



Stepping Up California Update

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Council on Mentally Ill Offenders

November 2, 2016

The Capitol, Room 3191,
Sacramento, CA 95833

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

Today's Presentation

Consensus Project to Stepping Up

Stepping Up in California

- A Significant Issue
- Strengths and Needs in California Counties
- Opportunities

Council of State Governments Justice Center

Corrections



Courts



Justice Reinvestment



Law Enforcement



Mental Health



Reentry



Substance Abuse



Youth



National nonprofit,
nonpartisan membership
association of state
government officials

Represents all
three branches of
state government

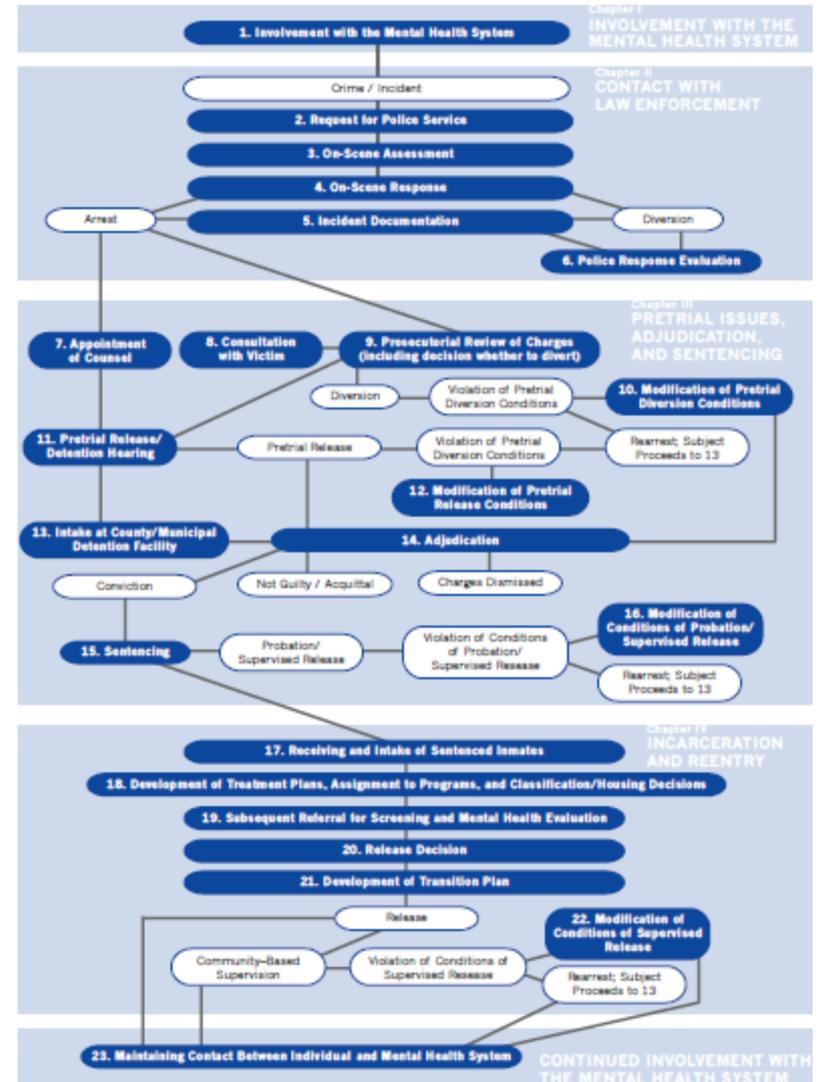
Provides **practical**
advice informed by the
best available evidence

The Consensus Project Report (2002)

Criminal Justice / Mental Health Consensus Project

police chiefs | consumers | pretrial service administrators | probation officials | state legislators | substance abuse providers | state corrections directors | judges | district attorneys | families | parole board members | county executives | public defenders | crime victims | state corrections directors | prosecutors | mental health advocates | court administrators | mental health providers | researchers | jail administrators | sheriffs | conditional mental health providers | state mental health directors | victim advocates | parole officials

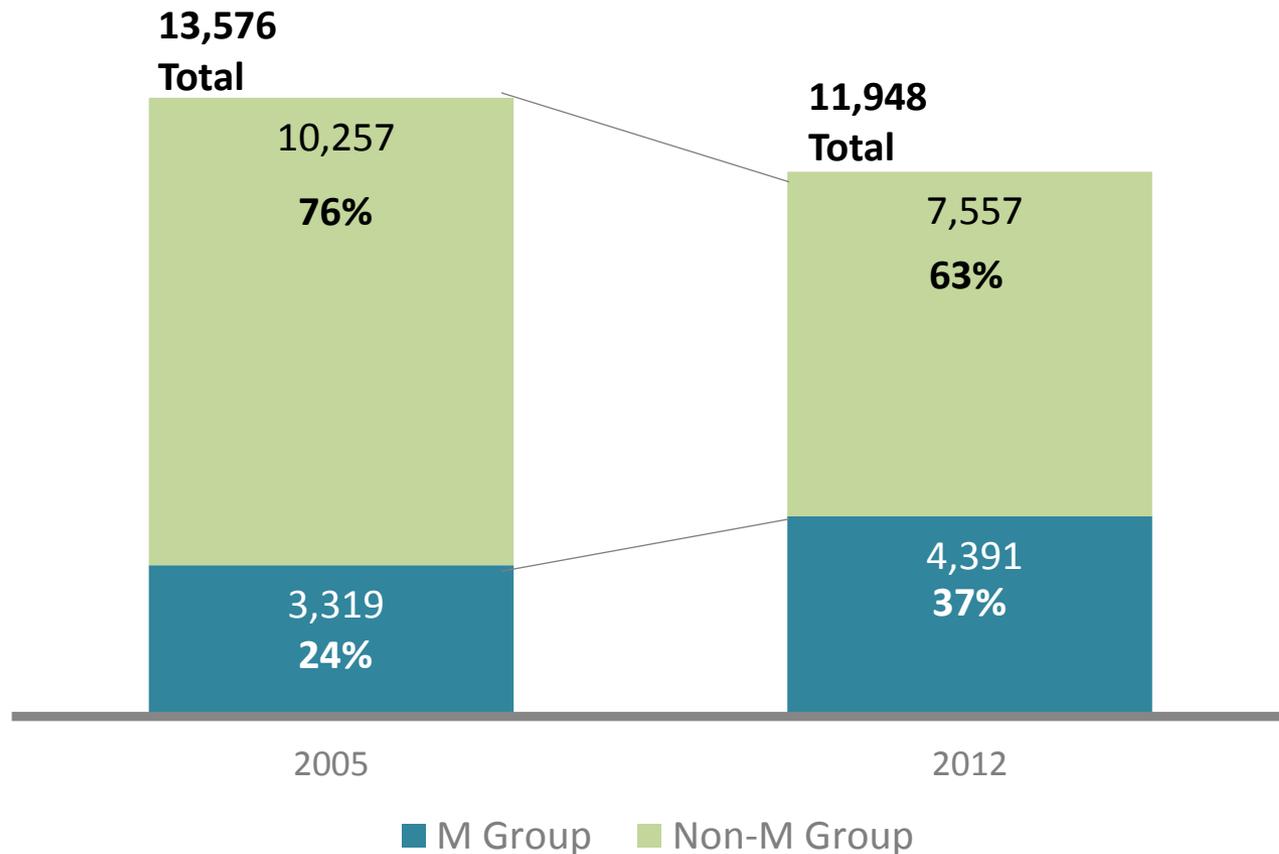
A Person with Mental Illness in the Criminal Justice System: A Flowchart of Select Events



