

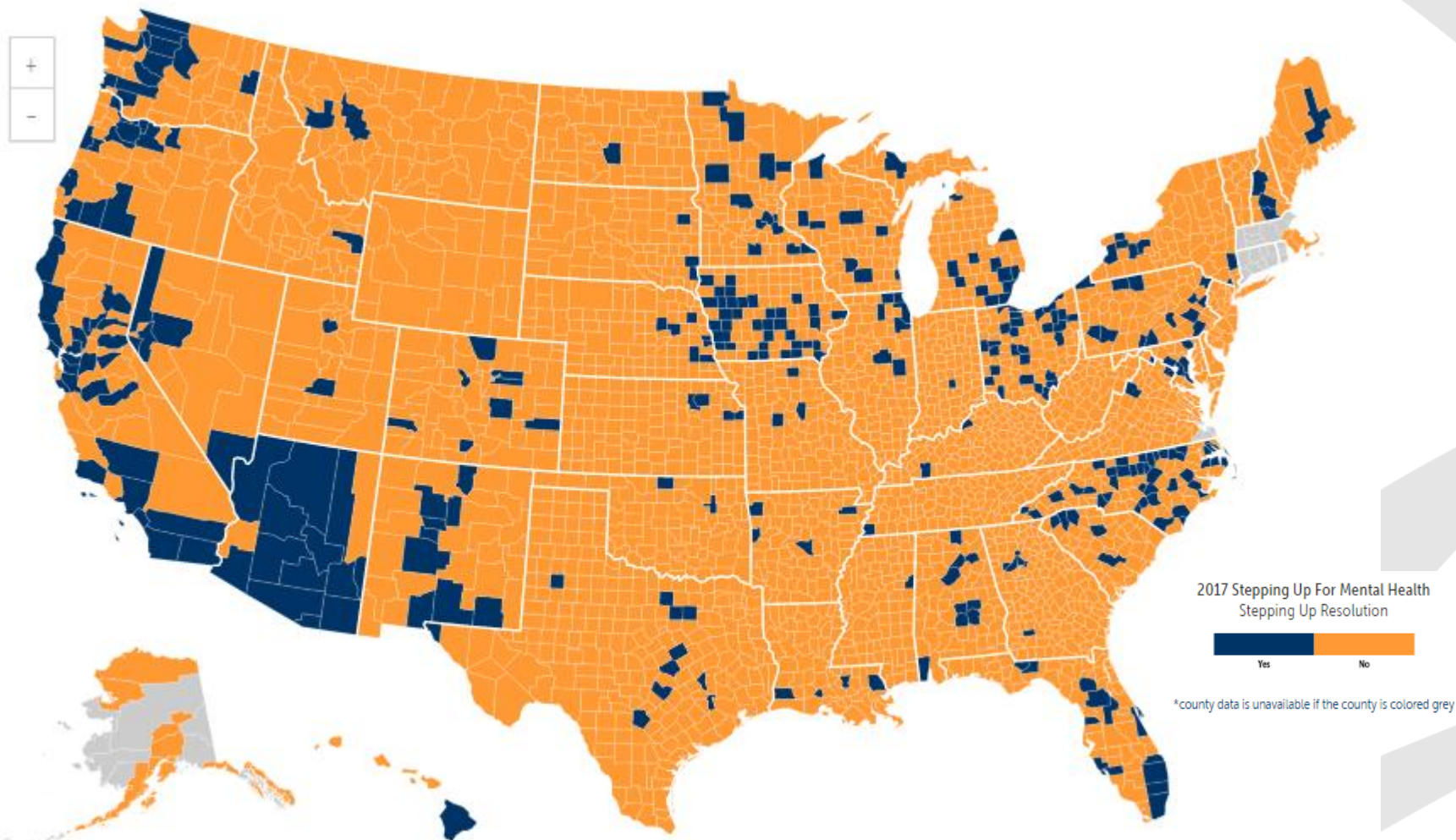
Establishing Baseline Data for Mental Illness in Jails

May 2017



Counties are Stepping Up

Stepping Up Resolutions Received as of May 1, 2017



Speaker: Ruby Qazilbash



Ruby Qazilbash
Associate Deputy Director
Bureau of Justice Assistance
Office of Justice Programs
U.S. Department of Justice

Today's Webinar



Council of State Governments Justice Center

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Richard Cho, Ph.D.
Director, Behavioral Health Program
Council of State Governments Justice Center

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



Stepping Up:

Establishing Baseline Data for Mental Illness in Jails

Dr. Richard Cho, Director of Behavioral Health, The CSG Justice Center

May 11, 2017

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Collaborative Approaches to Public Safety

Reminder: To Reduce the Number of People With Mental Illnesses in Jails, County Leaders Should Ask These Questions



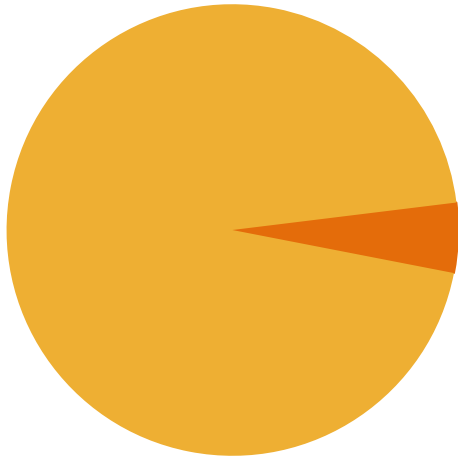
Released in January 2017

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?
6. Do you track progress?

