

# THE **STEPPINGUP** INITIATIVE

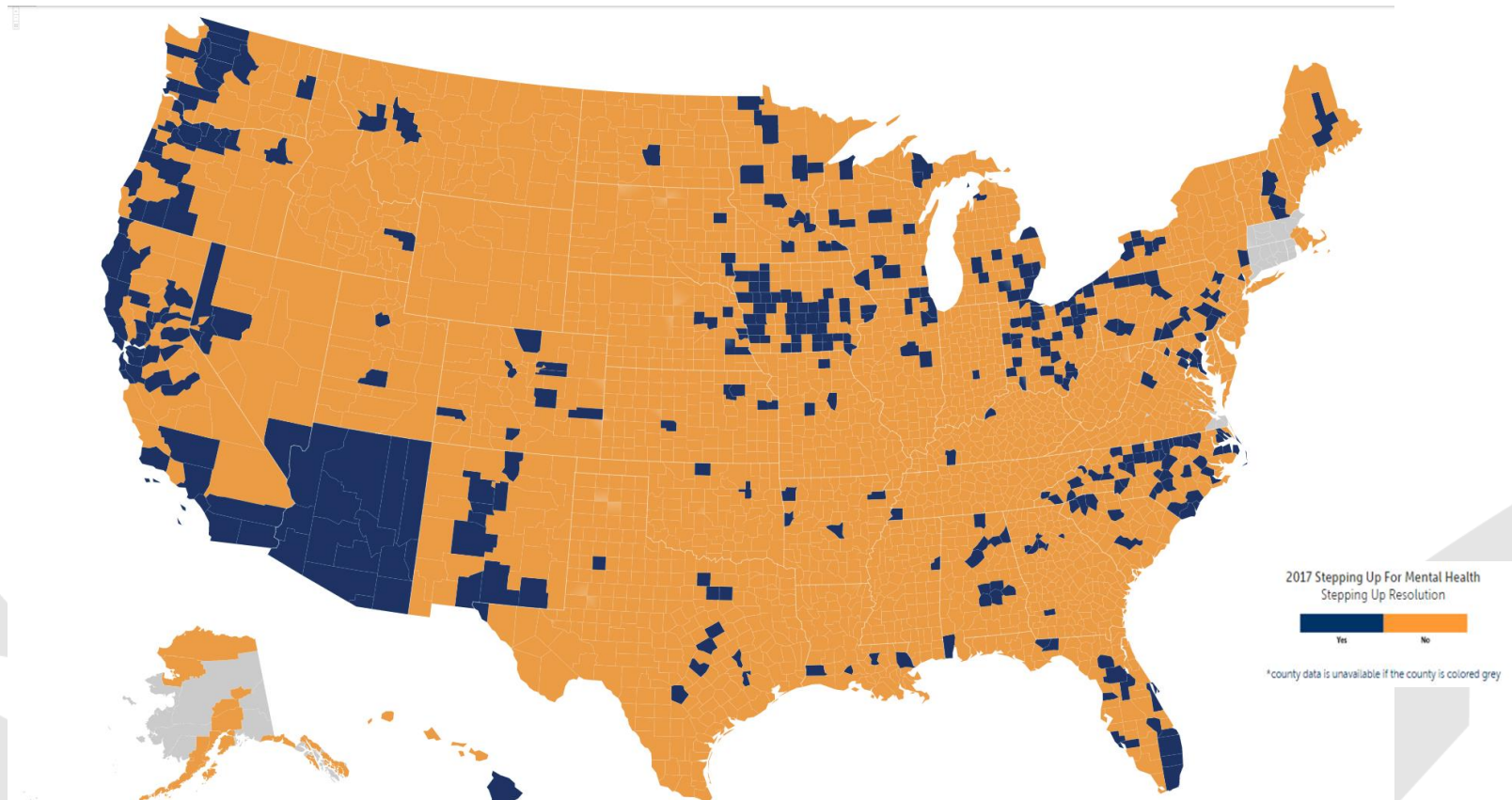
## Tracking Progress on Reducing the Number of People with Mental Illnesses in Jails

October 2017



# Counties are Stepping Up

Stepping Up Resolutions Received as of October 1, 2017



# Today's Network Call



## **Council of State Governments Justice Center**

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Director of Research

# Speaker: Risë Haneberg



## **Risë Haneberg**

Senior Policy Advisor

Council of State Governments Justice Center





# Stepping Up:

Tracking Progress on Reducing the Number of People with Mental Illnesses in Jails

Risë Haneberg, Senior Policy Advisor, The CSG Justice Center

October 12, 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 improvements?
6. Do you track progress?

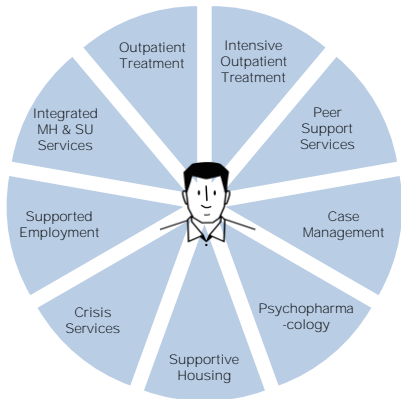
# Strategies to Track Must Focus on Four Key Measures



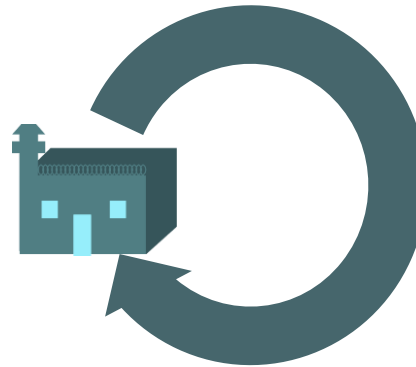
**1. Reduce the number of people with mental illnesses booked into jails**



**2. Shorten the length of stay in jails for people with mental illnesses**



**3. Increase the number of people with mental illnesses connected to treatment**



**4. Reduce rates of recidivism**



# Counties Must First Have a Baseline Count Before Tracking Progress

To reduce number of people with SMI in jails, counties must first know how many are in their jails today. Below is the recommended approach to achieve accurate, accessible data.

