



THE
STEPPINGUP
INITIATIVE

Data-Driven Decision-Making

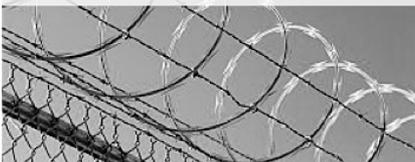
Mike Thompson, Director, CSG Justice Center

November 3, 2016 | Sacramento, CA

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

About CSG Justice Center

Corrections



Justice Reinvestment



Mental Health



Reentry



Substance Abuse



Youth



Courts



Law Enforcement



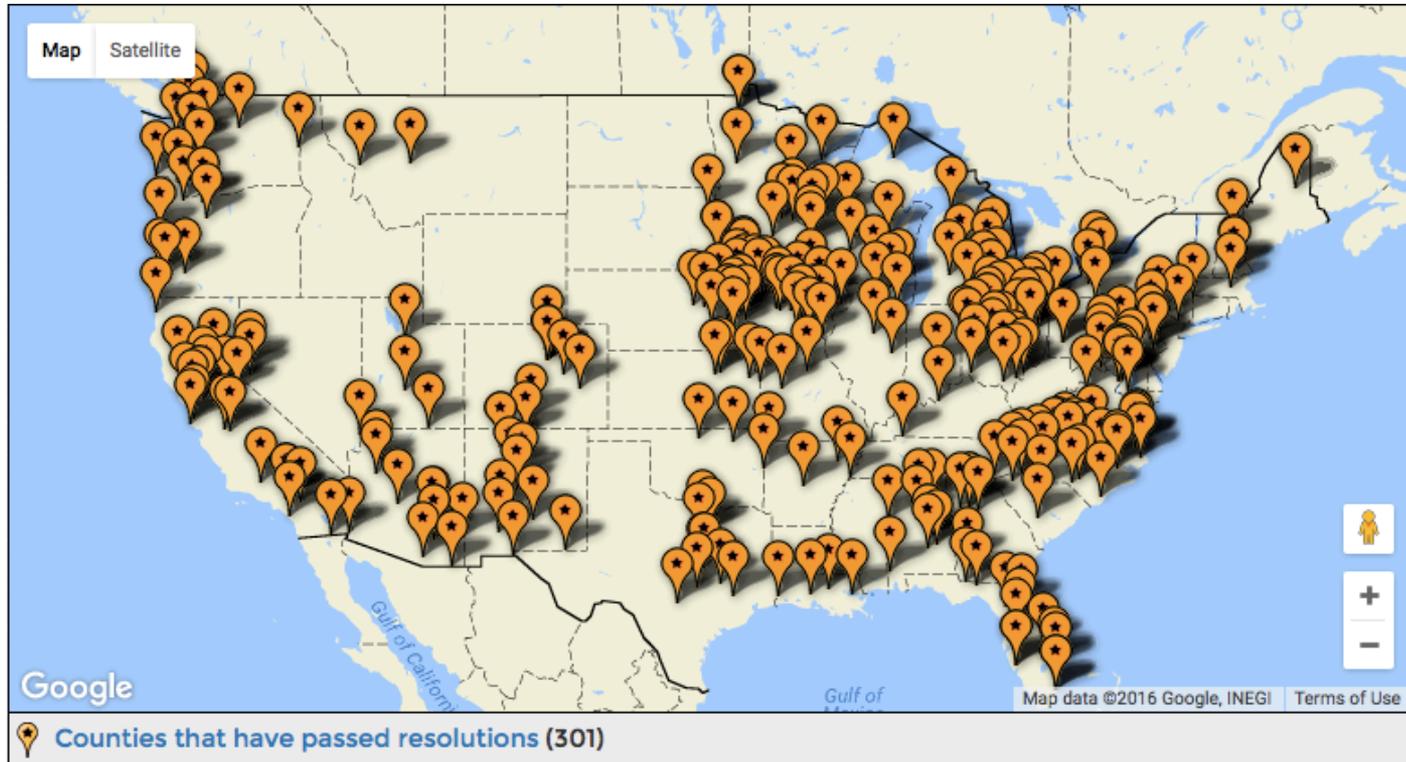
National non-profit, non-partisan membership association of state government officials that engage members of **all three branches** of state government.

JUSTICE ★ **CENTER**
THE COUNCIL OF STATE GOVERNMENTS

Justice Center provides **practical, nonpartisan advice** informed by the best available evidence.

Stepping Up

There will be fewer people with mental illnesses in our jails tomorrow than there are today.



Key Challenges Counties Face: Observations from the Field

1.

Being data driven

2.

