

Four Key Measures #3: Increasing the Number of People with Mental Illnesses Connected to Treatment

October 2018



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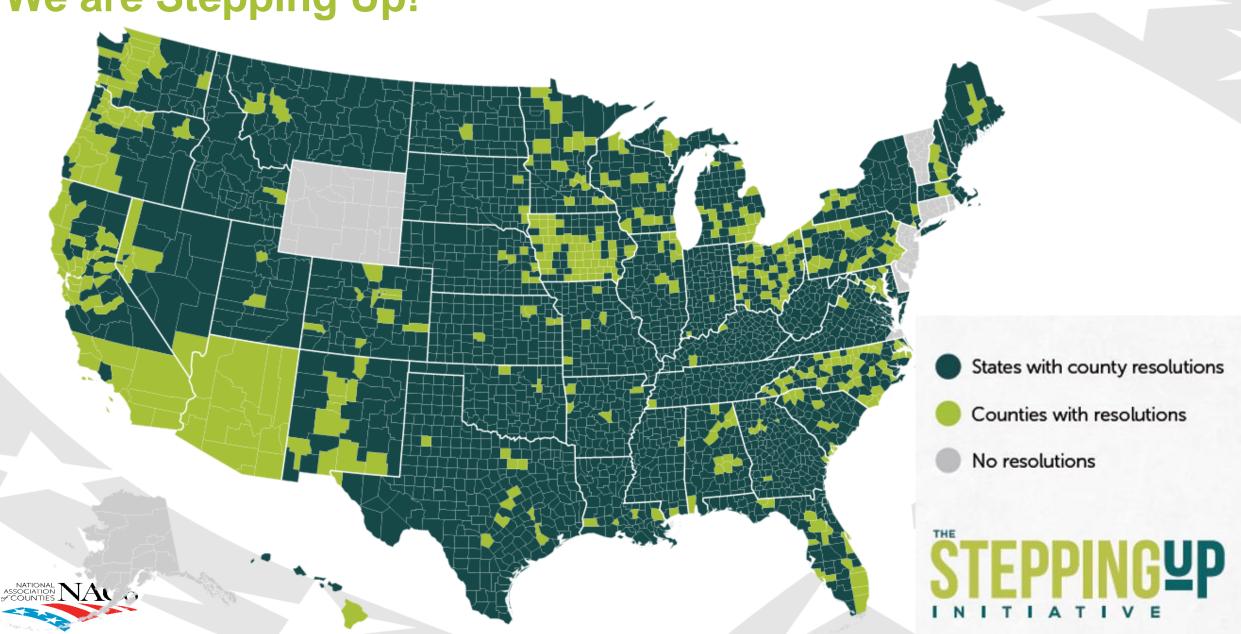


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We are Stepping Up!



Stepping Up Resources Toolkit



Monthly webinars and networking calls



Educational workshops at NACo and partner conferences



Quarterly calls of smaller networking groups of rural, mid-size and large/urban counties that have passed Stepping Up resolutions

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Written and online tools that are companions to the *Six Questions* report that present the latest research and case studies for county officials

Guidance on measuring the number of people

A project coordinator handbook

with mental illnesses in jail



www.StepUpTogether.org/Toolkit





Latest Resources

Project Coordinator Handbook

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 almady exists. If not, the contry can contract for these services, or the county planning term 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 organizational skills, and demonstrate the ability to practively drive the planning process to resure progress.

This handbook is designed to complement the <u>Reducing the Number of People with Mental Almesses in Juli-Six</u> <u>Questions County Leaders Need to Ask</u> (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 objectives and establish an efficient process for capturing the work of the planning learn.

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 systemative 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 <u>Strepping Up Toolkit</u>, including webinars, briefs that provide information and guidance for applying the *Six Questions*, and other <u>resources</u>.



