Stepping Up: Preparing a Plan and Tracking Progress
Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails
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

• 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
Stepping Up Steering Committee
Get Started

www.stepuptogether.org/what-you-can-do
Accessing Resources: Online Toolkit

Webinars

Self-Assessment Tools

County Examples

Planning Exercises

Research

www.stepuptogether.org/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** Archived

- **Preparing a Plan and Tracking Progress** November 17, 2015 at 2pm ET.
Today’s Webinar

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

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.
Speaker: Risë Haneberg

Risë Haneberg
Senior Policy Advisor, County Program
Council of State Governments Justice Center
Developing a Plan Using Research-based Approaches and Measuring Progress
| Step 1: Convene a diverse team of leaders and stakeholders |
| Step 2: Collect and review data on the prevalence of people with mental illnesses in jails and assess their treatment needs |
| Step 3: Examine treatment and service capacity and identify policy and resource barriers |
| Step 4: Develop a plan with measurable outcomes |
| Step 5: Implement research-based approaches |
| Step 6: Create a process to track and report on progress |
System Planning

“Begin with the end in mind”, “Keep your eye on the ball”, “No Pain, No Gain”

– Can’t get to outcomes and measuring progress until implementation strategies are in place
– Importance of consensus on broad principles
– Importance of implementing policies and process that results in the over-all goal of reducing prevalence
System Planning

Do sweat the small stuff

– Detailed planning for the nuts and bolts of making change happen system wide is hard work
– Designated coordinator to keep the work on track
– Who does what, when and how has to be designed to benefit the individual with mental illness AND the system
– Consensus around use of screening tools, information sharing, and shared resources.
Overarching Goal of Stepping Up: Reduce Number of People with Mental Illness in Jail

Specific Strategies

<table>
<thead>
<tr>
<th>Law Enforcement</th>
<th>Initial Detention</th>
<th>Jails/Courts</th>
<th>Reentry</th>
<th>Community Corrections</th>
</tr>
</thead>
</table>

Typical Status Quo
Need way to assess, not just inventory, system
Beyond Gaps Analysis

• How do you plan a system response that addresses reducing prevalence of mental illness in jails?

• How do you plan to know **UP FRONT** what you need to measure and that you are implementing strategies that measure for those key indicators?

• How do you plan to ensure you are implementing the EBP’s that give you the most bang for the buck—i.e. serving the most at risk population?
Strategies

- Law Enforcement Diversion
- Screening and Identification
- Connection to Services
- Community Supervision

Outcomes

- Reduce the number of people booked in jail with behavioral health disorders
- Reduce the length of time people with mental illnesses stay in jail
- Increase connections to community-based services and support
- Reduce the number of people returning to jail
What does this require?

- “Screening” is the first step
- “Flagging” those individuals identified as needing special services and supervision to address behavioral health needs from the point of booking through the system
- “Connecting” to supervision and community based services.
- “Tracking” data to measure progress
Use 4 Key Measures to Track Progress

• For Each of the 4 Key Measures:
  – Reduce number of people booked into jail with behavioral health disorders
  – Reduce the length of time people with mental illness stay in jail
  – Increase connections to community based services and supports
  – Reduce the number of people returning to jail

• Data to Track
• Policy and Process to Implement
• System Capacity to Develop
## Four Key Measures

### 1. Reduce the number of people booked into jail with behavioral health disorders

<table>
<thead>
<tr>
<th>Data to Track</th>
<th>Policy and Process to Implement</th>
<th>System Capacity to Develop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people identified as having mental illness diverted from jail by law enforcement.</td>
<td>Special police responses such as CIT, co-responder, mobile crisis interventions and crisis stabilization to divert people from jail when public safety is not an issue.</td>
<td>Number of cases diverted entered electronically and able to be compared against baseline of all bookings.</td>
</tr>
<tr>
<td>Number of people who screened positive for potential mental illnesses at booking.</td>
<td>Universal screening at time of booking for mental illness; those who screen positive receive follow-up assessment; those who are assessed positive are flagged to inform future justice system response.</td>
<td>Data entered electronically and able to sort by those flagged for mental illness.</td>
</tr>
<tr>
<td>Number of people who screened positive for potential substance use disorders at booking.</td>
<td>Universal screening at time of booking for substance use disorders; those who screen positive receive follow-up assessment; those who are assessed positive are flagged to inform future justice system response.</td>
<td>Data entered electronically and able to sort by those flagged for substance use disorders.</td>
</tr>
<tr>
<td>Number of unique individuals who screened positive for behavioral health disorders at booking.</td>
<td>Protocols in place for information sharing to inform post booking decisions re jail management, diversion, pretrial supervision and specialty courts assignment as well as post-conviction interventions.</td>
<td>Data entered electronically and able to sort by unique identifier to track individuals as they move through the system.</td>
</tr>
</tbody>
</table>
## Four Key Measures