Mental Illnesses Overrepresented in Jails

General Population

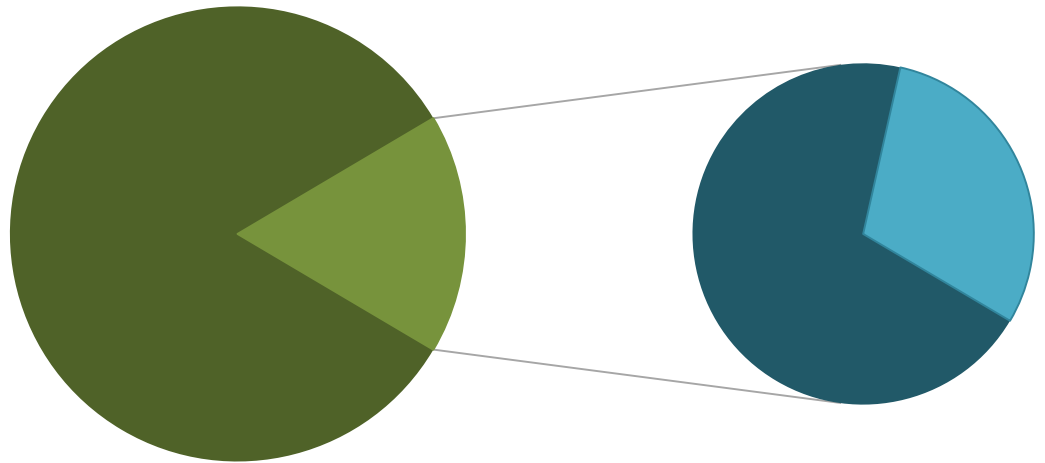
5% Serious
Mental Illness



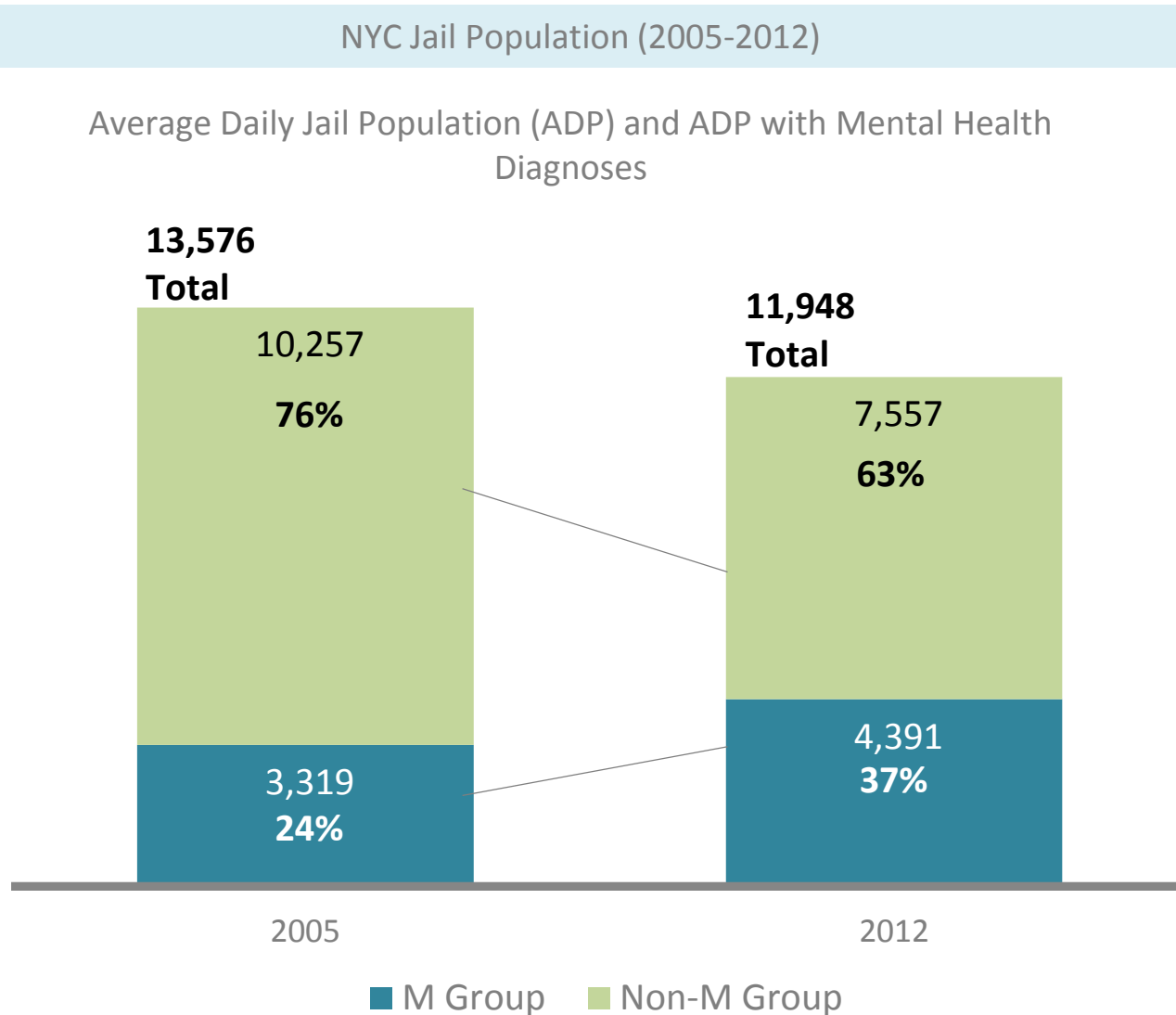
Jail Population

17% Serious
Mental Illness

72% Co-Occurring
Substance Use
Disorder



Jails Report Increases in the Number of People with Mental Illnesses



Pennsylvania's Statewide Stepping Up Initiative

"I can remember back in 2002 talking about people with mental illnesses in the criminal justice system. Now, fifteen years later every single meeting that I'm involved with, this is the number one topic. I have a theory as to why we're still debating this. It's because we identified this as an issue, and issues don't get solved. Problems get solved. In order for something to be a problem we have to define it, and we haven't done a good job of that when it comes to people with mental illnesses in the criminal justice system."

- Secretary John Wetzel,
PA Department of Corrections



Why is Collecting Baseline Data Important?

The core premise of Stepping Up is to reduce the prevalence of people with mental illnesses in jails.

In order to do this, counties must have accurate and accessible data on the number of people with SMI in jails, and then measure their progress against that benchmark.

Reducing the Prevalence of People with Serious Mental Illnesses in Jails

The process counties are recommended to take in order to have accurate and accessible data, at any given time, on the prevalence of people with SMIs in jail*:

1. **SMI Definition:** Use one common definition for SMI for the purposes of the planning process and to track progress. Each state has a definition of SMI, which is used to obtain federal behavioral health block grants or to establish eligibility for Medicaid insurance, and may be a good starting point.
2. **Screen & Assess:** Use a validated MH screening tool upon booking into jail and refer people who screen positive for mental illness to a follow-up clinical assessment by a licensed mental health professional in a timely manner.
3. **Record & Plan:** Record screening and assessment results in a database that can be queried, and report regularly on this population.
4. **Track Connections & Progress:** When people with SMI are released from jail, develop mechanisms to track their connection to follow-up care in the community, as well as progress to reduce the prevalence of people with SMI in jails

*For counties that are in the process of implementing a MH screening and assessment process, there are alternative measures that can be used to estimate the prevalence of people with SMI in jail, such as using the number of people who screen positive for SMI at booking as the prevalence rate.