Using best practices

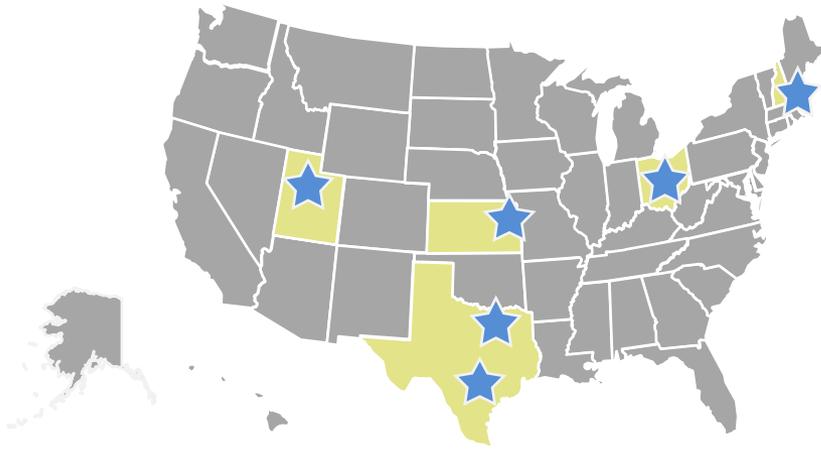
3.

Continuity of care

4.

Measuring results

Six Key Questions



Six Key Questions County Leaders Need to Ask

1

Is our leadership committed?

2

Do we conduct timely screen and assessments?

3

Do we have baseline data?

4

Do we conduct a comprehensive process Analysis and inventory of service?

5

Have we prioritized policy, practice, and funding improvements

6

Do we track progress?

Is Your Leadership Committed?



Mandate from county elected officials



Representative planning team



Commitment to vision, mission, and guiding principles



Designated project coordinator and organized planning process



Accountability for results



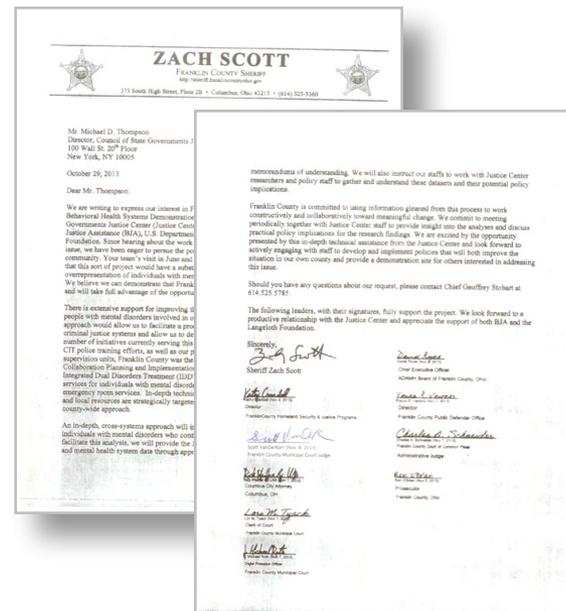
Mental Illnesses: Overrepresented in Our Jails



December 9, 2014 federal, state and local leaders, such as Commissioner Brown, discussed their support for reducing the number of people with mental illnesses in jails.



Commissioner Brown at National Stepping Up Summit



The Columbus Dispatch

Mentally ill inmates at Franklin County Jail stay longer

Franklin County Jail adding 27 employees to assess new inmates

System would help Franklin County jail better track inmates

Do You Have Timely Screening and Assessment?



Is there are system-wide definition of:



- Mental illness
- Substance use disorders
- Recidivism



Screening and assessment:



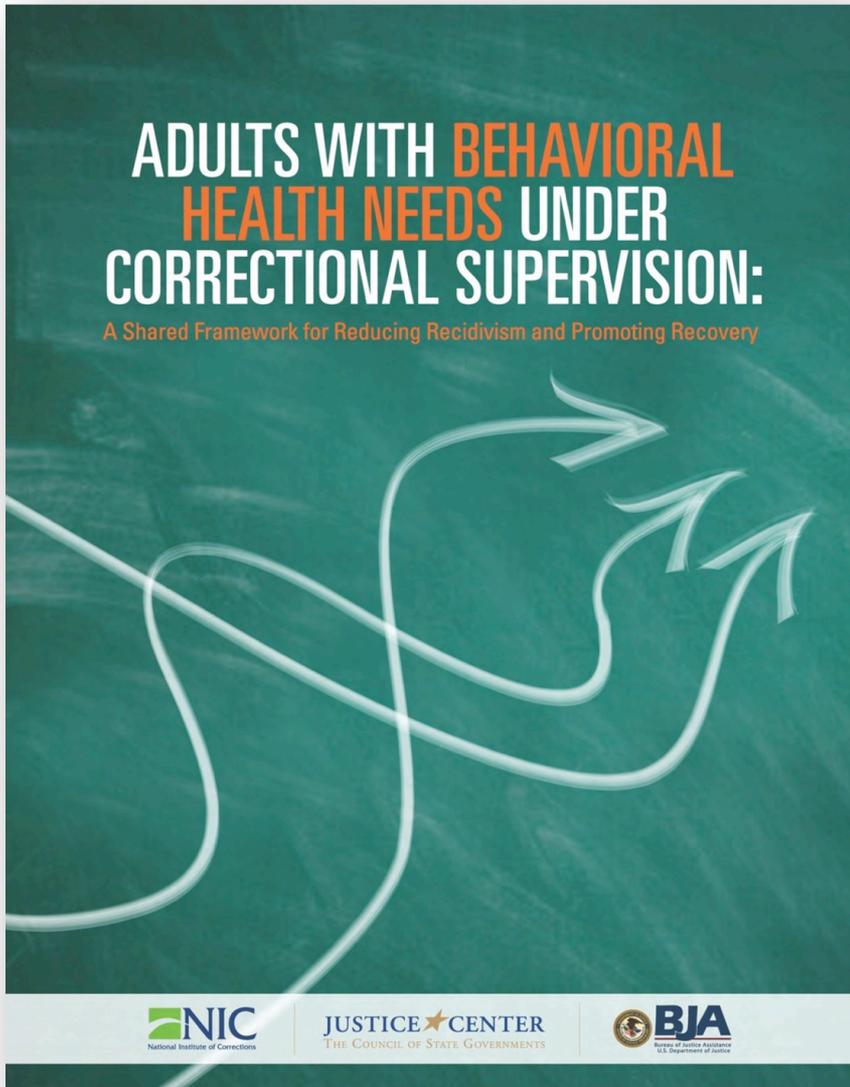
- Validated screening and assessment tools
- An efficient screening and assessment



