THE STEPPING UP INITIATIVE

NATIONAL ASSOCIATION of COUNTIES NACo | CSG Justice Center THE COUNCIL OF STATE GOVERNMENTS | AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION

#StepUp4MentalHealth
www.StepUpTogether.org

THREE STEPS TO IDENTIFYING AND COLLECTING DATA ON PEOPLE WITH MENTAL ILLNESSES IN YOUR JAIL

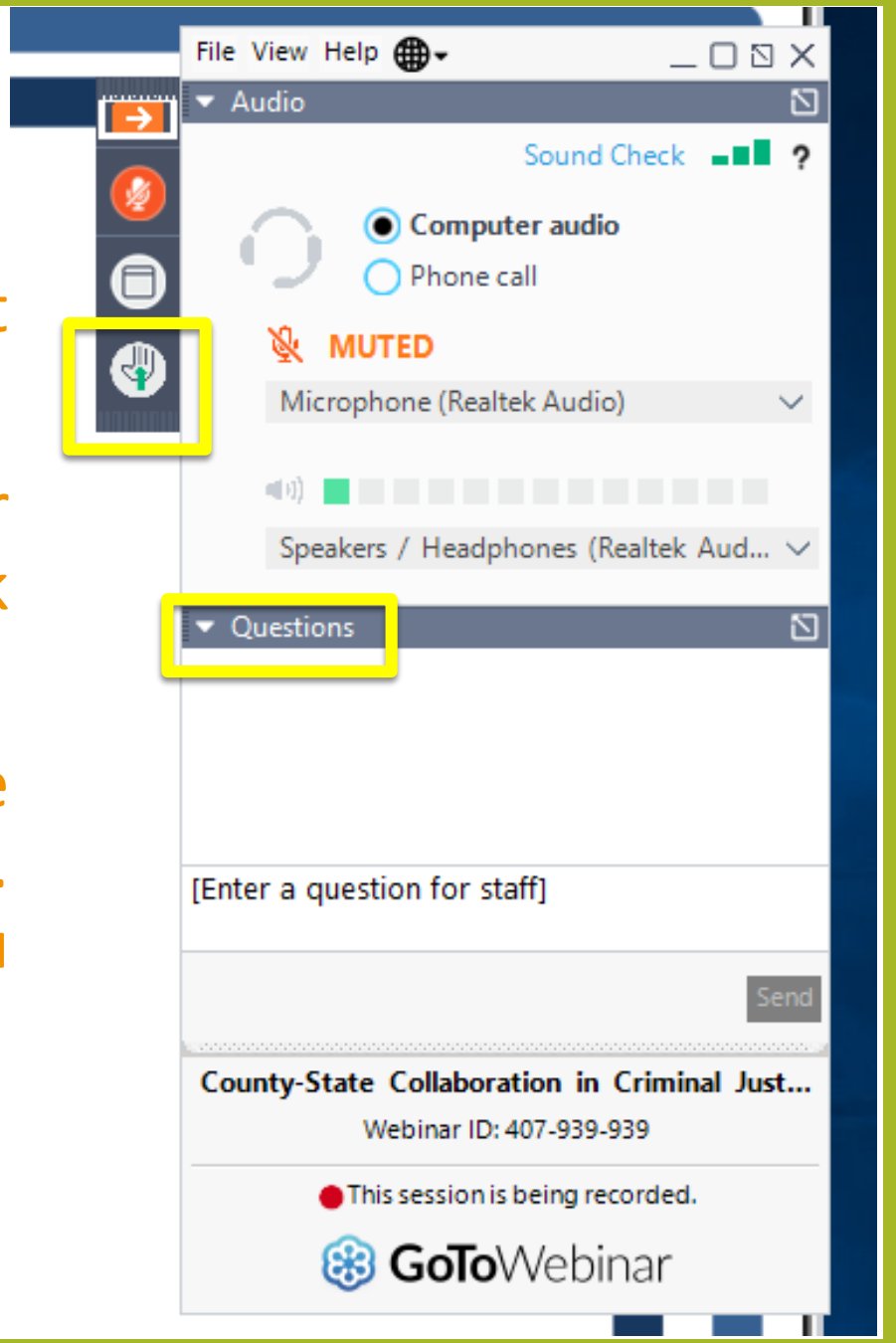
May 2019

Speaker: Nastassia Walsh

Nastassia Walsh
Program Manager
National Association of Counties

Logistics

- 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. Lindsey or myself will will reply to you privately and help resolve the issue.