Stepping Up Goals Based on Four Key Measures

1

Reduce

The number
of people with
SMI booked
Into jail

2

Shorten

The average
length of stay
for people SMI
in jails

3

Increase

The percentage
of connection to
care for people
with SMI in jail

4

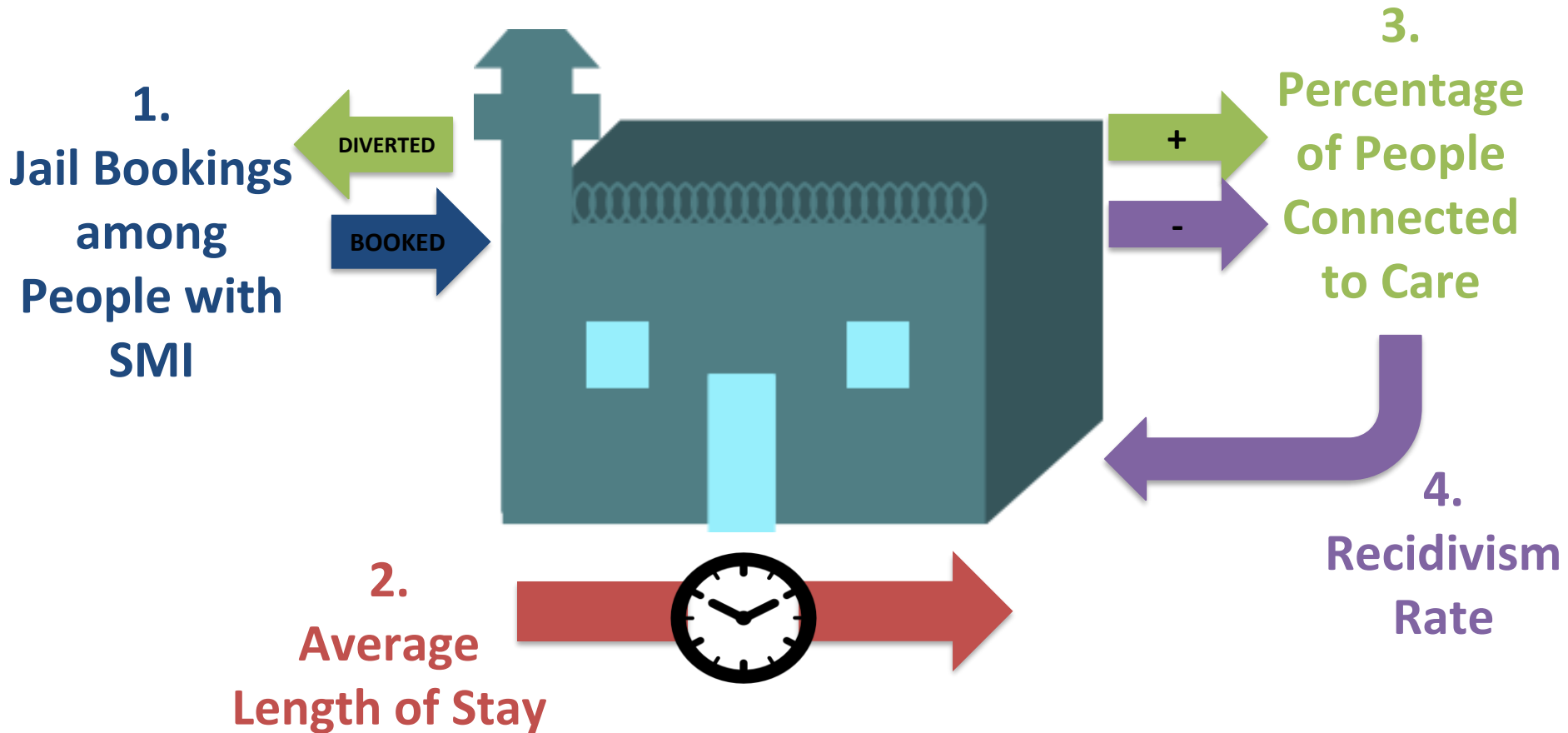
Lower

Rates of
recidivism

Checklist to Establish Baseline Data:

- ✓ System-wide definition of recidivism
- ✓ Electronically collected data
- ✓ Baseline data on the general population in the jail
- ✓ Routine reports generated by a county agency, state agency, or outside contractor

Prevalence of Mental Illness in Jails as a Function of 4 Key Measures



Reminder: The second Stepping Up webinar on conducting timely screening and assessment includes tips for information sharing across multiple agencies and stakeholders, while adhering to professional codes of ethics and privacy law. This webinar can be found on the Stepping Up Toolkit, stepuptogether.org/toolkit

Measuring the Number of People Booked into Jail



Main measure =

Number of total and unique individuals identified as having a serious mental illness (SMI) booked into jails

Additional sub-measures:

- Number of total and unique individuals identified as having SMI who were diverted from jail by law enforcement
- A comparison of people with and without SMI can be conducted to understand demographic, legal, and criminogenic risk differences

Measuring the Average Length of Stay



Main measure =

Average length of stay for people with SMI, by release type (pretrial population, sentenced population, etc.)

Additional sub-measures:

- Number of unique individuals with SMI screened as low, medium, and high for pretrial risk factors (risk for failure to appear, new criminal activity, etc.)
- Comparison of average length of stay for people with SMI vs. general jail population, along with comparison of demographic, legal, and criminogenic information (age, sex/gender, race/ethnicity, offense type/level, etc.)

Measuring the Percentage of People with SMI Connected to Treatment



Main measures =

Percentage of people with SMI connected to community-based behavioral health services upon release, by release type

Percentage of people with SMI connected to community supervision and/or treatment programs, by release type

Additional sub-measure:

- Comparison of the above data to bookings for the general population, including demographic and criminogenic information (age, sex/gender, race/ethnicity, offense type/level, etc.)

Measuring the Rate of Recidivism



Main measures =

Percentage of failures to appear and/or re-arrest for people with SMI released pre-adjudication, and re-arrest for post-jail sentences population with SMI

Percentage of technical violations and new criminal charges for sentenced population with SMI who are assigned to community supervision

Number of prior jail admissions for people identified with SMI

Additional sub-measure:

- Comparison of the above data to the general population

Example Use of Four Key Measures

Current Practices:

$$\begin{array}{rcl} 100 & \text{People with mental illness in jail on first day of month} & \\ + & & \\ 100 & \text{People with mental illness newly booked into jail} & \\ \hline 200 & & \\ \times & & \\ 0.5 & \text{Average length of stay in jail} & \\ & \text{(in months)} & \\ \hline 100 & & \\ - & & \\ 20 & \text{People connected to treatment and services} & \\ & \text{(20\% recidivism)} & \\ \hline 80 & & \\ \times & & \\ 60\% & \text{Rate of recidivism} & \\ \hline \end{array}$$

$$48 + 4 + 100 + 100 = \underline{252} = \text{Monthly Jail Census of People w/SMI}$$

Reduce the Number of People with Mental Illnesses Booked into Jail



Do we have effective police-mental health collaborations to divert people w/SMI from arrest and connect them to care?

Do we have crisis mental health services able to responding to calls for service involving people w/SMI?

What percentage of people with SMI are already under supervision at booking and is there an effective partnership between law enforcement and parole/probation?

To what degree are there a set of high utilizers responsible for large set of jail bookings?

Shorten the Average Length of Stay in Jail for People with SMI



Do we have pretrial programs that identify people w/SMI and consider them for jail diversion to services and supervision?

Do courts have the partnerships with clinicians, families, and advocates that enable them to quickly and appropriately review and process cases involving people w/SMI?

Have we considered whether bail practices are contributing to longer lengths of stay in jail for people w/SMI?

Are jail correctional officers trained in crisis intervention to help pretrial detainees avoid infractions that contribute to longer stays?