Jails Report Increases in the Numbers of People Mental with Illnesses

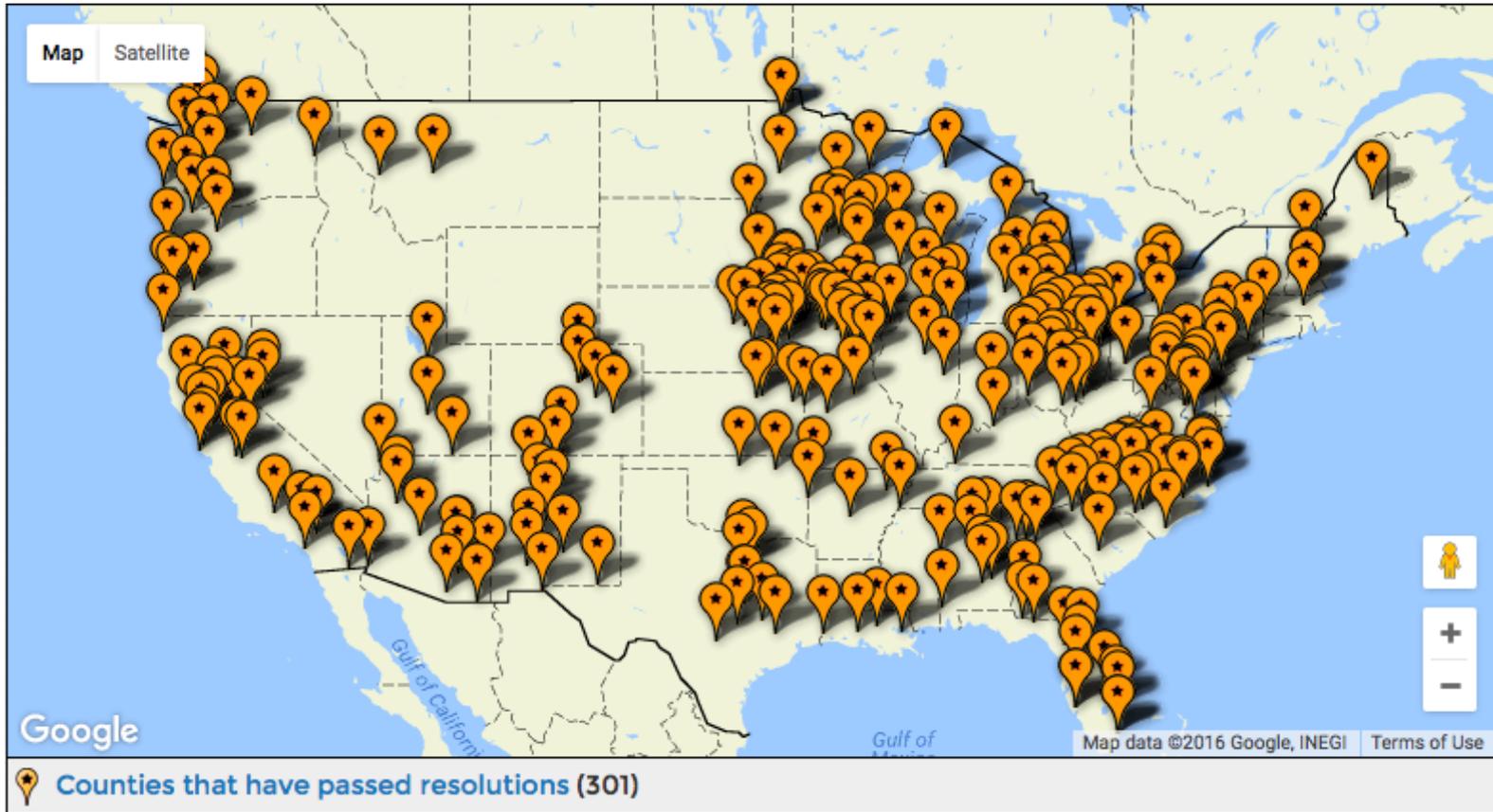
NYC Jail Population (2005-2012)

Average Daily Jail Population (ADP) and ADP with Mental Health Diagnoses



Stepping Up

There will be fewer people with mental illnesses in our jails tomorrow



Major Partners Rally Around a Common Goal

Partners and Steering Committee Members



Federal Partners



Counties Step Up but Face Key Challenges: Why is it so hard to fix?



Key Challenges Counties Face: Observations from the Field

1.

Being data driven

2.

Using best practices

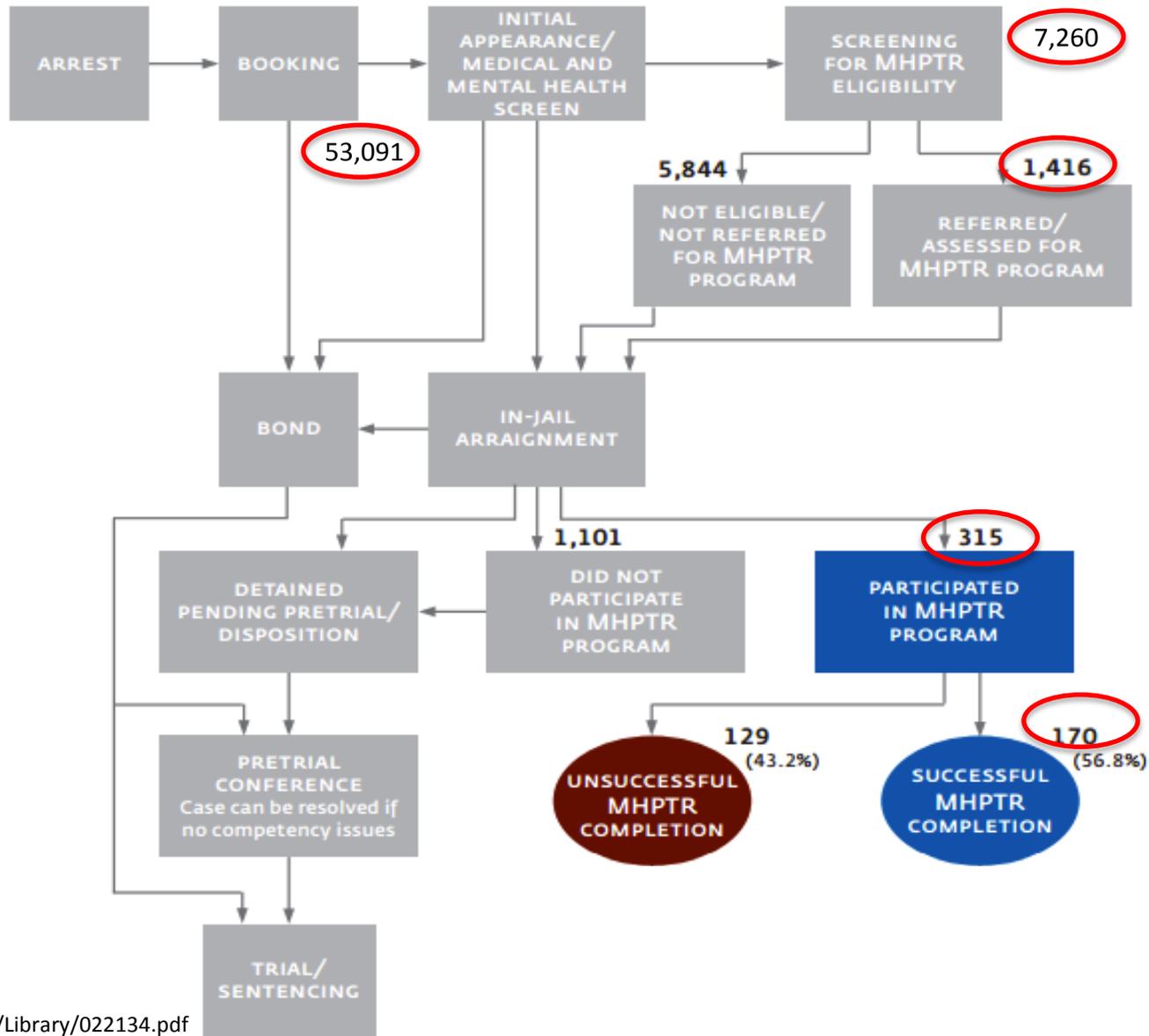
3.