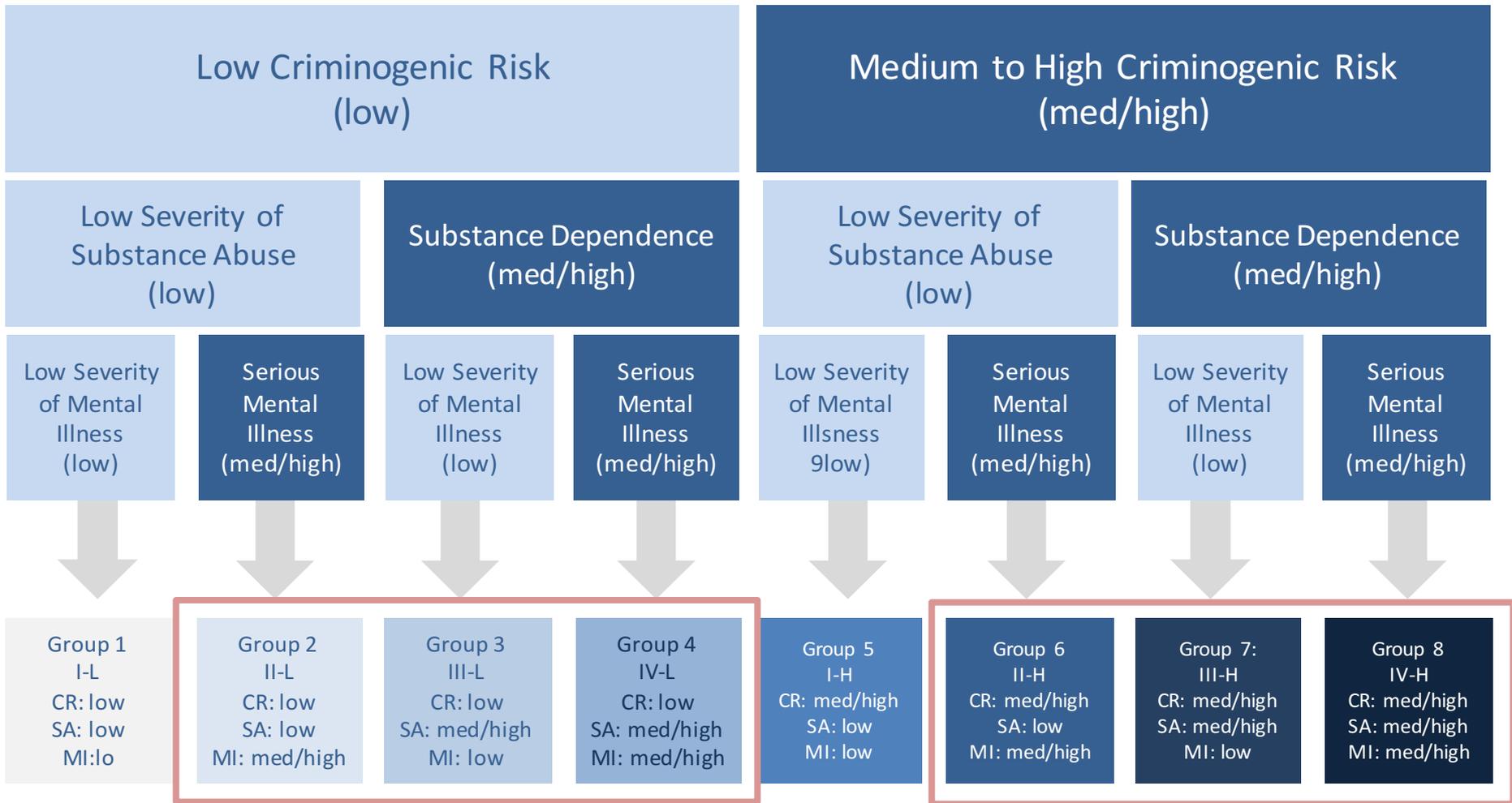
Electronically collected data



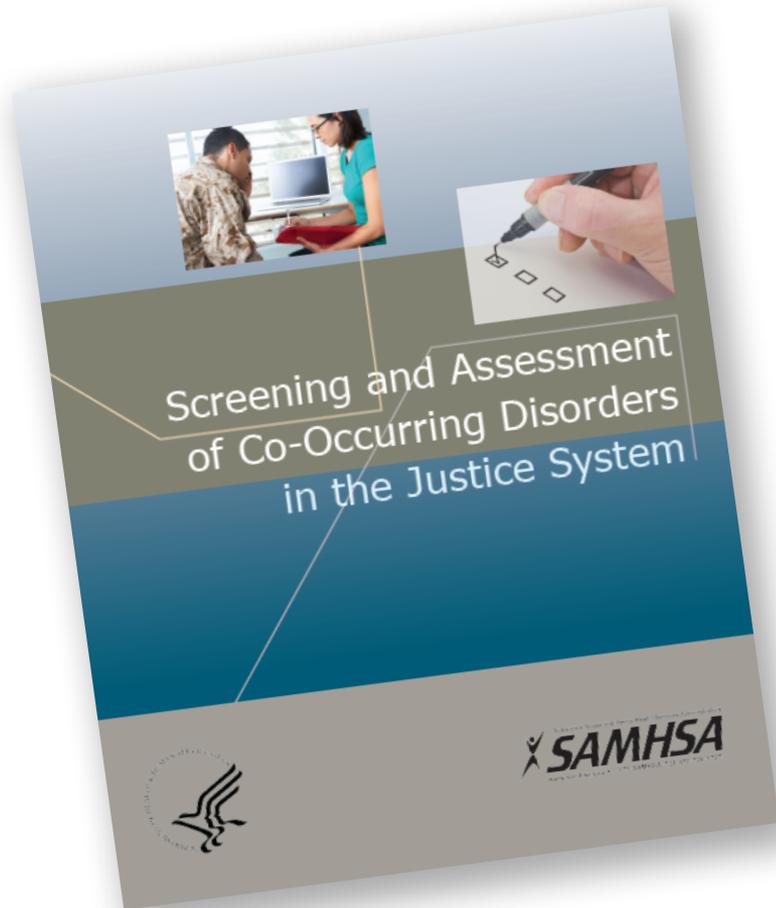
Pulling Together a Research-Based Framework



A Framework for Prioritizing Target Population



Selecting Tools to Screen and Assess for MH, SU, and CR



Multiple screening instruments to consider, for example:

Brief Jail Mental Health Screen

Correction Mental Health Screen

Mental Health Screening Form

Screening & Assessment: Salt Lake County, UT

Screenings Administered at Jail Booking and Follow Up Assessments in Salt Lake County, UT

Recommended Uses for Informing Decision-Making

Correctional Mental Health Screen

Level of Service Inventory: Screening Version

Texas Christian University Drug Screen V

Salt Lake Pretrial Risk Instrument

Assessments Based on Screening Results in Jail or In the Community

Information Sharing Agreements between Agencies is Recommended

Jail Management

Pretrial Release

Diversion

Connection to Care at Discharge

Community Supervision

Screening & Assessment: Bexar County, TX

BEXAR COUNTY PRETRIAL FACILITY & JAIL

Check Continuity of Care State to see whether accessed state public mental health system



Screening Form for Suicide and Medical/Mental/Developmental Impairments

IF YES to 2-12 BELOW, NOTIFY SUPERVISOR AND MAGISTRATE. Notify Mental Health w/

2. Do you hear any noises or voices other people don't seem to hear?	
3. Do you currently believe that someone can control your mind or that other people can know your thoughts or read your mind?	
4. Prior to arrest, did you feel down, depressed, or have little interest or pleasure in doing things?	
5. Do you have nightmares, flashbacks or repeated thoughts or feelings related to PTSD or something terrible from your past?	
6. Are you worried someone might hurt or kill you? If female, ask if they fear someone close to them.	

IF EITHER IS A POSITIVE MH SCREEN:

- **MH ASSESSMENT IS REQUIRED BY LAW**
- **INFORMATION MUST BE AVAILABLE TO THE PRETRIAL JUDICIAL OFFICER FOR A MH PERSONAL RECOGNIZANCE BOND**

Do You Have Baseline Data?