Online County Self-Assessment

STEPPING^UP

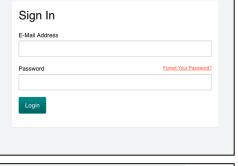
Welcome

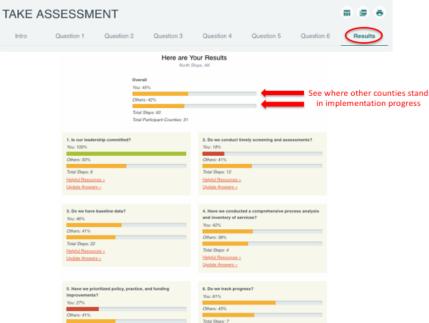
The Stepping Up County Self-Assessment is designed to assist counties participating in the Stepping Up initiative or other counties intertested in evaluating the status of their current efforts to reduce the prevalence of people with mental illnesses in jails and in determining their needs for training and technical assistance to advance their work.

Total Steps: 9

Andate Answers

Create Your Account





Helpful Resources

Update Answers -

Series of Briefs

ŠTĘPPING^uP

IN FOCUS IMPLEMENTING MENTAL HEALTH SCREENING AND ASSESSMENT

This brief focuses on implementing a mental health screening and assessment process, specifically to identify the number of people booked into jails who have serious mental illnesses (SMI). While implementing this process may also identify people who have less serious mental illnesses and other behavioral health needs who may require treatment while in jail, this brief is focused on identifying the people who have SMI because this population tends to represent the greatest draw on scarce behavioral health and social service resources.¹ Determining the prevalence of people who have SMI in jails will allow counties to develop or refine a strategic plant that will have the greatest impact on addressing this population's needs.

Stepping Up is a national initiative to reduce the number of people who have mental illnesses in jails. Counties that have joined Stepping Up are using the initiative's framework document, <u>Reducing</u> the Number of People with Mental. <u>Illnesses in Jail Six Questions</u> <u>County Leaders Need to Ask</u> (Six Questions, to quide them in

creating collaborative partnerships

in their jurisdictions, systematically identifying people who have

mental illnesses in their jails, and

changes and strategic plans to

is one of a series of companion

products designed to provide

using data to inform systems-level

track progress over time. This brief

counties with further guidance on

how to apply the Six Questions

framework. For key resources

case studies, webinars, and

<u>Toolkit</u>.

related to Stepping Up, including

network calls, visit the Stepping Up

WHY IT'S IMPORTANT

To reduce the number of people who have SMI in jails, counties need to have a clear and accurate understanding of the size of the population that has SMI. Prior to being booked into jail, some people who have SMI may never have been diagnosed and may be unaware of their mental illness, while others may have been diagnosed with a mental illness, while others may have been diagnosed with a mental illness and received but discontinued treatment. Screening and assessment are essential to identifying who should be connected or reconnected to services and treatment to address their behavioral health needs, which may also decrease the likelihood that they return to jail. Having this information will make counties better able to determine the treatment resources required to address this population's behavioral health needs. Moreover, having the ability to accurately and consistently identify the number of people who have SMI will help counties to track progress toward their goals.

WHY IT'S CHALLENGING

Implementing a screening and assessment process can be difficult, especially for counties that do not already have the staff, tools, and procedures inplace to systematically conduct these activities. Jails are fast-paced environments; with many people being released in less than 48 hours, there is little time to complete screenings and assessments.

1. This brief does not include datalized information about additional screenings and assessments for suicida, substance addiction, and criminogenic risk, which are also beneficial to complete at the time of booking into jail to basis match people with other services they need. For additional information on langeling resources based on behavioral health needs and criminogenic risk factors, rater to Addits with Bhavioral Health Needs Under Constitution and Parouting Neurowy

Upcoming Stepping Up Activities



Webinar: Stepping Up Four Key Measures #4: Reducing Recidivism for People with Mental Illness in Jails December 12, 2pm ET Register at: StepUpTogether.org/Toolkit



Stepping Up Small Network Calls Next Calls in November/December Email nwalsh@naco.org to join



Speaker: Maria Fryer



Maria Fryer Policy Advisor: Substance Abuse and Mental Health Bureau of Justice Assistance Office of Justice Programs U.S. Department of Justice







Today's Webinar



Tim DeWeese Director, Mental Health Center Johnson County, Kan.

Kristin Brinks Director, Health and Human Services Calaveras County, Calif.