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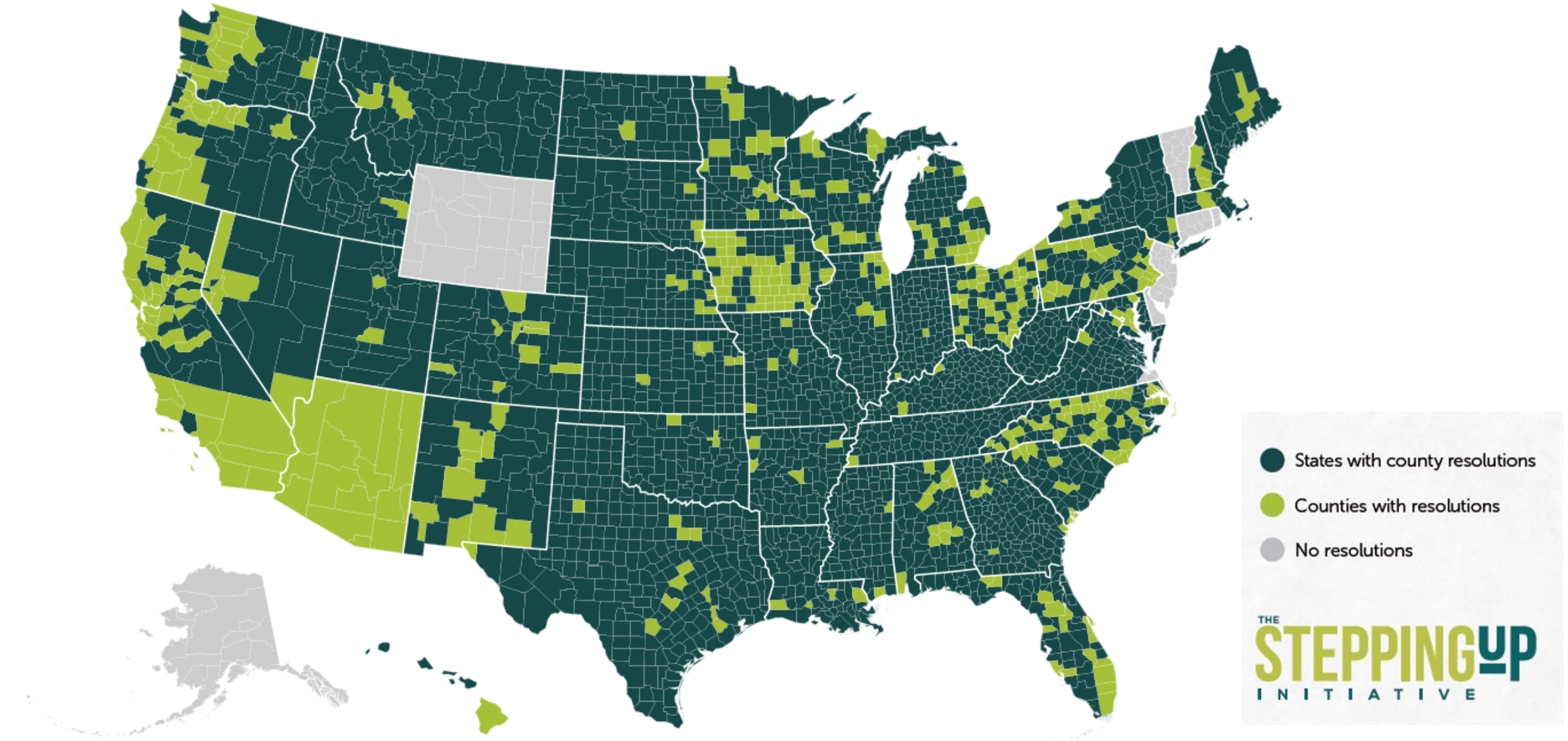
We are Stepping Up!



