



# Stepping Up: Effective Strategies for Connecting People with Mental Illnesses to Services after Release from Jail



County Ideas  
that Work

NACo | VIRTUAL LEARNING  
COMMUNITY

October 8, 2015

# Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails

## THE STEPPING UP INITIATIVE



# Webinar Recording and Evaluation Survey

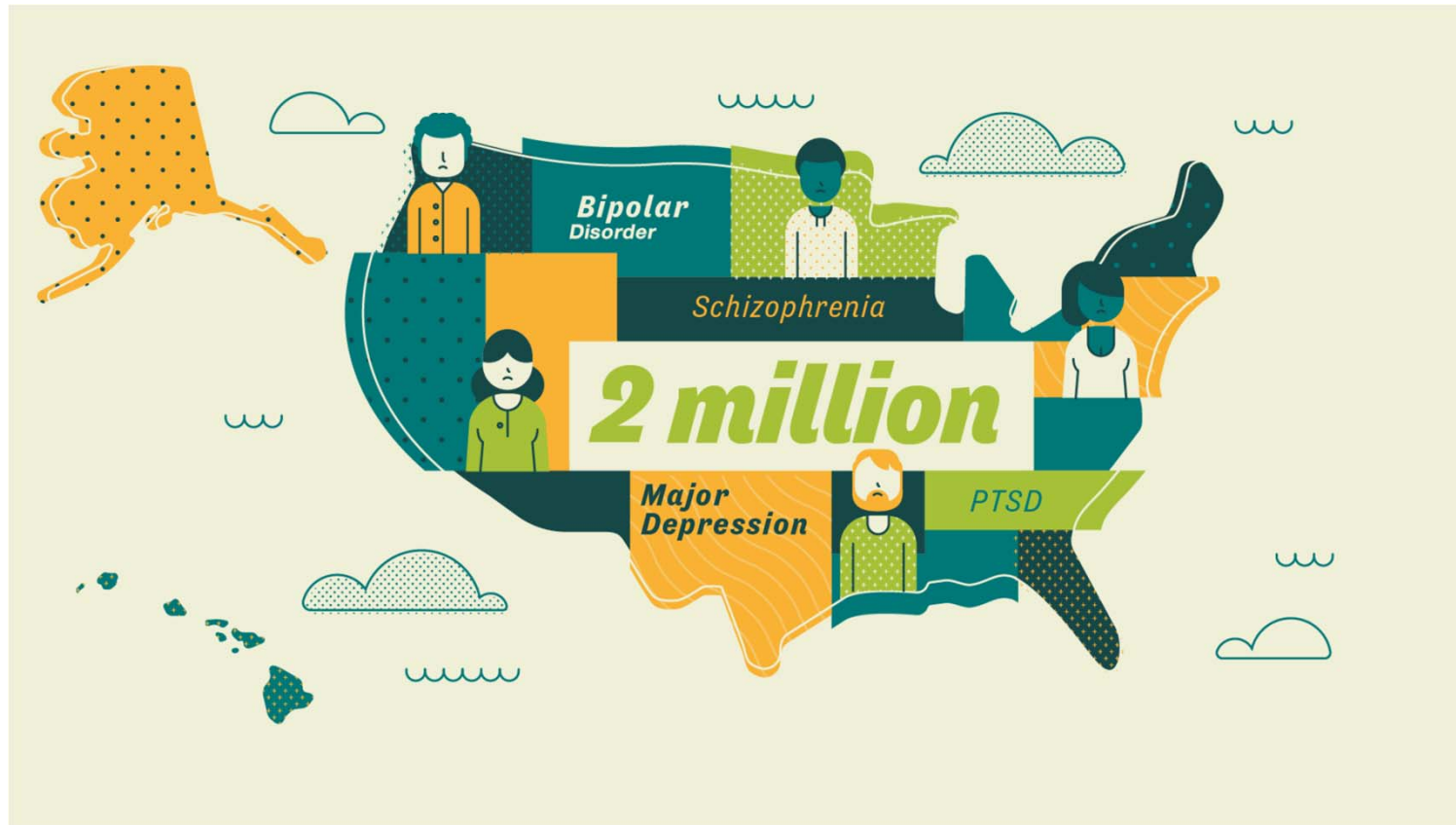
- This webinar is being recorded and will be made available online to view later
  - Recording will also be available at [www.naco.org/webinars](http://www.naco.org/webinars)
- After the webinar, you will receive a notice asking you to complete a webinar evaluation survey. Thank you in advance for completing the webinar evaluation survey. Your feedback is important to us.

# Tips for viewing this webinar:

- The questions box and buttons are on the right side of the webinar window.
- This box can collapse so that you can better view the presentation. To unhide the box, click the arrows on the top left corner of the panel.
- If you are having technical difficulties, please send us a message via the questions box on your right. Our organizer will reply to you privately and help resolve the issue.

# Poll Questions

# The Problem:



[www.stepuptogether.org](http://www.stepuptogether.org)



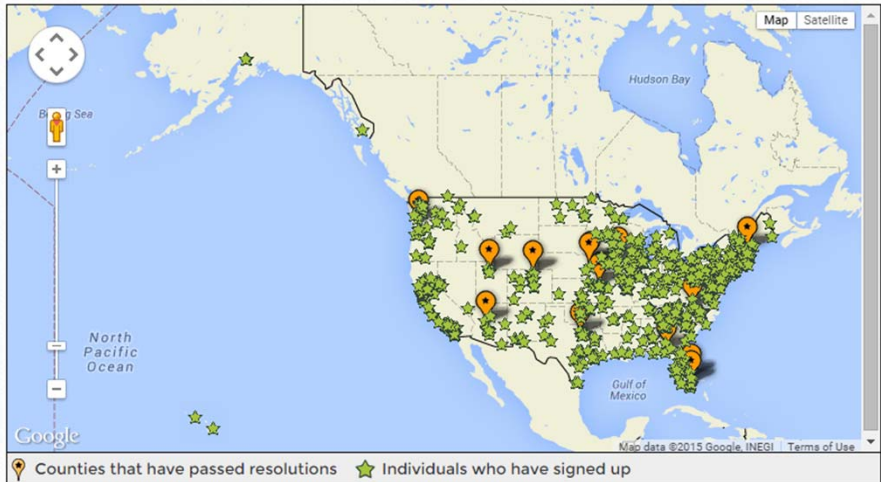
# Stepping Up Steering Committee



# Get Started

## What You Can Do

g+ t f



Whether you are a state or local policymaker, a criminal justice or behavioral health professional, an individual living with mental illness, or someone who is simply committed to reducing the number of people with mental illnesses in jails, you can play a critical role in this initiative. When you click to take action, you will receive an email with information about how to get involved.

Despite important efforts already underway in many counties, there is an urgent need to address this national crisis using a common data-driven process that can encourage innovation and bring good work to scale. The time is now to launch a nationwide initiative to provide coordinated support to counties to help people living with mental illnesses stay out of jail and on a path to recovery.