Continuity of care

4.

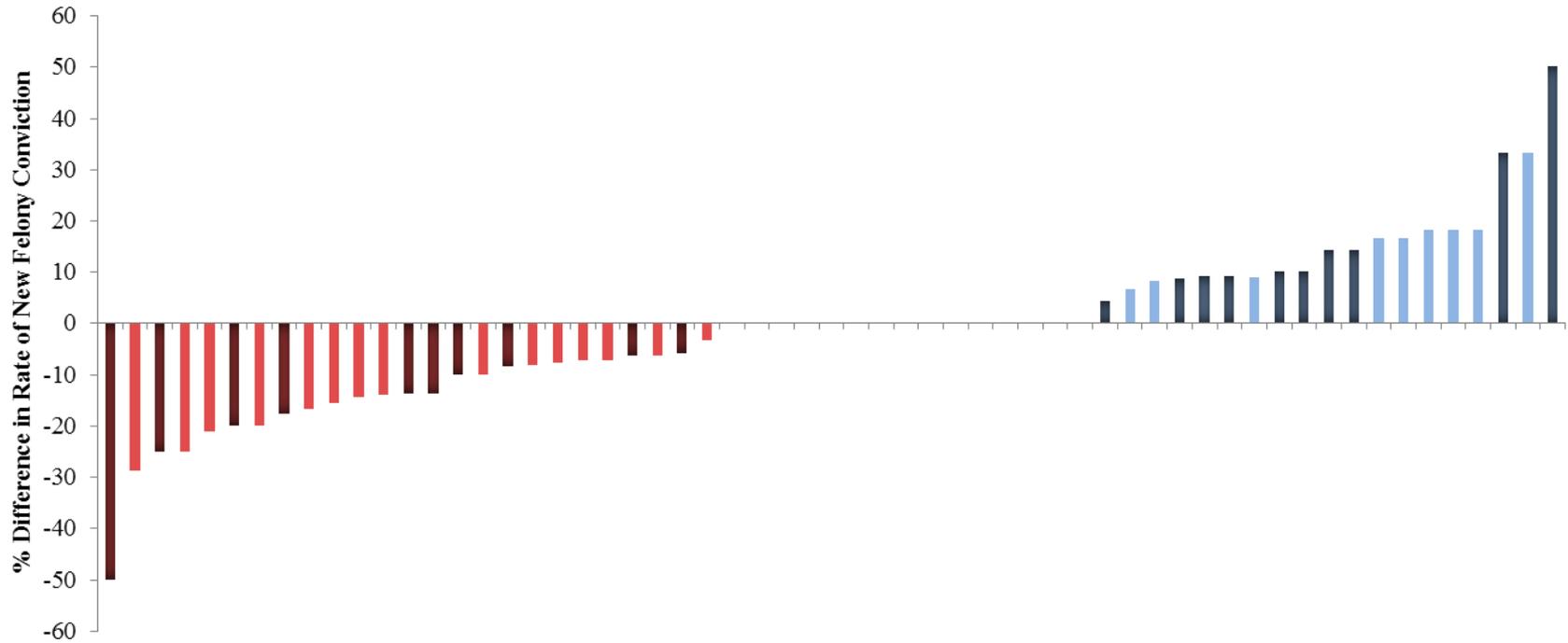
Measuring results

Challenge 1 - Being Data Driven: Not Knowing the Target Population



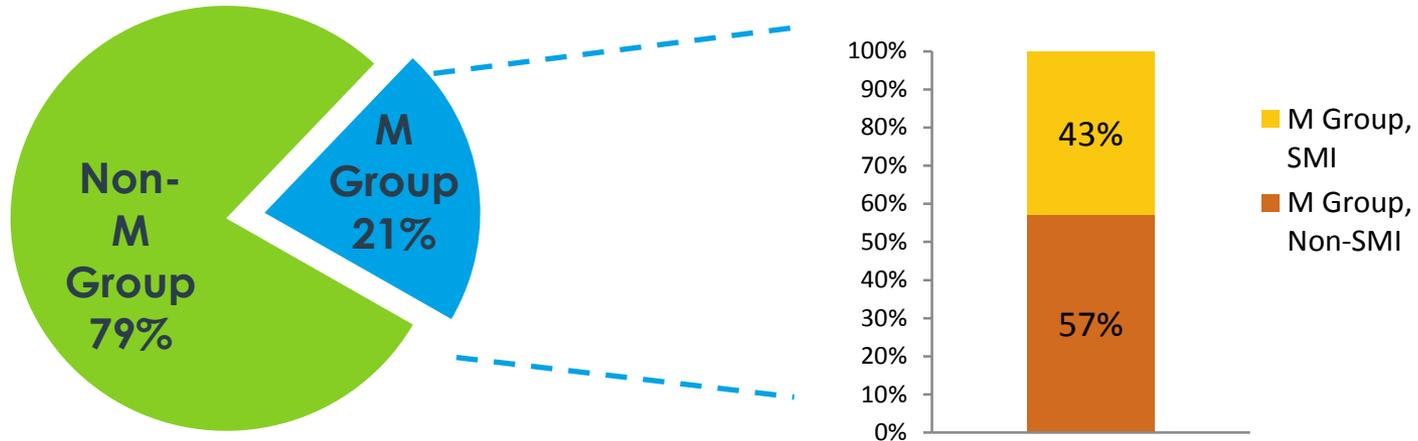
Understanding Impact on Recidivism

Impact of Ohio Residential Correctional Programs on Recidivism (Annual State Funding: \$104m)

