide any needed policy or practice changes. For example, some counties will define this as making a referral to a mental health provider prior to release, while others will define it as continuous engagement in community-based treatment over a given time period. Much of the decision on how to define this measure locally will depend on the county's capacity to accurately track data based on the identified definition. Regardless of your county's definition, tracking changes to this measure will help your county determine if new jail and community-based policies, practices and programs are working to have the desired effect.

HOW TO HAVE AN IMPACT

No one county agency can ensure that people are connected to the treatment and services they will need once they are released from jail. Key parties may include not only corrections and court staff like probation, but also case managers, treatment providers, housing and other human services programs, employment services, community supervision and others. Often a person's recovery requires all parties to work collaboratively both while a person is in jail custody and also after he or she is released to provide a holistic and continuous approach to providing treatment, services and supports.

Here are some examples of policies and practices counties have used to impact this measure:

- Mental health screening and assessment
- Transition planning
- Information sharing between jails and community-based providers to identify individuals with mental illnesses in the jail and coordinate care as they're being released
- Hiring a jail liaison or jail diversion coordinator or team
- Co-locating community-based behavioral health treatment staff inside jails
- Medication and prescription access upon release
- Enrollment in health insurance and other benefits such as SSI/SSDI
- Warm hand-offs from corrections to community-based providers and/or case managers
- Supportive housing
- Transportation support to get people to their appointments
- Telemedicine

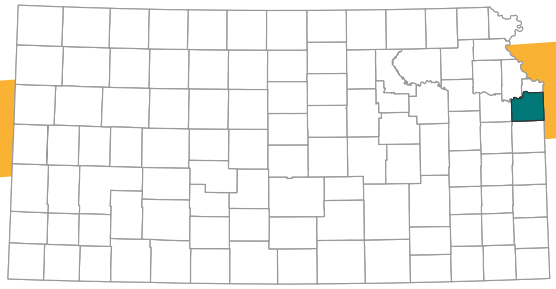
Key Measure 3: Key Data Points

Main Measure: Percentage of People with Serious Mental Illness (SMI) Connected to Community-Based Mental Health Treatment and Services Upon Release	
Suggested Sub-Measures	**Data Source**
The percentage of people who have SMI who are connected to community-based behavioral health services upon release by release type	Request data from the jail and the community behavioral health provider to perform a data match (additional information may come from community supervision).
The percentage of people who have SMI on community supervision by release type	Request data from the community supervision provider (i.e., probation).
A comparison of the two sub-measures above to equivalent data for the general population, including demographic and criminogenic information (age, gender, race/ethnicity, offense type/level, etc.)	Request data from the jail, community supervision provider and community-based behavioral health provider.

KEY MEASURE 3 IN ACTION

JOHNSON COUNTY, KAN.

POPULATION: **544,179**



Johnson County is a large, urban county encompassing 20 cities and 17 municipal and county law enforcement agencies. In April 2015, the Board of County Commissioners passed a resolution to join the national Stepping Up initiative to further the county's efforts to reduce the number of people with mental illnesses in its jails. With a mission to be data driven with its decision making, the county has implemented several processes and platforms to better track individuals and connect them to services and supports. In May 2018, Johnson County was selected for the inaugural cohort of Stepping Up Innovator Counties due to its efforts to accurately identify and collect data on individuals with mental illnesses coming into its jail.[8]

IDENTIFYING TREATMENT NEEDS

Johnson County realizes that one of the most important steps for being data driven is to have accurate and accessible data on people with mental illnesses in the jail. In November 2016, Johnson County implemented the Brief Jail Mental Health Screen (BJMHS) in its jail and jail staff attempt to screen every person booked into the jail for symptoms of serious mental illness (SMI) using the BJMHS.[9] Results of the BJMHS are entered into the Justice Information Management System (JIMS), an integrated database that follows each person from the time he or she is booked into the jail through the entire court process and on to probation or other supervision. A person who screens positive on the BJMHS will have a flag in JIMS for a mental health referral for further assessment. By integrating the BJMHS into JIMS, leaders and staff can extract data on demand so they can compare the numbers and outcomes of those who screen positive with those in the general jail population and also use it to more seamlessly coordinate care.