Stepping Up our Efforts

Calls for counties to:

- ✓ Use the Stepping Up Self-Assessment Tool to identify existing gaps in your Stepping Up efforts
- ✓ Pick at least one priority for your county to fully implement over the next six months
- ✓ Use the Stepping Up resources to reach your goals
- ✓ Participate in the Stepping Up Month of Action in May
- ✓ Share your progress toward meeting your goals in July

Speaker: Lindsey Fox

Lindsey Fox
Development Officer, Corporate and Foundation Relations
American Psychiatric Association Foundation

THE STEPPING UP INITIATIVE

Month of Action!

GOALS:

1. *Bring more attention to the important work you are doing*
2. *Bring awareness on the importance of supporting individuals with SMI*

"Stepping Up is a movement and not a moment in time"

THE STEPPING UP INITIATIVE

Month of Action!

Calls for Counties to:

- Demonstrate their impact and highlight their efforts toward reducing the number of people with mental illnesses in jails.

Utilizing May as Mental Health Month you will:

- Highlight the progress your county has made with its Stepping Up efforts
- Showcase your county's Stepping Up team
- Share experiences of people impacted by your county's Stepping Up efforts
- Encourage your peers and peer counties to "Step Up" for mental health

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Week 1 (May 5 – 11)

Highlight the progress your county has made with its Stepping Up efforts

- Pass a proclamation about participating in the Month of Action
- Host an event to highlight progress in your community
- Share a press release highlighting your county's progress
- Create an infographic, slide show, or video about your efforts
- Submit op-eds or articles to local outlets highlighting impact

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Week 2 (May 12 – 18)

Show case your county's Stepping Up team

- Post a photo of your county's Stepping Up team
- Create a video with interviews of Stepping Up team members
- Create or promote your county's Stepping Up website
- Share stories on why your Team members have "Stepped Up"
- Don't forget to use the hashtag #StepUp4MentalHealth

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Week 3 (May 19 – 27)

Share experiences of people impacted by your county's Stepping Up efforts

- Create a video interviewing people impacted by your work
- Share photos and stories of people impacted by your work
- Share a blog post on your county's website by a person impacted
- Work with your local NAMI chapter to engage individuals
- Don't forget to use the hashtag #StepUp4MentalHealth

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Week 4 (May 28 – June 1)

Encourage your peers and peer counties to “Step Up” for mental health

- Send a letter to non-Stepping Up county encouraging them to join
- Publish articles in your state news about the need for change
- Share video testimonials and tag non-Stepping Up counties
- Participate in the Stepping Up twitter chat May 30 12pm – 1pm
- Don’t forget to use the hashtag #StepUp4MentalHealth

Speaker: Risë Haneberg

Risë Haneberg
Senior Policy Advisor
Council of State Governments Justice Center

CSG Justice Center
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- Calls for a paradigm shift:
  - Move beyond programs and pilots to scaled impact and measurable reductions in prevalence

- No-nonsense, data-driven public management:
  - Systematic identification of mental illnesses in jails
  - Quantification of the problem
  - Scaled implementation of strategies proven to produce results
  - Tracking progress and adjusting efforts based on a core set of outcomes