Four Key Measures



- Prevalence rate of mental illnesses in jail population
- Length of time people with mental illnesses stay in jail
- Connections to community-based treatment, services, and supports
- Recidivism rates

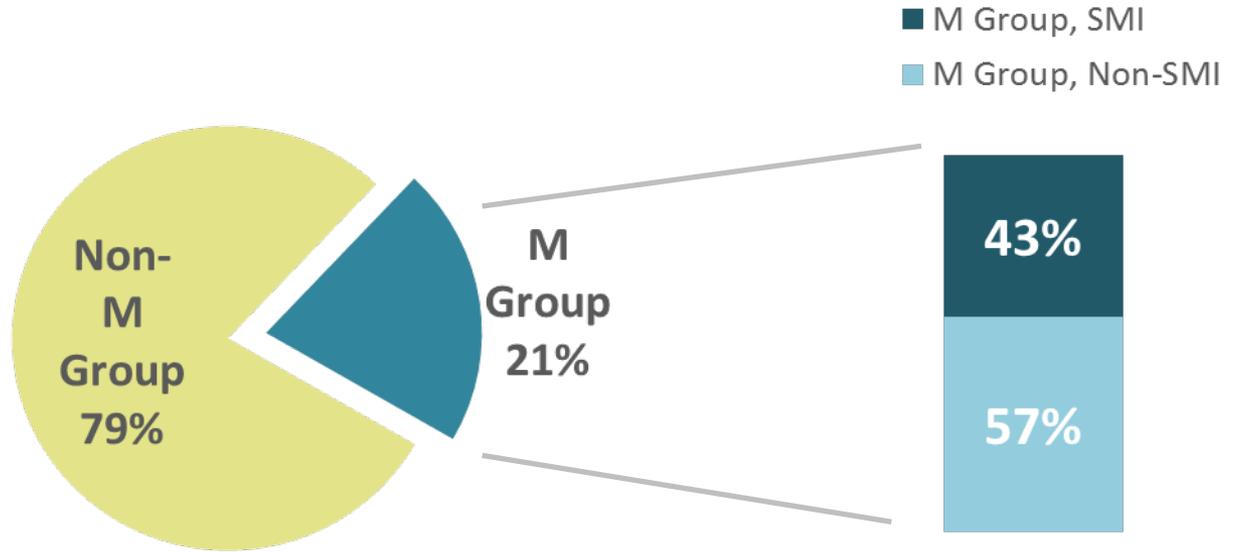


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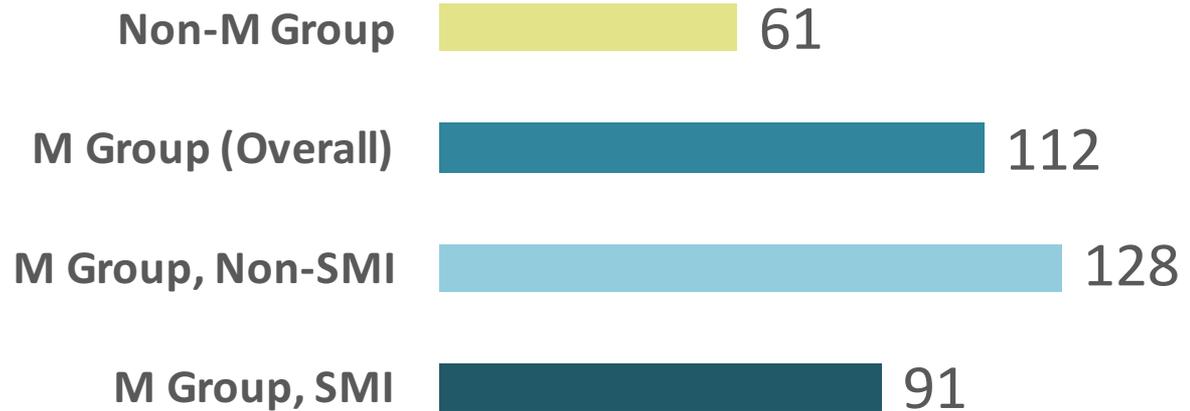


Baseline Data: New York City

**New York City:
Portion Of M Group
Meeting Criteria For
Serious Mental
Illness (Smi)**



**Average Length of
Stay by Mental
Health Status**



Source: The City of New York Department of Correction & New York City Department of Health and Mental Hygiene
2008 Department of Correction Admission Cohort with Length of Stay > 3 Days (First 2008 Admission)

Have You Conducted a Comprehensive Process Analysis and Service Inventory?