Using data to connect people to services creates new opportunities to identify residents who likely struggle, engage at-risk persons and improve the coordination of care.

PROACTIVE OUTREACH AND CARE COORDINATION

To support outreach efforts and connections to services, JIMS emails a nightly spreadsheet with the names, BJMHS score, demographic information and charges of everyone booked into the jail to the Johnson County Mental Health Center (MHC). MHC staff look up each person who screens positive on the BJMHS in their electronic health record to identify clients. For existing clients, staff will send medication information to the jail medical provider to continue treatment while in custody. Staff will also notify individuals' community treatment teams to begin a care coordination process while the person is still in jail. Staff will also note individuals who screen positive on the BJMHS but who are not known MHC clients and enter information on them into their system to start care coordination.

When a person is released from jail, JIMS sends an automated, real-time email to the MHC to begin the outreach process. MHC staff conducts initial telephone outreach within 24 hours of release with the goal of reaching everyone within 72 hours. If the person is identified as having significant risk factors, and staff is unable to make telephone contact with the identified person, staff will try to do a face-to-face contact over the next 24 hours. Care coordination is conducted through the county's My Resource Connection (MyRC), a web-based application for its health, public health, behavioral health, emergency response and other human services agencies, as well as community supervision. MyRC has been a valuable tool for helping Johnson County to not only better serve individuals within the human services system, but also to collect data to inform policy and funding priorities.

KEY MEASURE 3 IN ACTION

CALAVERAS COUNTY, CALIF.

POPULATION: **45,578**

The County of Calaveras is a diverse, rural community in northern California. In March 2016, the Calaveras County Board of Supervisors passed a resolution to join the national Stepping Up initiative and commit to safely reducing the number of adults with mental illnesses in its jail by connecting them to community-based treatment whenever possible. In May 2018, Calaveras County was selected for the inaugural cohort of Stepping Up Innovator Counties due to its efforts to accurately identify and collect data on individuals with mental illnesses coming into its jail.

IDENTIFYING PEOPLE WITH SERIOUS MENTAL ILLNESS IN JAIL

In March 2018, the jail implemented a mental health screening and assessment process to better identify people with SMI coming into the jail. Jail intake staff now conduct the Brief Jail Mental Health Screen (BJMHS) on every person entering the jail to identify symptoms of SMI. The results of the screen are then entered into the jail's client management system (CMS) and positive screens are shared with the in-jail clinician who can match individuals to commu¬nity behavioral health records or conduct full assessments to confirm the presence of SMI. In addition, the county's Community Corrections Partnership (CCP) data analyst can pull information from the CMS to analyze data by mental health status, charges, length of stay, participation in in-jail treatment programs, post-release supervision status and more.[10] While the screening process is new, the CCP is planning on using the results to develop a baseline count of people with SMI in the jail and hopes to use this process to track trends over time.

CONTINUUM OF CARE

The CCP funds several in-jail and community-based positions to work collaboratively to serve individuals with SMI in the justice system. A licensed mental health clini¬cian conducts mental health assessments and provides one-on-one and group therapy sessions in the jail. This clinician has also been critical for medication compliance and works closely with the substance abuse counselor to help engage people in treatment when needed.

The in-jail clinician and substance abuse counselor also collaborate with a community-based mental health clinician at the county's Day Reporting Center and the person's probation officer (if he/she has one) to ensure a smooth transition back to the community. This may include enrollment in health insurance, referrals to treatment and services or connecting individuals to peer-run groups.

Finally, a behavioral health case manager works with the clinicians, probation officers and law enforcement to respond to people experiencing a mental health crisis in the community. Together, all of these staff create a continuum of care to help individuals connect to services and reduce their likelihood of returning to jail.