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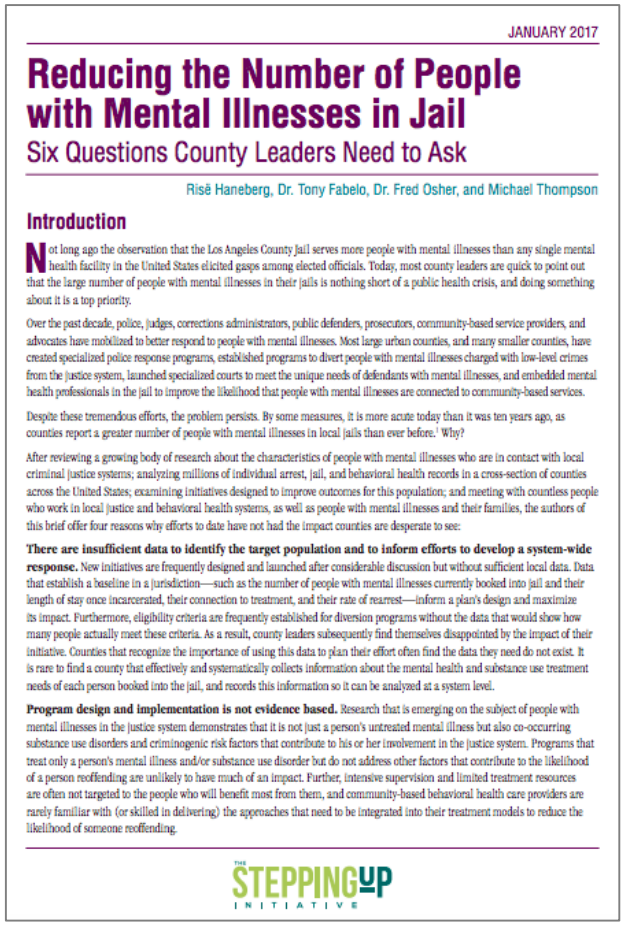

JANUARY 2017

Reducing the Number of People with Mental Illnesses in Jail

Six Questions County Leaders Need to Ask

Risë Haneberg, Dr. Tony Fabelo, Dr. Fred Osher, and Michael Thompson

Introduction

Not long ago the observation that the Los Angeles County Jail serves more people with mental illnesses than any single mental health facility in the United States elicited gasps among elected officials. Today, most county leaders are quick to point out that the large number of people with mental illnesses in their jails is nothing short of a public health crisis, and doing something about it is a top priority.

Over the past decade, police, judges, corrections administrators, public defenders, prosecutors, community-based service providers, and advocates have mobilized to better respond to people with mental illnesses. Most large urban counties, and many smaller counties, have created specialized police response programs, established programs to divert people with mental illnesses charged with low-level crimes from the justice system, launched specialized courts to meet the unique needs of defendants with mental illnesses, and embedded mental health professionals in the jail to improve the likelihood that people with mental illnesses are connected to community-based services.

Despite these tremendous efforts, the problem persists. By some measures, it is more acute today than it was ten years ago, as counties report a greater number of people with mental illnesses in local jails than ever before.[1] Why?

After reviewing a growing body of research about the characteristics of people with mental illnesses who are in contact with local criminal justice systems; analyzing millions of individual arrest, jail, and behavioral health records in a cross-section of counties across the United States; examining initiatives designed to improve outcomes for this population; and meeting with countless people who work in local justice and behavioral health systems, as well as people with mental illnesses and their families, the authors of this brief offer four reasons why efforts to date have not had the impact counties are desperate to see:

There are insufficient data to identify the target population and to inform efforts to develop a system-wide response. New initiatives are frequently designed and launched after considerable discussion but without sufficient local data. Data that establish a baseline in a jurisdiction—such as the number of people with mental illnesses currently booked into jail and their length of stay once incarcerated, their connection to treatment, and their rate of rearrest—inform a plan's design and maximize its impact. Furthermore, eligibility criteria are frequently established for diversion programs without the data that would show how many people actually meet these criteria. As a result, county leaders subsequently find themselves disappointed by the impact of their initiative. Counties that recognize the importance of using this data to plan their effort often find the data they need do not exist. It is rare to find a county that effectively and systematically collects information about the mental health and substance use treatment needs of each person booked into the jail, and records this information so it can be analyzed at a system level.

Program design and implementation is not evidence based. Research that is emerging on the subject of people with mental illnesses in the justice system demonstrates that it is not just a person's untreated mental illness but also co-occurring substance use disorders and criminogenic risk factors that contribute to his or her involvement in the justice system. Programs that treat only a person's mental illness and/or substance use disorder but do not address other factors that contribute to the likelihood of a person reoffending are unlikely to have much of an impact. Further, intensive supervision and limited treatment resources are often not targeted to the people who will benefit most from them, and community-based behavioral health care providers are rarely familiar with (or skilled in delivering) the approaches that need to be integrated into their treatment models to reduce the likelihood of someone reoffending.