Jacqueline Landess, MD, JD Assistant Professor of Psychiatry Department of Psychiatry and Behavioral Sciences St. Louis University School of Medicine



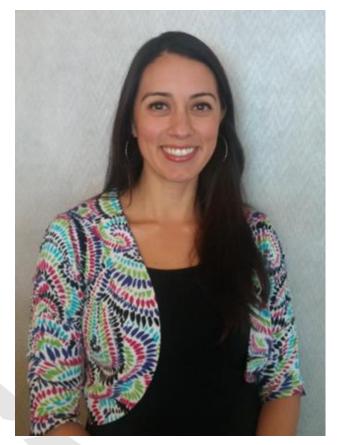
Sub-Measures for Key Measure Three

Main Measure: Percentage of people with mental illness connected to	
community-based mental health treatment and services upon release	

Suggested Sub-Measures	Suggested Data Source				
The percentage of people who have mental illness 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 mental illness 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				



Speaker: Kristin Brinks



Kristin Brinks Director, Health and Human Services Calaveras County, Calif.



Increasing the Number of People with Mental Illness Connected to Treatment

Calaveras County Health and Human Services Agency Kristin Brinks, Director

Calaveras County

-133 miles east of San Francisco and 69 miles south of Sacramento.

-Small rural county, with a population of 45,670.

-Over 1,000 square miles with more than 80% of residents living in unincorporated communities along the main travel corridors. Much of Calaveras is mountainous, accessed by two-lane roads with minimal public transportation to government agencies in the county seat of San Andreas.

County Demographics:

- 81.2% White alone, not Hispanic or Latino
- 0.9% African American
- 1.9% American Indian/Alaska Native
- 1.7% Asian American
- 0.3% Hawaiian
- 12.1% Hispanic/Latino
- 3.8% Reporting 2 or More Races

- 26.9% Over 65 Years Old
- 13.1% Live Below the Poverty Level
- 18,060 Households, 2011-2015
- 4,808 Veterans, 2011-2015
- \$30,577 Per capita money income in 2016 dollars, 2012-2016
- \$53,502 Median household income, 2012-2016

Calaveras County

County Challenges:

-In September of 2015, the Butte Fire burned 70,760 acres and 900 homes and structures were destroyed.

-Calaveras County has a federal designation as a Mental Health Professional Shortage Area (MHPSA). These are areas with a shortage of clinical psychologists, clinical social workers, psychiatric nurse specialists, marriage and family therapists, and/or psychiatrists.

-Remote areas face transportation challenges, leading to increased isolation for Calaveras residents.

-Relative to the State of California, Calaveras County has a higher concentration of persons aged 65 and older (26.9% in Calaveras compared to 15.6% in the state overall).

-A lack of vocational programs, community college, or university limits locally available training and higher education.

-Factors that adversely affect low income residents living in Calaveras County include lack of affordable housing, food insecurity, and access to local medical and dental services.

Calaveras County Adult Detention Facility

	Total # of Jail Beds:	160
	Total current allowable inmate population (based upon medical contract):	100
	Ave. Daily inmate population: (January-September 2018)	90.3
	Incarceration total cost per day/inmate:	\$117.00
	<u>Monthly <i>averages</i> from January 1 to September 30, 2018</u>	
	Monthly averages from January 1 to September 30, 2018 # Open mental health cases:	35
•		35 24.6
+	# Open mental health cases:	

20.4

62

22.4

17.7%

\$9,123.59

- % of inmates on medications:
 # of inmates on psychotropic medications:
- % of inmates on psychotropic medications:
- 1st thru 3rd qtr. 2018 psychotropic med costs (total):
- # of Behavioral Health worker in-custody visits:
- # of Tele-Psychiatric contacts:

Services Provided in the Adult Detention Facility

Everyone who comes into the Adult Detention Facility receives a Mental Health screening.

Behavioral Health Staffing:

- > 1 Licensed Mental Health Clinician in Jail
- > 1 Mental Health Clinician at the Day Reporting Center (DRC)
- 1.5 Alcohol/Substance Abuse Counselor
- 1 Case Manager (Triage/Crisis)

Services provided include:

- -One-on-one and group therapy
- -Yoga/meditation groups
- -Expressive art therapy groups
- -Group based substance use disorder treatment

-Seeking Safety (an evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse)

-Eye Movement Desensitization and Reprocessing (EMDR) (a psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences)

Services Provided in the Adult Detention Facility

-Weekly walk-throughs by the Licensed Mental Health Clinician through the Adult Detention Facility with the Sergeant to assess the health and wellness of mentally ill inmates followed by discussion with medical personnel.