### 2. Reduce the length of time people with mental illnesses stay in jail

<table>
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| Number of people screened as low, medium and high for pretrial risk. | - Universal screening at time of booking for pretrial risk information to be provided to court to inform bail and release decisions;  
- Additional criminogenic risk tools implemented as long as release is not delayed due to inability to complete screening;  
- Appointment of counsel to advise at first appearance;  
- Court personnel trained to administer pretrial best practices. | - Data entered electronically and able to sort by individuals with behavioral health flag and broken out by risk level.  
- Data entered electronically and able to sort by individuals with behavioral health flag and broken out by top charge at time of booking. |
| Length of stay for pre-trial population in jail. | Process in place for monitoring of pretrial population for release consideration. | Data entered electronically and able to compare pretrial individuals with behavioral health flag at pretrial LOS against total average pretrial LOS. |
| Length of stay for sentenced population in jail. | Process in place for assessments to inform the sentencing decision including placement in specialized supervision and behavioral health programming as an alternative to incarceration. | Data entered electronically and able to compare sentenced individuals with behavioral health flag LOS against total average sentenced LOS. |
## Four Key Measures

### 3. Increase connections to community-based services and support

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</table>
| Percent of people with behavioral health disorders connected to court-based supervision and treatment programs pretrial and post-conviction at time of discharge. | Process in place to ensure connection to court-based supervision and treatment occurs. Follow-up process required to confirm completion of the connection. Release is not delayed due to inability to arrange connection, and post discharge follow-up is completed. | • Ability to match flagged population with assignment to court-based program.  
• Ability to track follow-up to ensure connections occurred. |
| Percent of people with behavioral health disorders connected to community based services pretrial and post-conviction at time of discharge. | • Process in place to ensure connection to community based services occurs. Follow-up process required to confirm completion of the connection. Release is not delayed due to inability to arrange connection, and post discharge follow-up is completed;  
• Process in place to ensure navigation services in place for connection to health care coverage options, Veteran’s benefits, other benefits. | • Ability to match flagged population with referral to community based service provider.  
• Ability to track follow-up to ensure connections occurred. |
## Four Key Measures

### 4. Reduce the number of people returning to jail

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<th>System Capacity to Develop</th>
</tr>
</thead>
</table>
| Percent of failures to appear/new criminal activity for pre-trial population with behavioral health disorders. | Policy in place to adhere to “RNR” principles to ensure those on pre-trial release who are moderate to high risk with SMI/SPMI are targeted for specialized supervision and programming services including collaborative case management strategies; low risk population is connected to community based services as needed. | • Ability to sort criminogenic risk level of people with those flagged for behavioral health disorders in jail.  
• Ability to track FTA and arrest for new criminal activity.                                                                 |
| Percent of technical violations/new criminal activity for sentenced population assigned to community supervision with behavioral health disorders. | • Policy in place that adheres to “RNR” principles to implement evidence-based programming for the moderate to high risk population with SMI/SPMI including Cognitive Behavioral Therapy based programming for those with behavioral health needs who are also at risk to reoffend.  
• Policy in place to implement a sanction and incentive matrix to guide response to technical violations. | Ability to track probation completion rates and recidivism rates for community supervision population |
| Number of prior offenses for people identified with mental illness booked into jail. | Process in place to review most frequently booked population with behavioral health flag for specialized response.     | Ability to track lifetime jail admissions by an individual with behavioral health flag.                         |
Not just about data collection – also essential for ensuring responses are appropriate

1. Maximize opportunities to connect people to treatment upon first contact with law enforcement

2. Conduct universal risk, substance use, and mental health screens at booking, and full assessments as appropriate

3. Get relevant information into hands of decision-makers in time to inform pre-trial release decisions

4. Use assessment information to connect people to appropriate jail-based services and post-release services and supervision

5. Ensure services and supervision are evidence-based and hold system accountable by measuring outcomes
Benefits for county leadership of focusing on measuring progress toward outcomes

Simple framework to ground and focus discussions with stakeholders

Ability to evaluate if investments are having intended impact

More accurately quantify gaps in policies/programs and funding needs
THANK YOU!