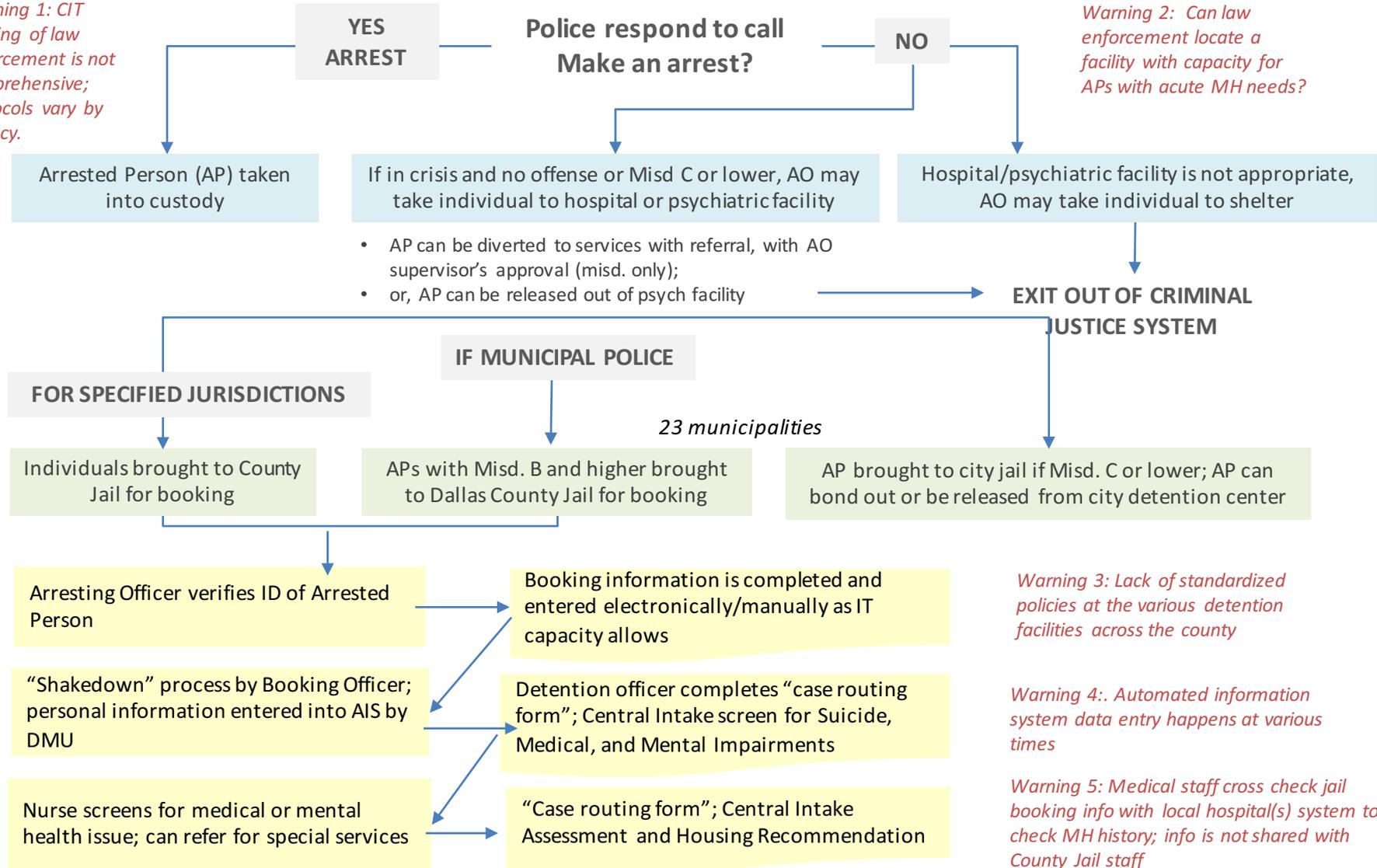
- System-wide process review 
- Inventory of services and programming 
- Identified system gaps and challenges 
 - Process problems
 - Capacity needs
 - Population projections
- Evidence Based Practices Identified 

Comprehensive Process Analysis: TX

Warning 1: CIT training of law enforcement is not comprehensive; protocols vary by agency.

Warning 2: Can law enforcement locate a facility with capacity for APs with acute MH needs?

Arrest and Booking



Warning 3: Lack of standardized policies at the various detention facilities across the county

Warning 4: Automated information system data entry happens at various times

Warning 5: Medical staff cross check jail booking info with local hospital(s) system to check MH history; info is not shared with County Jail staff

Nurse assessment becomes part of DPD report

Have You Prioritized Policy, Practice, and Funding?

 A full spectrum of strategies 

 Strategies clearly focus on the four key measures 

 Costs and funding identified 

 County investment 

Prioritized Policy, Practice, & Funding: Santa Clara County, CA

Recommendation	Priority Gap and Problem?	Cost Estimate and Funding Stream	Timing for Implementation	Referred to County Dept. and/or Comments
1. Implement the planned county and jurisdictional Substance Use Treatment Services (SUTS) including a SUTS Transition Team.	High	Board approved General Fund in December 2015 SUTS completed.	September 1, 2016	Behavioral Health Services - SUTS
2. Expand previously started health monitoring Outpatient Services by 40 slots, from 180 to 220 outpatient slots.	High	Estimated total cost: \$284,618 Medi-Cal revenue: \$123,317 County Cost: \$161,301	January 2017	Behavioral Health Services - Mental Health
3. Increase the Criminal Justice (CJ) FSP by 20 prosecution slots and increase fee funds to fund housing opportunities.	High	Estimated total cost: \$425,000 Medi-Cal revenue: \$191,259 County Cost: \$233,741	January 2017	Behavioral Health Services - Mental Health
4. Expand the 90 day Intensive Outpatient Service Team for 10 additional post-county clients.	High	Estimated total cost: \$1.3 million Medi-Cal revenue: \$588,000 County Cost: \$721,490	January 2017	Behavioral Health Services - Mental Health
5. Allocate funding to provide housing support to 250 Severely Mentally Ill clients over two years at the rate of 80% permanent supportive housing, 10% rapid rehousing, and 10% rental assistance.	High	Estimated cost: \$1.75 million	TBD	Office of Supportive Housing
6. From partnerships with County public safety and nearby partners, local law enforcement agencies and BHSD to develop and implement a standardized, validated screening tool and assessment process as part of the community reentry process which can be used at multiple intercepts.	High	TBD	Ongoing	Behavioral Health Services
7. Enhance an existing Perinatal Mental Health Supervision Program with Supportive Court and integrate the program with future Behavioral Health Services Court and Transition Team.	High	Estimated Cost: \$270,000		Perinatal Services