Increase the Percentage of People Connected to Treatment



Have we quantified the unmet need in terms of connections to treatment?

Are we tailoring the level of care and support based on need and risk?

Do we know what additional capacity is needed in terms of crisis services, longer-term treatment and supports, supportive housing, etc.?

Do law enforcement, court-based, and jail personnel know how to navigate and access community-based mental health services?

Lower Recidivism Rates



Are we targeting supervision, interventions, assistance based on assessed levels of need and risk?

Have we considered the need for specialized strategies for people returning to jail for technical violations?

Have we considered the need for specialized strategies for people returning to jail due to failures to appear or open warrants?

Are we holding programs responsible for recidivism outcomes and reallocating resources based on outcomes?

Example Use of Four Key Measures

Improved Outcomes:

$$\begin{array}{rcl} & 100 & \text{People with mental illness in jail on first day of month} \\ + & & \\ & 50 & \text{People with mental illness newly booked into jail} \\ \hline & 150 & \\ \times & & \\ & 0.3 & \text{Average length of stay in jail (in months)} \\ \hline & 100 & \\ - & & \\ & 30 & \text{People connected to treatment and services (20\% recidivism)} \\ \hline & 70 & \\ \times & & \\ & 40\% & \text{Rate of recidivism} \\ \hline \end{array}$$

$$28 + 6 + 50 + 50 = \underline{134} = \text{Monthly Jail Census of People w/SMI}$$



THANK YOU

For more information, please contact:

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Speakers: Evan Mills and Laura Alexander



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Laura Alexander, MPH
Grants Manager
Advantage Behavioral Health Systems

Athens Clarke County JMHC Data Collection and Utilization



Athens Clarke County (ACC)

- Population: 124,707
- Median household income: \$32,162
- Poverty rate: 38.1%
- Home of the University of Georgia



UNIVERSITY OF
GEORGIA



Advantage Behavioral Health Systems

- It is the mission of Advantage Behavioral Health Systems to provide person-centered community-based services and treatment to individuals and families experiencing mental illness, developmental disabilities, and addictions, by collaboratively using personal, community and organizational resources.
- State safety-net behavioral health provider
- 2016: served 9,697 clients in 10-county region
- Recovery Oriented / Person Centered



ACC Jail

- Average Daily Population is 400 – 450
- Average jail stay is about 40 days
- Approximately 9,000 individuals are booked into jail annually



Justice Mental Health Collaboration Planning Grant

- In 2015, ACC PD was awarded the Justice Mental Health Planning Grant from the Bureau of Justice Assistance



ADVANTAGE
WHERE HEALTH MEETS HOPE



THE UNIVERSITY OF GEORGIA
J.W. FANNING INSTITUTE
for Leadership Development

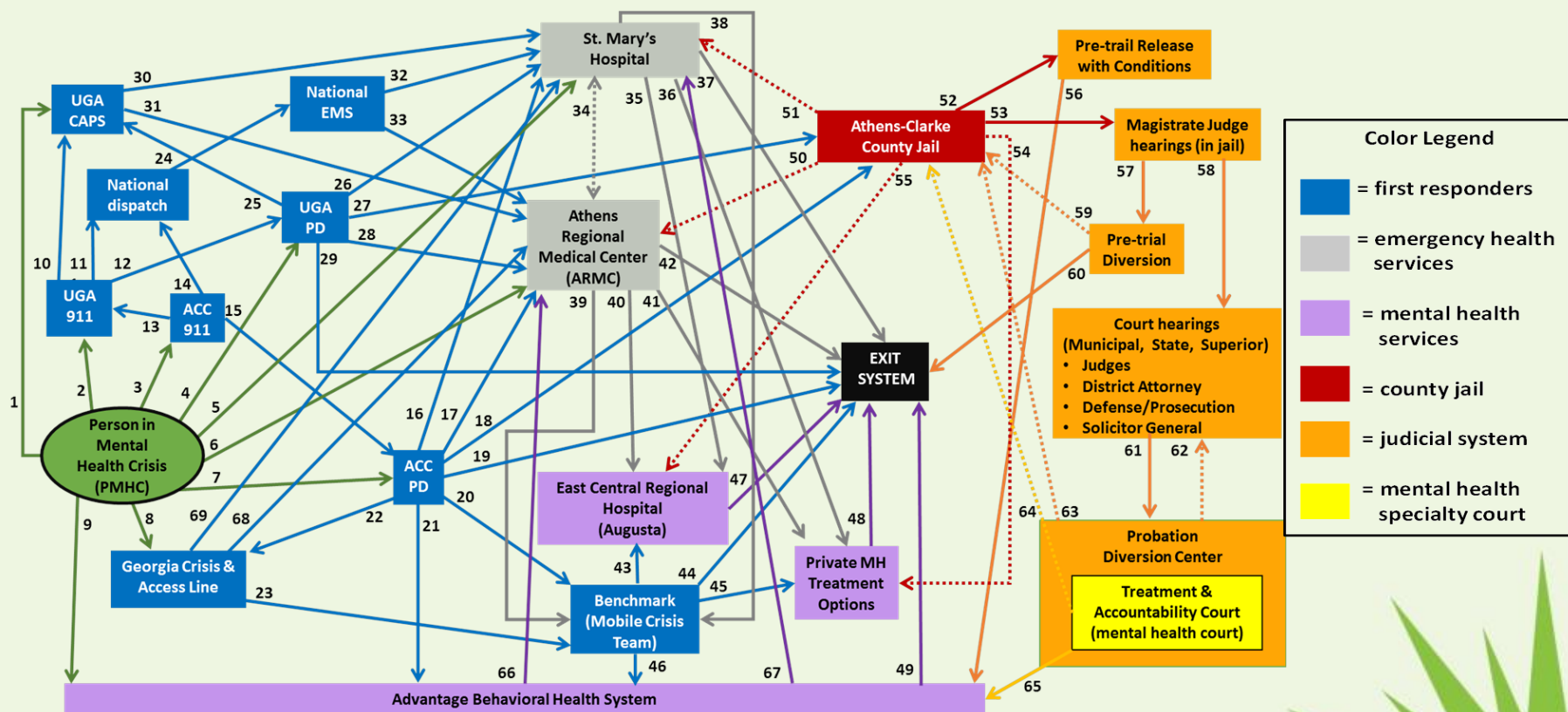


ACC Collaborative Planning Objectives

- Conduct environmental assessment of local justice system
- Develop comprehensive analysis of local justice-involved persons
 - Demographics
 - Diagnosis Trends
 - Criminal History
- Establish formalized partnerships and initiate recommendations from initial assessment & analysis.