[www.stepuptogether.org/what-you-can-do](http://www.stepuptogether.org/what-you-can-do)



# Accessing Resources: Online Toolkit



# Stepping Up Webinar Schedule

- *Getting Started with Stepping Up* May 14, 2015. Archived.
- *Strategies to Measure Prevalence and Assess the Needs of Individuals with Mental Illnesses in Jails*. Archived.
- *Examining Treatment and Service Capacity and Identifying State and Local Policy and Funding Barriers* Archived.
- *Effective Law Enforcement and Diversion Strategies* Archived
- *Effective Strategies for Connecting People with Mental Illnesses to Services after Release from Jail* October 8, 2015 at 2pm ET.
- *Preparing a Plan and Tracking Progress* November 17, 2015 at 2pm ET.

## Module 3: Examine treatment and service capacity and identify policy and resource barriers to minimizing individuals' contact with the justice system and providing needed treatment and supports

### Webinars:

- Examining Treatment and Service Capacity and Identifying State and Local Policy and Funding Barriers (August 20)
- Effective Law Enforcement and Diversion Strategies (September 10)
- Effective Strategies for Connecting People with Mental Illnesses to Services after Release from Jail (October 8)

### Resources:

- Module 3 Planning Guide
- Self-Assessment Tools
- Key Resources

[www.stepuptogether.org](http://www.stepuptogether.org)

# Today's Webinar

WEBINAR

## Stepping Up: Effective Strategies for Connecting People with Mental Illnesses to Services after Release from Jail

Oct. 8, 2015, 2:00 pm – 3:15 pm

Contact: Nastassia Walsh

☎ (202) 942-4289

✉ [nwalsh@naco.org](mailto:nwalsh@naco.org)

REGISTER



Join us for the next webinar in the Stepping Up series to learn about key strategies for connecting people with mental illnesses to community services in preparation for release from jails. As the last of three webinars focused on Module 3 of Stepping Up, county corrections and behavioral health practitioners will share policies, practices and programs they have established to better connect people to services and the impact they have had on the number of people returning to their jail. Attendees are encouraged to review the first webinar in this module before watching this one. The second webinar in this module focused on effective law enforcement and diversion strategies for reducing the number of people with mental illnesses who enter jails.

# Speaker: Stefan LoBuglio



Stefan LoBuglio, Ed.D.  
Director, Corrections and Reentry  
Council of State Governments Justice Center





# Stepping Up: Effective Strategies for Connecting People with Mental Illnesses to Services after Release from Jail



**Stefan LoBuglio, Ed.D.**  
*Director, Corrections and Reentry*  
*Council of State Governments Justice Center*

**October 8, 2015**

# Overview

---

**The scope of the challenge**

---

**Reentry opportunity**

---

**Guidelines for successful transition**

---

# Overview

---

*The scope of the challenge*

---

**Reentry opportunity**

---

**Guidelines for successful transition**

---

# National Coverage and Momentum

## THE HUFFINGTON POST

Entries by The Stepping Up Initiative

### San Antonio's Sheriff Personal Fight to Fix Broken System

(3) Comments | Posted August 11, 2015 | 2:44 PM



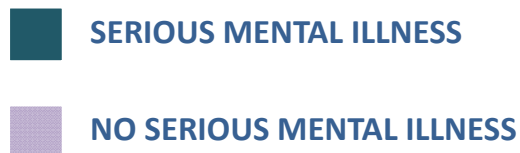
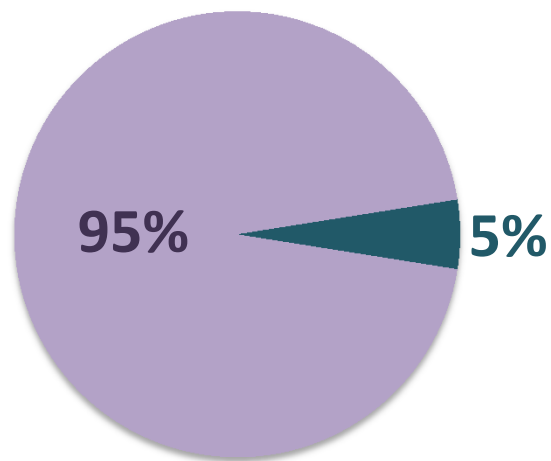
### The Diane Rehm Show:

New Efforts to Help People with Mental Illness Get Treatment Instead of Jail Time