Jail Diversion Subcommittee develops 35 recommendations

- Recommendations touch all parts of system plus administrative costs
- Recommendations prioritized as High, Medium or Other
- Time frames identified for the recommendations
- Costs estimated and funding sources identified
- Agency lead identified



Presentation to Board of Supervisors focuses on 10 recs

- Identifies existing resources to be leveraged
- Recommendations for Screening & Assessment, Treatment, Housing, Supervision, and Administrative Support/Data/Evaluation are pegged to funding from MHSA, AB 109, Medi-Cal, and county General Funds
- Subcommittee recs that can be started immediately without additional money- such as team-building and a cross-systems work group- are started immediately
- Large investments- such as BH Urgent Care Centers and Permanent Supportive Housing Units- are staged over time
- Considerations for booking environment focus on pre- and post- new jail construction



Approved unanimously by BOS on Aug. 31, 2016

Implementation plans and initial appropriations on Sept. 13, 2016

First monthly progress report to BOS on implementation Nov. 1, 2016

County of Santa Clara
Office of the County Executive



52906

DATE: August 30, 2016

TO: Board of Supervisors

FROM: Garry Harzog, Deputy County Executive

SUBJECT: Santa Clara County Jail Diversion Program Recommendations

RECOMMENDED ACTION
Consider recommendations relating to the Jail Diversion and Behavioral Health Subcommittee of the Reentry Network report regarding the Santa Clara County Jail

RECOMMENDATION	PROGRAM AREA	COUNTY LEAD	ESTIMATED COST	ESTIMATED IMPLEMENTATION TIMELINE (Original)	NOVEMBER 2016 STATUS UPDATE
JDS-1 Behavioral health Services Department (BHSD) to develop and implement a standardized, validated screening tool and assessment process with public safety partners. The goal is to divert individuals from jail into community services when appropriate. (CJ-547)	Screening & Assessment	BHSD	The cost of the entire process is not determinable at this point. The expected revenue source is Mental Health Services, Act (MHEA) and AS 109 Public Safety Readjustment funding.	BHSD will convene a work group to select a tool in September and conduct the training of selected local law enforcement agencies, County staff, and Court staff. It is estimated that this process will take approximately six months after selection of the tool and will be completed no sooner than March 2017.	The first meeting was held on September 29, 2016 with 22 participants representing Office of the Sheriff and six local law enforcement agencies, County Executive, District Attorney, Public Defender, Pre-Trial and Re-Entry Services, Behavioral Health Contractors Association and BHSD. The agenda focused on learning about and reviewing community assessment screening tools, which were recommended by the Stepping Up Initiative staff. The next meeting is on October 25, 2016 and the focus will be the Los Angeles County.

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Do You Track Progress?

 Reporting timeline of four key measures 

 Process for progress reporting 

 Ongoing evaluation of program implementation 

 Ongoing evaluation of program impact 

Tracking Progress: Franklin County, OH

Franklin County Board of Commissioners **The STEPPING UP INITIATIVE**

Core Documents | Progress To Date | Personal Stories | Reentry Resources | In The Media | Contact

Stepping Up - About

The national Stepping Up Initiative is a collaboration between the National Association of Counties (NACo), the Council of State Governments (CSG) Justice Center, and the American Psychiatric Foundation (APF) to help advance counties' efforts to reduce the number of adults with mental and co-occurring substance use disorders in jails.

The initiative engages a diverse group of organizations with expertise on these issues, including those representing sheriffs, jail administrators, judges, community corrections professionals, treatment providers, people with mental illnesses and their families, mental health and substance use program directors, and other stakeholders.

These pages document our commitment in Franklin County, Ohio, to the Stepping Up Initiative.