-Adult Detention Facility medical must see inmates within 14 days of booking. If staff identify that an inmate may have mental health needs and/or are on medications, they are seen more promptly to mitigate potential lapses in treatment.

Additional services include:

-Computer classes and GED preparation

-Strengthening families parenting workshops

-Anger management

-Connection to public benefits (Medi-Cal, CalFresh, CalWORKs, General Assistance, etc.)

On the Horizon

Program:

- Health rhythms drumming (coming soon)
- Individual and Group Wellness Recovery Action Plan (WRAP) services

Data Collection

- Length of stay
- Client reported barriers
- Services provided
- Continued engagement in services post- incarceration

Program Referrals by Referral Year

Program	2013	2014	2015	2016	2017	2018*	Total
Anger Management	8	16	18	40	31	18	131
Anger Management (DRC)	0	0	23	27	17	22	89
Mental Health	6	7	23	38	52	19	145
Mental Health (DRC)	0	0	11	25	23	24	83
Mental Health Court	0	0	0	0	2	5	7
Substance Abuse	39	64	60	128	89	60	440
Substance Abuse (DRC)	2	10	39	43	36	33	163
Total	55	97	174	301	250	181	1058

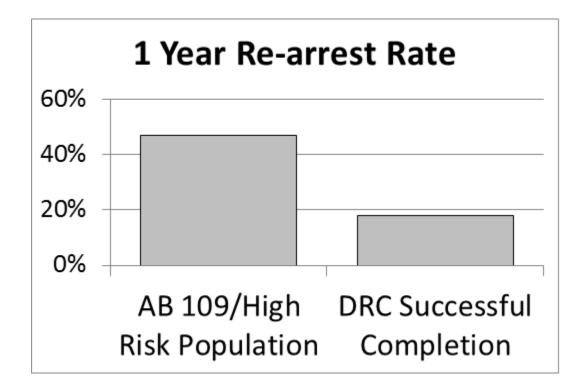
*2018 not a full year of data yet.

The "Weaving" Approach

- Clinicians, Case Managers, Alcohol/Substance Abuse Counselors provide individual and group services in-custody and out of custody.
 - Builds trust with outpatient/out of custody services.
 - Client is further along in their treatment plan as the leave incarceration.

- Criminal justice Behavioral Health staff communicate with Clinic Behavioral Health staff to ensure continuity of care.

Statistics



Preliminarily, we believe that engagement in services, including Behavioral Health Services, through the DRC decreases recidivism.

Contact Information

Kristin Brinks, Director Calaveras County Health and Human Services Agency 209–754–6445 kbrinks@co.calaveras.ca.us

Speaker: Tim DeWeese



Tim DeWeese Director, Johnson County Mental Health Center Johnson County, Kan.



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Stepping Up Four Key Measures #3:

Increasing the Number of People with Mental Illnesses

Connected to Treatment

October 25, 2018



About Johnson County, Kansas



20 cities 17 municipal & county law enforcement agencies

1,100 jail beds

760 avg. daily jail population





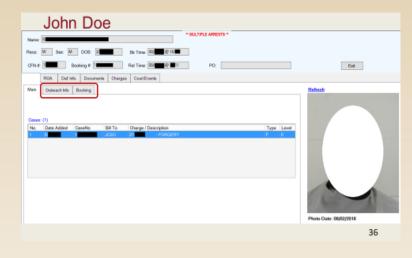
Goal: To provide research-based direction to develop an actionable plan that makes more effective use of budgets, facilitates access to mental health treatment, and promotes appropriate alternatives to incarceration

- In April 2015, the Board of County Commissioners passed a County resolutions to join the National Stepping Up initiative.
- Johnson County (KS) was one of the first four (4) counties nation-wide to engage in the Stepping Up initiative.
- In May 2018 Johnson County (KS) was identified as one of seven "Innovator" counties nation-wide.