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1	Is our leadership committed?
2	Do we conduct timely screening and assessments?
3	Do we have baseline data?
4	Have we conducted a comprehensive process analysis & inventory of services?
5	Have we prioritized policy, practice, and funding improvements?
6	Do we track progress?

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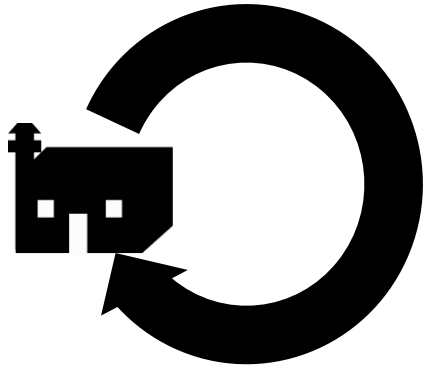
Systems-Level, Data-Driven Changes Should Focus on **Four Key Measures**

1. Reduce the number of people who have mental illnesses booked into jails

2. Shorten the length of stay in jails for people who have mental illnesses

3. Increase connection to treatment for people who have mental illnesses



4. Reduce recidivism rates for people who have mental illnesses

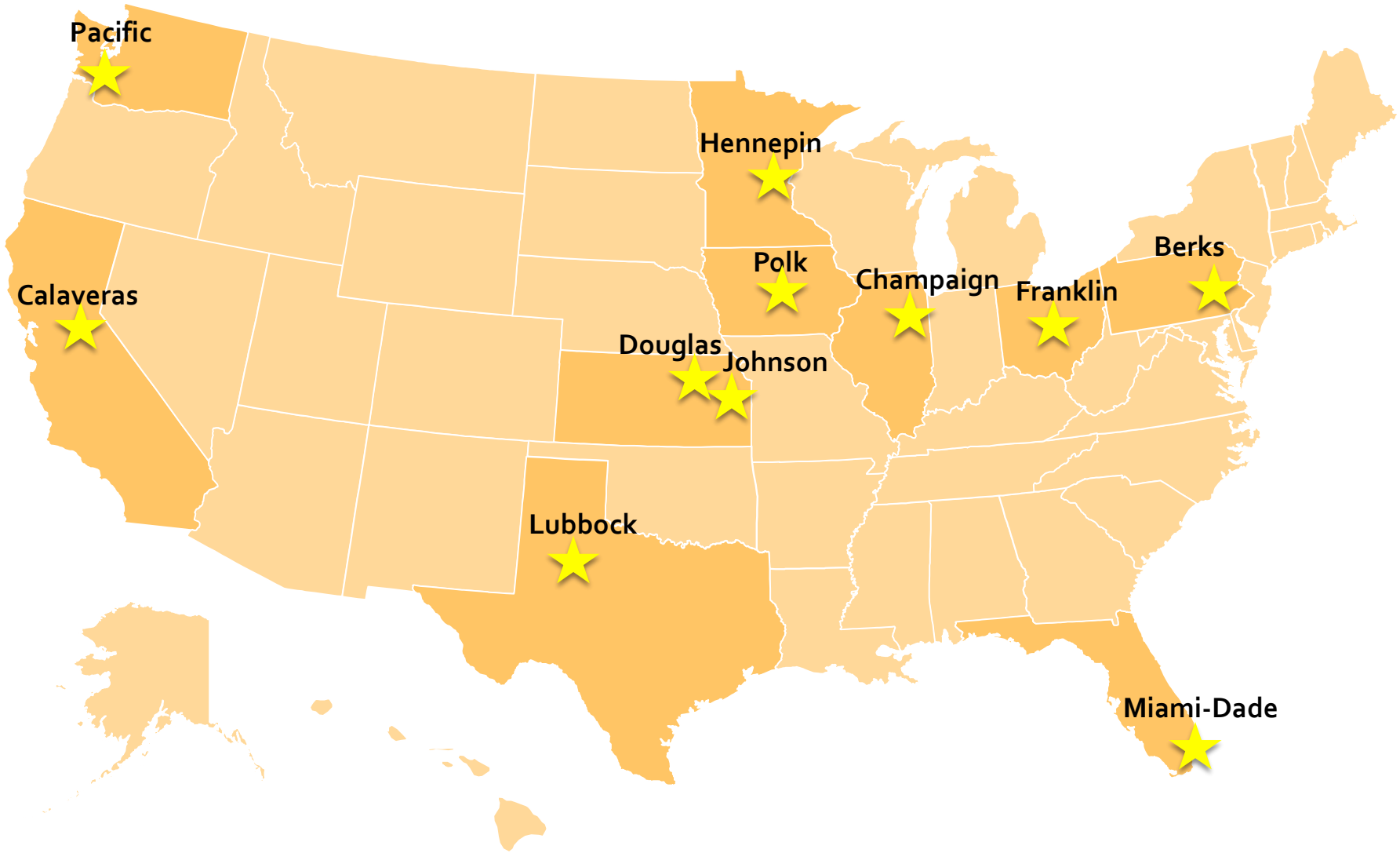
Goal: Every County Has Accurate, Accessible Data

