Stepping Up:
Preparing a Plan and Tracking Progress

County Ideas that Work

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.

NACo | VIRTUAL LEARNING COMMUNITY

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.
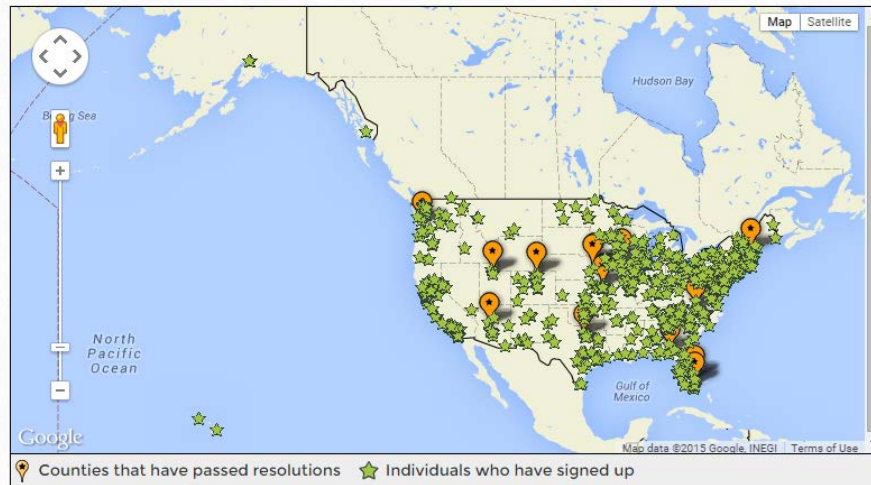
Poll Questions