Power of Data

Justice Information Management System (JIMS)





My Resource Connection (MyRC)





Justice Information Management System (JIMS)





My Resource Connection

Collaborating for Success







Tue 7/17/2018 7:11 PM

AIMS-Notification <myrc@jocogov.org>

MyRC Alert for Coleman, Kelsey (MNH) regarding Johnson County Sheriff Bookings and Releases

- To 📃 Coleman, Kelsey, MNH
- Cc Murphy, Jessica, MNH; MNH-Med Records

Bing Maps

+ Get more a

The Johnson County Sheriff recently booked and/or released the following client:

<u>Client Initials: PA (MYAVATAR System ID: 45049</u>) ← Click on link to view in MyRC Alert: Client booked Jul 17 2018 6:14PM -- currently in custody



	My Resource Connection Collaborating for Success A resource hosted by Johnson County, Kansas						
	Home Client	s Services Jobs	Apartments Map				
Name Address Caseworker System ID							
	Last Name:	First Name:	Go Reset a	dvanced			
Results for DOB = 02, and last four SSN - 4 records found							
	ClientID	ClientName	BirthDate	Age	Sex	Race	Dept/Div
	± 26000020 💌	🗌 A., P.	02,		Male	White	OLATHEPD/Mental Health
	🕀 160037195 🝸		02		Male	WHITE	KDOC/PAROLE
	± 270001208 🝸		02/	4	Male	White	SHR/Detention
	🕀 110025361 💌		02/		Male	WHITE	COR/Adult
		select: all none selected: itinera	ry map directions transit	remove	bookma	rk expand	collapse light gray records are inactive



Using Data to Connect People to Services

Creates new opportunities





We're able to identify residents who likely struggle

We have opportunity to engage at-risk persons We can improve the coordination of care



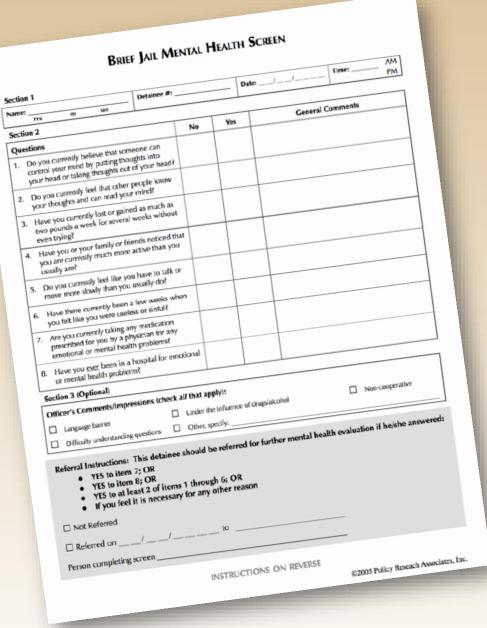
University of Chicago Data Science for Social Good



Using data to connect people to needed services

- Project focuses on reducing recidivism and improving outcomes
 for people with complex health needs.
- Johnson County, Kansas partnered with DSSG in 2016 to better predict the likelihood of re-entry into the criminal justice system for people who had previously interacted with both the mental health and criminal justice systems.
- This year, Johnson County expanded our access to data from police departments and public health centers to improve these predictions.



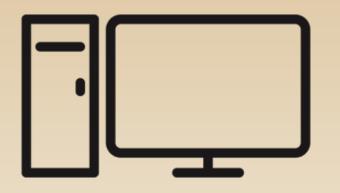


Brief Jail Mental Health Screen

- Conducted by jail staff at intake
- It is <u>not</u> considered protected health information (a person cannot self diagnose)
- We attempt to screen every detainee booked



Booking & Release Processes



Screen results entered in JIMS by the Sheriff's Office Flagged referrals are stored in the JIMS application & accessed when released from jail



Upon release from jail, mental health staff look up each person in Electronic Medical Record (EMR)





JIMS Application provides real-time notification of release

Our goals:

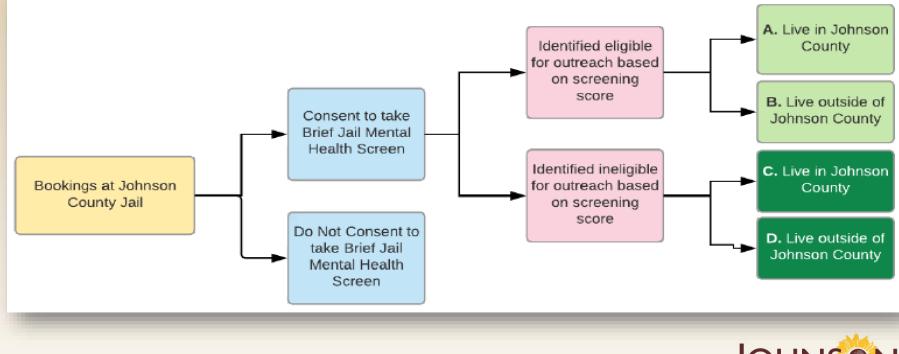
- Two outreach calls to flagged individual within 72 hours of release
- First outreach within 24 hours of release
- Face-to-face, when deemed necessary



Next Steps: Research Evaluation



Notre Dame's Lab for Economic Opportunities is conducting a quasi experimental evaluation of the Brief Jail Mental Health Screen and Outreach in Johnson County.



Thank you!

Tim DeWeese, LMSW

Director

Johnson County Mental Health Center 6000 Lamar Ave. Suite 130 Mission, KS 66202 Direct (913) 826-4022

@MNHDirector





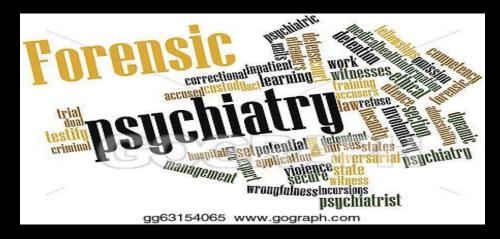
Speaker: Dr. Jacqueline Landess



Jacqueline Landess, MD, JD Assistant Professor of Psychiatry Department of Psychiatry and Behavioral Sciences St. Louis University School of Medicine



THE PSYCHIATRIST IN CORRECTIONS: COLLABORATIVE OPPORTUNITIES



Jacqueline Landess, MD, JD <u>jackie.landess@health.slu.edu</u> Assistant Professor of Psychiatry St. Louis University School of Medicine Chief of Mental Health Services, St. Louis County Jail

INTRODUCTION



St Louis County Jail Clayton, MO

• St Louis Co Jail

- 1200-1500 population
- >15,000 processed annually
- ~15-30% with SMI
- Mental Health Team
 - 1-2 psychiatrists
 - 1 psychologist
 - 1-2 social workers
- St. Louis University's Role

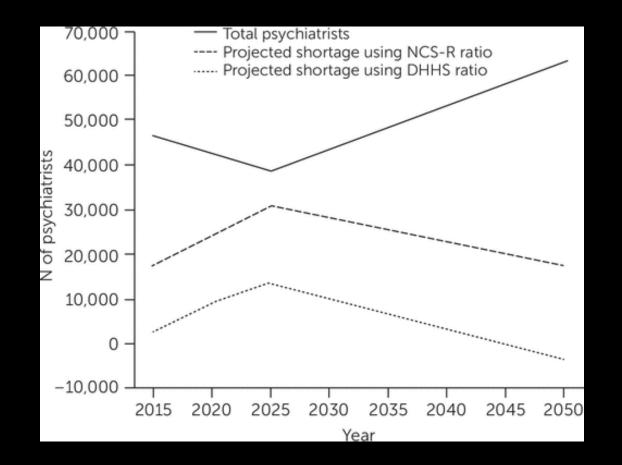
OVERVIEW

- Psychiatrist Shortage
 - National & Local Impact
- Recruitment/Retention in Corrections
- Integrating Psychiatry in Corrections



THE NEED FOR PSYCHIATRISTS

- By 2024- shortage of 31, 000
 - 55% > age 55 (AAMC)
 - No increased entry
- Other Challenges
 - Stigma
 - Less valued sub specialty
 - Salary
 - Loans & Reimbursement
 - Private Payors
 - Clustering in Urban Areas
 - 41% in CA, NY, PA, TX, FL
 - MO: 61% counties=no psychiatrist



A Satiani et al. Projected Workforce of Psychiatrists in the United States: A Population Analysis. Psychiatric Services. Epub March 2018.