- 1) Adopt a standard definition for SMI.** This definition should be applied throughout the local criminal justice and behavioral health systems. It is recommended to use the state definition of SMI and build consensus and understanding among county leaders to its definition and use.
- 2) Use validated mental health screenings and assessments.** Upon jail booking, use a validated screening tool, then refer people who screen positive for SMI to a follow-up clinical assessment by a licensed mental health professional in a timely manner.
- 3) Record and report results.** Record clinical assessment results in a database that can be queried, and report regularly on this population.



## Checklist for Question Six



### Reporting timeline on four key measures

- ☐ Include updates on process and program improvements. Potentially add to annual reports?



### Process for progress reporting

- ☐ Planning team may continue to meet regularly and keep up-to-date with the latest research



### Ongoing evaluation of programming implementation

- ☐ Develop fidelity checklist to ensure programs are certified and ongoing staff training



### Ongoing evaluation of programming impact

- ☐ Ensure programs and tools are achieving intended impacts, especially for curriculum-based programs and risk and needs assessments. Potentially partner with local university?

## Why is this important?

Successful outcomes can lead to continued funding and even expansion of certain programs

### Transparency

Amongst key stakeholders and the general public

### Accountability

To determine if the county is achieving intended goals

### Adjustments

If certain policies or programs are not working

### Effectiveness

To achieve optimal performance

#### **Additional questions to ask:**

Are the system-level changes producing the desired results?  
Are the services aligned with the needs of the target population?  
Is specific programs generating the greatest possible impact?

# Fulton County, GA Creates Transparent Stepping Up Website



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

- FY16 JMHCP Category 1 Grantee
- Developed their own SU website that includes the project overview, media, events, resources, etc.
- Divided task force into five groups that meet monthly
- Conducted a SIM workshop
- Partnered with over 50 local agencies and organizations to accomplish Stepping Up goals and better understand their system

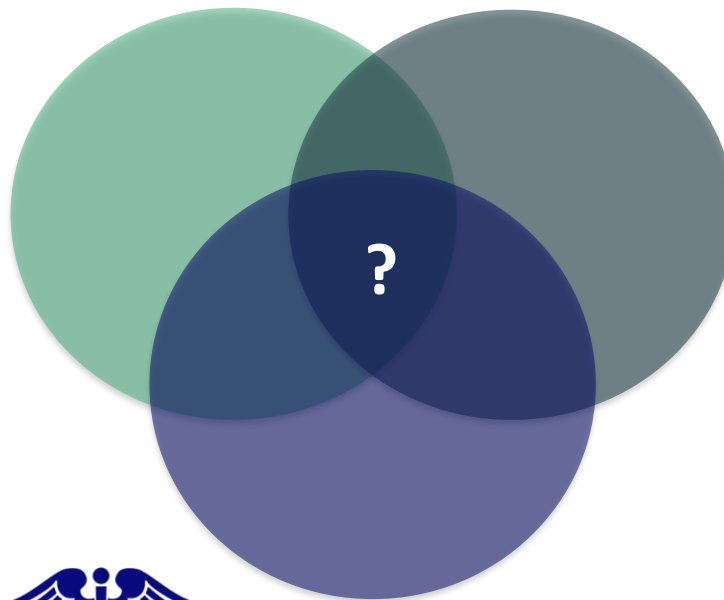
# Why is this challenging?

- Many counties still lack accurate data on SMI prevalence in jails
- Data and information sharing between law enforcement, criminal justice, and behavioral health systems still facing barriers
- Strategies and efforts not informed by data and impact, still small in scale
- Divert to where? Shortage of community-based treatment, services, and housing remains significant obstacle

**County 911 Center**  
Computer-Aided  
Dispatch (CAD)



**Law Enforcement**  
Records Management  
System (RMS)



**Crisis Services Contractor**  
Electronic Healthcare Record  
(EHR)

# Tracking Progress from Start to Finish

## Example Chart:

Key Measure	Prior to Project	Implementation	Future-Implementation
<b>1. Reduce</b> the number (and percentage) of people with SMI booked into jail) <b>Year 1:</b> 83 people (14%) <b>Year 2:</b> TBD <b>Year 3:</b> TBD	Various levels of CIT LE officers across LE agencies	Continued growth of CIT LE officers, as well as correctional staff, and dispatchers	Have all LE agencies receive some training in BH needs, and continue to increase the number of CIT LE officers to respond to community's need
<b>2. Shorten</b> the average length of stay <b>Year 1:</b> 44 days <b>Year 2:</b> TBD <b>Year 3:</b> TBD	Lack of tracking people with MI in the CJ system	BJMHS and TCUD at jail booking, and referrals made to community-based BH case worker	LSIR-SV to screen for criminogenic risk, and possibly pretrial diversion opportunities
<b>3. Increase</b> connection to treatment <b>Year 1:</b> 11% <b>Year 2:</b> TBD <b>Year 3:</b> TBD	Community-based BH caseworkers embedded in jail	Referrals based on screenings at booking	Increase programming in jail and community
<b>4. Lower</b> recidivism rates <b>Year 1:</b> 65% <b>Year 2:</b> TBD <b>Year 3:</b> TBD	Does not use RNR model	Legislature approved new funds for RNR services in the community	Train supervision officers and other staff on RNR model

# Data Drives Progress: Athens-Clarke County, GA

Jail-BH data match reveals:

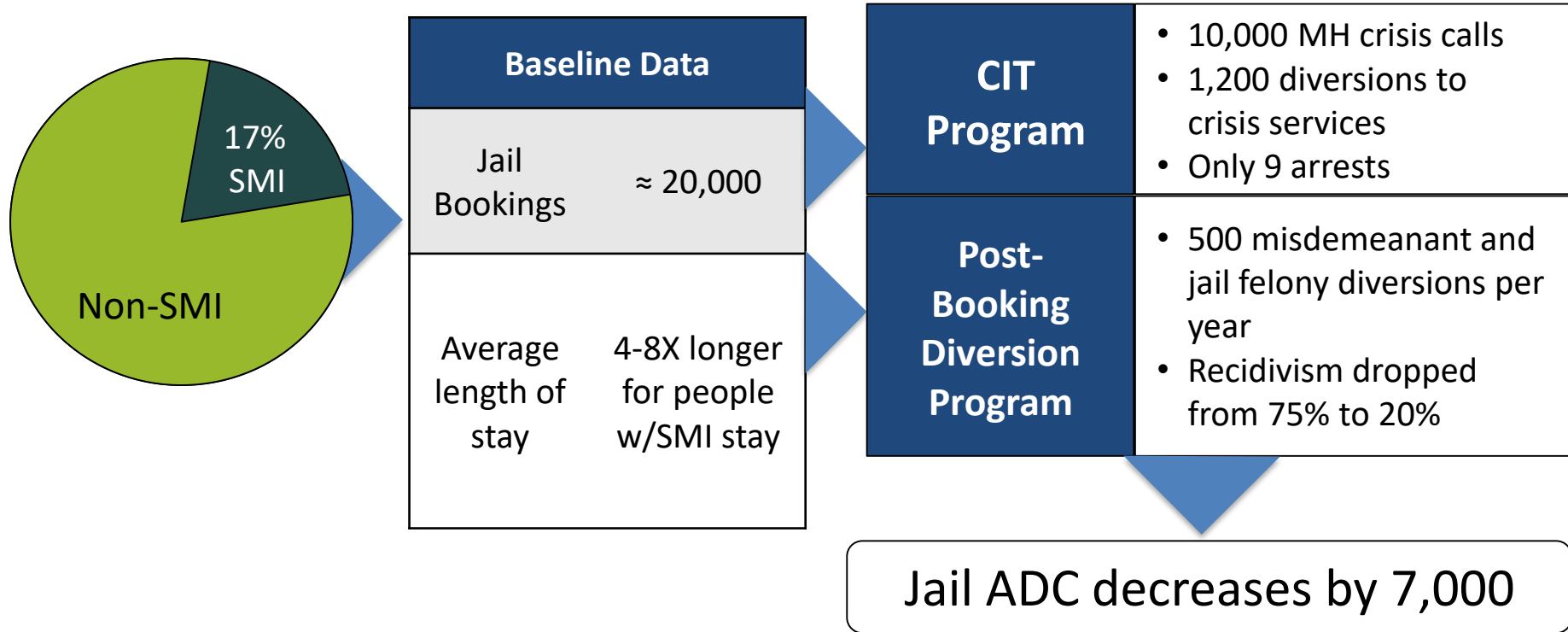
	706 Clients*	1,135 Non-Clients
History of multiple arrests	91%	68%
Average # of lifetime arrests	12.7	5.4
ALOS (days)	22.7	8.1
Return to jail in 2016	53%	36%

\*65% of clients had a MH diagnosis, 35% had a SU diagnosis, 47% had a co-occurring diagnosis

## Aligned Strategies with the Four Key Measures:

- ① Implement Co-responder Program & Expand Number of CIT officers
- ② Coordination with local judicial system; expanded Treatment Court Opportunities
- ③ Expanded Pre & Post Release Planning Efforts
- ④ Partnerships with Probation & Community Supervision

# Data Drives Progress: Miami-Dade County





# Recap of Stepping Up Framework

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**Key questions** county leaders need to ask in order to reduce the prevalence of people with mental illnesses in jails

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4

**Key measures** to track progress overtime

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3

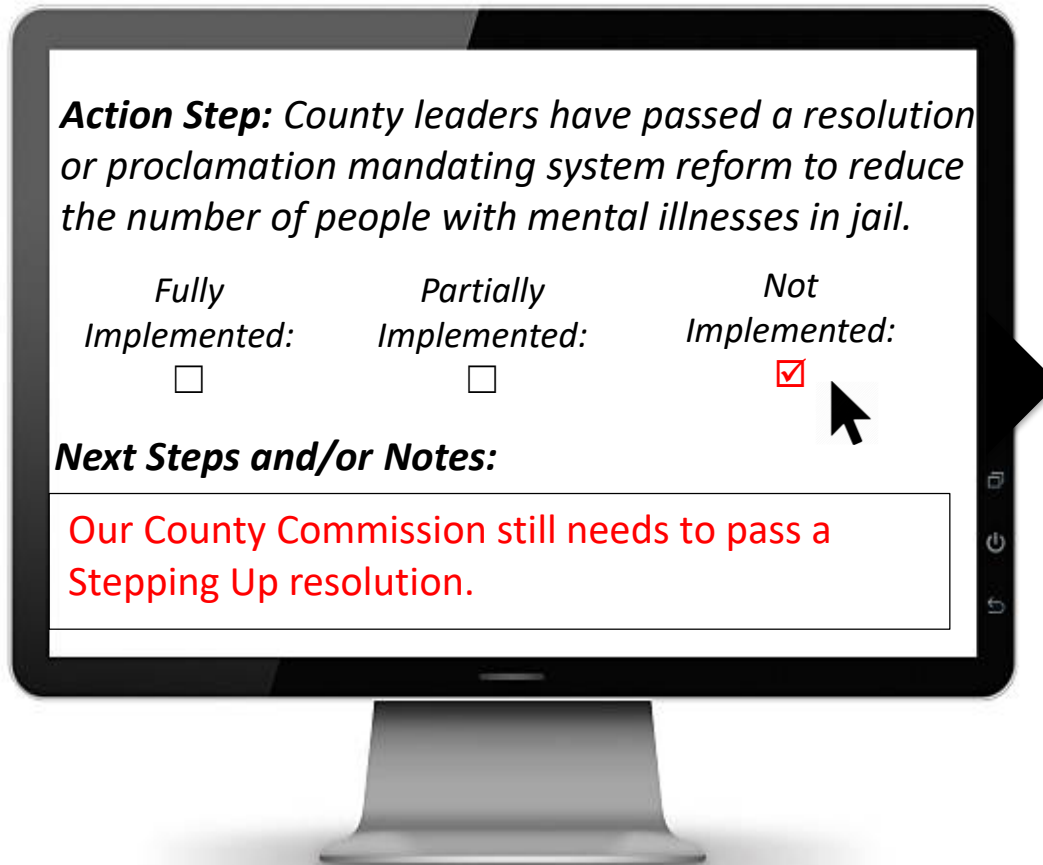
**Step recommended approach** to have accurate, accessible data on the prevalence of people with SMI in jails to know the scale of your county's problem

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1

**County plan** that addresses your county's specific challenges within your unique CJ and BH systems

# Coming Soon: Six Questions Online Self-Assessment Tool



**Action Step:** *County leaders have passed a resolution or proclamation mandating system reform to reduce the number of people with mental illnesses in jail.*

Fully Implemented: ☐      Partially Implemented: ☐      Not Implemented: ☒

**Next Steps and/or Notes:**

Our County Commission still needs to pass a Stepping Up resolution.