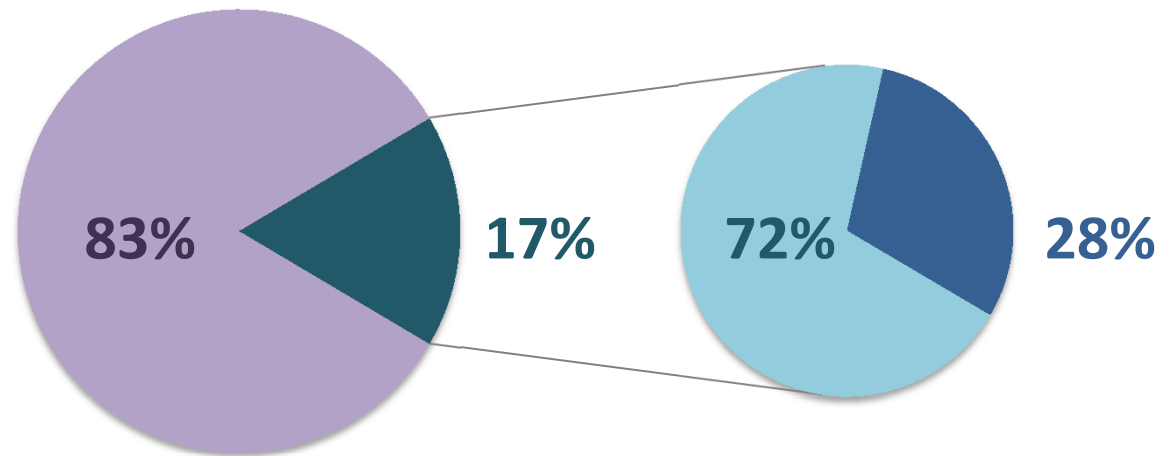


# High Prevalence of Serious Mental Illness and Co-Occurring Disorders in Jail Populations

GENERAL POPULATION

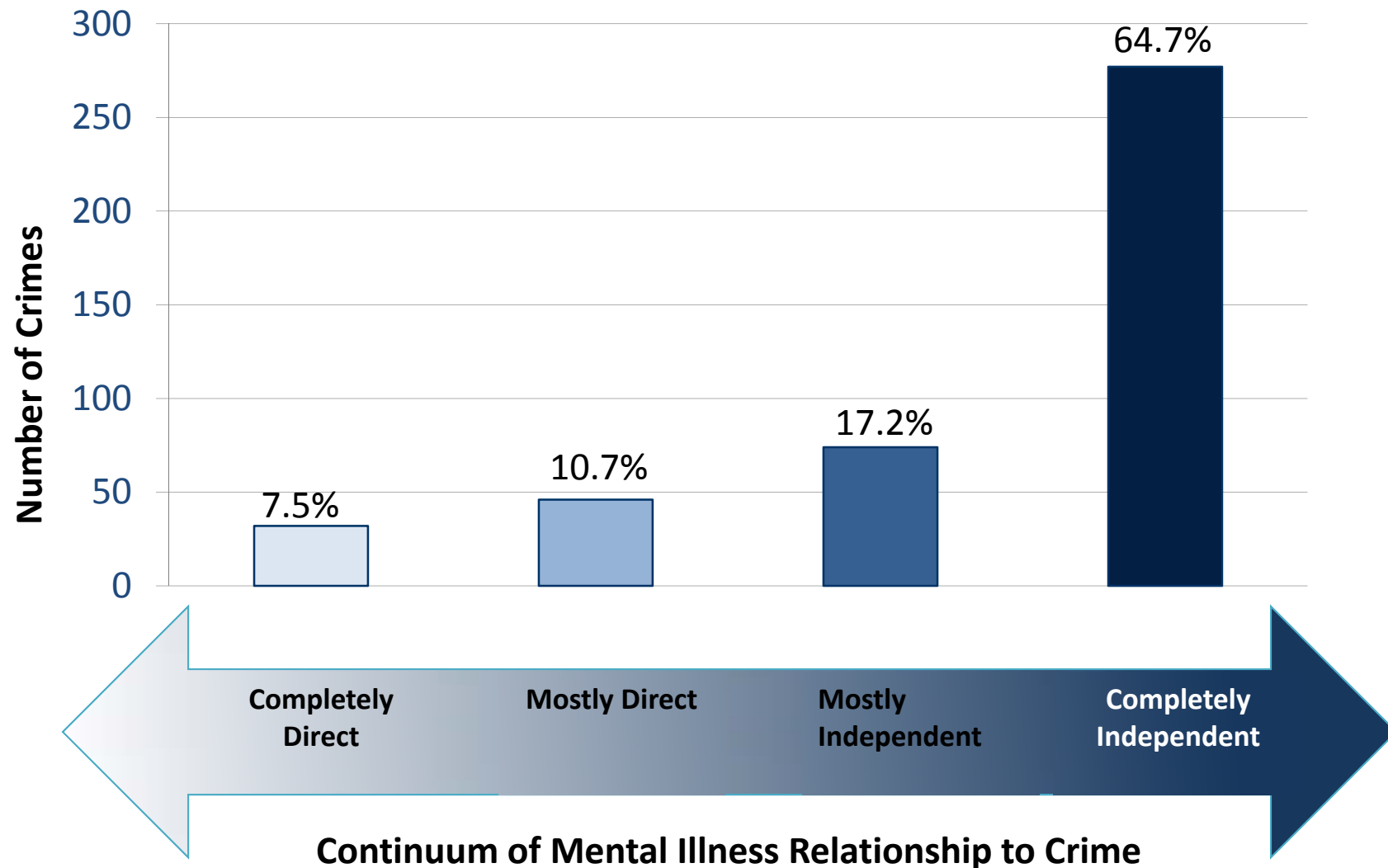


JAIL POPULATION





# Incarceration is Not Always a Direct Product of Mental Illness



Source: Peterson, Skeem, Kennealy, Bray, and Zvonkovic (2014)

# Overview

---

**The scope of the challenge**

---

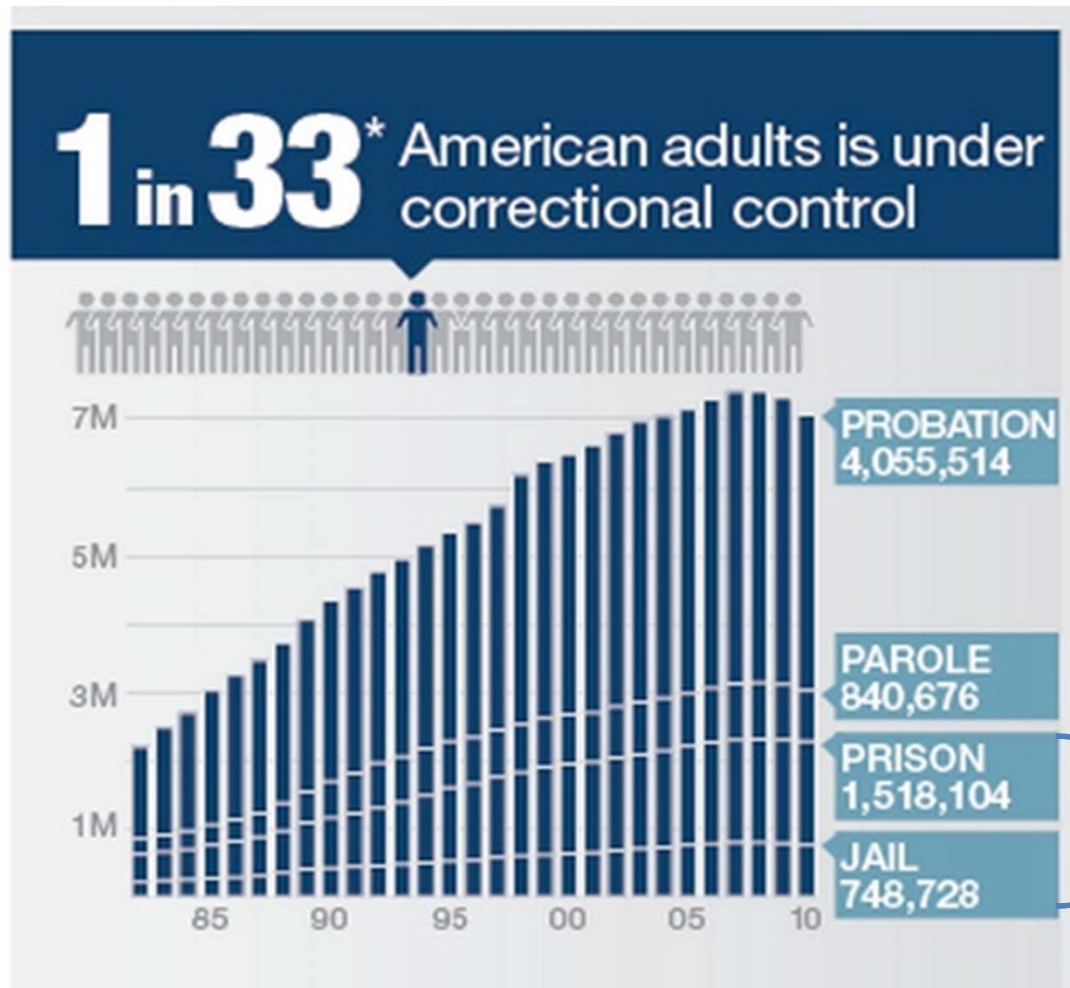
*Reentry opportunity*

---

**Guidelines for successful transition**

---

# Scope of Reentry Challenge and Opportunity



Over 98% of individuals in jail/prison return to the community, including over 9 million different individuals are released from jails each year.