PSYCHIATRISTS IN CORRECTIONS



- Shortage nationally, even tougher in corrections
- Why?
 - Remote Locations & Logistics
 - Perception about Patients
 - Perception about Environment
 - Confidentiality
 - Safety
 - Lack of Resources

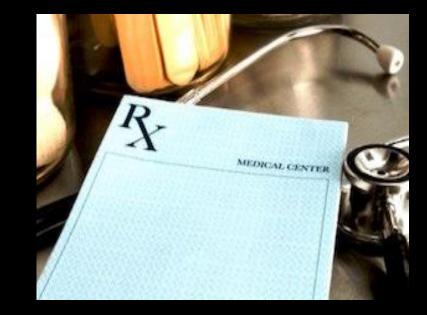
APA RESOURCE DOCUMENT (2016)

WHY SHOULD MORE PSYCHIATRISTS PARTICIPATE IN THE TREATMENT OF PATIENTS IN JAILS AND PRISONS?

- High number of patients with acute needs
- Education of trainees
- Administrative Opportunities
- Systems Change
- What Type of Psychiatrist?
 - "[Because of inherent challenges in the correctional environment] this
 requires that a psychiatrist have a strong mission for <u>patient care</u>, a deep
 respect for <u>clinical excellence</u>, a desire to <u>improve the human condition</u>, and a
 capacity for work within a <u>complex system</u>."

THAT'S THE WHY BUT WHAT ABOUT THE HOW?

- Salary, Lifestyle....
- Perception/vision
 - "Just a prescriber" vs.
 - Leader/Innovator/Member of Team
- Attitude toward mental health
- Support from administration
- You CAN practice evidence based medicine

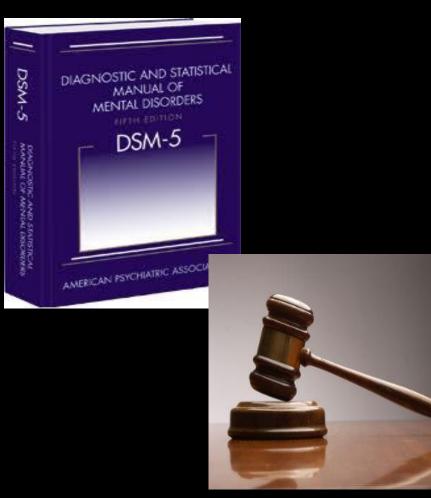


INCREASING INTEGRATION

- Team Meetings
 - M&M, weekly interdisciplinary rounds, discharge planning
- QI projects
 - Suicide
 - SMI Screening
 - Discharge Planning
- Education Programs
- Community Liaison



TYPES OF PARTNERSHIPS THE FORENSIC PSYCHIATRIST IN CORRECTIONS



- Forensic Psychiatry Fellowship
 - 4 year general psychiatry + 1 year
 - Forensic evaluations
 - State hospital experience
 - Correctional experience
- Benefit of Forensic Background
 - Unique knowledge of systems
 - Experience working in jail/prison
 - Understanding of legal process

TYPES OF PARTNERSHIPS: ACADEMIC AFFILIATIONS¹



- Involvement of Trainees
- Enhances Recruitment & Education
- Diverse Perspectives
- Research Opportunities

¹Appelbaum KL et al. A University-State-Corporation Partnership for Providing Mental Health Services. Psych Serv. (2002); Trestman RL et al. The Compelling Case for Academic Health Centers Partnering with Correctional Facilities. Academic Medicine (2015).

TYPES OF PARTNERSHIPS



- Telepsychiatry
- Collaborative Care/Consultant
- Role of APNs/PAs
- Locums

SUMMARY



- Shortage of psychiatrists
- Innovative ways to increase recruitment into jails/prisons
- Opportunities to help change the system, to lead and to educate
- Consider academic affiliations





Questions?



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Polling Questions



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Upcoming Stepping Up Activities



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Stepping Up Small Network Calls Next Calls in November/December Email nwalsh@naco.org to join



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