Email info@stepuptogether.org with any additional questions
Speaker: Sarah Peterson

Sarah Peterson
Welfare Administrator
Codington County, South Dakota
Reduce the number of people with mental illness in jails

A Rural Perspective

Sarah Petersen, Director, Welfare Office
Coordinator, Stepping Up Initiative
Codington County, South Dakota – A Rural County
November 2015
Codington County

In Northeastern South Dakota

County Seat
Watertown
Codington County Facts

Population: 27,227

6th largest county in state

State population: 853,175

Agriculture traditionally has dominated the economy.

Green: Micropolitan Area, 10,000-50,000 population
Purple: Metropolitan – Sioux Falls, Rapid City; 50,000 +
Codington County Welfare Office

The Lead Office on Stepping Up Initiative

Staff: 1 Social Worker

Collaboration within County
  County Commissioners
  State’s Attorney
  Sheriff
  Detention Center

State Law: “Every county shall relieve and support all poor and indigent persons ...”
Collaborators - the Advisors

Advisory Links which have been Established

- State of South Dakota entities
  - Council on Mental Health
  - Council on Substance Abuse
  - Dept of Social Services – Division of Behavioral Health

- State Senator from local District

- National Alliance for Mental Illness, South Dakota Chapter
Collaborators – the Implementers

Links are Established

- NGO: Human Service Agency
  - Substance Abuse
  - Developmentally Disabled
  - Mental Illness
  - Severe Mental Illness case mgt
- Housing:
  - Watertown Housing Authority
  - SD Housing Development Auth.
  - USDA Rural Development
- SD Social Services
  - Supplemental Nutrition Assistance Program
  - Heating Assistance

Links are Needed

- Judge
- Watertown City Police
- SD State Probation Office
Catalysts to action

Increasing Challenges

• Overcrowded prisons & jails
  • 25% inmate growth by 2020
  • 2 new jails would be needed
  • 61% of inmates are nonviolent

• Insufficient space for courts
  • Voters rejected larger court and jail space in 2014

• More mental health crises
In Response to the Challenges - 1

Public Safety Improvement Act
(Senate Bill 70; 2013)

• Strengthen offender accountability
  • Focus on recidivism reduction

• Focus prison for violent criminals

• Monitor quality of reforms
  • Performance measures
  • Reports to oversight council

Avoiding submersion
In Response to the Challenges - 2

Other Initiatives

• Juvenile Detention Alternatives
• Drug Court
• Veterans Court
• Codington County Justice Advisory Committee
Where are we now?

What has been done to date?

Accomplishments
Accomplishments
Details on following slides

- Crisis Intervention Training
- Drug Court and Veterans Court
- Human Service Agency
- Mental Health Worker
- Stepping Up Initiative Working Group
Crisis Intervention Training

• Lead: County Sheriff

• Current Funding: State Division of Behavioral Health

• First class in January 2014

• Presenters: Multiple community resource providers

• Students: law enforcement, correctional officers, others
Drug Court and Veterans Court

• Mission: Keep people in treatment long enough for it to work, while supervising them closely.

• In lieu of traditional case processing

• Goal: to reduce recidivism

• Funded by State of South Dakota

• Led by Circuit Court System
Human Service Agency

- Non-Governmental Organization
  Federally-qualified
  Established in 1962

- Mission is unique
  - Mental Health AND
  - Substance Abuse

- Serenity Hills
  - Half-way house for people with both mental illness and addiction

Funding

- Private pay, insurance, State contracts, Medicare, Medicaid, other
- Codington County: $75,000 in 2015
Mental Health Worker

• Licensed Professional Counselor

• Part-time based on jail population
  • 25% of 55 inmates is 13 inmates
  • 13 x 1.54 hours/week = 20 hrs/wk
  • Also does crisis intervention

• Began in September 2015

• Purpose
  • Screen and stabilize inmates
  • Plan rehabilitation & return to community

• Funded by County Welfare Office
  • Money saved by maximizing use of longer-term assistance, funded by other entities
Stepping Up Initiative Working Group

- Members of Working Group
  - Welfare Office
  - Sheriff
  - Detention Director
  - Mental Health Worker
  - Human Services Agency, Chief Operating Officer
  - County Commissioner

- County Commission passed the basic NACO SUI Resolution

- Purpose: Plan & Implement program
- Meet monthly
Where are we headed?

What is the end-game?