The Problem:
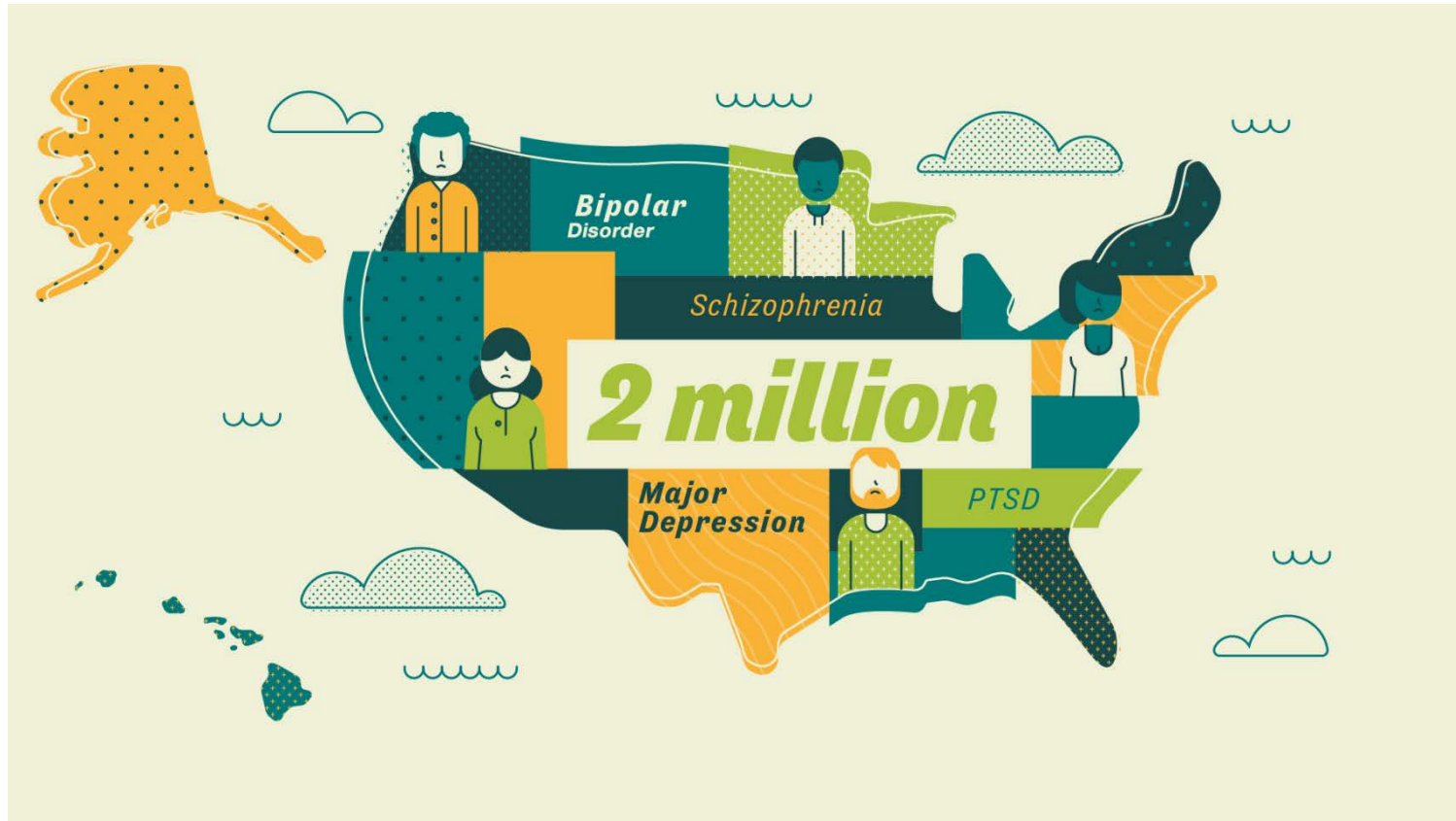
www.stepuptogether.org

Stepping Up Steering Committee

Get Started

What You Can Do

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

Accessing Resources: Online Toolkit

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

NACo | VIRTUAL LEARNING COMMUNITY

Speaker: Risë Haneberg

Risë Haneberg
Senior Policy Advisor, County Program
Council of State Governments Justice Center

JUSTICE ★ CENTER
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

Developing a Plan Using Research-based Approaches and Measuring Progress

Stepping Up Review

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
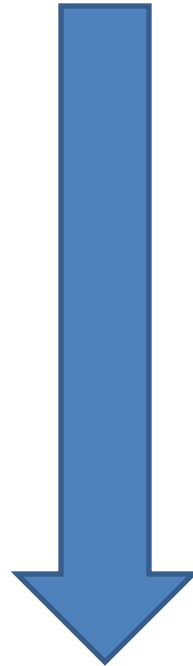
**Typical
Status
Quo**

Specific Strategies				
Law Enforcement	Initial Detention	Jails/Courts	Reentry	Community Corrections