Current Local Justice System



Data Collection, Analysis Process

- Clarke County Jail assembled arrest records for a three-month period (October – December 2015)
- Names and birthdays for every individual arrested were sent to Advantage (1842 individuals)
- Advantage staff looked up every name in our Electronic Health Record, made note of which ones were clients, details about their service history with Advantage
- Advantage staff returned to the Jail with the list of clients arrested during the study window to collect data on their criminal history from the Jail



Research considerations

- HIPAA – involvement with behavioral health provider is protected information
- Representative study window
- Time to conduct
- Access to various databases
- Flexibility



Study Population

- 1842 individuals were arrested during the study window; October – December 2015
 - **706** individuals were Advantage clients (**38%**)
 - 65% had a primary diagnosis of mental health
 - 35% had a primary diagnosis of addictive disease
 - 47% had a co-occurring diagnosis of mental health and addictive disease.
- On average **7.7 Advantage clients** are arrested every day in **Clarke County** alone.



Criminal History

- Of the 706 individuals served both by Advantage, and the Clarke County Jail, **91%** have been in jail **multiple times**.
- The average number of arrests to date was **12.7**. The range is 1 arrest -108 arrests.
- In total, these 706 individuals have been arrested at least **8,986 times**.



Length of Stay, Recidivism

- The average length of stay in jail for all arrests before the study window was **22.7 days**.
- **53%** of the 706 individuals returned to jail at least once in the first year after arrest (2016)



Criminal comparison

	706 Advantage Clients	1135 Not Advantage Clients
History of multiple arrests	91%	68%
Average # of lifetime arrests	12.7	5.4
Total lifetime arrests	8986	6095
Average length of stay in jail	22.7 days	8.1 days
Return to jail in 2016	53%	36%



Types of charges

We analyzed every arrest and every charge for the past five years (2011-2015) for 250 individuals within our 706. The 250 individuals amassed **2,738** charges over the **5 year span**.

Type of charge	Number of times
1. Misdemeanor probation violation	354
2. Felony probation/parole violation	348
3. Misdemeanor driving violations	318
4. Felony non-violent, non-drug charges	241
5. Misdemeanor trespassing	182
6. Hold for another agency	139
7. Misdemeanor assault/battery	135
8. Misdemeanor drug/alcohol possession	128
9. Misdemeanor obstruction	110
10. Failure to appear	93



Community Response

- Passed the Stepping Up Initiative
- Applied for funding to improve re-entry support services
- Applied for funding for to house a behavioral health provider in the ACC PD



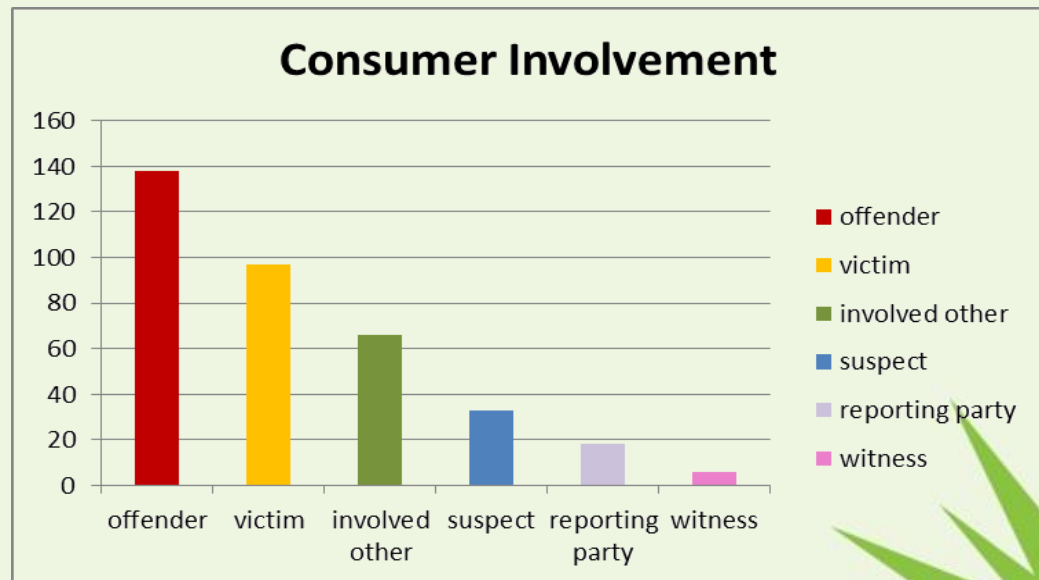
ACC PD Response

- Created a Crisis Intervention Response Unit
 - Senior Police Officer assigned to respond to, track, and train fellow officers on interactions with mental health consumers
 - Began daily reports to Advantage about interactions with mental health consumers
- Required Crisis Intervention Team Training
 - All sworn officers complete 40 hours of NAMI CIT training
 - Developing an Advanced CIT course



ACC PD Data Collection

- January – April, 2017
 - Police recorded **371 interactions** with potential mental health consumers
 - Those interactions were with **248 individuals**
 - 39% of the individuals were offenders
 - 27% were victims



Jail Response

- Planning to utilize the Correctional Mental Health Screen with every individual booked in the jail
- Will collect and analyze prevalence and criminal history data on a regular basis



Contact Info

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Speakers: Sara Warren and Sarah Desmarais



Sara Warren
Budget and Management Analyst
Wake County Sheriff's Office



Sarah L. Desmarais, Ph.D.
Associate Professor
Coordinator of the Applied Social and
Community Psychology Program
North Carolina State University

