Conducting a Comprehensive Process Analysis and Inventory of Services for People with Mental Illnesses in Jails

June 2017
Counties are Stepping Up

Stepping Up Resolutions Received as of June 1, 2017
Today’s Webinar

Council of State Governments Justice Center

Tony Fabelo, Ph.D.
Deputy Director

Chester County, Penn.

Kim Bowman, M.S.
Director, Chester County Human Services
Speaker: Tony Fabelo

Tony Fabelo, Ph.D.
Deputy Director
Council of State Governments Justice Center
Reminder: To Reduce the Number of People With Mental Illnesses in Jails, County Leaders Should Ask These Questions

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?

Released in January 2017
Without a Comprehensive Process Analysis & Inventory of Services, There Are Missed Opportunities for Connection to Care

Mental Health Care & Substance Use Treatment for Adults (18 or Older) With SMI & Co-Occurring Substance Use Disorder

- Mental Health Care Only: 45.2%
- Treatment for Substance Use Problems Only: 3.7%
- Treatment for Substance Use Problems Only: 3.7%
- Both Mental Health Care and Treatment for Substance Use Problems: 11.4%
- No Treatment: 39.5%

Source: NSDUH (2008)
Existing Services Only Reach a Small Fraction of Those in Need

Example from Franklin County, OH:

10,523 Bookings

969 People with serious mental illness

2,315 People with serious mental illness, based on national estimates

609 Received treatment in the community

1,706 Did NOT receive treatment in the community

926 LOW RISK

1,389 HIGH/MOD RISK
Meaningful reductions in the prevalence of people with mental illnesses in jails cannot be realized without examining how strategies, programs, and services influence the four key measures:

1. **Reduce**
   - The number of people with SMI booked into jail

2. **Shorten**
   - The average length of stay for people with SMI in jails

3. **Increase**
   - The percentage of connection to care for people with SMI in jail

4. **Lower**
   - Rates of recidivism

Reminder: The third Stepping Up webinar on Baseline Data in County Jails includes further information about the four key measures. A recording of this webinar can be found on the Stepping Up Toolkit, stepuptogether.org/toolkit
Checklist for Question 4

☐ Detailed process analysis
  - Decision-making process? Timely and efficient?
    Type of information? Accessibility? Properly trained staff?

☐ Service capacity & gaps identified
  - What services exist (community and jail)?
    Capacity needs? Waitlists? Population projections?

☐ Evidence-based programs & practices identified
  - What works to meet needs of population and reduce recidivism?
Conducting a Comprehensive Process Analysis & Service of Inventory is **NOT** Quick or Easy

There are multiple points in the system, from law enforcement contact to release in the community after a period of incarceration, where there are **opportunities to improve responses** to people with mental health needs.

**Identify what exists, capacity needs, and what works**

<table>
<thead>
<tr>
<th>What exists?</th>
<th>Capacity needs?</th>
<th>What works?</th>
</tr>
</thead>
<tbody>
<tr>
<td>To assess existing services, some counties partner with local universities or hire consultants to complement the work of the planning team.</td>
<td>Existing services may have waitlists and need to be expanded and/or new services may need to be developed for people with the highest behavioral health needs.</td>
<td>Evidence-based practices should encourage systems-level change across criminal justice and behavioral health agencies.</td>
</tr>
</tbody>
</table>
A County’s Process Analysis for the Arrest/Booking Stage

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

2. Law enforcement is often unable to locate facility with capacity for Arrested Persons (APs) with acute MH needs

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

4. Automated information system data entry happens at various times

5. Medical staff cross check jail booking information with local hospital(s) system to check MH history; info is not shared with county jail
Comprehensive Process Analysis: Texas Example

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

Police respond to call

Make an arrest?

**YES**

Arrested Person (AP) taken into custody

If in crisis and no offense or Misd C or lower, AO may take individual to hospital or psychiatric facility

- AP can be diverted to services with referral, with AO supervisor’s approval (misd. only);
- or, AP can be released out of psych facility

**EXIT OUT OF CRIMINAL JUSTICE SYSTEM**

**NO**

Hospital/psychiatric facility is not appropriate, AO may take individual to shelter

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

**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

**Arrest and Booking**

FOR SPECIFIED JURISDICTIONS

- Individuals brought to County Jail for booking
- APs with Misd. B and higher brought to Dallas County Jail for booking
- AP brought to city jail if Misd. C or lower; AP can bond out or be released from city detention center