Need way to assess, not just inventory, system

18
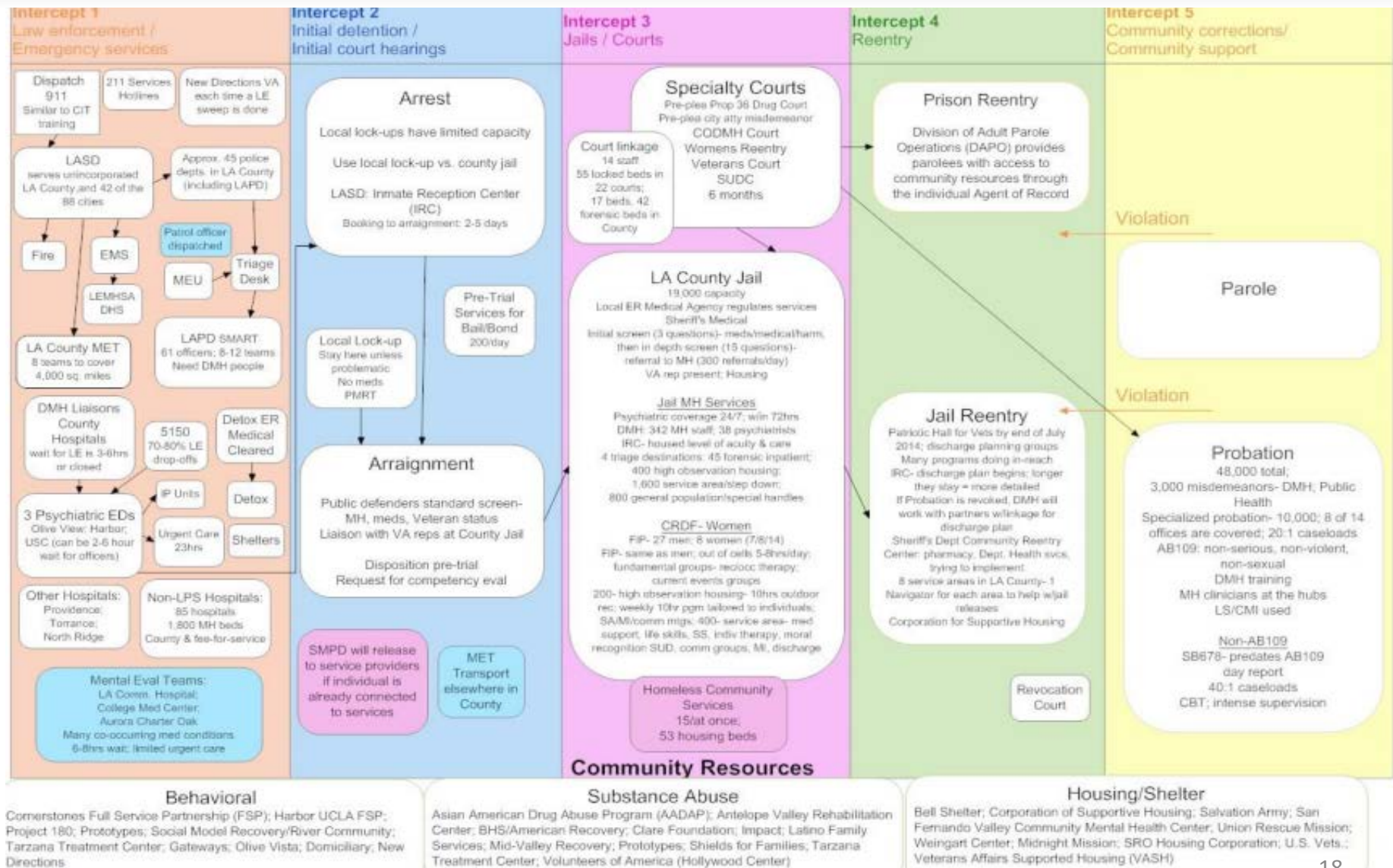
Beyond Gaps Analysis

- 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		
Data to Track	**Policy and Process to Implement**	**System Capacity to Develop**
Number of people identified as having mental illness diverted from jail by law enforcement.	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.	Number of cases diverted entered electronically and able to be compared against baseline of all bookings.
Number of people who screened positive for potential mental illnesses at booking.	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.	Data entered electronically and able to sort by those flagged for mental illness.
Number of people who screened positive for potential substance use disorders at booking.	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.	Data entered electronically and able to sort by those flagged for substance use disorders.
Number of unique individuals who screened positive for behavioral health disorders at booking.	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.	Data entered electronically and able to sort by unique identifier to track individuals as they move through the system.