## Sample Automatic Response

***A mandate from leadership for this work from leaders responsible for the county budget is critical to the success of your initiative.***

*Since you marked “not implemented” then you can go to the following resources for guidance in fully implementing this action step:*

- There is guidance on the [Stepping Up webpage](#) on how to pass a resolution in your county.
- For examples of resolutions other counties have passed, you can go to [National Association of Counties’ \(NACo\) webpage](#).

# Coming Soon: The Project Coordinator's Handbook

The handbook complements the *Six Questions* framework as a step-by-step guide for project coordinators and includes:

- A **summary** of the question and its **related objectives** for the planning team
- **Facilitation tips** to assist the project coordinator in managing the planning process
- **Facilitation exercises** designed to achieve the question's objectives and provide an efficient process for capturing the work of the planning team

## Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask

### The Project Coordinator's Handbook

#### Choosing a Stepping Up Project Coordinator

Determining who will serve as the project coordinator is the first step for a jurisdiction in the *Stepping Up* planning process. A criminal justice coordinator can fill this role. If that position already exists, if not, the county can contract for these services, or the county planning team can designate someone to serve in this role—such as a staff member from the jail, behavioral health care provider, or community supervision agency—in addition to that person's regular duties. The person selected should have knowledge of the local criminal justice and behavioral health systems, have excellent facilitation and organization skills, and demonstrate the ability to proactively, yet gently, drive the planning process to ensure progress.

This handbook is designed to complement the *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask* (*Six Questions*) framework as a step-by-step facilitation guide for project coordinators. For each of the framework's six questions, this handbook provides:

- A summary of the question and its related objectives for the planning team;
- Facilitation tips to assist the project coordinator in managing the planning process; and
- Facilitation exercises designed to achieve the question's objectives and establish an efficient process for capturing the work of the planning team.

#### The Role of the Project Coordinator

Your role as the project coordinator is critical to the success of your county's *Stepping Up* efforts. It is the project coordinator who ensures that key leaders are engaged, manages meeting agendas and minutes, coordinates subcommittee work, provides research and data to guide the decision-making process, and continuously motivates the planning team.

This handbook is designed to help you manage your county's planning process. It will guide and systematize the flow of your work as you develop meeting agendas and decide how best to utilize members of the planning team. Other members of the planning team may benefit from having access to this handbook, especially those who are providing facilitation support, such as leading subcommittee work. You are not required to fill out or submit this handbook to the *Stepping Up* partners.

Additional complementary training materials are available through the *Stepping Up Toolkit*, including webinars, briefs that provide information and guidance within the *Six Questions*, and other [key resources](#).



# THANK YOU

For more information, please contact:

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

# Speakers: Maricopa County, Arizona



**MaryEllen Sheppard**  
Assistant County Manager



**Dr. Ryan Cotter**  
Director of Research



# Stepping Up Initiative

## Tracking Progress

**MaryEllen Sheppard, Assistant County Manager**  
**Ryan Cotter, Ph.D. Research Director**



## **Maricopa County Quick Facts:**

**The nation's 4th largest county.**

**Estimated population tops 4.2 million.**

**Land area of 9,224 square miles.**

**27 cities and towns are within the county's outer boundaries.**

**The county seat is Phoenix - Arizona's most populous city.**





## **Maricopa County Jails CY2016**

- **MCSO operates five jails**
- **Bookings: 95,151**
- **Average Daily Population: 7,410**
- **Average Length of Stay: 29 days**

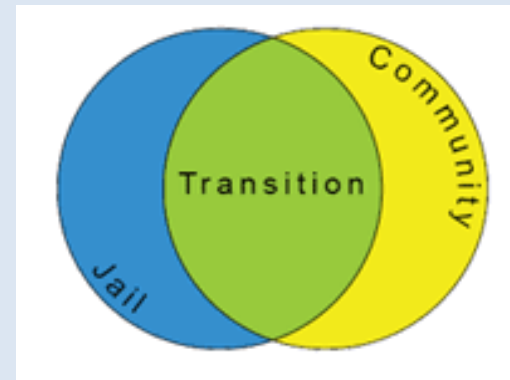
## Coordinating Councils

- **MCJustice:**
  - **The principal criminal justice coordinating council in Maricopa County comprised of criminal justice agency leaders as members.**
- **Smart Justice:**
  - **A sub-committee of MCJustice, Smart Justice is the primary criminal justice working group in Maricopa County. All major criminal justice agencies have representation.**

## Starting Point (2011)

### Transition from Jail to Community (TJC) Initiative

- TJC involves the development, implementation, and evaluation of a model for jail-to-community transition.
- The model is a new way of doing business that entails systems change and collaborative relationships between jails and community partners.
- The TJC model aims to improve public safety and reintegration outcomes.