Having accurate and timely data is critical for counties to know the *scale of the problem*, develop a strategic action plan that effectively targets scarce resources, and tracks progress

Recommended approach for accurately identifying people who have SMI in jail:

1. Establish a **shared definition of SMI for your Stepping Up efforts** that is used throughout local criminal justice and behavioral health systems
2. Use a validated **mental health screening** tool on every person booked into the jail and refer people who screen positive for symptoms of SMI to a follow-up **clinical assessment** by a licensed mental health professional
3. **Record** clinical assessment results and regularly **report** on this population

11 Stepping Up Innovator Counties Recognized for Having Accurate, Accessible Data



The initiative recognizes that there may be more counties that are using or committed to using the three-step recommended approach to have accurate, accessible baseline data and want them to join this cohort!

Prioritizing System Improvements

1. Jail Bookings

- Police-Mental Health Collaboration programs
- CIT training
- Co-responder model
- Crisis diversion centers
- Policing of quality of life offenses

2. Jail Length of Stay

- Routine screening and assessment for mental health and SUDs in jail
- Pretrial mental health diversion
- Pretrial risk screening, release, and supervision
- Bail policy reform

3. Connection to Treatment

- Expand community-based treatment & housing options
- Streamline access to services
- Leverage Medicaid and other federal, state, and local resources

4. Recidivism

- Apply Risk-Need-Responsivity principle
- Use evidence-based practices
- Apply the Behavioral Health Framework
- Specialized Probation
- Ongoing program evaluation