Four Key Measures		
2. Reduce the length of time people with mental illnesses stay in jail		
Data to Track	**Policy and Process to Implement**	**System Capacity to Develop**
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		
Data to Track	**Policy and Process to Implement**	**System Capacity to Develop**
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		
Data to Track	**Policy and Process to Implement**	**System Capacity to Develop**
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

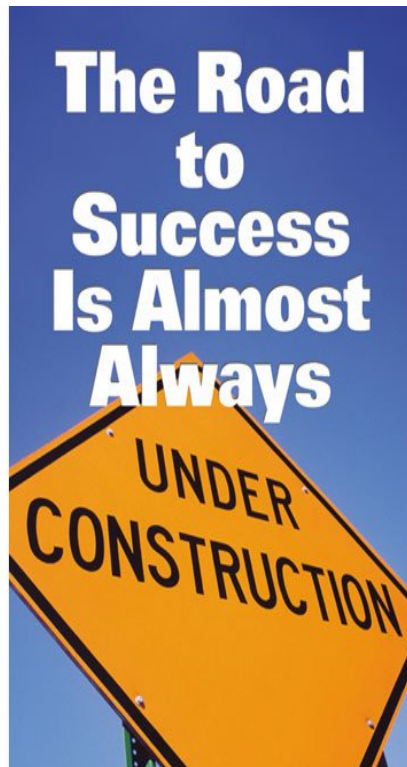More accurately quantify gaps in policies/ programs and funding needs

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

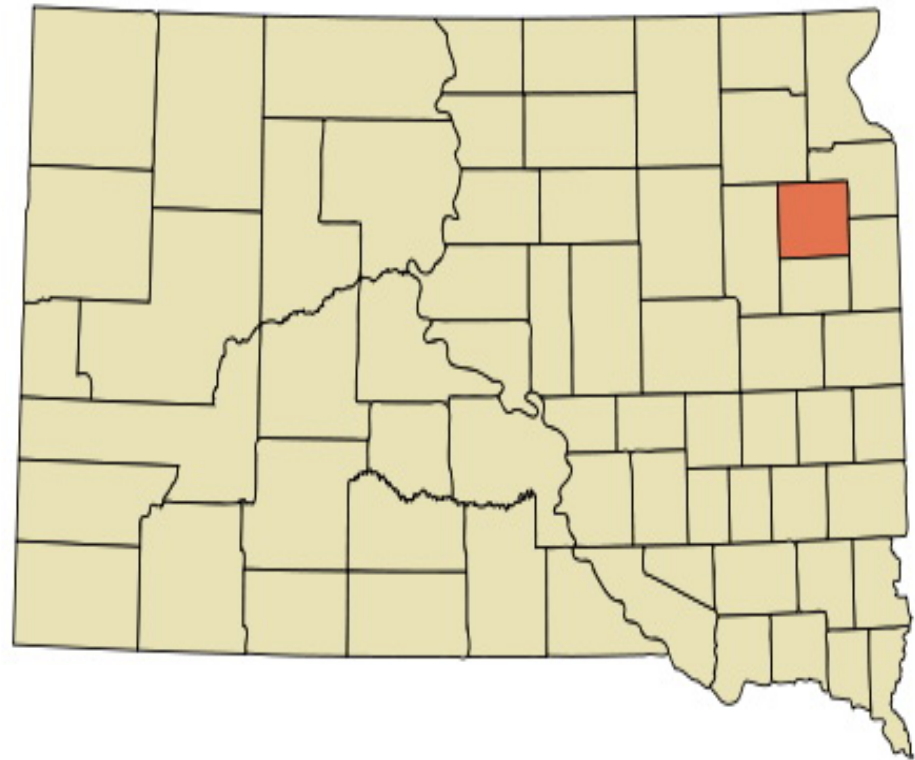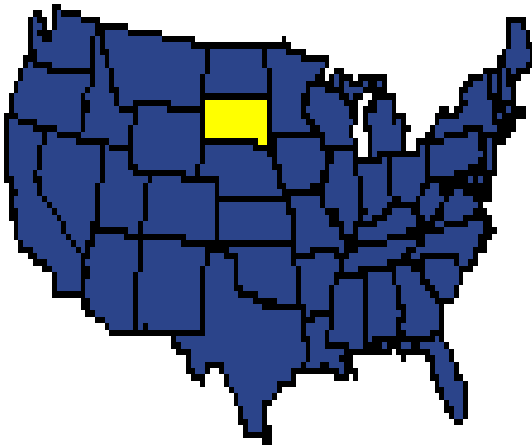Codington County, South Dakota – A Rural County