- Arresting Officer verifies ID of Arrested Person
- “Shakedown” process by Booking Officer; personal information entered into AIS by DMU
- Nurse screens for medical or mental health issue; can refer for special services

- Booking information is completed and entered electronically/manually as IT capacity allows
- Detention officer completes “case routing form”; Central Intake screen for Suicide, Medical, and Mental Impairments
- “Case routing form”; Central Intake Assessment and Housing Recommendation

Nurse assessment becomes part of DPD report

23 municipalities

**FOR SPECIFIED JURISDICTIONS**

Individuals brought to County Jail for booking

APs with Misd. B and higher brought to Dallas County Jail for booking

AP brought to city jail if Misd. C or lower; AP can bond out or be released from city detention center

- Arresting Officer verifies ID of Arrested Person
- “Shakedown” process by Booking Officer; personal information entered into AIS by DMU
- Nurse screens for medical or mental health issue; can refer for special services

- Booking information is completed and entered electronically/manually as IT capacity allows
- Detention officer completes “case routing form”; Central Intake screen for Suicide, Medical, and Mental Impairments
- “Case routing form”; Central Intake Assessment and Housing Recommendation

Nurse assessment becomes part of DPD report
Counties Should Use Evidence-Based Programs to Respond to People with Mental Health Needs

Use **methods** which are effective for justice-involved individuals

**Adapt** treatment to individual limits (length of service, intensity)

**Consider** those factors that may serve as barriers to program or supervision compliance (language barrier, illiteracy, etc.)
THANK YOU

For more information, please contact:
Dr. Tony Fabelo, Director of Research, The CSG Justice Center

tfabelo@csg.org
Speakers: Kim Bowman

Kim Bowman, M.S.
Director
Chester County Human Services
Chester County, Penn.
Stepping Up
Process Analysis and
Inventory of Services

Chester County, PA
Chester County

- Philadelphia Suburb

- Population 516,312 (2016 American Community Survey 1-Year Estimates)

- 759 square miles

- 73 municipalities
  - 1 city, 15 boroughs, and 57 townships

- 43 municipal police departments + State Police coverage for 23 municipalities

- 2017 Average Daily Prison Population - 803
Chester County

- Highly educated (2014 American Community Survey 1-Year Estimates)
  - 49.3% have a bachelor’s degree or higher
  - 20.2% have a graduate or professional degree

  - 2017 Point In Time Count for Homelessness – 570 sheltered + unsheltered

- Median Household Income $85,976 (2015 Dollars, 2011-2015; U.S. Census Bureau, QuickFacts)
  - 7% Poverty

- Low unemployment rate - 3.5% - March 2017 (U.S. Dept of Labor)
Stepping Up

October 2015 – County Commissioners Pass Resolution

• Call to action- reduce the number of individuals with mental illness in our criminal justice system
  o Stepping Up Framework and Resources

• Well positioned due to strong history of partnerships
  o 1997 – Established our first Treatment Court
    ▪ Now 4 Specialized Courts including Mental Health Court
  o Mental Health Protocol – Specialized Probation/Probation
Stepping Up Key Leadership Group Convened

- County Commissioners
- Department of Human Services
- Department of Mental Health & Intellectual Disabilities
- Local Community Foundation
- Hospital Representative
- Department of Drug and Alcohol
- Medicaid Managed Care
- District Attorney
- Public Defender
- Adult Probation, Parole and Pre-Trial Services
- Court Administration
- Police Chiefs’ Association
- County Prison
Additional Context

- Ongoing interest by some in central drop off
- Challenging Community Emergency Department Cases
- Developing Relationships with Law Enforcement
Assessment
Sequential Intercept Mapping

- Cross System Mapping Exercise
  - Develop a comprehensive picture of how individuals with mental illness move through the criminal justice system at 5 distinct intercept points:
    - Law enforcement and emergency services
    - Initial Detention/Court Hearings
    - Jails and Courts
    - Re-entry
    - Community Corrections/Community Support
  - Identify gaps, resources and opportunities at each Intercept
  - Develop priorities to improve system and service responses

- Initially done in 2010
2010 Mapping

- Resulted in Recommendations Along Continuum

- Subsequent Effort Predominately Focused at Jail Intake and Discharge
  - Information Sharing and Care Coordination
    - Review of all jail intakes for MH system history
    - Care Coordination Community Provider ↔ Prison Medical
  - Mental Health Coordinator on Staff at the Jail
  - Enhancement of Services within County Corrections
Subsequent Effort Predominately Focused at Jail Intake and Discharge (cont.)