Speaker: Lubbock County, Texas

Kelly Rowe
Sheriff, Lubbock County Sheriff's Office
Lubbock County, Texas

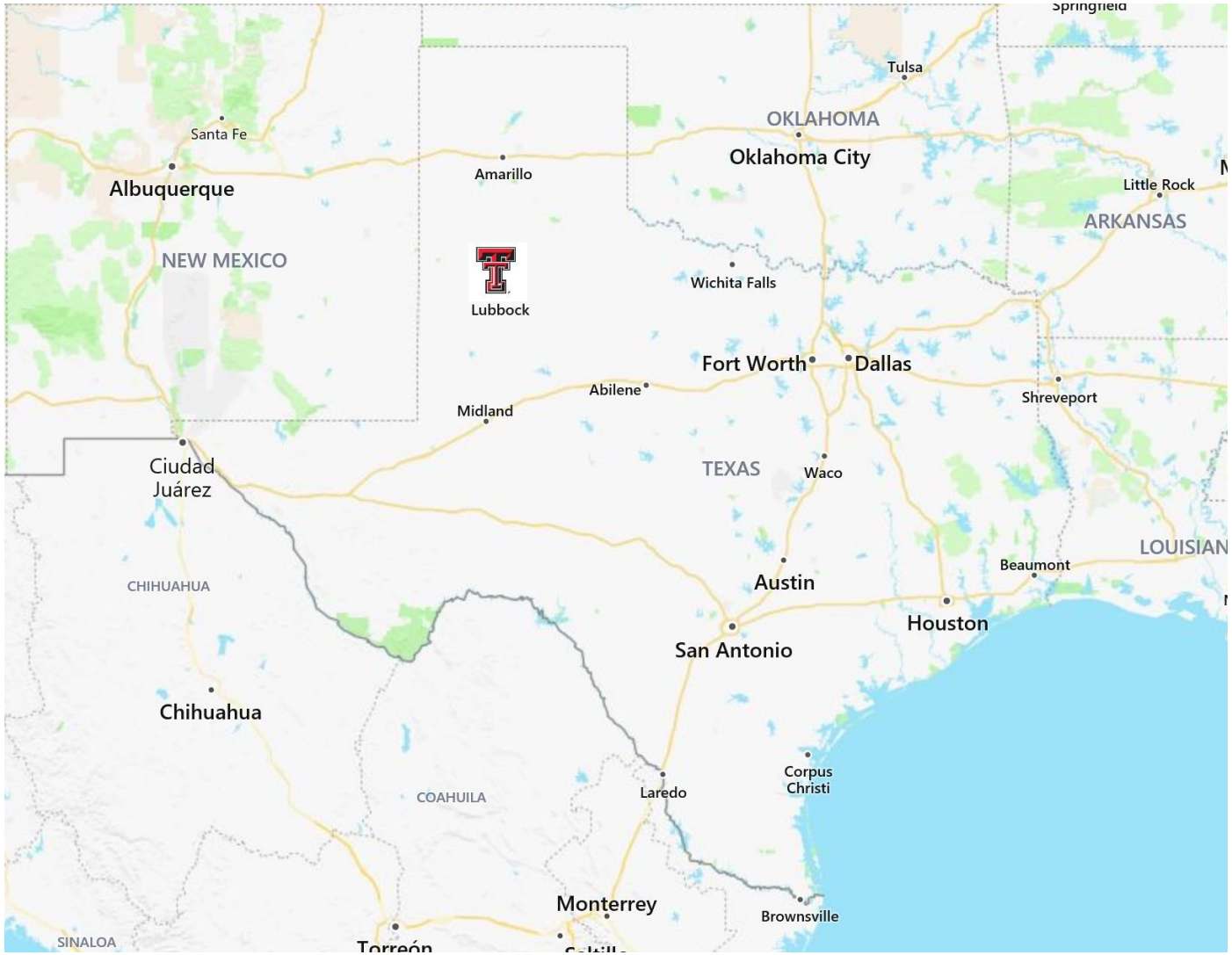
LUBBOCK COUNTY
SHERIFF'S OFFICE

Sheriff Kelly Rowe

LUBBOCK COUNTY
SHERIFF'S OFFICE

LUBBOCK COUNTY SHERIFF'S OFFICE

- Lubbock, Texas estimated population 305,000 (2017)
- 1512 Bed Direct Supervision Facility
- Average Daily Population 1200
- Currently participating in Jail Based Competency Restoration Program
- Specialized housing for mental health inmates
- Designated site for about 30 Masters level interns in the field of counseling
- Average of 96 inmates meet the definition of SMI



Mental Health Screening and Assessments

- Screening is completed upon intake for each inmate; this screening indicated risk for suicide, medical, mental impairments.
  - https://www.tcjs.state.tx.us/docs/ScreeningForm-SMMDI_Oct2015.pdf
- This form was promulgated by the Texas Commission on Minimum Jail Standards.
- In addition to this screening form, our Local Mental Health Authority, StarCare, is contracted by the facility and provides a secondary screening and any required assessments.

LUBBOCK COUNTY
SHERIFF'S OFFICE

- As a part of the Justice and Mental Health Collaboration; stakeholders through the service area collaborated and agreed upon a definition of Serious Mental Illness that would be used for research purposes.

- Each individual stakeholder maintains the ability to define serious mental illness for their own services, the agreed upon definition was solely for research purposes.

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Electronic Tracking

By using our Jail Management System, the contracted StarCare employees, flag individuals who meet the agreed upon definition of serious mental illness.

LUBBOCK COUNTY
SHERIFF'S OFFICE

Sheriff Kelly Rowe

LUBBOCK COUNTY
SHERIFF'S OFFICE

Speaker: Berks County, Pa.