## **Establishing a Baseline**

**Assessing Risk to Recidivate (Return to Jail) Using the Proxy**

### **Smart Justice Goals**

- 1. Enhance public safety by reducing the use of jail and/or days in jail for non-violent low-risk offenders.**
- 2. Reduce recidivism amongst moderate-to-high risk offender through intensive treatment programming and transition from jail-to-community.**

# Strategic Target Populations

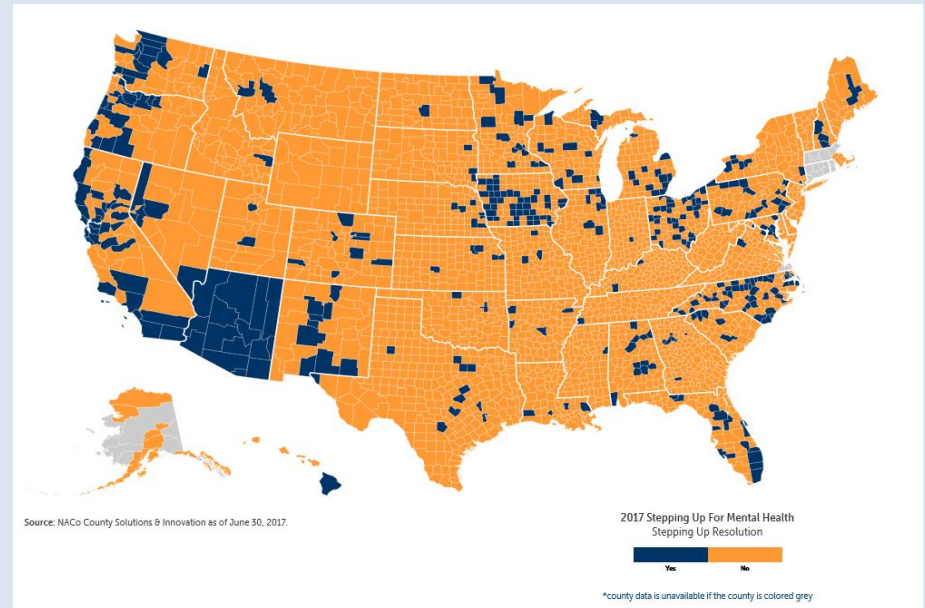
- **Sentenced Population**
- **Female Offenders**
- **Veterans**
- **Seriously Mentally Ill**
  - **Maricopa County** signed the Stepping Up Proclamation on May 4, 2015
  - **One** of 50 to attend the National Stepping Up Summit on April 2016

# Stepping Up Initiative

## A national movement ...

(NACo, Council State Governments Justice Center, American Psychiatric Association Foundation)

- To reduce the number of individuals with a mental illness in jails.
- All counties in Arizona have passed a resolution to support the movement.



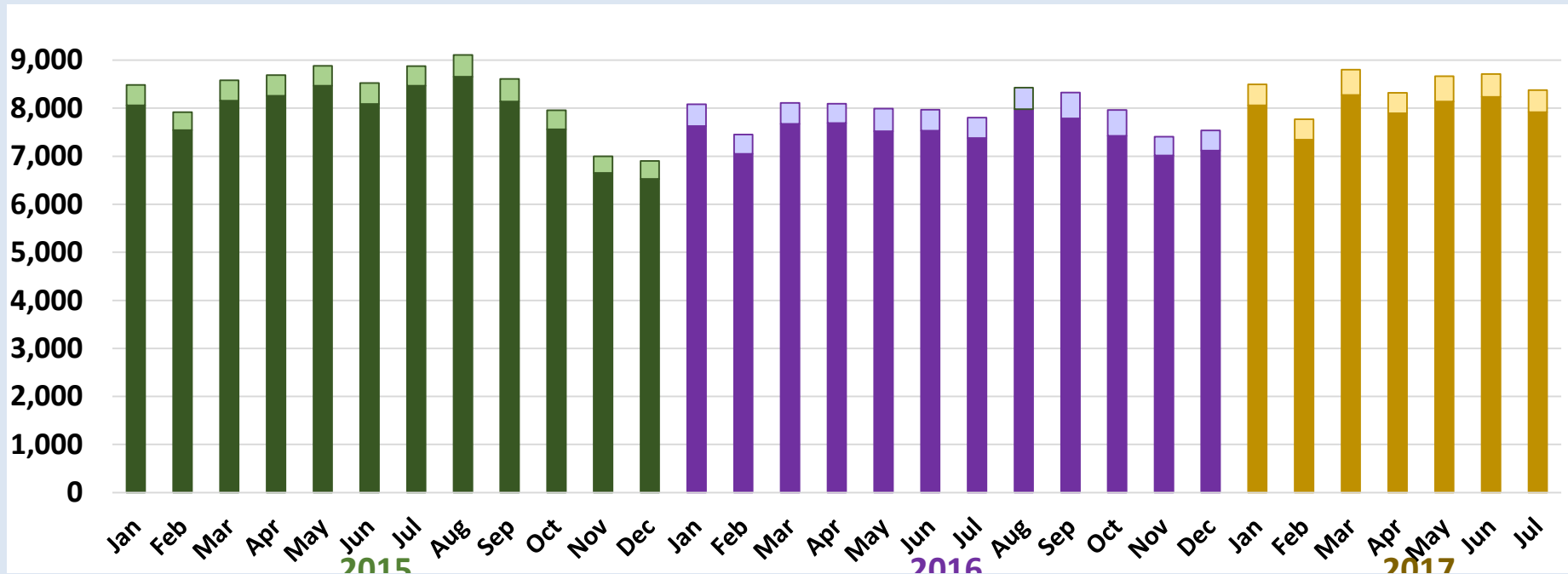
## Research and Data Analysis

- **SMI data is collected from multiple agencies:**
  - Correctional Health Services
  - Maricopa County Sheriff's Office
  - Regional Behavioral Health Authority
- **Data is reported statically to stakeholder agencies and coordinating councils.**
- **Moving towards an automated dashboard tracking system.**