Key Measure 4: Recidivism

Goal: Lowering Recidivism Rates for People with Mental Illnesses

WHAT THIS MEASURE TELLS YOU

Calculating recidivism rates helps the county to determine if people who have serious mental illness (SMI) are successful upon release from jail and comparing these rates to those of the non-SMI population will illuminate whether release and supervision strategies are negatively impacting people with SMI. Counties will need to determine how they plan to measure recidivism. Common measures are re-arrest, re-conviction or re-incarceration, but counties will also want to consider the types of offenses (i.e. new crimes or technical violations), forms of incarceration (i.e. pretrial or sentenced) and the time they will be using to determine recidivism (e.g., 12 months after jail release). Counties may choose to count recidivism as any subsequent jail booking, as it coincides with Stepping Up's Key Measure 1. Some counties also track the average length of time between release and recidivism to see if people are taking longer to recidivate, which can be a measure of success. However your county defines recidivism, tracking changes to this measure will help your county determine if new release and supervision policies, practices and programs, as well as improvements or additions to community-based resources, are having the desired effect of keeping people with SMI from coming back to jail.

HOW TO HAVE AN IMPACT

As with the other three key measures, no one agency is completely responsible for reducing recidivism of people with SMI. Efforts to reduce recidivism should start as soon as individuals are booked into jail and continue while they are the community, whether they are on supervision or not. Jail and probation staff will want to improve identification of individuals with SMI and to assess these individuals for criminogenic risk and needs at multiple points throughout the criminal justice process to triage those who need the most intervention. This information can then be shared with the appropriate agencies to ensure that these individuals have timely access to effective and responsive treatment and services to address both their behavioral health and their criminogenic needs.

Here are some examples of policies and practices counties have used to impact this measure:

- Training probation and corrections staff on the Risk, Needs and Responsivity Model
- Specialized supervision caseloads for people with mental illness
- Modified conditions of supervision and responses to violations
- Access to recovery supports, benefits, housing and competitive employment
- Transition planning
- Targeting supervision, interventions and assistance based on assessed levels of criminogenic risk and needs
- Implementing evidence-based cognitive behavioral therapy programs

Key Measure 4: Key Data Points

Main Measures: The Number and Percentage of People with Serious Mental Illness (SMI) Returning to Jail	
Suggested Sub-Measures	**Data Source**
The percentage of people who have SMI who failed to appear in court and/or were rearrested while on pretrial release	People identified with mental illnesses, and their release dates, should be matched to a request from the state criminal history repository. Most counties do not record failures to appear in a way that can be extracted for analysis.
The percentage of people who have SMI who were rearrested after serving a jail sentence	People identified with mental illnesses, and their release dates, should be matched to a request from the state criminal history repository.
The percentage of people who have SMI who receive technical violations while serving a sentence to community supervision	Request data from the community supervision provider.
The percentage of people who have SMI who are charged with a new criminal offense while serving a sentence to community supervision	Request data from the community supervision provider.
The total number of people who have SMIs and who have prior jail admissions (with or without a conviction to follow)	If the jail can't calculate this variable, a longitudinal review of past bookings at the jail would be required.
A comparison of the five sub-measures above to the equivalent data for the general population, including demographic and criminogenic information (age, gender, race/ethnicity, offense type/level, etc.)	Request data from the criminal history repository, community supervision provider, and jail.

KEY MEASURE 4 IN ACTION

SAN JOAQUIN COUNTY, CALIF.

POPULATION: **685,306**

San Joaquin County is a large, urban county in northern California's central valley. In 2011, the county received a Second Chance Act (SCA) Reentry Program for Adults with Co-occurring Substance Use and Mental Disorders grant from the U.S. Department of Justice, Bureau of Justice Assistance to create the Transition-Age Youth Grounds for Recovery (TYGR) program, which serves high-risk young adults with co-occurring mental illnesses and substance use disorders (co-occurring disorders). Building on the success of the TYGR program at reducing recidivism, the county has received two additional SCA grants to expand it to other age groups.

ASSISTING REENTRY FOR CO-OCCURRING ADULTS THROUGH COLLECTIVE SUPPORT (ARCCS)

The Assisting Reentry for Co-occurring Adults through Collective Support (ARCCS) program is a partnership between the county's probation department, sheriff's office and behavioral health services (BHS). ARCCS is a voluntary program that provides pre- and post-release services to medium- to high-risk adults who have co-occurring disorders. Participants are required to serve a minimum 90-day jail sentence to allow adequate time for assessment and pre-release programing and must face three to five years of probation upon release to participate.