Source: Pew Center on the States (2012); Bureau of Justice Statistics (2014)

# Vulnerable Time for Individuals Returning to the Community

- However, effective transition planning and implementation can:
  - minimize the risk of elevated health risks following release;
  - enhance public safety by increasing the possibility that individuals will participate in, and complete, supervision and treatment requirements; and
  - promote recovery and improve individual outcomes.

# County officials are speaking up



“Jails should not be de facto mental health treatment facilities, and using them this way does not improve public safety. There are better ways to address this national issue to ultimately reduce costs, improve lives and provide hope.”

-- Sheriff Susan Pamerleau,  
Bexar County, TX



“[There is] a growing number of mentally ill inmates housed in general population quarters as well as a[n] increase in suicides...A jail that can adequately treat those offenders is a better investment.”

-- Assistant Sheriff Terri McDonald,  
Los Angeles, CA



“The costs are high—to public safety, to the budget and to the lives of our residents—and we are committed to connecting people with mental illness to care and treatment instead of needless incarceration.”

-- Commissioner Marilyn Brown,  
Franklin County, OH



“We’ve known for some time that we needed better data on where the gaps are in how we identify, assess, track and treat those folks who wind up in jail as the facility of last resort.”

-- County Mayor Ben McAdams,  
Salt Lake County, UT

**Effective transition planning and services can help reduce the number of people with mental illnesses in jails**



# Overview

---

**The scope of the challenge**

---

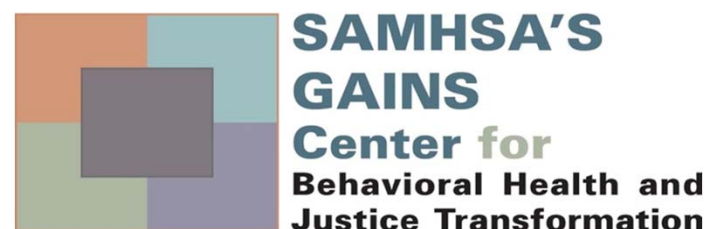
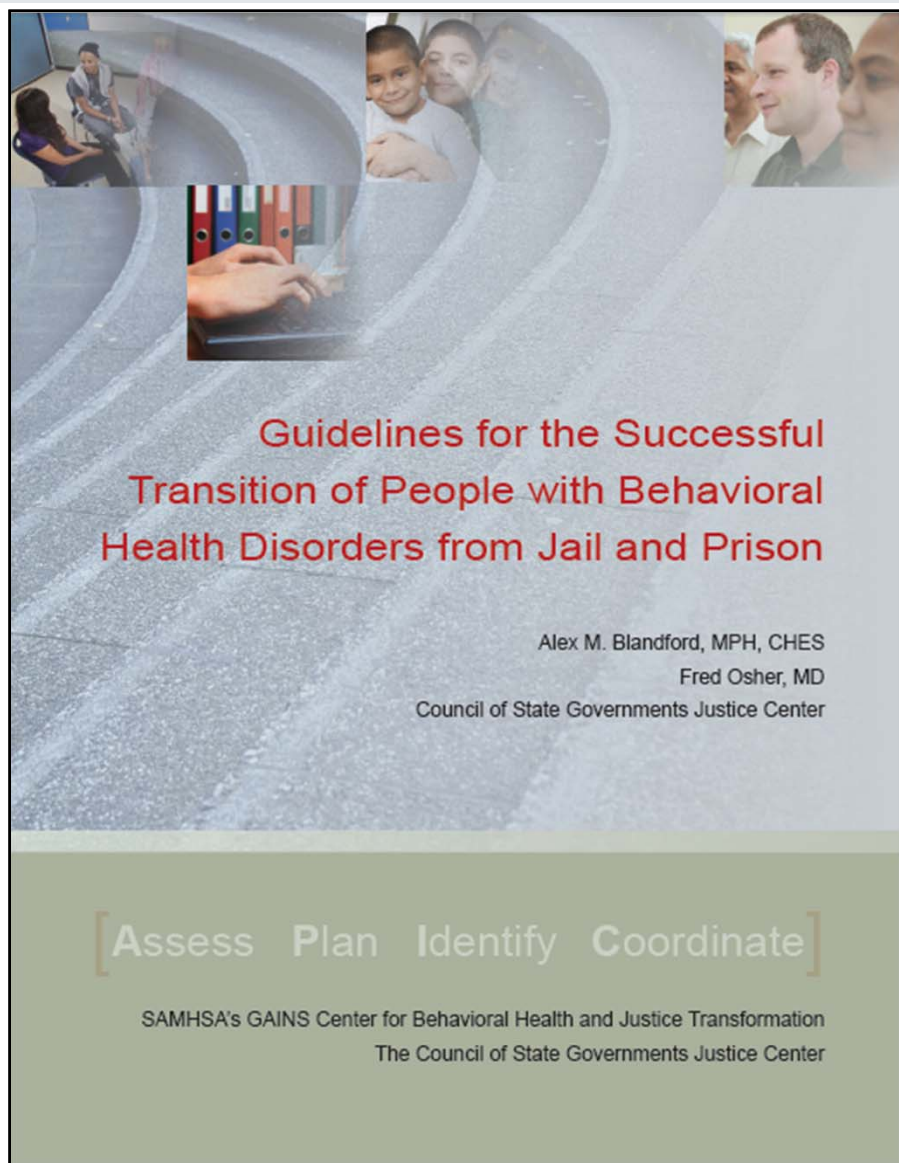
**Reentry opportunity**

---

***Guidelines for successful transition***

---

# Document frames guidelines for transitioning successfully



Document available at  
<http://www.samhsa.gov/gains-center>

# Why Guidelines?



Improving the odds for individuals with behavioral health problems requires collaboration between supervision and provider agencies.

1. To ensure efficient use of scarce resources
2. To promote effective practices
3. To improve continuity of care and community integration
4. To advance collaboration and communication by
  - Developing shared language
  - Establishing common priorities

# The APIC Model

**ASSESS** *the individual's clinical and social needs, and public safety risks*

**PLAN** *for the treatment and services required to address the individual's needs (while in custody and upon reentry)*

**IDENTIFY** *required community and correctional programs responsible for post-release services*

**COORDINATE** *the transition plan to ensure implementation and avoid gaps in care with community-based services*

# ASSess *the individual's clinical and social needs, and public safety risks*

## Guideline 1:

- Conduct universal screening as early in the booking/intake process as feasible and throughout the criminal justice continuum to detect substance use disorders, mental disorders, co-occurring substance use and mental disorders, and criminogenic risk.



# ASSess *the individual's clinical and social needs, and public safety risks*

## Guideline 2:

- For individuals with positive screens, follow up with comprehensive assessments to guide appropriate program placement and service delivery. The assessment process should obtain information on:
  - Basic demographics and pathways to criminal involvement
  - Clinical needs
  - Strengths and protective factors
  - Social and community support needs
  - Public safety risks and needs

# Plan *for the treatment and services required to address the individual's needs*

## Guideline 3:

- Develop individualized treatment and service plans using information obtained from the risk and need screening and assessment process.
  - Determine the appropriate level of treatment and intensity of supervision (when applicable).
  - Identify and target an individual's criminogenic needs.
  - Plan how to address those aspects of individuals' disorders that affect function.