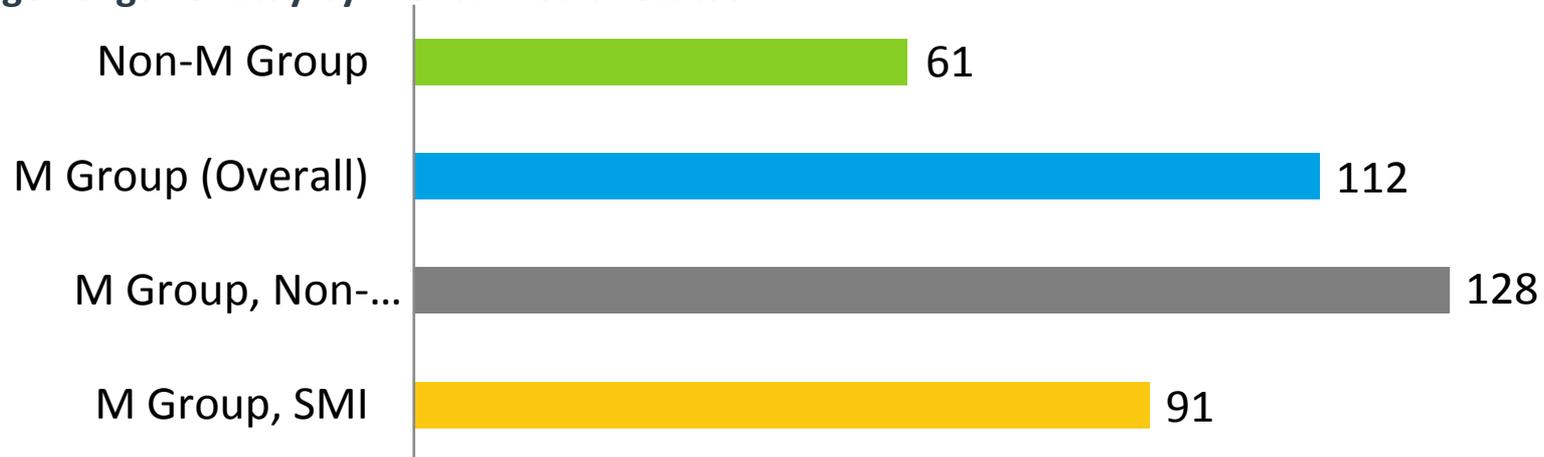


Not All Mental Illnesses are Alike

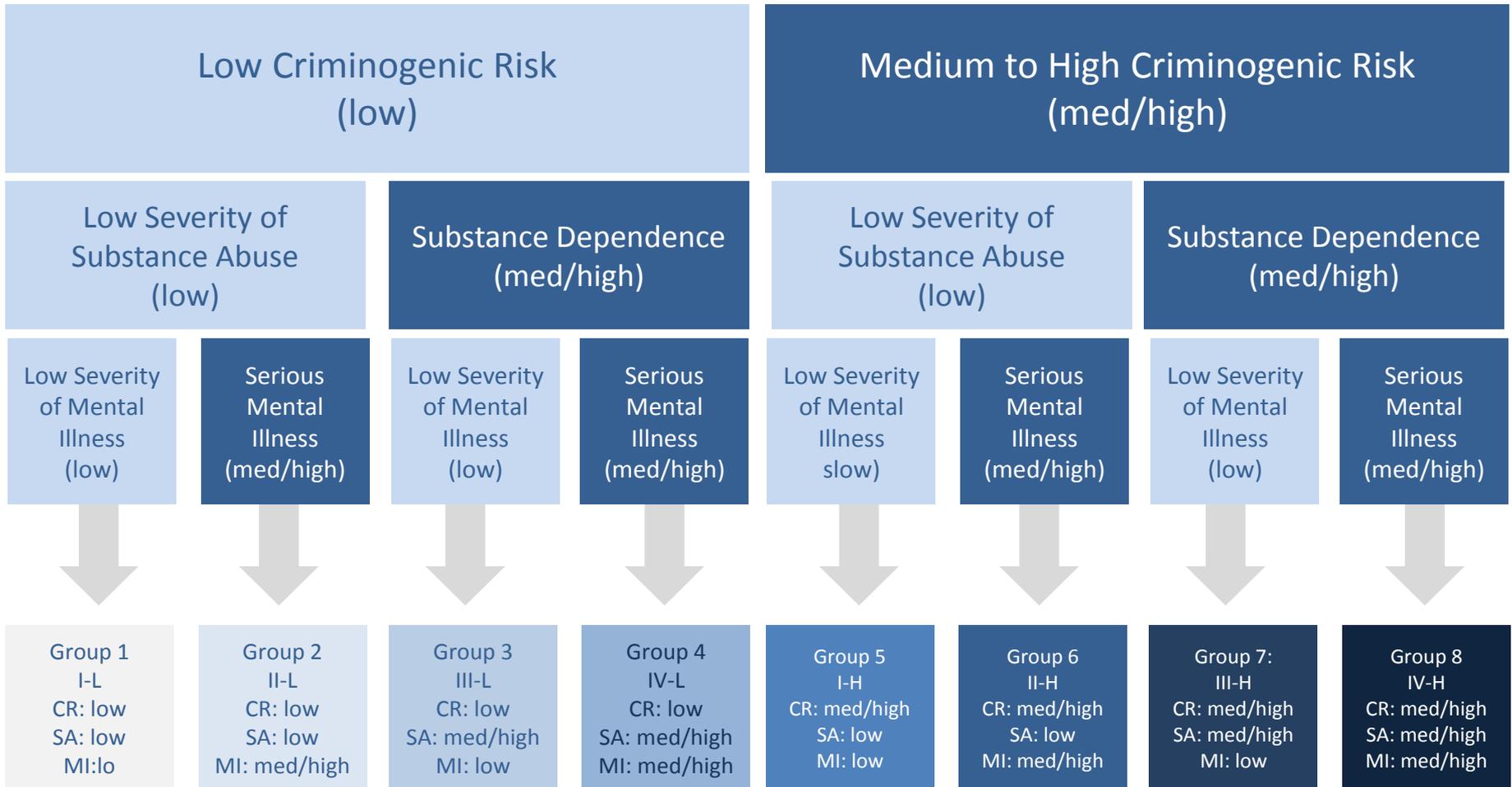
Portion of M Group Meeting Criteria for Serious Mental Illness (SMI)



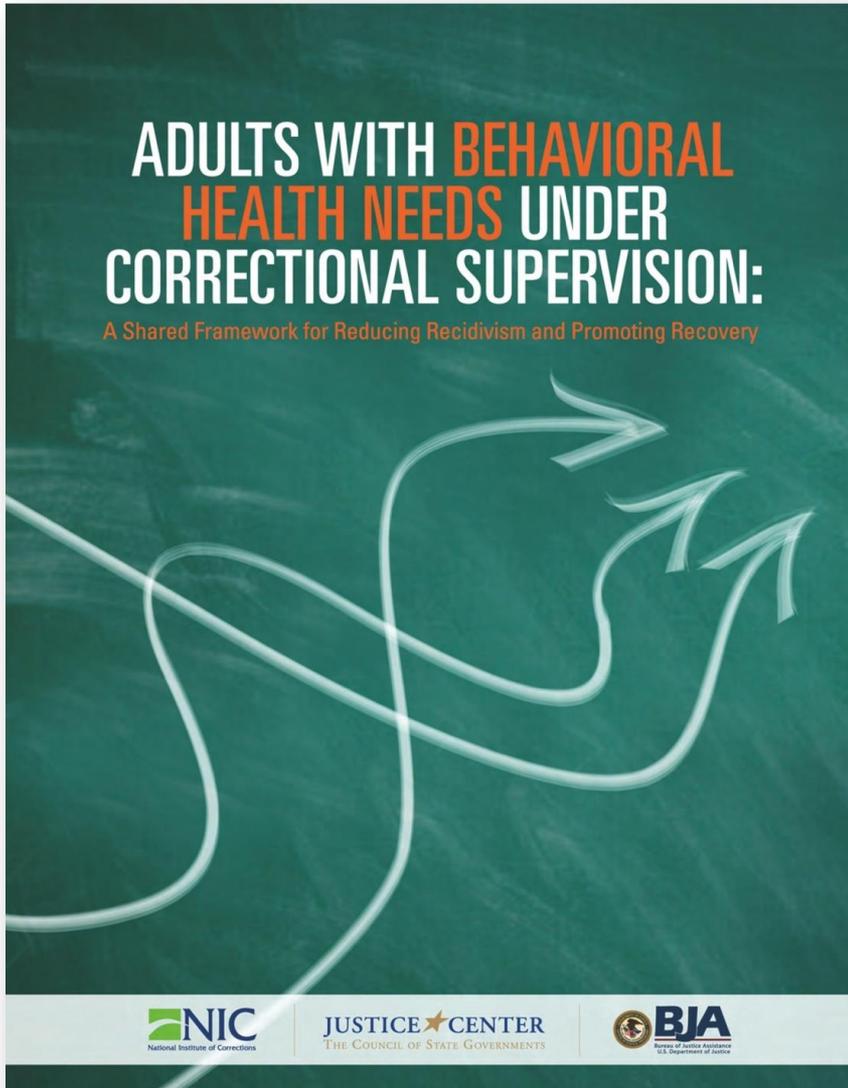
Average Length of Stay by Mental Health Status