## Designated SMI Jail Population

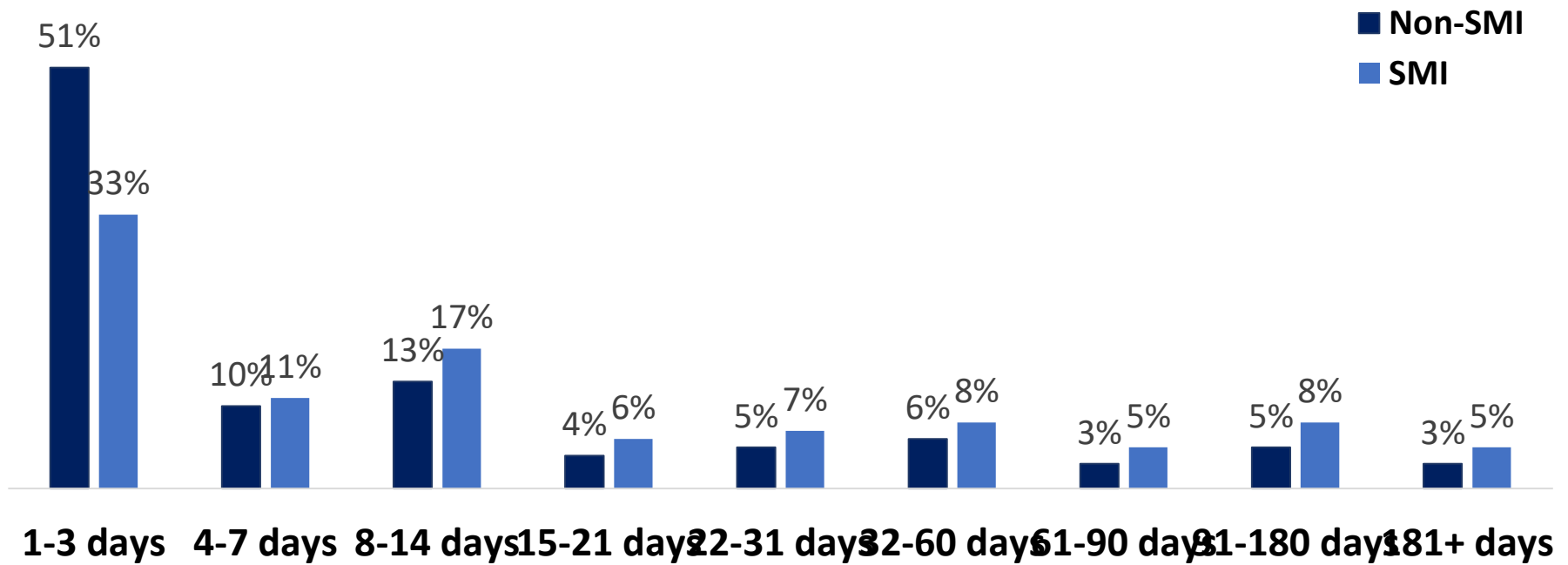
Since 2015, the designated SMI population has accounted for about 5-6% of all bookings into an MCSO jail each month.



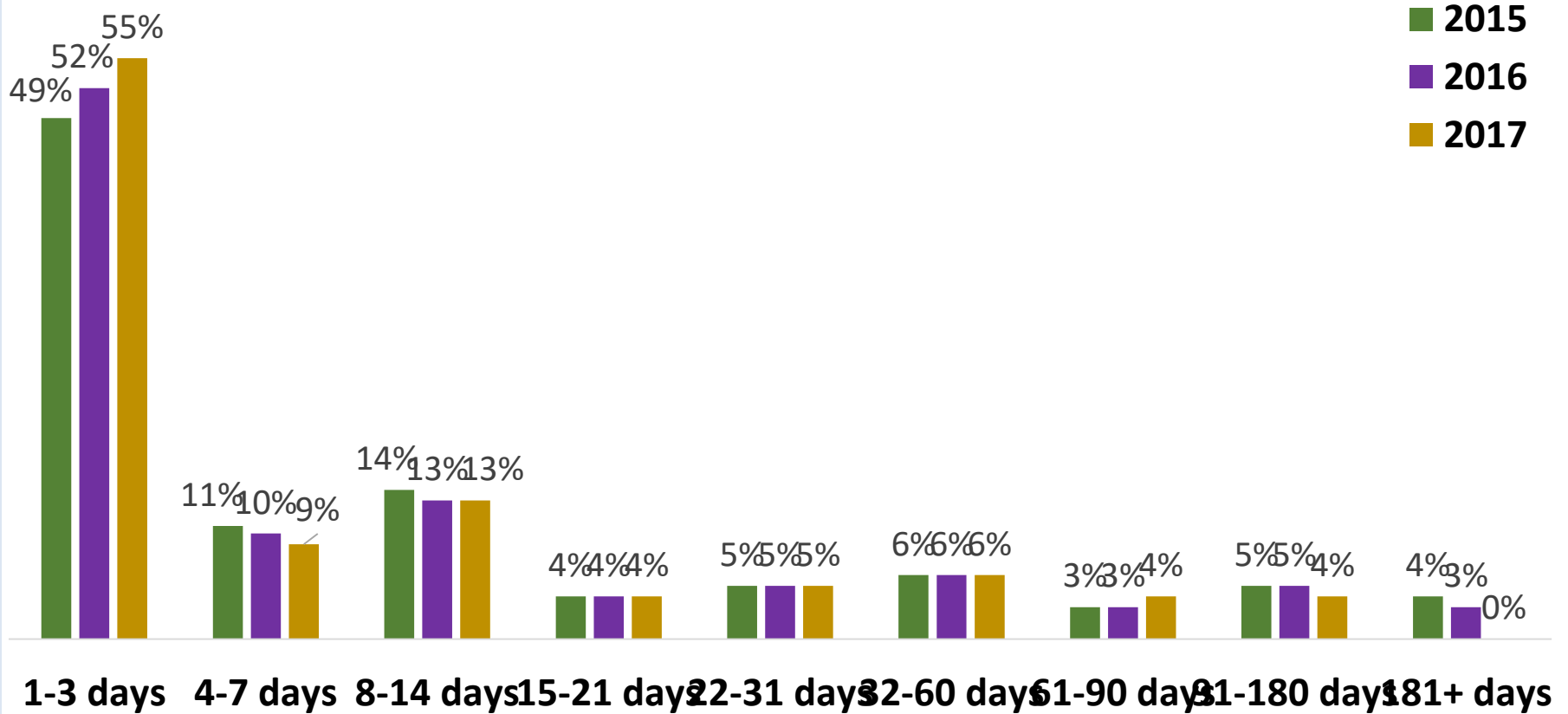
	2015		2016		2017	
	Non-SMI	SMI	Non-SMI	SMI	Non-SMI	SMI
<b>Gender</b>						
Male	76%	69%	77%	68%	76%	70%
Female	24%	31%	23%	32%	24%	30%
<b>Ethnicity</b>						
White	54%	60%	62%	68%	61%	67%
Black/African-American	14%	22%	15%	20%	16%	22%
Hispanic/Latino	24%	14%	15%	7%	15%	6%
American-Indian/Alaskan-Native	6%	3%	6%	3%	6%	3%
Asian/Pacific-Islander	1%	1%	1%	1%	1%	1%
Unknown	1%	0%	1%	1%	1%	1%
<b>Age</b>						
15-19 years	5%	2%	5%	2%	5%	2%
20-29 years	40%	28%	41%	27%	40%	27%
30-39 years	28%	32%	29%	33%	30%	33%
40-49 years	16%	23%	15%	22%	15%	22%
50-59 years	8%	12%	8%	13%	8%	13%
60 or more years	2%	2%	2%	3%	2%	3%
Average Age	33	37	33	37	33	37