# Plan *for the treatment and services required to address the individual's needs*

## Guideline 4:

- Develop collaborative responses between behavioral health and criminal justice that match individuals' level of risk and behavioral health need with the appropriate levels of supervision and treatment.

## **IDENTIFY** *required community and correctional programs responsible for post-release services*

### Guideline 5:

- Anticipate that the periods following release (the first hours, days, and weeks) are critical and identify appropriate interventions as part of transition planning practices for individuals with mental disorders and co-occurring substance use disorders leaving correctional settings.

# IDENTIFY *required community and correctional programs responsible for post-release services*

## Guideline 6:

- Develop policies and practices that promote continuity of care through the implementation of strategies that promote direct linkages (i.e., warm hand-offs) for post-release treatment and supervision agencies

## Guideline 7:

•Support adherence to treatment plans and supervision conditions through coordinated strategies that:

- Provide a system of incentives and graduated sanctions to promote participation in treatment, maintain a “firm but fair” relationship style, and employ problem-solving strategies to encourage compliance.
- Establish clear protocols and understanding across systems on how to respond to behaviors that constitute technical violations of community supervision conditions.

## Guideline 8:

- Develop mechanisms to share information from assessments and treatment programs across different points in the criminal justice system to advance cross-system goals.



## Guideline 9:

- Encourage and support cross training to facilitate collaboration between workforces and agencies working with people with mental disorders and co-occurring substance use disorders who are involved in the criminal justice system.

## Guideline 10:

- Collect and analyze data to
  - Evaluate program performance;
  - Identify gaps in performance; and
  - Plan for long-term sustainability.

# New Opportunities under Health Reform

ACA provides two key vehicles for health insurance coverage expansion



## **Health insurance marketplaces**

combined with premium and cost sharing subsidies for those with incomes between 100-400% FPL



## **Medicaid expansion**

for individuals under age 65 with incomes up to 138% FPL

# Resources

- Blandford, Alex M. and Fred C. Osher. Guidelines for the Successful Transition of Individuals with Behavioral Health Disorders from Jail and Prison. Delmar, NY: SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, 2013. Available at: <https://csgjusticecenter.org/mental-health/publications/guidelines-for-successful-transition/> and at <http://www.samhsa.gov/gains-center>.
- Allen, Steve, Fred C. Osher, and Henry J. Steadman. "Successful Community Transitions for Incarcerated People ." SAMHSA's GAINS Center for Behavioral Health and Justice Transformation and the Council of State Governments Justice Center. Presentation delivered at the annual conference of the National Council for Community Behavioral Health, Washington, DC, May 2014.
- Blandford, Alex M., and Fred C. Osher. *A Checklist for Implementing Evidence-Based Practices and Programs for Justice-Involved Adults with Behavioral Health Disorders*. Delmar, NY: SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, 2012. Available at: <http://gainscenter.samhsa.gov/cms-assets/documents/73659-994452.ebpchecklistfinal.pdf>
- Osher, F., Steadman., H.J., Barr, H., (2002) A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC Model: Delmar, NY: The National GAINS Center. Available at: <http://gainscenter.samhsa.gov/pdfs/reentry/apic.pdf>
- Roger H. Peters, Marla G. Bartoi, Pattie B. Sherman. "Screening and Assessment of Co-Occurring Disorders in the Justice System." *CMHS National GAINS Center*. 2008. Available at: <http://gains.prainc.com/pdfs/disorders/ScreeningAndAssessment.pdf>

# Thank You!

For questions, please contact Kati Habert at [khabert@csg.org](mailto:khabert@csg.org)



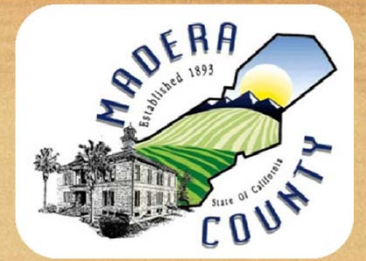
This material was developed by the presenters for this Workshop. Presentations are not externally reviewed for form or content and as such, the statements within reflect the views of the authors and should not be considered the official position of the Substance Abuse and Mental Health Services Administration (SAMHSA), Bureau of Justice Assistance (BJA), GAINS Center for Behavioral Health and Justice Transformation, Council of State Governments Justice Center, members of the Council of State Governments, or funding agencies supporting the work.

# Speaker: Dennis Koch



Dennis P. Koch  
Director  
Madera County Behavioral Health Services  
Madera County, Calif.





# Madera County

---

Mentally Ill Offender and Crime Reduction Project  
(MIOCR)



# Madera County



- Madera County is located in the exact center of California, in the heart of the Central Valley and the Central Sierras. It is one of the fastest growing counties in California.
- Madera has a population of 154,548; covers 2,137 square miles with 2 incorporated Cities (pop. 61,416 & 18,720) and one unincorporated Community (pop. 2,829).

# Madera County



- In 2013 Madera was primarily made up of:
  - 55% Hispanic/Latino of any race
  - 36% White alone, not Hispanic or Latino
- Unemployment rate 10%, compared to California's rate of 8.2%.
- Madera had 32.9% of its children living in poverty Vs. 22.1% for California



# Jail

---

- Local Jail is run by the Department of Corrections, Director Manuel Perez
- Current population: 412
- On 9/28/15: 12% of population have mental health conditions



# Project History



- In the Fall of 2014, Superior Court Judge Dale Blea reached out to Madera County Probation, District Attorney's Office, Public Defense, Department of Corrections and Behavioral Health Services to determine how we could better treat mentally ill clients with cases in his court.
- After many months of planning, the Madera County Behavioral Health Court was established in Spring 2015.
- Shortly thereafter, Madera County, under the leadership of the Director of the Department of Corrections, submitted a competitive grant application for Mentally Ill Offender Crime Reduction (MIOCR) monies to the State of California to provide services to Mentally Ill Offenders.
- Madera County was awarded a three year MIOCR Grant totaling \$869,547.