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.
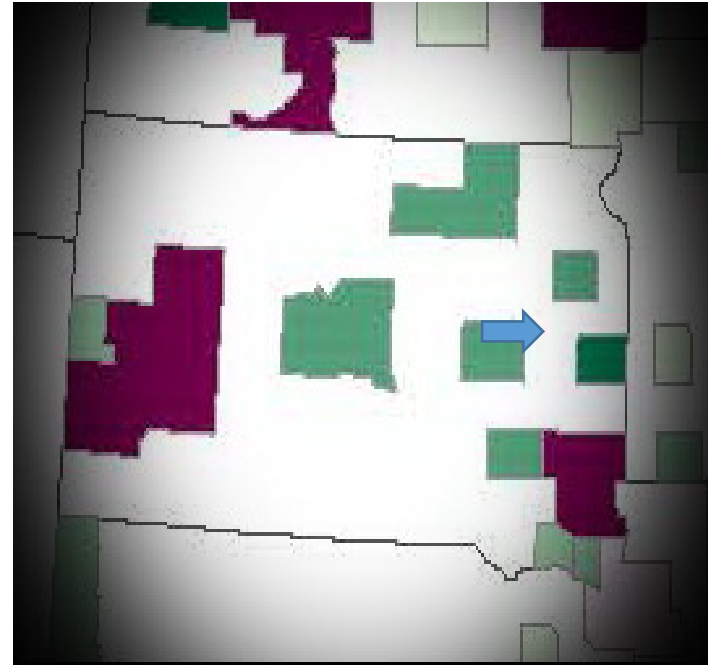
Green: Micropolitan Area, 10,000-50,000 population

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
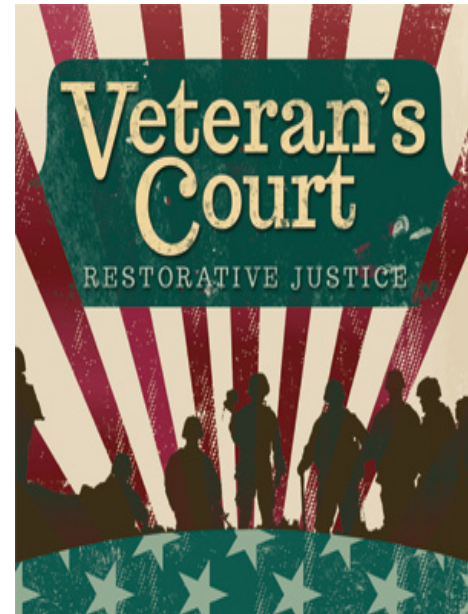
Human Service Agency

- **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
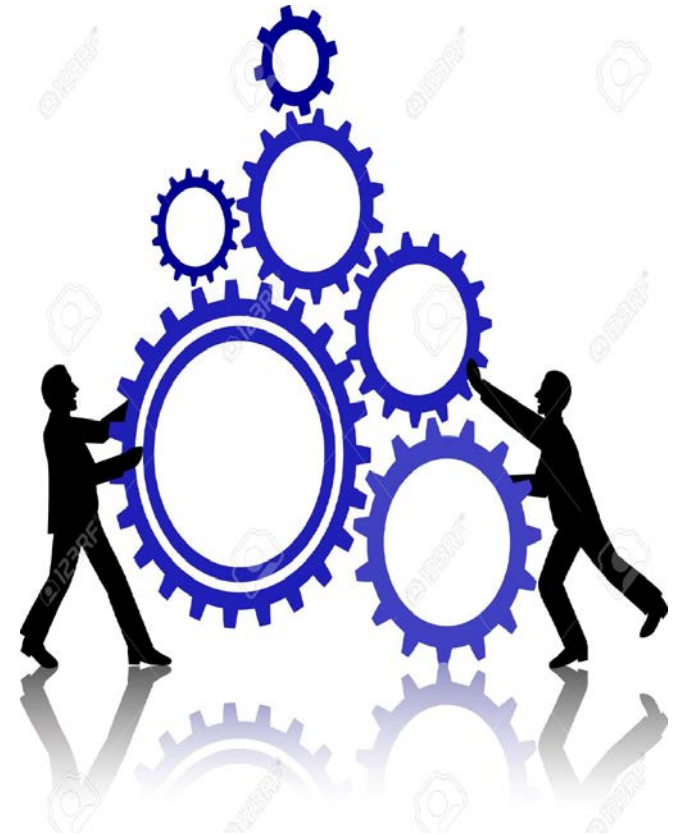
Get your ducks in a row