## Days in Jail

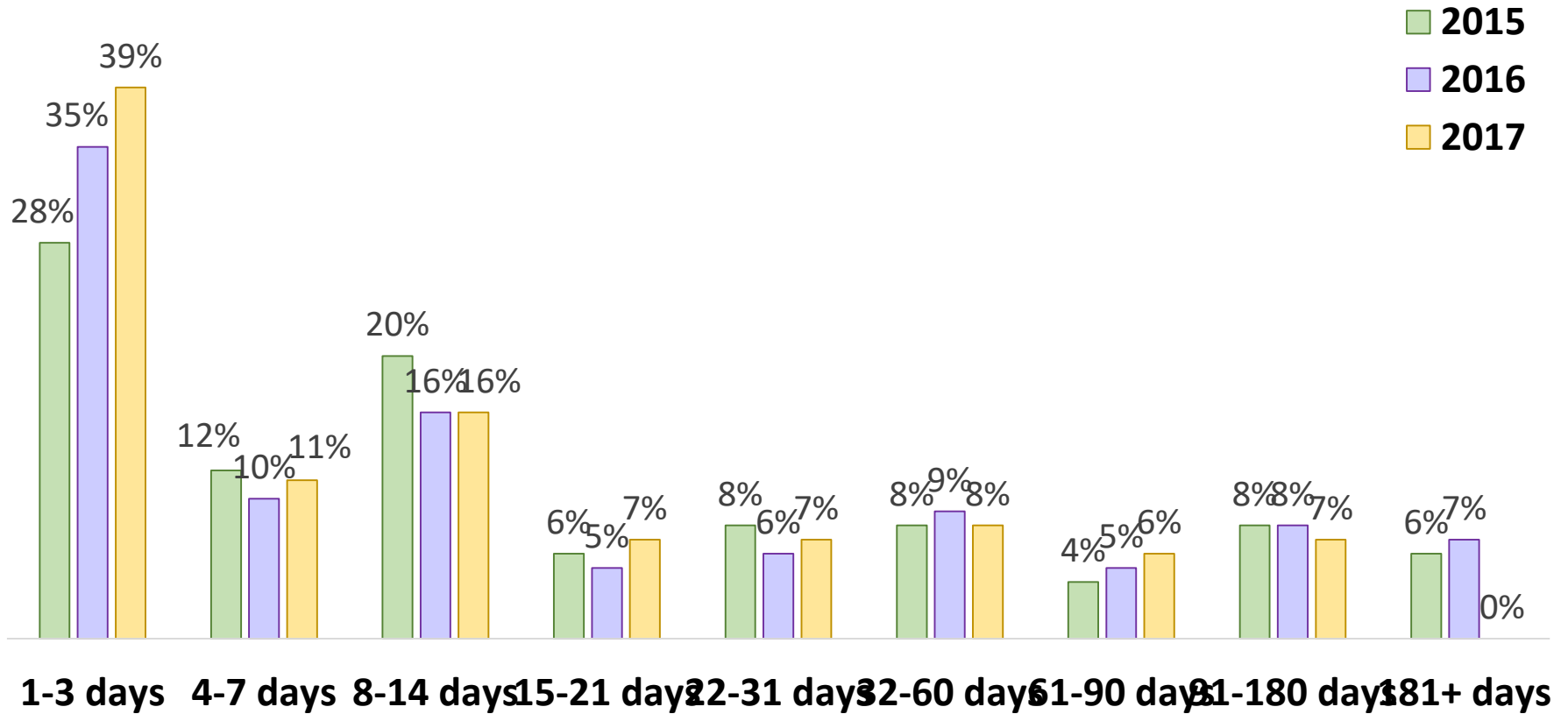
SMI compared to non-SMI spend more time in jail.