Mental Health Symptoms at Intake in the Wake County Detention Center

Sara Warren

Budget Management & Analyst

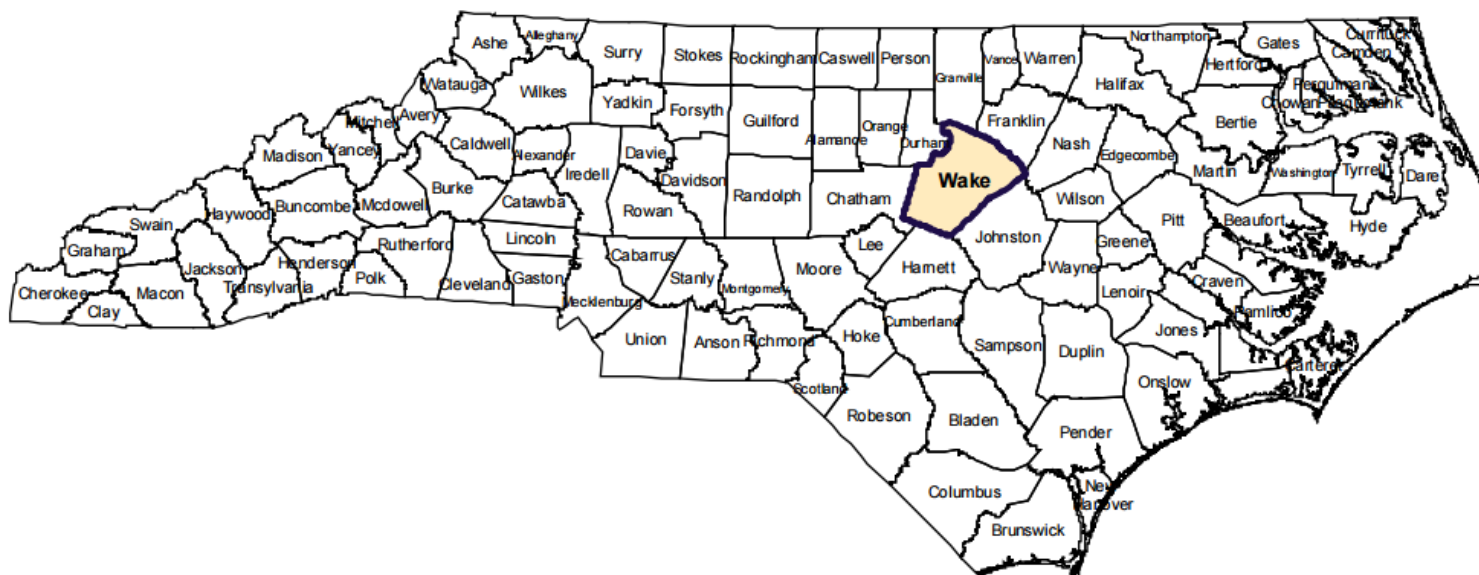
Wake County Sheriff's Office

Dr. Sarah L. Desmarais

Associate Professor of Psychology

NC State University

North Carolina Counties



Wake County
Geographic Information Services
PO Box 550
Raleigh NC 27602
(919) 856-6360



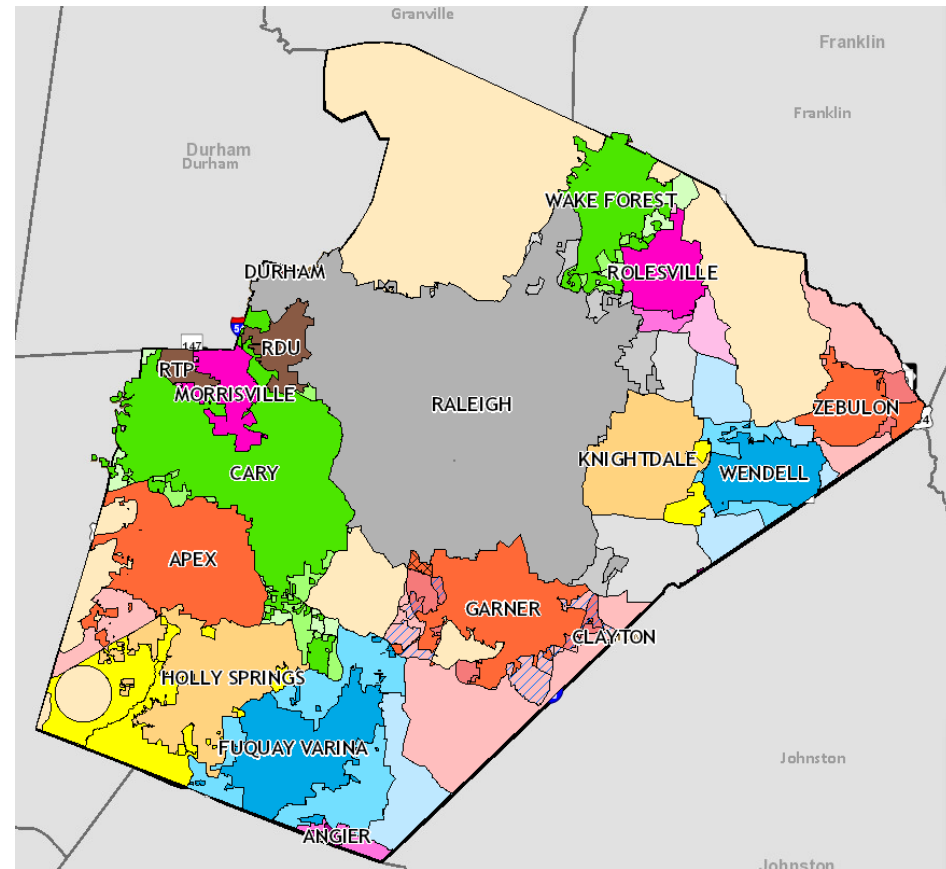
Date: January 2, 2004

Geographic Information Services

Information depicted hereon is for reference purposes only and is derived from best available sources. Wake County assumes no responsibility for errors arising from misuse of this map.

Wake County, North Carolina

- Raleigh is the county seat, state capital, and one of 13 municipalities
- Population 1,024,198
 - Second-most populated county in NC
- Home of NC State University



Wake County History

- Jail population average 1,175
 - Maximum capacity is 1,572 across 2 facilities
- New phase of detention facility opened in Spring of 2012
- Divestiture of mental health services began in 2012
 - Closure of Dorothea Dix hospital
 - Move to a Local Management Entity (LME) model provided by the County to a Managed Care Organization (MCO)
 - Alliance Behavioral Healthcare
 - Disruption of service provision for the uninsured
- 2014, SAMHSA-funded sequential intercept mapping process for criminal justice contacts among those with mental illnesses
- 2015, Criminal Justice/Mental Health Advisory Committee formed
 - Address mental health issues in the system and specifically in the jail
- 2016, with the urging of the County Commissioner, Wake County became a member of the White House Data Driven Justice Initiative

Wake County Detention Center



Jail Mental Health Services

- Increased funding
 - Since 2012, Wake County has more than doubled its allocation to Alliance Behavioral Healthcare to provide care for individuals in the criminal justice system
 - Total of \$1.3 million
 - FY 2017, increase of \$263,000 in to pay for additional psychiatrists
 - Total of \$425,000 per year
 - Increased staffing for specialty housing for inmates suffering from mental illness
 - FY 2016, 6 Nurses
 - FY 2017, 12 Detention Officers

