

# IN FOCUS PRIORITIZING POLICY, PRACTICE, AND FUNDING IMPROVEMENTS

Once Stepping Up planning teams have identified the unique gaps and needs in their criminal justice and behavioral health systems, it can be difficult to determine next steps while also ensuring consensus among team members. This brief guides counties through the process of defining the most important policy, practice, and funding changes to help reduce the number of people in jails who have serious mental illnesses (SMI<sup>1</sup>). In order to have the greatest possible impact on the prevalence of SMI in jails, system-level changes should address one or more of Stepping Up's four key measures: (1) the number of people booked into jail who have SMI; (2) their average length of stay in jail; (3) how many people are connected to treatment and services; and (4) their recidivism rates.

To determine which cross-system improvements to prioritize, a county's planning team should review their baseline data and process analysis to identify focus areas for change; establish goals; and estimate the time, staffing, and funding investments that would be needed to implement these changes. Planning teams can then develop a list of proposed changes for local decision-makers, such as county commissioners and other elected leaders, to consider.

## WHY IT'S IMPORTANT

Although county leaders may have a long list of potential improvements, it's rarely possible to tackle everything at once. Prioritization is necessary to target sustainable resources toward efforts that can have the most significant impact on reducing incarceration for people with SMI. Generally, this involves focusing on systemic changes rather than small-scale interventions.

For planning teams to maximize limited resources and see results, it is crucial to narrow potential

Stepping Up is a national initiative to reduce the number of people who have mental illnesses in jails. Counties that have joined Stepping Up are using the initiative's framework document, [\*Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask\*](#) (Six Questions), to guide them in creating collaborative partnerships in their jurisdictions, systematically identifying people who have mental illnesses as they enter their jails, and using data to inform strategies and track progress over time. This brief is one of a series of companion products designed to provide counties with further guidance on how to apply the Six Questions framework. Counties are encouraged to review previous installments of the In Focus series to understand how to work up to prioritizing policy, practice, and funding improvements:

- [\*Implementing Mental Health Screening and Assessment\*](#) focuses on identifying the number of people with SMI who are booked into jails.
- [\*Collecting and Analyzing Baseline Data\*](#) guides counties through tracking accurate data and using it to inform decision-making.
- [\*Conducting a Comprehensive Process Analysis\*](#) provides tips for assessing how people move through local criminal justice and behavioral health systems and determining gaps and capacity needs.<sup>2</sup>

For more resources related to Stepping Up, including webinars and network calls, visit the [\*Stepping Up Toolkit\*](#).

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improvements down to the most impactful, cost-effective, evidence-based strategies that address one or more of the four key measures. Regardless of the chosen improvements, prioritizing requires county leaders to have strong rationale behind each of their planned cross-system changes. Laying this groundwork will help justify continued funding, if needed, and promote buy-in among county agency staff, elected officials, and community members.

## WHY IT'S CHALLENGING

Deciding what to prioritize can be difficult when clear gaps and needs do not emerge from a county's baseline data collection and process analysis. Even when needed improvements are evident, planning teams may still struggle to reach consensus if members have competing priorities or feel that their funding is in jeopardy.

Settling on the most important improvements can be further complicated by changing contextual factors. Organizations that fund this cross-system improvement work—such as foundations or state and federal government agencies—regularly reevaluate and adjust their priorities. County agency leaders may feel compelled to modify their own plans in response to these evolving priorities and requirements. And on top of election-driven changes in local leadership, county agencies frequently experience staff turnover. Such changes may result in a loss of political will or limit the duration and scope of cross-system improvements.

## WHAT COUNTIES SHOULD DO

- **Start with baseline data and the results of the process analysis.**

Once a planning team has collected baseline data and conducted a process analysis, much of the basis for prioritization is already complete. The information gleaned should provide the team with a comprehensive understanding of the local data landscape, cross-system gaps, and available funding. Use this information as a starting point to determine priority improvements.

- **Calculate the projected impact of proposed improvements.**

The proposal of priority cross-system improvements should explain to local elected officials how each policy, program, or funding change will lead to measurable gains across the four key measures. For each proposed improvement, a comprehensive proposal specifies (1) costs, (2) the expected number of people to be served in either jail or community-based programming, and (3) the expected impact on one or more of the four key measures. For example, county leaders might decide to establish a crisis stabilization unit, a non-jail alternative for law enforcement to take people experiencing a mental health crisis; in that case, the proposal would indicate the cost of building and operating that unit, the number of people it could serve, and the number of jail bookings the implementation of the unit is projected to reduce. If feasible, the proposal should also include estimated averted costs that may accrue as a result of the reduction in bookings. To support these projections, planning teams can use data from their own county, examples from other counties, or research studies. Counties should concentrate efforts on changes that are sustainable regardless of the funding source, such as implementing a validated mental illness screening to identify signs of SMI among people booked into the jail.

- **Identify readily attainable improvements.**

Once the highest-impact strategies have been identified, the next step is to determine what to tackle first. Given that cost is often a significant consideration, most counties choose to start with lower- or no-cost interventions.

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Determine policy, practice, and funding improvements that (1) require no or minimal additional resources to implement and (2) impact one or more of the four key measures. These “low-hanging fruit” options may include eliminating redundancy or pooling resources among local departments or agencies. IT and related support can often be shared across departments, for example. Probation staff and personnel from the local behavioral health agency may choose to consolidate resources through collaborative case management,<sup>3</sup> whereby teams from both agencies work together to provide supervision and support to a specialized mental health caseload. Or a jail administrator and local treatment provider may collaborate to embed a case manager inside the jail to improve connections to care and discharge planning. Counties that have the financial resources to fund large-scale projects may have flexibility to focus on more costly high-impact changes, such as creating positions for a co-responder team, which can significantly reduce emergency room transports and jail bookings for people with SMI.