A Framework for Prioritizing Target Population



Pulling Together a Research-Based Framework



Challenge 2 – Using Best Practices: Not Knowing the Target Population

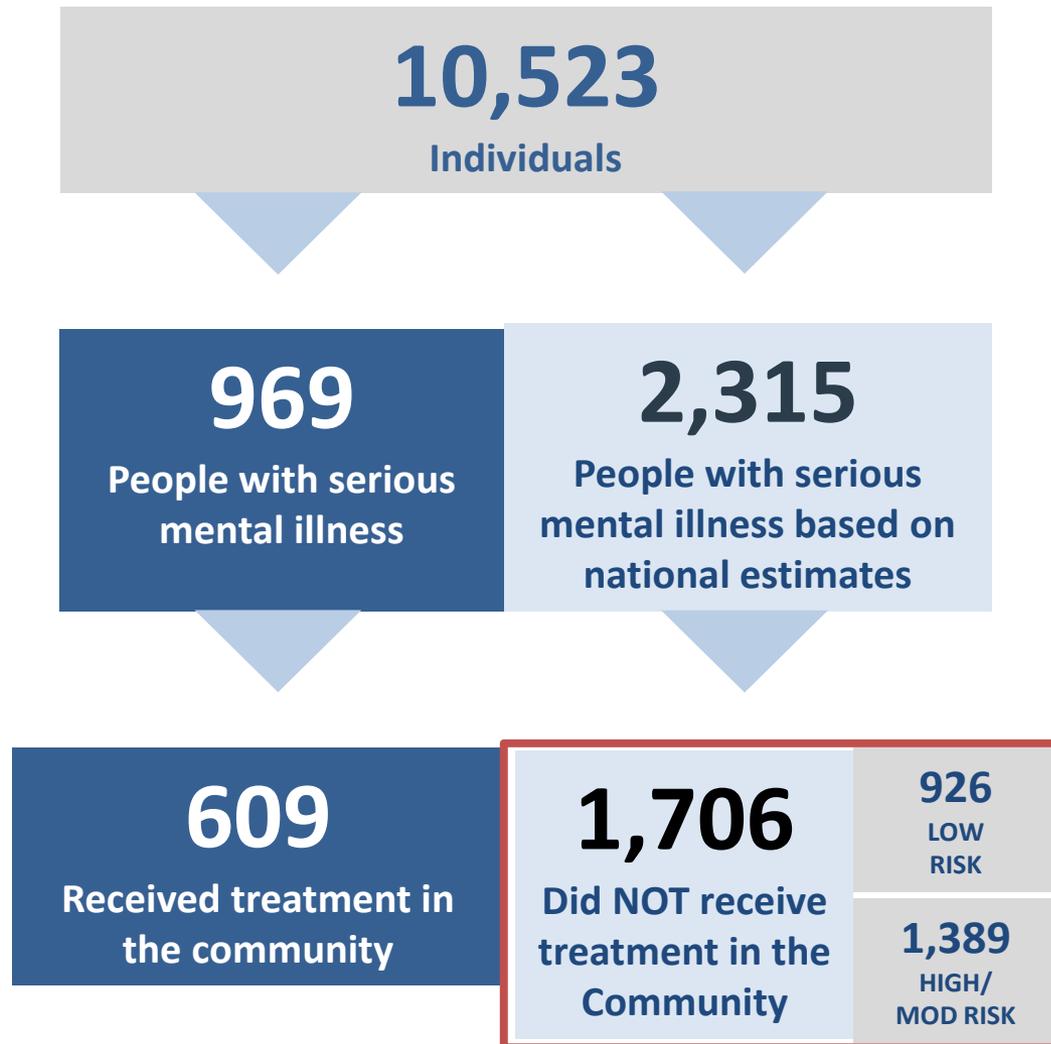
	County A	County B	County C	County D
Mental Health Assessment	✓	○	✓	✓ -
Substance Abuse Assessment	○	○	✓ -	○
Risk Assessment	✓ -	○	○	○

Challenge 2 – Using Best Practices: Addressing Dynamic Needs

Dynamic Risk Factor	Need
History of antisocial behavior	Build alternative behaviors
Antisocial personality pattern	Problem solving skills, anger management
Antisocial cognition	Develop less risky thinking
Antisocial associates	Reduce association with criminal others
Family and/or marital discord	Reduce conflict, build positive relationships
Poor school and/or work performance	Enhance performance, rewards
Few leisure or recreation activities	Enhance outside involvement
Substance abuse	Reduce use through integrated treatment

Challenge 3 – Continuity of Care

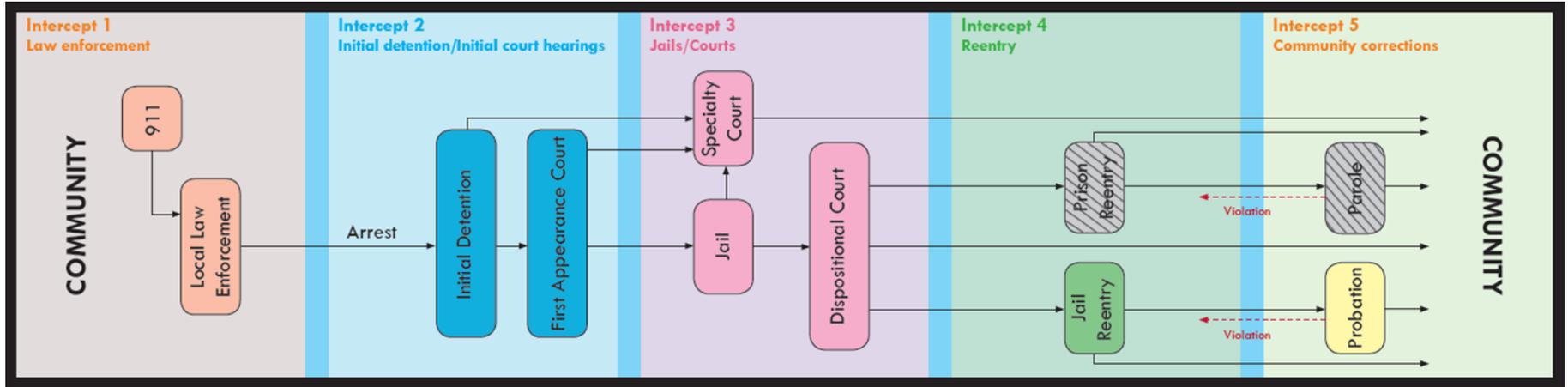
Existing Services Only Reach a Small Fraction of Those in Need



Example from Franklin County, OH

Challenge 4 – Tracking Progress:

Focusing County Leaders on Key Outcomes Measures



Outcome measures needed to evaluate impact and prioritize scarce resources

1.

Reduce

the number of people with mental illness booked into jail

2.

Shorten

the length of stay for people with mental illnesses in jails

3.

Increase

the percentage of people with mental illnesses in jail connected to the right services and supports

4.