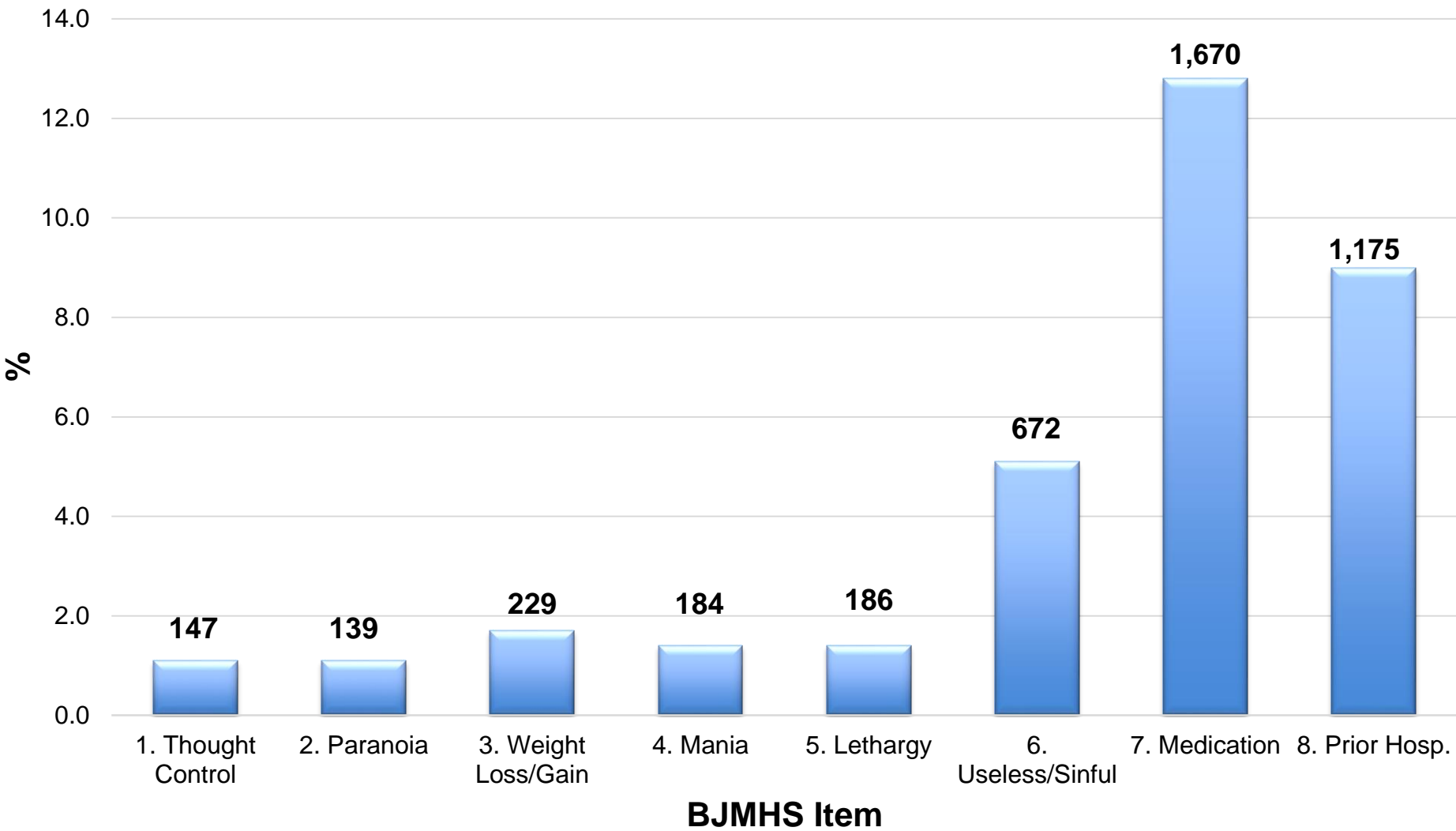
Current Project

1. To clarify the prevalence of mental health problems among detainees in the Wake County Jail;
2. To identify strategies to improve the identification detainees with mental health problems;
3. To determine how mental health problems change over time in the Jail.
4. To develop a plan for prioritizing and informing classification and allocation of resources.
5. To recommend interventions that will target key factors associated with risk of suicide and recidivism among detainees with mental health problems.

Data Sources

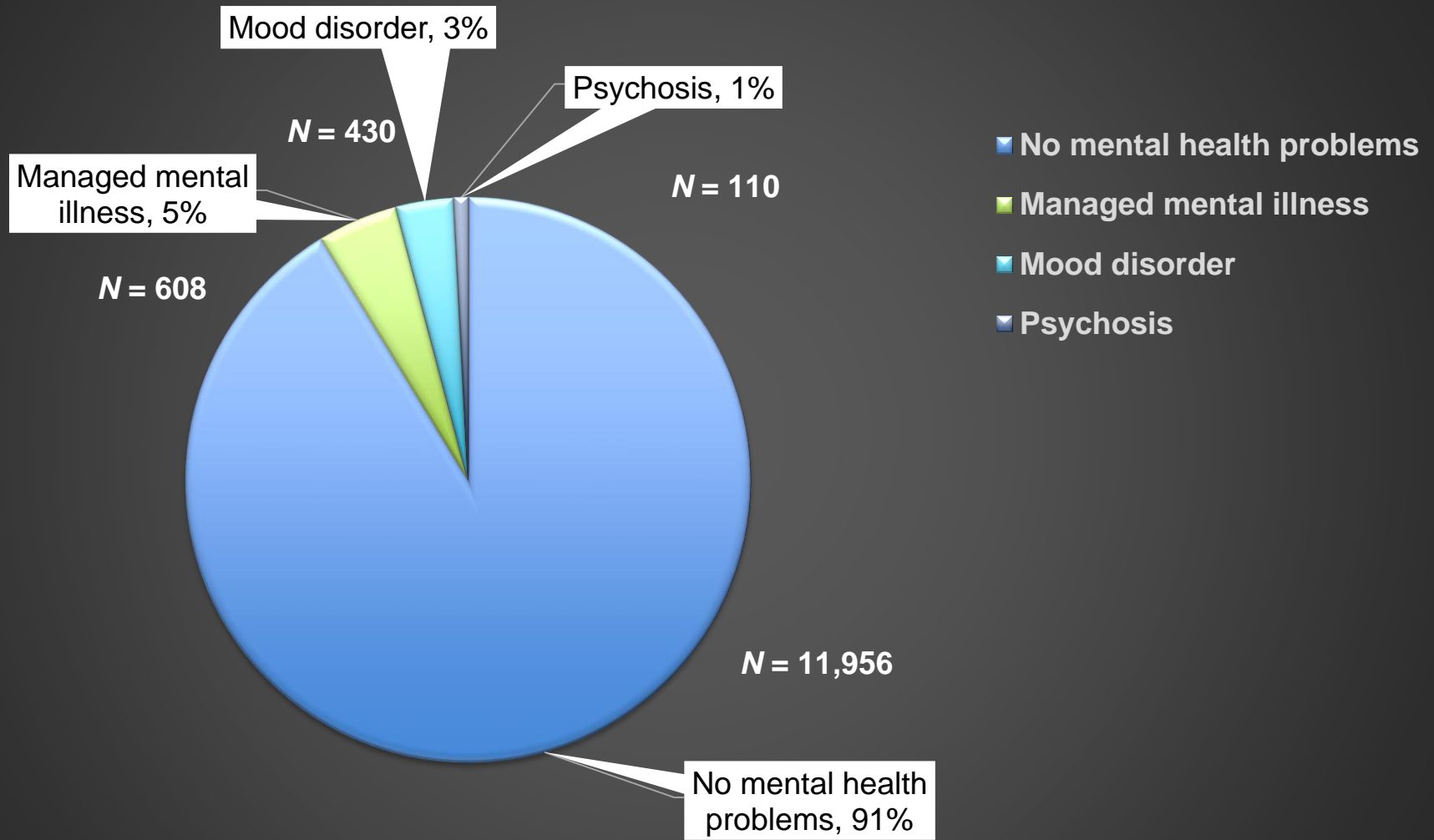
- Clinical and administrative data available within the Jail
 - Demographic characteristics
 - Age, sex, race, ethnicity, street address
 - Criminal justice characteristics
 - Charge(s), booking date, release date
 - Behavioral health characteristics
 - Brief Jail Mental Health Screen (BJMHS; Steadman et al., 2005)
 - Physical health characteristics
 - Vital signs, existing conditions, health symptoms