# Strategic Planning Committee

- Committee Make-up
  - Director, Department of Corrections
  - Superior Court Judge
  - Sheriff
  - (2) Chiefs of Police
  - Chief Probation Officer
  - Director, Behavioral Health Services
  - Director, Social Services
  - Executive Director, Rescue Mission
  - Executive Director, County Workforce Investment Corporation
  - Executive Director, Non-Profit Community Based Provider
  - Community Member – Former Offender/Mental Health Client
  - Regional Director, Non-Profit Community Based Provider
- The primary goal for the Madera Mentally Ill Offender Crime Reduction (MIOCR) Program is to reduce the number of in-custody mentally ill offenders and associated correctional costs.
- 6 in-person meetings and millions of emails and phone calls over 2 months





# Jail Data

## “Life sentence on the installment plan”

---

- 111 “mental health clients” were released from custody between May and December 2013 to the Community
  - 51 individuals were re-arrested (recidivism rate of 46%)
  - 22 were re-arrested within one month
  - 17 were re-arrested between 30 days to 6 months
  - 12 were re-arrested at 6 months or more
  - The 51 re-arrested individuals accounted for 621 bookings (averaging 12 per individual).
  - Average number of days between release and re-arrest was 8.6 days



### 3 Unmet Needs Leading to High Recidivism to the County Jail

---

- Available data and anecdotal experience revealed that the three primary unmet needs lead to high recidivism by mentally ill offenders:
  - (1) lack of access to stable housing
  - (2) lack of access and funding for psychotropic medication
  - (3) lack of intensive probation supervision and behavioral health services







# Target Population

---

- The target population for the program will be male/female offenders with serious and persistent mental illness identified as at risk of recidivating, who will not be going to another correctional institution, state hospital for restoration of competency or who are currently conserved.
- Risk will be determined by the CAIS Assessment, which covers the eight risk factors that significantly predispose the incarcerated individual to recidivate including; antisocial cognitions, behavior, personality patterns and attitudes, family and/or marital discord, poor work/school performance, antisocial friends/peers, lack of positive social / leisure activities, and substance use.
- Severity and type of mental illness will also be reviewed. Together they will be used to appraise the individual's motivation to changing their behavior.
- The approximate annual number of offenders to be served is estimated to be 70 per year.



## 3 Components of the Program

---

- **(1) Pre-Release from Jail:** Identification/assessment, needs determination and engagement
- **(2) Re-entry:** provide access to psychotropic medication, residential drug treatment (Co-occurring) and stable housing
- **(3) Post Release:** intensive supervision by Probation, intensive behavioral health services. Potential participants will be referred to the Behavioral Health Court and, if enrolled, the court will create the post release judicial, treatment and services structure/requirements for them





# Pre-release

---

- The case manager will begin the pre-release engagement services starting with interviewing the applicant for a re-entry needs assessment, and completing applications and other paperwork for needed community resources which will facilitate the applicant's successful re-entry into the community.
- The resources will include basic needs resources (food, clothing and housing), behavioral health treatment (mental health and substance use if needed), employment/education, and positive social supports.
- Prior to release, the Social Services public benefits representative will meet with the applicant to obtain specific demographics and residency information needed to complete the application process for Medi-Cal (Medicaid) and other benefits.

# Re-entry



- The client will be referred for suitability to Behavioral Health Court. If deemed suitable the court will order the client to comply with recommended treatment and resource access, with information regarding rewards and sanctions related to earned release. In addition, the order will designate to whom the client will be released so there is no break in monitoring the client's whereabouts.
- The release date/time will be coordinated with Jail, Probation and BHS Staff.
- The Probation and/or BHS case manager will provide transportation to either their home or contracted housing/residential services on the release date and to the pharmacy to ensure access to medication as needed.
- Transport services will also be available for MD appointments, BHS therapy appointments, picking up medication at pharmacies, and travel to other identified needed services including Behavioral Health Court hearings.



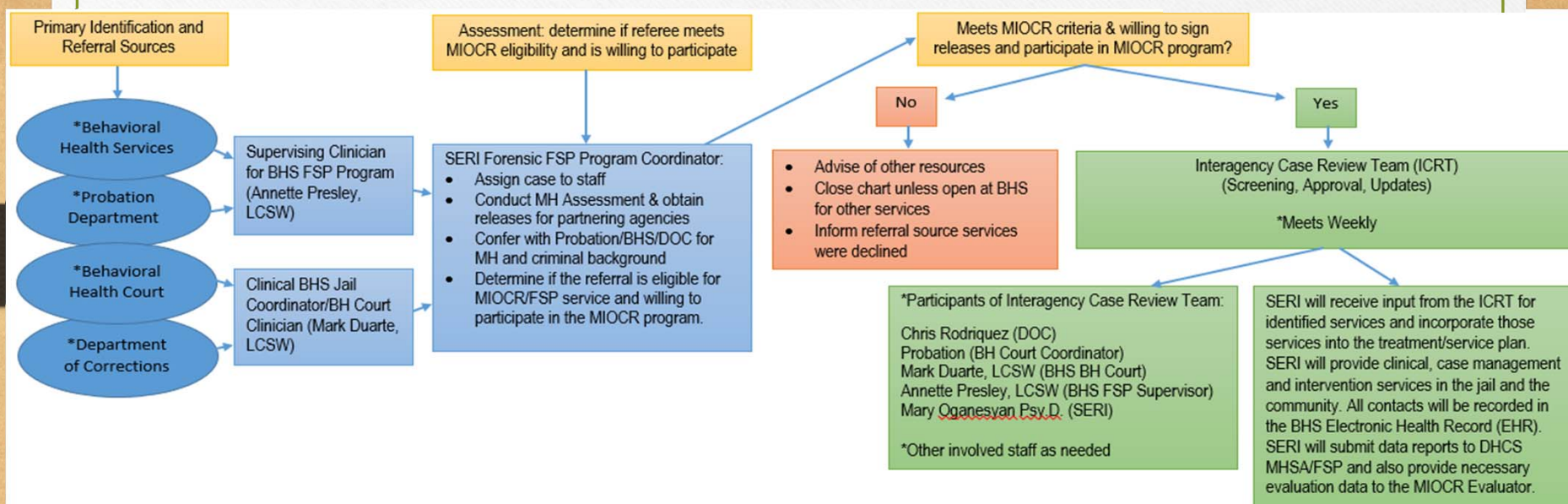
# Post-release

- If housing is not available or appropriate, the client will be placed in supportive housing and access public benefits for their other basic needs.
- They will be directed to access treatment services, peer support and other positive social support resources on a regular schedule.
- If enrolled in the Behavioral Health Court they will required to attend status hearings and, if they progress successfully, the hearings will become less frequent, which will allow time for more access to community self-sufficiency resources.
- Probation and BHS case managers will work together to ensure the client follows through with all services.
- Clients will be enrolled in Forensic Full Service Partnership Program (FSP). The FSP provides intensive outpatient community based services. Services include therapy, mentoring, rehabilitation and intensive case management in the community and home and are designed to help stabilize client.
- A subset of clients will be enrolled in “Med Minder” which will monitor medication compliance daily.





# Flow Chart



## Things to Know

\*BHS (with signed consent) will identify & refer individuals that are currently open in the BHS system who are on probation. Referral will go to Annette Presley, LCSW for assignment to SERI.

\*Probation will identify & refer from current caseload of probationers who meet MIOCR criteria (served jail time and has a history of mental illness). Referral will go to Annette Presley, LCSW for assignment to SERI.

\*BH Court will refer current and ongoing caseload to BHS Forensic FSP program for treatment services. Mark Duarte, LCSW will make the referral to Annette Presley, LCSW for assignment to SERI.

\*DOC will identify & refer from current and incoming jail inmates. Referral will go to Mark Duarte, LCSW for assignment to SERI.