Lower

rates of recidivism

Effective Strategic Plans: How do we move forward?



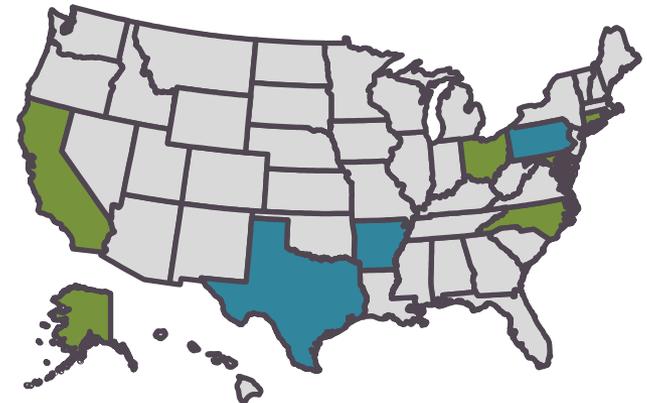
Six Key Questions County Leaders Need to Ask



- 1. Is Our Leadership Committed?**
- 2. Do We Conduct Timely Screening and Assessments?**
- 3. Do We Have Baseline Data?**
- 4. Do We Conduct a Comprehensive Process Analysis and Inventory of Services?**
- 5. Have We Prioritized Policy, Practice, and Funding Improvements?**
- 6. Do We Track Progress?**

Ways States Support 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)



THE STEPPING UP INITIATIVE

California

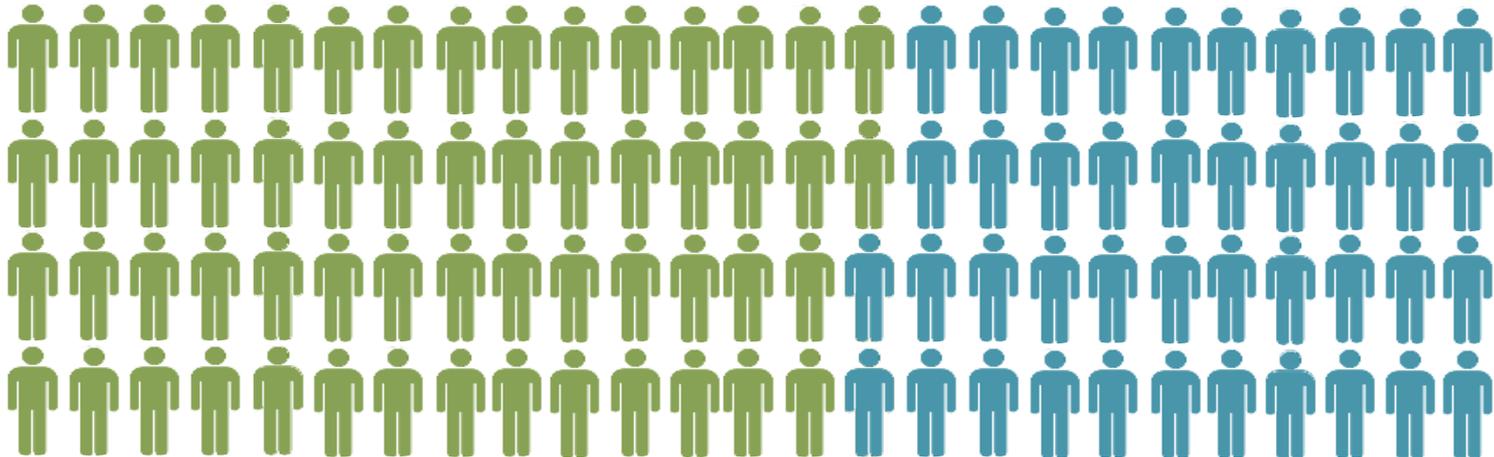


- **Launch in Sacramento May 2015**
- **21 Counties have passed Resolutions**
- **4 CA Counties at National Summit + MHSOAC & BSCC**
- **58 County survey of practices**

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.



Perception of Current Practices: Statewide Survey



Chief Probation Officers
of California



California State
Sheriffs' Association
Serving Law Enforcement Since 1894



- **124 Responses** from Sheriffs, Behavioral Health Directors, Chief Probation Officers and designees
- Representing **all 58 counties**
- Responses to be grouped by: Region, Size, Profession
- **Perceptions** not “Proof”
- Questions follow themes from national Stepping Up initiative, including *“6 Questions County Leaders Need to Ask”*

<http://www.counties.org/general-information/california-county-map>

Reasons to do a state-wide survey

- Is this an important issue for local leaders across the state?**
- Are there meaningful trends that should inform state-wide conversations?**
- Where are there examples of good policy, programs, and practices within our state?**
- What is the gap between current practice and the ideal? What would help close it?**

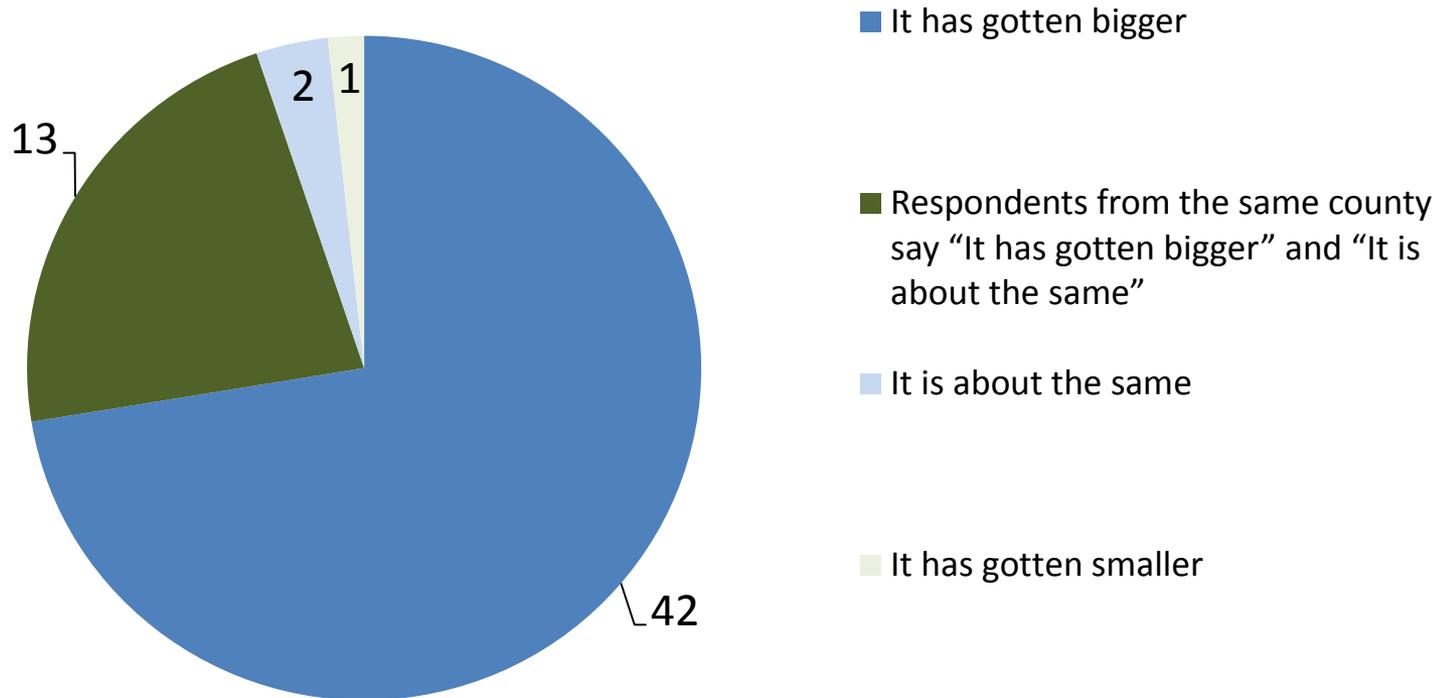
Resoundingly an issue of concern to local leaders

Survey Question: Is the number of people with mental illnesses who are involved with the criminal justice system a significant issue in your county?