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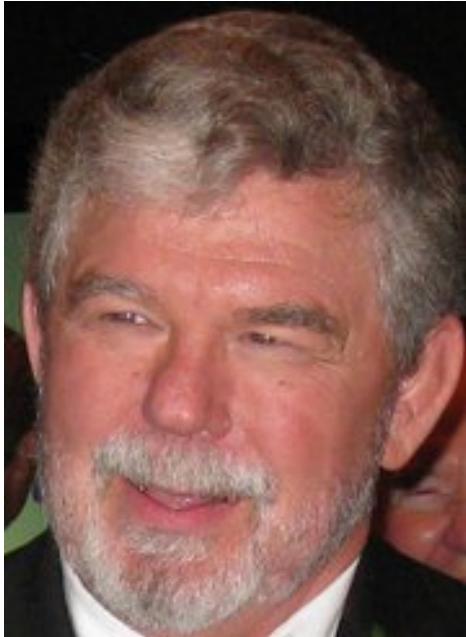
Leon Evans
CEO, Center for Health Care Services
Bexar County, Texas

COMMISSIONER PAUL ELIZONDO
COMMUNITY MENTAL HEALTH CLINIC

THE CENTER FOR HOPE
Partners in Mental Health & Substance Abuse Solutions

partnering for
Mental Health
CRISIS
Team
San Antonio
Texas
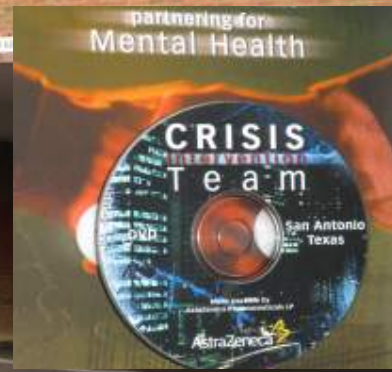
THE Bexar
County ST
A Comm
Commitmen
Mental Health

Finding Leadership

Who's gonna make us do it?

Collaboration: It's an unnatural act between…

...two or more unconsenting adults.