Interagency Case Review Team (releases signed) will discuss cases, provide input to SERI on services needed and how those resources will be made available i.e. holder of contracts for housing, residential care, etc.

**Target Population:** Mentally ill/Dual Diagnosis Offenders who are presently placed, incarcerated, or housed in a local adult detention or correctional facility **or** who are under supervision by the probation department after having been released from a state or local adult detention or correctional facility.

\*Note: no time limit placed on how long probationer has been out of jail

SERI – contracted to provide Forensic Full Service Partnership Services

Treatment Plan Services may include but are not limited to:

- 1) Individual, group, and family counseling.
- 2) Medication Management
- 3) Case Management
- 4) Med Minders
- 5) Residential Services
- 5b) Housing Services
- 7) Workforce Training
- 8) Health Care



# Evaluation

---

- Madera County contracted with an outside independent evaluator.
- The effectiveness of the program will be demonstrated by four broad measures:
  - recidivism rate,
  - level of recidivism risk,
  - rate of access to community resources and
  - mental status





# Costs

- 3 Year Grant = \$869,547
  - ½ FTE Probation Tech to Coordinate BHC
  - Housing at Rescue Mission (10 dedicated beds)
  - Residential Treatment (Co-Occurring)
  - Evaluator
- Match (Behavioral Health Department)
  - \$525,600 – Community Based Intensive Outpatient Treatment with Medication Monitoring
- Utilizing Existing Mental Health Services and Probation Staff

# “Working Better Together”

---

- The project is also designed to improve inter-organizational process integration to improve community access to resources.
- Strategic Planning Committee will meet quarterly



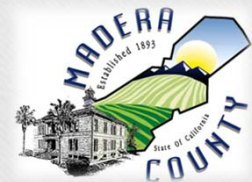


# Contact Information

---

Dennis P. Koch, MPA

[Dennis.koch@co.madera.ca.gov](mailto:Dennis.koch@co.madera.ca.gov)



# Behavioral Health Court Background

- There has been a significant increase in the number of mental health courts since they began in the late 1990's. Several studies have shown that these specialty courts are effective in reducing re-arrests and newer studies show that they are effective in facilitating treatment engagement (Redlich, Steadman, Callahan, Clark Robbins, Vessilnov & Özdoğru, 2010).
- These specialized problem solving courts aim to meet the unique needs of persons with mental illness who are involved in the criminal justice system through judicially supervised treatment plans designed by court staff, behavioral health services and community resource providers. Regular status hearings, a system of rewards and sanctions, and specific treatment and community services create the judicial and treatment structure to influence behavior change.
- The courts have ten essential elements that are the base of their effectiveness: multi-disciplinary collaboration of a broad range of stakeholders, timely participant identification and linkage to community based services, clear terms of participation in the program, informed choice for program participation, comprehensive treatment services and supports, procedures for retaining confidentiality, a specific court team composed of criminal justice and mental health staff, who closely monitor of participant adherence, and institutionalization of the mental health court process (Thompson, Osher & Tomasini-Joshi, 2007).





# Behavioral Health Court Process

- Before release, the judge will have ordered access to specific community services and resources identified by the case manager.
- The court will order the individual to be released to the case manager or probation officer who will transport them from jail to the ordered resources.
- The court order will require regular status hearings at which treatment plans and other conditions will be periodically reviewed for appropriateness, incentives will be offered to reward adherence to court conditions, and sanctions will be imposed on participants who do not adhere to the conditions of participation.
- There will be previously defined criteria for program graduation.



# Speaker: Ross Cunningham



Ross L. Cunningham  
Assistant Superintendent  
Merrimack County Department of Corrections  
Merrimack County, N.H.



# Community Corrections Center

October 2009

- Federal Rural Grant
- \$260,879

August 2010

- Facility opens

October 2010

- Second Chance Act Grant
- \$299,048

October 2010

- Co-Occurring Disorder Grant
- \$553,140

**TOTAL AMOUNT / GRANTS - \$1,113,067**

# Specifying Goals and Objectives

- **Goals** represent what the initiative is designed to achieve:
  - Typically general in nature
  - Specifically the long-term outcomes desired for a program
- **Goals**
  - **Improve Public Safety**
    - Reduce re-offending
  - **Improve Reintegration**
    - Reduced substance abuse
    - Reduced homelessness
    - Increased employment
    - Improved mental health/health



# Sullivan County Treatment Flow

## Assessment

Staff complete an LSI-R Risk/Needs Assessment/ASI

## Track 1 or Track 2

Inmates are placed in program based on level of Risk/Need

## Track 3 Work Release/Programming

Inmates work full time and participate in treatment groups

## Track 4 Post Release

Inmates are transitioned to Electronic Monitoring or Probation Supervision with weekly Aftercare groups

## Track 5 Relapse Prevention

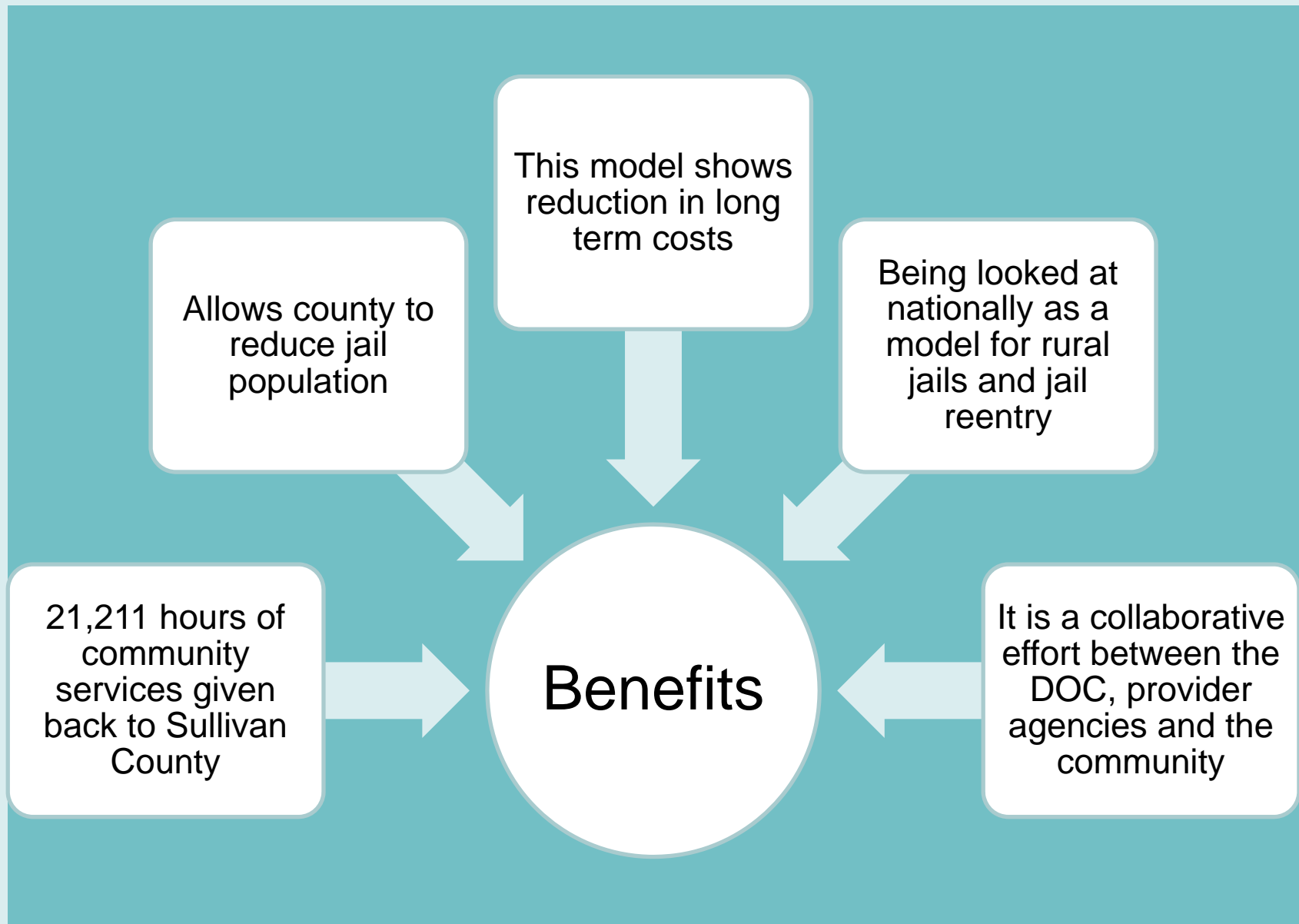
Intensive program 30-60 days at Community Corrections ~ enhanced aftercare for minor violations