The program starts while an individual is still in jail custody. All correctional officers who work with ARCCS clients are trained in motivational interviewing and CIT for law enforcement. A BHS licensed clinician assigned to the program conducts mental health assessments and facilitates groups both in custody and in the community to build rapport and ensure continuity of care. ARCCS also has one dedicated probation officer that is trained in motivational interviewing and CIT.

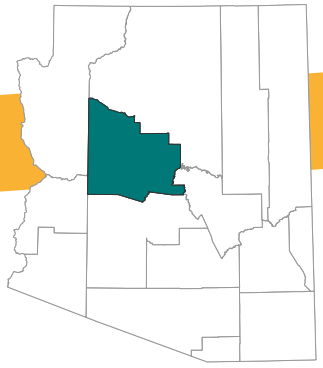
After the participant signs release forms allowing for HIPAA-protected information to be shared across agencies, the ARCSS clinician and probation officer conduct mental health and criminogenic risk assessments together to allow for better collaboration and treatment integration. They then work with the individual and his or her family to do intensive reentry transition planning and cognitive behavioral therapy before release. Post-release, participants receive additional cognitive behavioral interventions and counseling. The program typically lasts nine to 12 months.

Both BHS and probation create case plans based on the individual's needs and each agency's goals. While the goals of the case plans do not always align, when a participant violates his or her conditions of probation, the clinician and probation officer will discuss the incident and make recommendations as a team while considering the special circumstances and characteristics of the population they are serving.

KEY MEASURE 4 IN ACTION

YAVAPAI COUNTY, ARIZ.

POPULATION: **211,033**



Yavapai County is a geographically large county located in central Arizona. The Yavapai County Mental Health Coalition formed in 2015, and the County Board of Supervisors passed a resolution to join the national Stepping Up initiative in June 2016. As a result, the county implemented several reforms to impact this issue, including training law enforcement officers in CIT and Mental Health First Aid, implementing mobile crisis teams and increasing law enforcement drop-offs to the crisis stabilization unit. These reforms contributed to a 17 percent drop in the jail's average daily population, but county leaders knew they needed to do more. In 2018, Arizona SB 1476 was signed into law, appropriating $1.5 million to Yavapai County for a three-year pilot project called "Reach Out" to better and more quickly connect individuals with mental illnesses and substance use disorders in the jail to treatment and services in the community.

REACH OUT INITIATIVE

Reach Out provides release coordination for people with mental illnesses and/or substance use disorders seven days a week. Jail intake officers screen every person booked into the jail for symptoms of mental illness and/or substance use disorders. Screening results suggest that 70 percent of individuals in custody had some sort of identified need; 24 percent of those had mental health needs and 22 percent had substance use treatment needs. Those who screen positive for mental illness and/or substance use disorders are connected to appropriate providers for further assessment. This information is then provided to the courts for use during initial appearance.

Participation in the program is voluntary and offered to anyone who screens positive for symptoms of mental illness or substance use disorders. Program participants receive an assessment and case plan that is developed through a partnership between the sheriff's office, the regional behavioral health authority, local behavioral health homes and the courts. The program is not charge specific; the assessments help to determine the underlying factors driving individuals' behaviors and where services are needed. The sheriff's office collaborates with the courts and pretrial services to release people to treatment, and services typically begin within 24 hours of release. Staff can modify time of release to be sure a service provider or family member is available to pick up the person from the jail, and transportation is available to reduce barriers to participating in treatment. Participants are provided reentry support through employment, housing, coaching and other community resources.

DATA-DRIVEN DECISION MAKING

A key component of the Reach Out initiative is being data driven. The county contracted with an outside consulting group to assist with data analysis and outcomes tracking. They developed a cross-system tracking tool to determine the initiative's impact on recidivism by developing baseline data using jail booking on a new charge as the definition of recidivism. The hope is that evaluation of the pilot will show successful reductions in recidivism that can push other counties within the state to replicate the program.

ENDNOTES

1 For more resources on police-mental health collaboration, visit https://pmhctoolkit.bja.gov/.

2 For more information on identifying high utilizers of multiple service systems, visit www.naco.org/data-driven-justice.

3 See, e.g., Swanson, Jeffery, et al., *Costs of Criminal Justice Involvement in Connecticut: Final Report* (Durham: Duke University School of Medicine, 2011).