Our overarching goals are to:

A: Reduce the Average Daily Jail Population by 30% by 2020

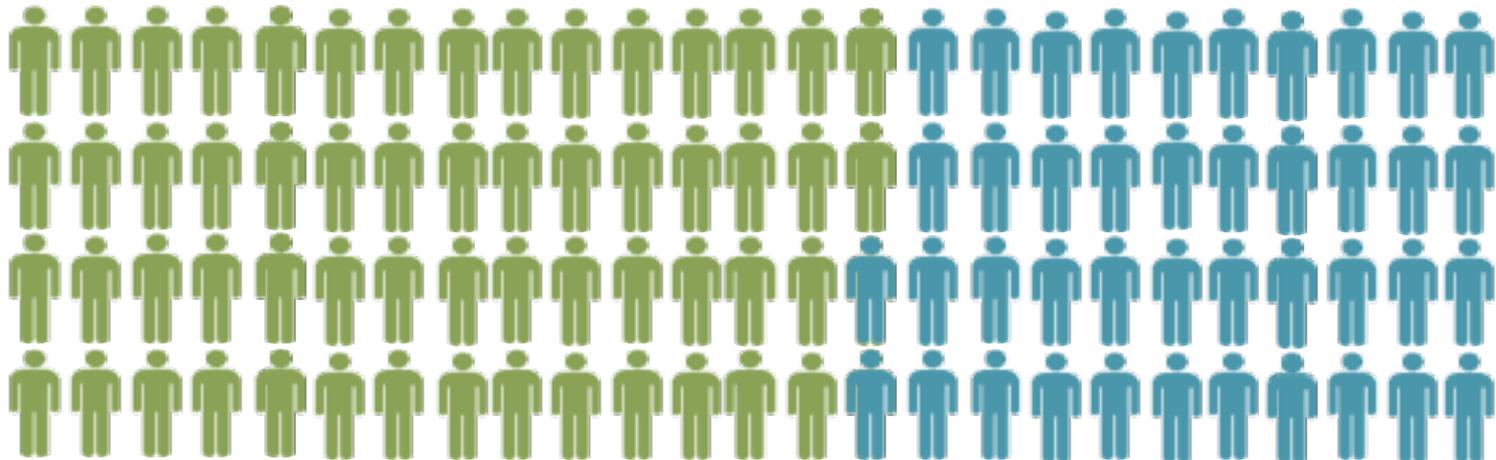
2014 Baseline*	Q1-Q3 2016 Average Daily Population	2020 Goal Average Daily Population
1900 Inmates at both jail facilities	1818 (↓ 4.3%) 2015 ADP = 1852 (↓ 2.5%)	1330 30% OVERALL REDUCTION

B: Reduce the Average Length of Stay (ALOS) Disparity between Inmates with and without Mental Health Issues by 50% by 2020

21 California Counties Have Stepped Up; More Engaged

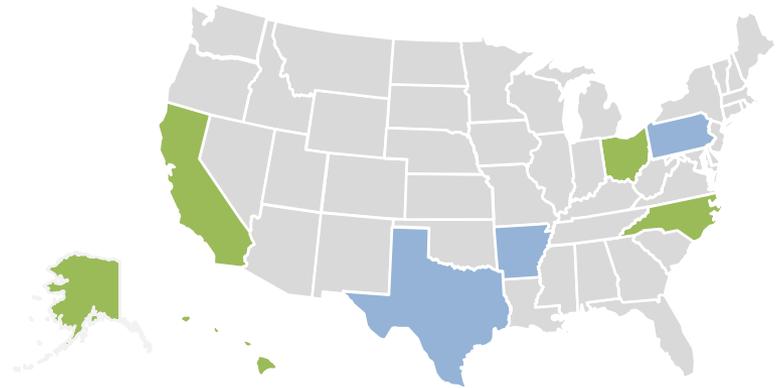
Alameda	Imperial	Merced	San Joaquin
Calaveras	Kern	Orange	Solano
Contra Costa	Los Angeles	Riverside	Sonoma
Del Norte	Madera	Santa Clara	Sutter
El Dorado	Mendocino	Santa Cruz	Yolo
			Yuba

Stepping Up counties represent about 60% of the state's average daily jail population.



States Supporting Counties that Step Up

- **State-wide Stepping Up Summit**
- **Technical assistance available for interested counties**
 - Intensive TA to develop “proof points”
 - Centralized toolkit and information
 - On-call assistance
 - Coordinated assistance on data collection and measurement
- **Peer to peer learning facilitated among Stepping Up counties**
- **Policy analyses to identify places to support counties (e.g., facilitating diversion, expanding Medicaid)**



Approaches at the local and state level

- Framework to assess gaps and how to move forward
- Examples of models in-state
- Profession-specific and interdisciplinary training on priority areas
- Assistance on implementing new policy/financing opportunities
- There are a number of local needs that could be addressed most efficiently through state action, such as:
 - Removing barriers to the collection of reliable information about treatment needs;
 - Increasing the behavioral health workforce and expanding criminal justice-capable training for BH professionals;
 - Clarifying laws that are seen as barriers to collaboration (e.g., health information-sharing); and
 - Supporting local systems approaches discussed above, including fostering peer to peer exchanges and go-to information sources



THANK YOU

For more information, contact:

Hallie Fader-Towe, San Diego (hfader@csg.org)

www.stepuptogether.com