# Key Program Activities

- ☑ All inmates in community corrections receive treatment
- ☑ All inmates leave with a discharge plan
- ☑ Discharge plan is coordinated with probation and providers
- ☑ Those who do not comply are sanctioned

# Recidivism Comparison

- **Sullivan County**      18%
  - **NH DOC**              51%
  - **Carroll County**      52%
- 
- *54% of the total sentenced population returned to incarceration in the last 12 months*
  - The recidivism rate for Sullivan County is based on those completing the TRAILS program
  - The recidivism rates for the NH DOC and Carroll County are based on the entire population



# Merrimack Recommended County Treatment Flow

## Assessment

- ✓ Staff completed an Risk/Needs Assessment and sub abuse screen

## Intensive Treatment

- ✓ Inmates placed in program based on level of Risk/Need

## Work Release/Programming

- ✓ Inmates Work Full time and Participate in Treatment Groups

## Post Release/Relapse Prevention

- ✓ Inmates are transitioned to Electronic Monitoring or Probation Supervision.  
Weekly aftercare Group  
Relapse prevention

# Merrimack County Data

- ◆ 55% of the population has co-occurring disorder
- ◆ 93% have an identified substance abuse disorder
- ◆ *54% of the total sentenced population returned to incarceration in the last 12 months*
- ◆ *90% are either high or high medium risk to reoffend*
- ◆ *86% of total sentenced population is sentenced over 60 days*

# Why Now?

- Limited jail operational capacity
- Growing Co-Occurring crises throughout the County
- Based on the national *best practice model*
- Allows for low risk sentenced offenders to be separate from pre-trial and inmates not eligible for community corrections
- Improved options for female offenders to participate in programs

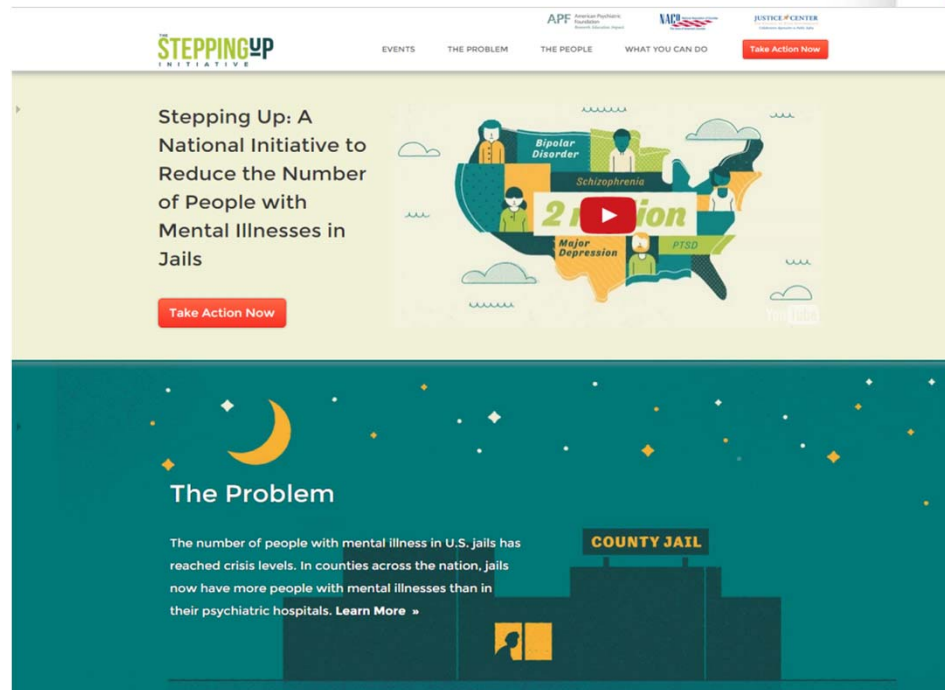
# Questions?

Type your question into the questions box.



Next Steps: Go to [www.StepUpTogether.org](http://www.StepUpTogether.org)

- Check out the Stepping Up website and sign on!
- Review the Stepping Up sample resolution!
- Register for the next webinar on November 17 at 2pm EDT!



# Next Webinar: November 17

WEBINAR

## Stepping Up: Preparing a Plan and Tracking Progress

Nov. 17, 2015, 2:00 pm – 3:15 pm

Contact: Nastassia Walsh

☎ (202) 942-4289

✉ [nwalsh@naco.org](mailto:nwalsh@naco.org)

REGISTER

Join us for the next webinar in the Stepping Up series to learn about key strategies for preparing a plan, identifying outcome measures and developing processes for tracking progress toward your goals for reducing the number of people with mental illnesses in your jail. As the last of Stepping Up webinars focused on the six steps, this webinar will bring together the knowledge you've gained from the previous five webinars to help you develop a plan for moving forward in your county. Attendees are encouraged to review previous Stepping Up Webinars and Planning Guides in preparation for this webinar.



Tuesday, November 17, 2015  
2:00pm EDT – 3:15pm EDT  
Register at [www.naco.org/webinars](http://www.naco.org/webinars)

# Contact Information

Nastassia Walsh

Program Manager, NACo

E: [nwalsh@naco.org](mailto:nwalsh@naco.org)

P: 202.942.4289

Stepping Up: [info@stepuptogether.org](mailto:info@stepuptogether.org)

[www.stepuptogether.org](http://www.stepuptogether.org)