Prevalence of Mental Health Symptoms at Intake



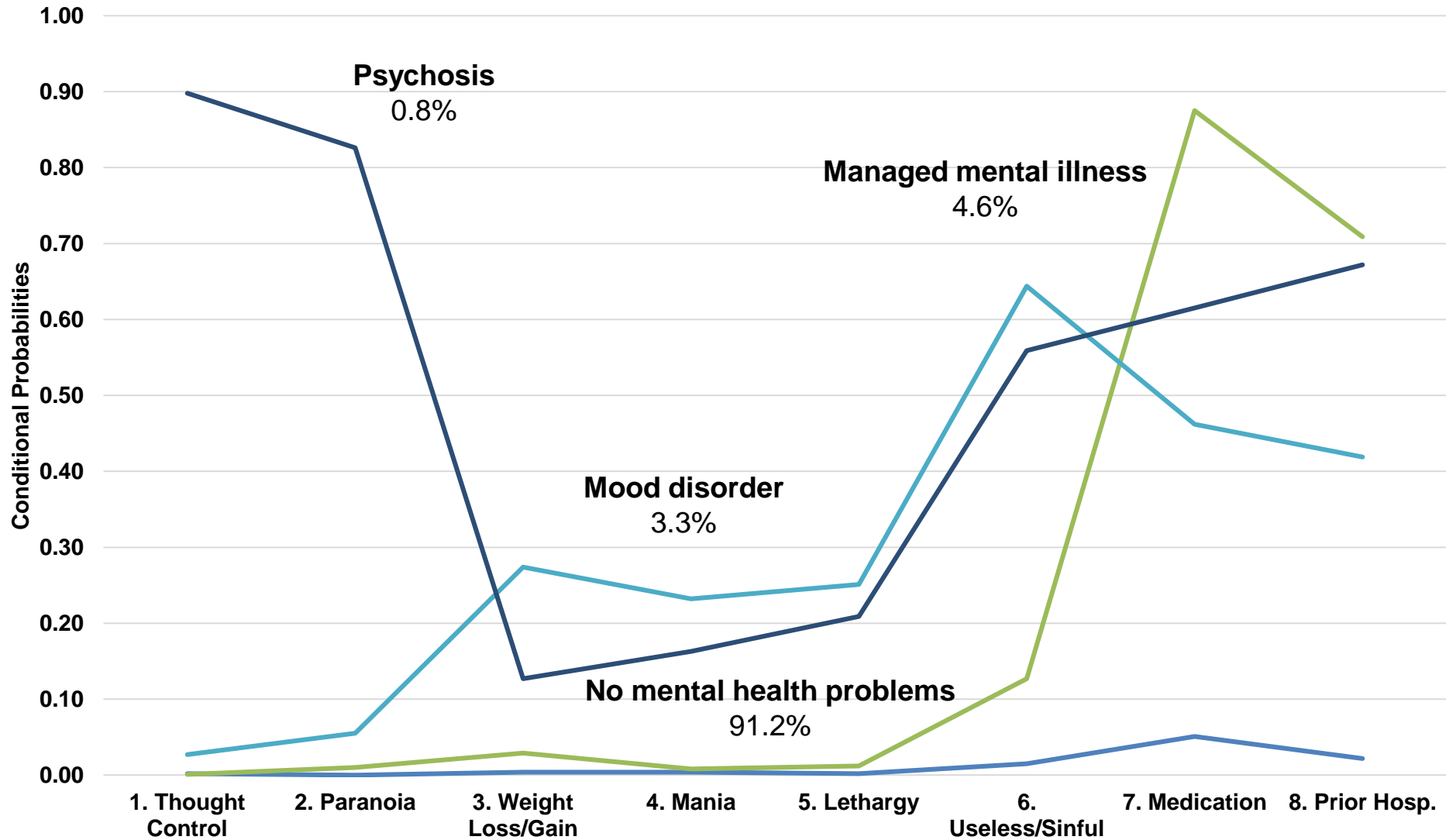
Note. N = 13,104 unique individuals, first admission within fiscal year.

% of Detainees by Class



Note. N = 13,104 unique individuals, first admission within fiscal year.

Mental Health Characteristics by Class



Note. $N = 13,104$ unique individuals, first admission within fiscal year.

Characteristics across Subgroups

1. No mental health problems
 - Younger, male, known address
 2. Managed mental illness
 - Older, female, White/non-Hispanic, homeless
 3. Mood disorder
 - Older, female, White/non-Hispanic
 4. Psychosis
 - Older, female, homeless
- No differentiation as a function of charge level

Implications of Current Findings

- Potential exacerbation in jail → need for re-evaluation
 - Mental health evaluation at time of classification
 - Violence and/or suicide risk among certain subgroups
- Those on medication need continued medication in Jail
 - “Check-in” within 24 hours
- Potential concerns regarding classification within jail
 - Those with psychosis may be exacerbated by others
 - Potential suicide risk among those with mood disorders

Short-Term Plans

- Examine:
 - Changes during detention in mental health symptoms
 - Length of stay and recidivism by subgroup
 - Intersection of mental health, substance use, and physical health
- Identify:
 - Strategies to improve detection of specific symptoms
 - Psychosis
 - Anxiety
 - Trauma
 - Possible points of interception and strategies for intervention
 - Prevent symptom deterioration
 - Reduce suicide and/or violence risk

Long-Term Plans

- Develop and implement recommendations
 - Re-administration
 - Supplemental mental health screening
 - Substance use screening
 - Violence and suicide risk assessment
- Prospective examination of outcomes
 - Implementation
 - Service
 - Cost
 - Health & well-being

Contact Information

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Questions?

The questions box and buttons are on the right side of the webinar window.

Upcoming Stepping Up TA Resources



Monthly Webinars and Networking Calls

- **Network Call:** Establishing Baseline Data for Mental Illness in Jails (May 17 at 2pm ET)
- **Webinar:** Conducting a Comprehensive Process Analysis and Inventory of Services for People with Mental Illnesses in Jails (June 29 at 2pm ET)
- Register at www.StepUpTogether.org/Toolkit

Quarterly Small-Group Networking and TA Calls

- Next calls in June. Stepping Up counties will receive an email to register.

Two Years of Stepping Up to Reduce Mental Illness in Jails

THE **STEPPINGUP** INITIATIVE



VIRTUAL DISCUSSION

Wednesday, May 31

3:30 p.m. – 5 p.m. ET

at www.StepUpTogether.org

Please join us for a live virtual discussion commemorating two years of Stepping Up and highlighting the work that has happened in counties across the country.

The event will be held on Wednesday, May 31 from 3:30 p.m. – 5 p.m. ET
at www.StepUpTogether.org

More information about the agenda and speakers is forthcoming. **#StepUp4MentalHealth**

Poll Questions

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