Community Partnership

The Jail Diversion Over-sight Committee

The Jail Diversion Planning & Advisory Committee

Community Medical Directors Roundtable

Public and Private Sponsorship

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

Timeline

2015 – Facilities Expansion

2014 – Central Magistration Assessment Innovations

2013 – Prospects Courtyard CMS Innovation BH/Health Integration

2012 – Restoration Center Expansion; Building #2 added

2012 – Prospect Courtyard adds 80 bed MH residential

2012 – Prospect Courtyard adds new MH Clinic

2011 – Prospect Courtyard Safe Sleeping reaches high of 714

2010 – In House Recovery Program Male and Female 104 sober living beds

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

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

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

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

2005 – 24/7 One Stop Crisis Care Center opened

2004 – Specialty Jail Diversion Facility opens

2003 – First Crisis Intervention Team Training begins

2003 – Deputy Mobile Outreach Team begun

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

2000 – CEO begins diversion efforts, full time coordinator is hired

Performance Measures

Crisis Care Center Admissions/Individuals Placed In Observation

■ Total Served ■ Individuals Placed In Observation

Over the last 6 months, 59% of the clients were placed in observation
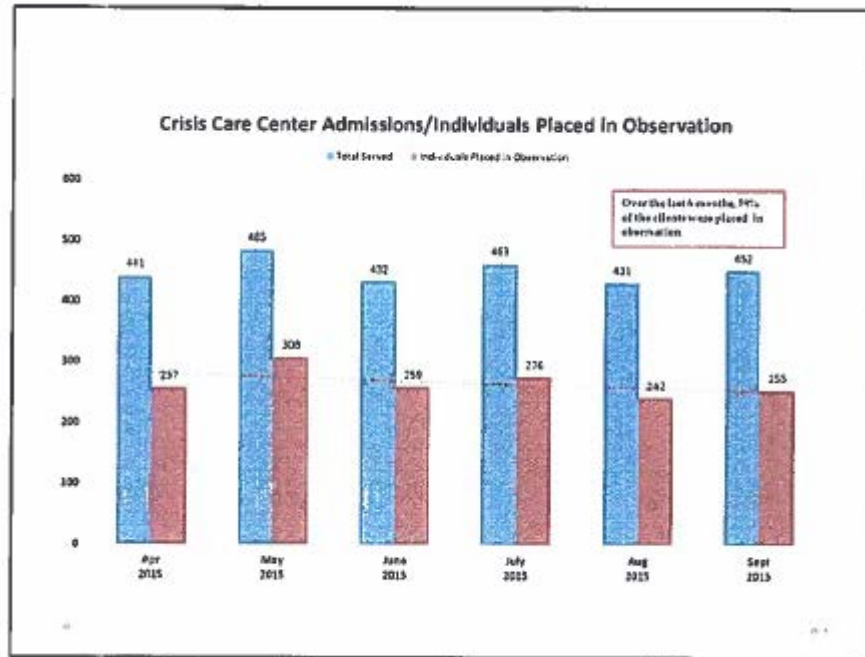
Crisis Care Center Summary — 9/30/2015

Crisis Care Center	Apr 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015	Total
1. Total Served	441	485	432	463	431	452	2,704

Crisis Care Center	Apr	May	June	July	Aug	Sept	Total
2. Individuals Placed in Observation	257	308	259	276	242	255	1,597
3. Average Length in Stay In Hrs	22.9	24.4	29.3	25.9	27.6	26.7	26.1
4. Times on Diversion	15	6	8	14	14	10	67
5. Hours on Diversion	118.5	94.5	142.3	149.1	295.3	186.0	986
6. Active Routine Cases	34	43	43	40	41	52	253
7. Active Urgent/Emergent Cases	102	100	97	115	97	102	613
8. Total Routine Cases	127	120	121	136	140	151	795
9. Total Urgent/Emergent Cases	269	315	264	293	259	270	1,670

CCC - ED's & MHW's	Apr	May	June	July	Aug	Sept	Total
10. Total Involuntary	123	163	151	123	121	148	829
11. Emergency Detentions	112	145	131	118	110	138	754
12. Voluntary to Involuntary> Emergency Detentions	6	5	6	2	5	8	32
13. Mental Health Warrants	5	13	14	3	6	2	43
14. Courtesy Rides	9	13	12	12	11	12	69
15. Brought By EMS	1	2	1	0	1	0	5
16. Brought By Ambulance	2	0	2	1	0	0	5
17. Warrant Applications	41	41	38	31	29	24	204
18. Warrant Applications Faxed from Municipal Court		22	16	16	6		60

CCC - Dispositions/Referrals	Apr	May	June	July	Aug	Sept	Total
19. Total Hospitalized	66	83	62	63	57	63	394
20. SASH	0	1	0	0	0	1	2
21. ER for Medical Clearance	4	5	11	4	6	7	37
22. Josephine Recovery Center	32	42	36	41	39	36	226
23. Detox	20	26	35	45	34	37	197
24. CHCS Sobering	0	0	0	0	0	2	2
25. IHRP	7	5	5	6	4	3	30
26. CHCS Clinics	50	56	46	69	50	58	329
27. Intake CHCS	42	43	48	49	48	57	287
28. VA Services	3	4	1	7	1	4	20
29. Community Services	60	70	64	49	44	40	327