116 of **124** respondents
representing **56** counties
said “Yes”

Almost all counties report more people with mental illnesses in jail now than five years ago

Survey Question: What is your impression of the number of people with mental illnesses in your county's jails over the past five years?



100% responding Sheriffs (14) said "It has gotten bigger."

Six Key Questions County Leaders Need to Ask



1. Is Our Leadership Committed?

2. Do We Conduct Timely Screening and Assessments?

3. Do We Have Baseline Data?

4. Do We Conduct a Comprehensive Process Analysis and Inventory of Services?

5. Have We Prioritized Policy, Practice, and Funding Improvements?

6. Do We Track Progress?

Do We Conduct Timely Screening and Assessments?

National Picture:

- Agreement that universal screening for mental health, substance use, and criminogenic risk are necessary to inform good decision-making
- Very few, if any, county jails do this
- Even counties often held up as models struggle with this

Challenge 2 – Using Best Practices: Not Knowing the Target Population

	County A	County B	County C	County D
Mental Health Assessment	✓	○	✓	✓ -
Substance Abuse Assessment	○	○	✓ -	○
Risk Assessment	✓ -	○	○	○

Do We Conduct Timely Screening and Assessments?

Ideally, universal screening and follow-up assessment, as needed, is available in jail and on probation for all three dimensions

Screen



Triage

- Short
- Universal
- Indicates need for follow-up

Assessment



Diagnose, Plan, Repeat

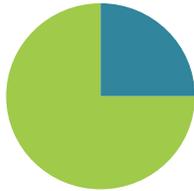
- Lengthy
- Administered by professional
- Used to diagnose, develop case plan, monitor progress
- Iterative process

Survey Question: The following question distinguishes between “screening process,” which is generally a brief process used to flag people who need a full mental health assessment and “assessment process,” which involves a follow-up assessment administered by a clinician.”

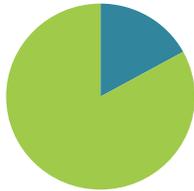
Do We Conduct Timely Screening and Assessments?

California Picture:

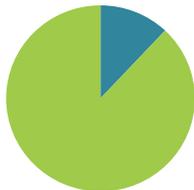
- A handful of leads on small, medium, and large counties that report doing universal screening and assessment for all three dimensions either at the jail or on probation



- About 25% of counties report universal screening for mental health and substance use in the jail
 - *14% report it happens on probation*



- About 17% of counties report assessment for all mental health and substance use in the jail
 - *5% report it happens on probation*



- About 12% report universal assessment for risk of recidivism in the jail
 - *50% report it happens on probation*

Do We Have Baseline Data?

Ideally, counties regularly measure the number of people with mental illnesses in jails based on an agreed upon definition and chart progress on four key measures.

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

Electronically collected data

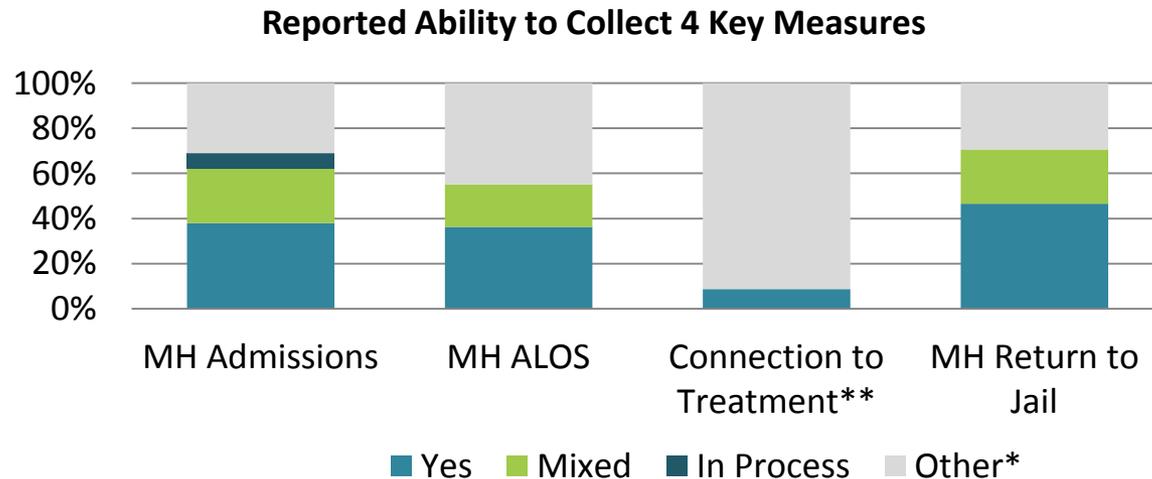
National Picture:

- Few places have definitions and processes to collect data
- Few, if any, places regularly run reports to track these four key measures

Do We Have Baseline Data?

California Picture:

- **Most counties** report some way of measuring prevalence of people with mental illnesses in jail,
- Leads on small, medium, and large counties that report shared definitions and regular measurement for each of the outcomes



49 counties identified the need for resources to collect and track data as a significant challenge

Mixed means that different respondents from the same county had different responses.

* "Other" includes "We do not collect this data," "I don't know,"

** There were a variety of potential responses with a "check all that apply" for this question, more of which are addressed in a later slide.

Survey results must be understood and interpreted in the context explained on slide 24 of this presentation

Do We Conduct a Comprehensive Process Analysis and Inventory of Services?

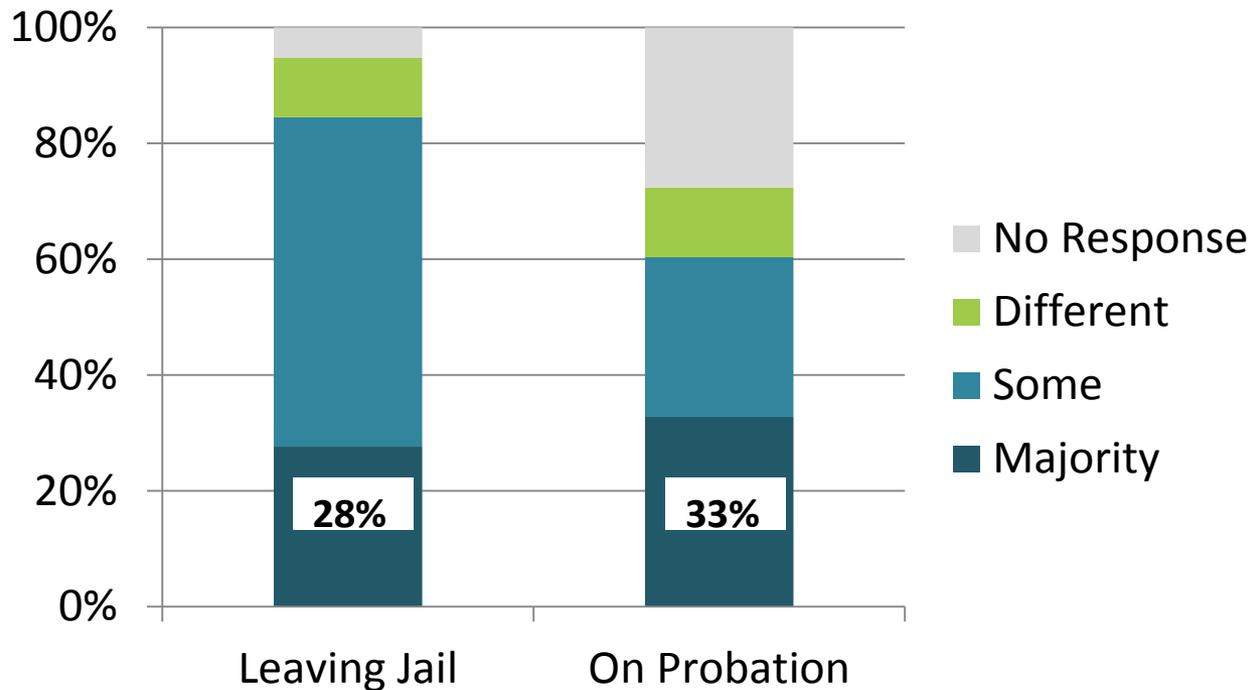
Survey Question: Many communities undertake a process of identifying available community-based treatment and support services and “mapping” the flow of people with mental illnesses from initial contact with law enforcement through booking in jail, disposition of the court case, incarceration, and reentry. Please check all of the following that apply to your system:

- An interagency group has **identified community-based treatment services** **26 counties**
- An interagency group has **mapped out the flow of people with mental illnesses** through the local justice system **15 counties**
- An interagency group has **done both** **13 counties**

**Respondents from 34 counties indicated
“We are interested in assistance on these steps”**

Focus on Connections to Community-based Care

Survey Question: How would you describe the extent to which people with mental illnesses who are involved with the justice system are connected to treatment. . .



43 counties reported a need for an improved process to directly connect people involved with the justice system to services

Identified Needs Related to Treatment

Survey Question: The following are a need in my county (check all that apply):

Number of counties with someone who checked this item

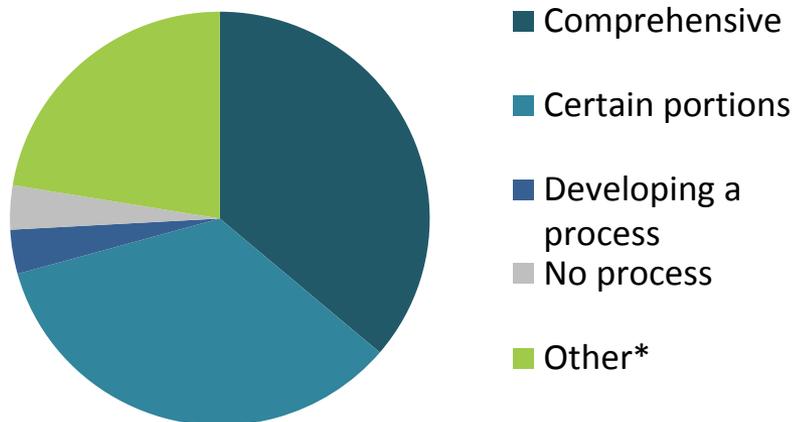
Additional acute beds/mental health beds <i>in the community</i>	49
Additional service providers/licensed professionals <i>in the community</i>	48
Additional service providers/licensed professionals <i>in the jail</i>	47
Additional acute beds/mental health beds <i>in the jail</i>	46
An improved process to directly connect people involved with the justice system to services	43
Additional crisis response services in the community	42
Additional Medi-Cal Eligible Services	38
Additional training for BH professionals on research-based approaches and working with people involved with the justice system	38
An improved process for contracting for services	21
Other?	2

Treatment capacity

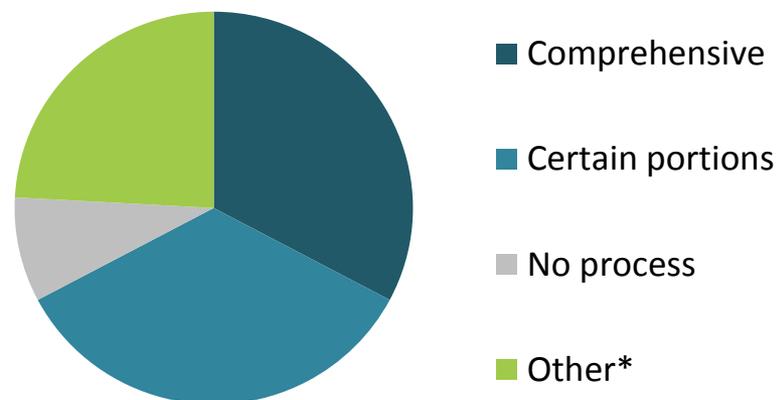
Linkage to Health Coverage

Survey Question: How would you describe your county's ability to identify and enroll eligible people in health coverage?

In the jail



On Probation



* "Other" includes "I don't know about our enrollment process," different responses from the same county, and no response.

Identified Non-Treatment Needs

Survey Question: Which of the following do you think would have the greatest impact on improving your county's capacity to address this issue? *Check all that apply*

- 49 counties- Resources to collect and track data
- 46 counties- Research-based interventions for people involved with the justice system who have behavioral health needs
- 43 counties- Information about strategies and solutions that work
- 37 counties- Improved cooperation among the relevant agencies and partners
- 36 counties- Dedicated time to solving these issues
- 28 counties- Clear leadership on this issue
- 27 counties- State policy change

“We work in silos and funding is separated between departments, which results in services being separated” – Write in response

Recap

Needs Identified

Potential Strategies

-
- | | |
|---|--|
| <ul style="list-style-type: none">• Understanding importance of universal screening/assessment for MH, SU, CR | <ul style="list-style-type: none">• Models that work for common definitions, tools, processes, systems for diverse communities• Start-up help for places that report doing nothing; Improvement for those that have something in place that isn't ideal• <i>Is there a way to incentivize this, including removing the concern about opening liability?</i> |
| <ul style="list-style-type: none">• Increasing connections to community-based care, either from jail or probation | <ul style="list-style-type: none">• Assistance on reentry models from diverse counties that reflect the various ways that people exit jail (e.g., pretrial, probation) |
| <ul style="list-style-type: none">• More mental health services, especially in the community | <ul style="list-style-type: none">• Assistance mapping existing treatment services• Assistance understanding financing both to pay for individuals and to grow the market locally• State support with workforce development to increase the number of professionals and incentivize getting training in working with justice-involved population• <i>Any "flex" capacity for rural/small jurisdictions to access providers to backstop?</i> |
| <ul style="list-style-type: none">• Understanding and collaborating across agencies within a jurisdiction | <ul style="list-style-type: none">• Time with interdisciplinary teams to understand each other's roles and efforts in this area<ul style="list-style-type: none">– Understand what is currently being done in the jail and on probation and where there are opportunities for improvement– Establish shared next steps for jurisdictions• Understanding barriers to interdisciplinary work and strategies to overcome them |
| <ul style="list-style-type: none">• Data | <ul style="list-style-type: none">• Models that are working in diverse counties (definitions, reports, IT)• Investment in data collection, management, analysis resources |
-

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

THE STEPPING UP INITIATIVE

California



- Launch in Sacramento May 2015
- 21 Counties have passed Resolutions
- 4 CA Counties at National Summit + MHSOAC & BSCC
- 58 County survey of practices
- **Stepping Up CA Summit**
- **Resources and support for counties**



THANK YOU

For more information, contact:

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