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Justin Loose
Chief Information Officer
Information Systems Department
Berks County, Pa.

Dr. Emily Scordellis
Mental Health Regional Manager
PrimeCare Medical, Inc.

Stepping Up – Berks County

A Work in Progress

Webinar presentation May 2, 2019

Berks County, PA

Population: 420,152 (2018)

ADP: 1,104 (2018)

Diversions: 461 since 2012

Arriving at a Common Definition for Serious Mental Illness

- Existing definitions utilized by Pennsylvania Department of Corrections and Pennsylvania Department of Human Services/OMHSAS (prior to aligning with revised Federal Definition of Serious Mental Illness) for priority population was already common place
  - Mental Health Bulletin OMH-94-04 identified the Adult Priority Group as:
    - 18 or older with a diagnosis of schizophrenia, major mood disorder, psychotic disorder NOS or Borderline Personality Disorder with additional treatment history, functional impairment or co-existing history or circumstance

Berk County Jail System

- Starting place for data collection and analysis
- Already utilizing the Mental Health Stability Rating Scale (MHSR) which provides a four-point scale classification (A,B,C,D) for any inmate presenting for evaluation by the mental health team
- Classification D- Includes inmates diagnosed with a Serious Mental Illness (SMI) and or exhibiting significant adjustment /behavioral concerns. SMI diagnoses include Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, Bipolar Disorder, Unspecified Psychotic Disorder and Borderline Personality Disorder

Considerations and Future Direction with SMI Definition

- System partners recognize the use of this common definition for the exclusive purpose of this project
- All partners continue to use a definition for their mentally ill target population outside of Stepping Up to continue work within their designated areas. For example, Mental Health/Developmental Disabilities does not limit diversionary interventions to only those with SMI (according to this priority population definition)
- Future direction with regard to this common definition may change/further develop with the sophistication of data collection and analysis

Assessment at Admission

- Comprehensive medical and mental health screenings are completed within 4 hours of admission to the jail by trained medical professionals
  - 4 hour window allows for prompt medication verification and assessment of clinical needs
- EMR tracks previous level of mental health care during past admissions
- Validated assessment tools are utilized in addition to self report questionnaires
  - Correctional Mental Health Screen for Men and Women
    - Public domain assessment tool
    - CMHS-W 75.0% validity; CMHS-M 75.5% validity
    - Cut off scores utilized to determine if a patient is referred to the mental health team

Assessment Post Admission

- All referrals to the mental health team are completed within 24-72 hours of admission with appropriate referrals for continued mental health follow-up and/or psychiatry follow-up generated at time of assessment
- Seriously mentally ill inmates meet with mental health staff consistently throughout their incarceration
  - SMI patients on specialty housing units are seen by mental health staff 5 days per week and offered group therapy opportunities
  - SMI patients on non-specialty housing units are seen by mental health staff at a minimum of every 30 days
- Patients who are incarcerated for 90 days who have not already been evaluated are referred to mental health for assessment

Collaboration and Continuity of Care

- Medical and mental health staff have daily case conference meetings to discuss seriously mentally ill and/or difficult to manage patients
- Medical, mental health and security staff hold weekly interdisciplinary team meetings to discuss seriously mentally ill patients
- Medical, mental health and administrative staff conduct monthly reviews for all seriously mentally ill patients
- Multidisciplinary meetings are held monthly to discuss case disposition and discharge planning
  - Warden, Deputy Warden of Treatment, Custody Lieutenant, correctional medical and mental health staff, county MH/DD staff, Adult Probation, District Attorney's office, Public Defender's office, local service providers

Data Analytics: Driving Insight and Oversight

- Leverage the use of OpenLattice technology to obtain overall performance and health data of the criminal justice and human service systems
- Perform basic descriptive analytics to look at groups that are over or under represented in the system
- Track overall performance measure for specific groups
- Assist groups in understanding or validating gaps in the system including:
  - Data entry issues
  - Population segments that underperform
  - System gaps

Berks County Contacts

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Questions and Discussion

Questions?

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