Crisis Line	Apr	May	June	July	Aug	Sept	Total
30. Total Calls	2,320	2,338	2,346	2,485	2,691	2,427	14,607
31. Routine AMH	46	41	46	43	63	48	287
32. Urgent AMH	84	65	79	79	81	77	465
33. Crisis Stabilized by Phone AMH	41	24	9	14	12	13	113
34. Community Referrals AMH	446	485	466	492	533	473	2,895
35. Emergent AMH	10	6	11	24	10	11	72
36. State Bed Authorization AMH	313	328	350	355	388	325	2,059
37. Disconnected - AMH	16	18	13	14	18	16	95
38. Routine CMH	13	16	7	2	9	20	67
39. Urgent CMH	20	18	6	8	12	24	88
40. Crisis Stabilized by Phone CMH	9	3	4	6	2	3	27
41. Community Referrals CMH	91	120	69	75	53	107	515
42. Emergent CMH	1	1	1	1	1	1	6
43. State Bed Authorization CMH	24	24	25	15	18	18	124
44. Disconnected - CMH	1	2	1	1	2	4	11
45. Non-Assessment/Information Only	1,205	1,187	1,259	1,356	1,489	1,287	7,783

THE CENTER FOR HOPE
Partners in Mental Health & Substance Abuse Solutions

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

www.StepUpTogether.org/Toolkit

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

NACo | VIRTUAL LEARNING COMMUNITY
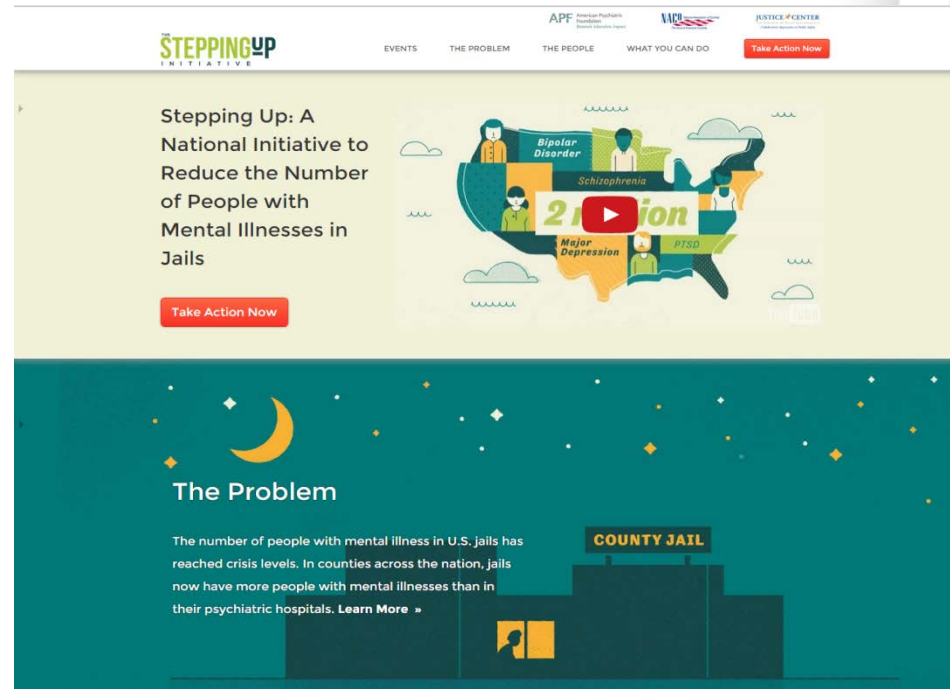
Contact Information

Nastassia Walsh

Program Manager, NACo

E: nwalsh@naco.org

P: 202.942.4289

Stepping Up: info@stepuptogether.org

www.stepuptogether.org