## Non-SMI



# SMI



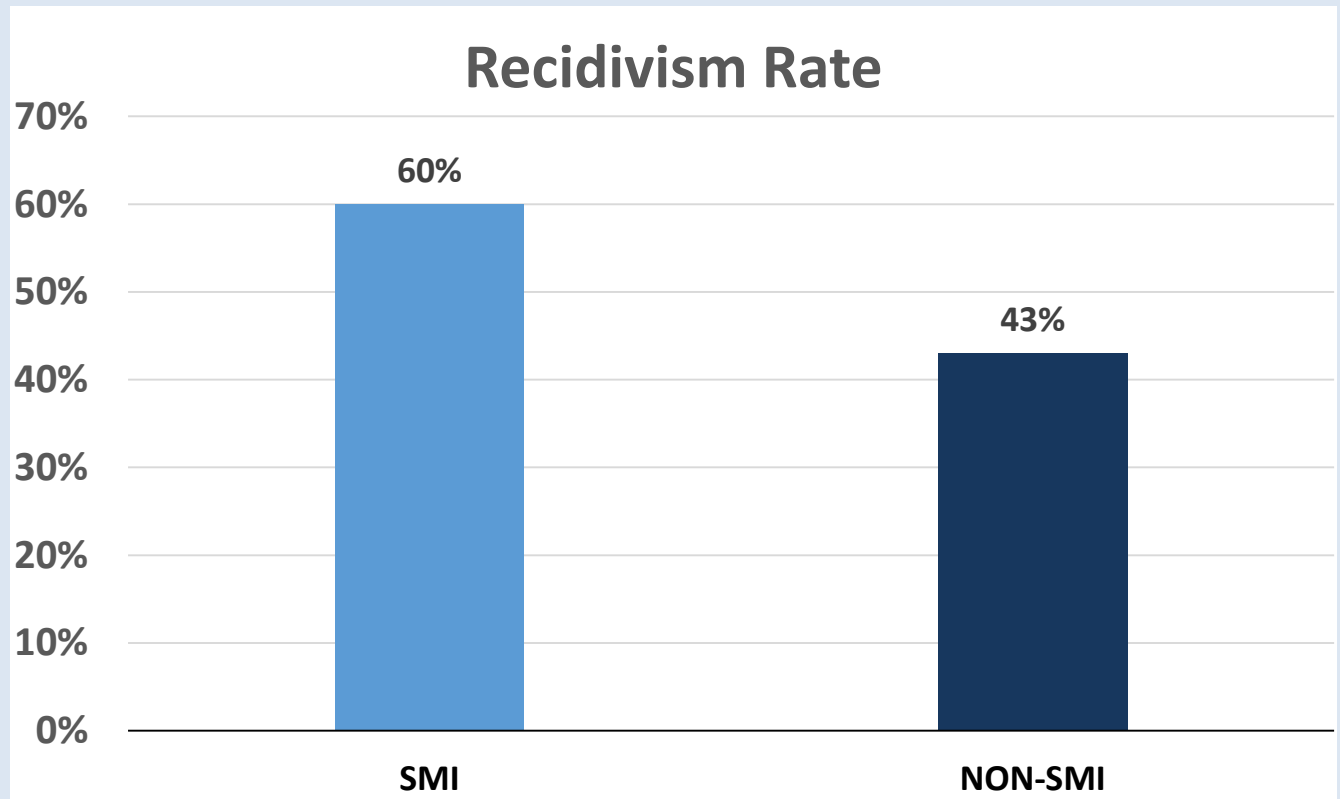
## Proxy Scores

The SMI population in jail were more likely to have a proxy score than those who were non-SMI.

- **2015**: 51% (non-SMI) compared to 73% (SMI)
- **2016**: 48% (non-SMI) compared to 66% (SMI)
- **2017**: 44% (non-SMI) compared to 62% (SMI)

## 2015 Recidivism Rate

- SMI: 60%
- Non-SMI: 43%



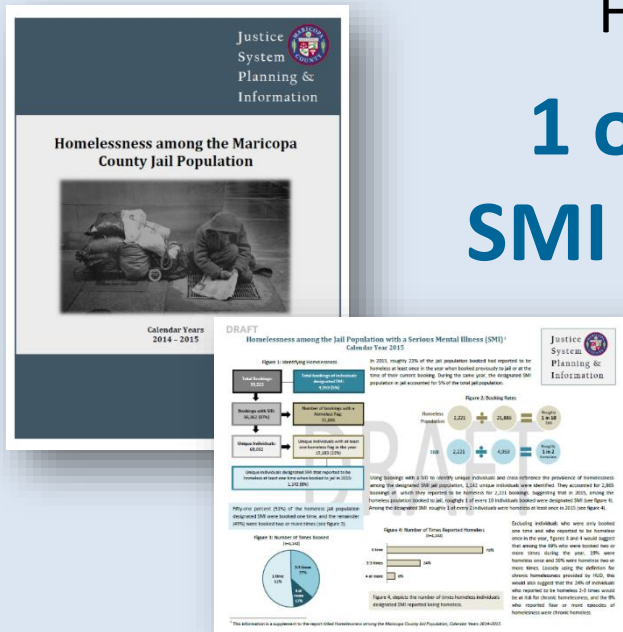


# Homelessness

Homelessness was reported in roughly

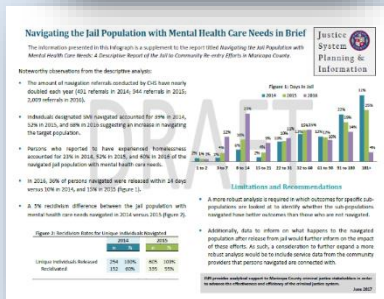
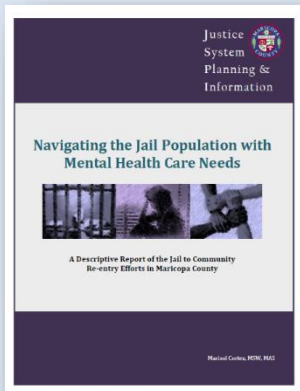
**1 of every 2** bookings of **designated SMI** individuals compared to the **1 of every 4** bookings among everyone else in both CY15 and CY16.

Similar trends seen to date.



# Navigation

- In Maricopa County, we have defined navigation as the following process:
  - Identifying the mental health needs population in jail.
  - Connecting to a support network.
  - Coordinating release and pick-up by a familiar face.



## Other Research: Pretrial Detention

- Keeping low risk individuals in jail 4+ days increases recidivism
- Compared to individuals detained 1-3 days, individuals detained:
  - 4-7 days were 49% more likely to reoffend in 12 months
  - 8-14 days were 54% more likely to reoffend in 12 months
  - 15-30 days were 84% more likely to reoffend in 12 months
  - 31+ days were 78% more likely to reoffend in 12 months

## Other Research: Chronic Offenders

- Examined individuals with 15+ bookings in prior two years
- 24% were SMI
- Majority are low risk misdemeanor offenders
- Costly population to house in jail
  - 59 individuals represented approximately \$750,000 in jail and booking fees

## **Next Steps**

### **Back to the basics**

- **System mapping**
- **Clearly documented triage strategy based upon risk and needs assessments**
- **Community connection**
  - **Track referrals**
  - **Expand partnerships**
- **Measure effectiveness**
- **Promote a regional approach**



# Questions

## Monthly Webinars and Networking Calls

- **Network Call:** Tracking Progress on Reducing the Number of People with Mental Illnesses in Jails (October 19 at 2pm ET)
- **Webinar:** Addressing Housing Needs of People with Mental Illnesses in Jails (November 9 at 2pm ET)
- **Network Call:** Addressing Housing Needs of People with Mental Illnesses in Jails (November 16 at 2pm ET)
- Register at [www.StepUpTogether.org/Toolkit](http://www.StepUpTogether.org/Toolkit)

## Quarterly Rural, Mid-Size and Large/Urban Network Calls

- Next Calls in December
- Email Nastassia for inclusion: [nwalsh@naco.org](mailto:nwalsh@naco.org)



# Poll Questions

# Contact Information

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