4 Greg A. Greenberg and Robert A. Rosenheck, "Jail Incarceration, Homelessness, and Mental Health: A National Study," *Psychiatry Services* (2008).

5 Laura and John Arnold Foundation, *The Hidden Costs of Pretrial Detention*, November 2013, https://craftmediabucket.s3.amazonaws.com/uploads/PDFs/LJAF_Report_hidden-costs_FNL.pdf.

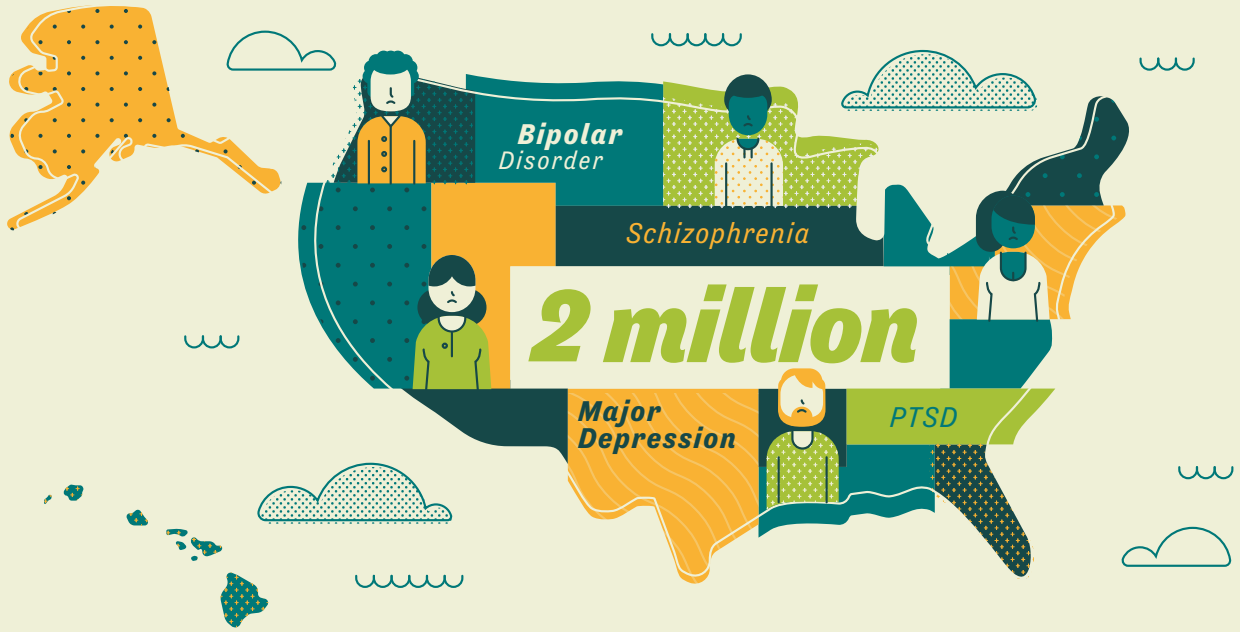
6 Note: In Pennsylvania, county jails are referred to as "prisons" but serve the same function as county jails in the rest of the country and are not part of the state prison system.

7 Read more about the Dauphin County findings and methodology here: https://csgjusticecenter.org/wp-content/uploads/2018/04/April-2018_Dauphin-County-Report1.pdf.

8 For more information on the Stepping Up Innovator Counties, visit https://stepuptogether.org/innovator-counties.

9 The Brief Jail Mental Health Screen is a non-proprietary, validated tool for screening for symptoms of serious mental illness in jails. For more information on this tool, visit www.prainc.com/?product=brief-jail-mental-health-screen.

10 As part of California's Public Safety Realignment, AB109, each county was directed to create a Community Corrections Partnership (CCP) to develop an implementation plan for realignment and to allocate state funds to the various county and city agencies. In Calaveras County, this group also serves as the planning team for the county's Stepping Up efforts.



ABOUT STEPPING UP

Stepping Up is a national initiative to reduce the number of people with mental illnesses in jails and 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.

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

THE STEPPING UP INITIATIVE

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