Long-range goals
Long-Range Goals
Details on following slides

• Reduce the number of people with mental illness in jails
• Rehabilitate inmates with mental illness
• Use human and financial resources effectively
Reduce the number of people with mental illness in jails
Rehabilitate Inmates with Mental Illnesses
Use human and financial resources effectively

The Ideal Future

- Transition smoothly into community
- Stabilize inmate & plan release program
- Redirect before court and avoid incarceration
- Identify earlier, e.g., in schools

Work Together
How do we reach our goals?

Objectives and Tasks
Action Plan
Steps to Reach the Goals
Details in following slides

• “Get your ducks in a row”
• Define how to measure success
• Develop action plan and timeline
• Identify clients
• Proceed – with oversight
Get your ducks in a row

- Train personnel
  - NACO SUI webinar series
  - NACO Conferences

- Complete links with collaborators
  - Judge
  - City Police
  - State Probation Office

- Identify capable resources
  - Money, people, organizations

- Define roles and responsibilities
  - Who does what, when
Define how to measure success

- Identify data gathered now and what it measures
- Determine what data will evaluate progress toward goals
- Collaborators agree on data to be used and its collection
Develop action plan and timeline

• Action Plan
  • Tasks clearly stated
  • Timeframes realistic
• Collaborator agreement
• Coordination and oversight by Welfare Office
Identify clients

2 categories command attention

- Low risk (offenses, to re-offend)
- Severe mental illness

Implement screening tool

- Identify mental illness
- Identify substance abuse
- Evaluate risk to re-offend
- Adjust, as necessary
Proceed – with oversight

- Meet regularly
- Prepare regular reports, using agreed-upon measures and data
- Adjust program and process quickly, as needed

- As program is implemented, assess adequacy of resources
  - Funding
  - Personnel
  - Facilities
  - Logistics

... and effectiveness of services to the clients
REVIEW – How to Get Started

1. Establish working relationships with collaborators
2. Clarify roles & responsibilities
3. Choose the right data to measure progress
4. Agree on Action Plan
5. Just do it!

You crawl before you walk!
Contact

Sarah Petersen/ Welfare Administrator
Codington County
codwelfare@codington.org
ph.605.882.6286
Speaker: Leon Evans

Leon Evans
CEO, Center for Health Care Services
Bexar County, Texas
Finding Leadership

Who’s gonna make us do it?
Collaboration: It’s an unnatural act between...

...two or more unconsenting adults.
Community Partnership

How We Started

City Government
County Government
State Government
University – Local
Private Hospitals
Law Enforcement
Criminal/Civil Courts
Advocacy – NAMI
Consumers
San Antonio State Hospital
Mental Health Partners

The Jail Diversion Over-sight Committee

The Jail Diversion Planning & Advisory Committee

Community Medical Directors Roundtable

Public and Private Sponsorship
2000 – CEO begins diversion efforts, full time coordinator is hired

2002 – Bexar County Jail Diversion Collaborative meets for 1st time

2003 – First Crisis Intervention Team Training begins

2004 – Specialty Jail Diversion Facility opens

2005 – 24/7 One Stop Crisis Care Center opened

2006 – Bexar County Jail Diversion receives APA’s Gold Award

2008 – Restoration Center opened; Detox, Sobering, IOP Treatment

2010 – Haven for Hope 1,600 Bed Homeless Facility opened

2010 – International Crisis Intervention Team Conference hosts 1,600 Officers

2011 – Prospect Courtyard Safe Sleeping reaches high of 714

2012 – Prospect Courtyard adds 80 bed MH residential

2012 – Prospect Courtyard adds new MH Clinic

2012 – Restoration Center Expansion; Building #2 added

2013 – Prospects Courtyard CMS Innovation BH/Health Integration

2014 – Central Magiration Assessment Innovations

2015 – Facilities Expansion

Timeline
Performance Measures
Leon Evans, President/CEO
The Center for Health Care Services
210 261-1000
www.chcsbc.org
levans@chcsbc.org
Questions?

Type your question into the questions box.
National Stepping Up Summit

- What: National Stepping Up Summit
- When: April 17-19, 2016
- Where: Washington, D.C.
- Who: All counties
- How: Applications due December 18, 2015

Poll Questions
Next Steps: Go to www.StepUpTogether.org

- Check out the Stepping Up website and sign on!

- Review the Stepping Up sample resolution!

- Take Action Now to get announcements about future webinars!

- Apply for the National Summit
Contact Information

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www.stepuptogether.org