- Re-entry Probation/Parole Officers
- Forensic Peer Specialists
- Enhanced Crisis Service
  - Bridge Medication
  - Mobile Outreach
  - Crisis Residential
- Mental Health Recovery Court Team
  - Forensic Peer Support Specialist
  - Treatment Providers
  - Assertive Case Management
Working Group

- Representatives Identified and designated by key leaders
  - Mental Health
  - District Attorney
  - Hospital
  - Law Enforcement
  - Local Foundation
  - Public Defender
  - Drug and Alcohol
  - Probation/Parole/Pre-trail Services
  - Medicaid Managed Care
  - County Jail
Gather and Organize Existing Data

- Number of Calls to 911 with mental health component

- Crisis Team and Police Interaction
  - Volume
  - Duration

- Prison Data
  - Number of Inmates with SPMI
  - Number of Inmates with history of public mental health services
  - Number and wait time for State Hospital Referrals
  - Jail Assessments ↔ Community Treatment

- Treatment Courts
  - Referrals
  - Admissions
  - Outcomes

- Adult Probation/Parole
  - Specialized Caseload Volume
Additional Information

- Focus Group
  - Individuals in Recovery and Families

- Survey of Crisis Models and Best Practices

- Police Chiefs’ Association - Mental Health Subcommittee
Mapping

- Used Sequential Intercept Model

- For Each Intercept
  - Description
  - Involved Parties
  - Possible Diversion Schematic
  - Identification of Diversion Resources and Natural Supports
    - Formal – established processes in place specific to diversion, e.g. mental health in-reach and re-entry plan
    - Informal – available resource no specific diversion process defined, e.g. continuum of community mental health services

- Explanation of Diversion Resources
  - Brief Description
  - Eligibility Criteria
  - Capacity and Utilization
  - Applicable Diversion Intercept(s)
Result

- Reviewed data and mapping
- Identified Gaps and Opportunities by Intercept
- Developed and Presented Recommendations to Key Leader Group
  - Focus on Intercept 1
  - Recommendations
    - Cross system training
    - Public awareness and outreach
    - Increase use of peer support
    - Increase use of involuntary commitment
    - Establish and maintain ongoing review process
    - Continue system enhancements based on findings
To Date

- Crisis Intervention Training
  - Obtained Grant

- Curriculum Committee
  - Diverse participation
    - Law enforcement
    - Courts
    - Higher Education
    - District Attorney
    - Drug and Alcohol
  - Prison
  - Mental Health
  - Individuals in Recovery
  - Adult Probation/Parole
  - Intellectual Disabilities

- First Training
  - April 2017
  - 28 Officers
  - 14 Municipalities
Municipalities with CIT Trained Personnel
To Date (cont.)

- Mental Health First Aid
  - Including Public Safety Mental Health First Aid

- Community Conversations

- Question, Persuade, Refer
Next Steps

- Continue cross training
  - October 2017 - Next Crisis Intervention Team training

- Maintain and enhance public information and outreach

- Continue to expand and enhance peer supports

- Implement routine review process to inform ongoing efforts
Questions?
Upcoming Stepping Up TA Resources

Monthly Webinars and Networking Calls

• **Network Call:** Conducting a Comprehensive Process Analysis and Inventory of Services for People with Mental Illnesses in Jails (July 6 at 2pm ET)

• **Webinar:** Prioritizing Policy, Practice and Funding Improvements for People with Mental Illness in Jails (August 10 at 2pm ET)

  • Register at [www.StepUpTogether.org/Toolkit](http://www.StepUpTogether.org/Toolkit)

NACo Annual Conference

• July 21-24 in Franklin County, Ohio

• Find out more at [www.NACo.org/Annual](http://www.NACo.org/Annual)
Poll Questions
Contact Information

Nastassia Walsh, MA
Program Manager
National Association of Counties
E: nwalsh@naco.org
P: 202.942.4289

Chenise Bonilla
Senior Policy Analyst
Council of State Governments
Justice Center
E: cbonilla@csg.org
P: (646) 383-5768

Lindsey Fox
Director of Corporate and Community Relations
American Psychiatric Association Foundation
E: LFox@psych.org
P: 703-907-8519

www.stepuptogether.org
info@stepuptogether.org