- **Develop consensus.**

Planning team meetings are an ideal setting for reaching agreement about which improvements to pursue. Enlist the assistance of a neutral facilitator, such as the Stepping Up project coordinator, to ensure that all voices are included in this process. To ease prioritization as a group, some planning teams choose to use “dot voting,” wherein team members use a limited number of sticky dots to indicate the potential improvements they support. This exercise helps reveal where there is consensus, gives each team member an equal say, and encourages participants to narrow down their preferences.<sup>4</sup> Refer to the “Sample Prioritization Chart” at the conclusion of this brief to see what one county planning team created as a result of their consensus-building process.

- **Obtain buy-in.**

Cultivate sufficient political support for implementing the chosen priority improvements. It is crucial to communicate with elected officials and other local decision-makers throughout the planning process and include them when appropriate. Routinely engaging these officials will reinforce their understanding of the county’s needs and priorities and increase the likelihood that they support cross-system improvements that are priorities for the planning team.

- **Determine how to fund cross-system improvement efforts.**

Identify and leverage existing private, federal, state, and local funds to implement cross-system improvements that impact one or more of the four key measures.<sup>5</sup> For counties in states that have expanded Medicaid, the planning team should identify which treatment services Medicaid can cover. Determine how much new funding is needed for system improvements and identify potential sources of funding. Ideally, counties should seek new funding from sources such as federal grants, state grants, Medicaid, and private foundation funding, with county funding being a last resort.

## SAMPLE PRIORITIZATION CHART

It can be helpful to see how other counties are working through their policy, practice, and funding change efforts. In Fulton County, Georgia, leaders developed a prioritization chart to help organize their plan for cross-system improvements. The Fulton County Justice and Mental Health Task Force leads the county's Stepping Up efforts, seeking to increase public safety through coordination among criminal justice, mental health, and substance use stakeholders, as well as the broader community. The task force is divided into five topic-specific workgroups: pre-arrest, court, reentry, housing, and data. In 2017, the task force met to discuss the workgroups' proposed improvements, which were intended to fill gaps identified through a process analysis. Below are their recommendations in order of priority as determined by the task force's voting process.

Fulton County, Georgia, Justice and Mental Health Recommendations				
<b>Cost Factor</b>		<b>Implementation</b>		
Low Cost: \$0–\$10,000		Short Term: Less than 18 months		
Medium Cost: \$10,000–\$100,000		Long Term: More than 18 months		
High Cost: \$100,000 and above				
<b>Proposed Improvement</b>	<b>Workgroup(s)</b>	<b>Cost Factor</b>	<b>Implementation</b>	<b>Targeted Stepping Up Key Measure</b>
Implement a validated mental health screening for 100 percent of jail bookings. Institute a standardized process in the Fulton County Jail for identifying, assessing, and treating people with mental illnesses based on clinically sound best practices and verifiable data.	Reentry	Low Cost	Short Term	2, 3
Explore, create, and implement data-sharing agreements and an information-sharing database to be used by all justice agencies and other entities that serve the justice population.	Data, Reentry	Medium to High Cost*	Short Term	1, 2, 3, 4
Develop and implement a standardized training plan aimed at training 100 percent of law enforcement officers using Crisis Intervention Team programming, trauma-informed responses, and other evidence-based crisis trainings.	Pre-arrest	Low Cost	Short Term	1, 4

\*Technology factor involved

Proposed Improvement	Workgroup(s)	Cost Factor	Implementation	Targeted Stepping Up Key Measure
Continue and expand funding for jail diversion services (i.e., the Treatment Diversion Court <sup>6</sup> model) for magistrate and state courts.	Court	Medium to High Cost*	Short Term	2, 3
Designate people with serious and persistent mental illnesses who face homelessness on release from Fulton County Jail as being at “imminent risk” of homelessness so that care navigation can begin before release.	Housing	Low Cost	Short Term	3, 4

\*Technology factor involved

**To learn more about another county that has prioritized policy, practice, and funding improvements, read the National Association of Counties’ [Pacific County, Washington, case study](#).**

## NOTES

1. The abbreviation “SMI” is used to denote both singular and plural forms of “serious mental illness.” This brief focuses on the jail population with SMI because people with these diagnoses tend to have the highest behavioral health and social service needs and therefore utilize the most resources. However, this process can be generalized for any population with mental illnesses as defined and identified by your jurisdiction.
2. For additional information on conducting a gap analysis, see Ashley Krider, *Rethinking Jails and Behavioral Health: Strategies, Challenges, and Successes Midway through the MacArthur Foundation’s Safety and Justice Challenge* (Delmar, NY: Policy Research Inc., 2020), <https://www.prainc.com/resource-library/rethinking-jails-behavioral-health-sjc/>.
3. See “Collaborative Comprehensive Case Plans,” The Council of State Governments (CSG) Justice Center, accessed March 16, 2020, <https://csgjusticecenter.org/publications/collaborative-comprehensive-case-plans/>.
4. For more information on the role of the facilitator in this process, see CSG Justice Center, *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask—The Project Coordinator’s Handbook* (New York: CSG Justice Center, 2018), <https://stepuptogether.org/wp-content/uploads/Project-Coordinator-Handbook-8.6.18-FINAL.pdf>.
5. To learn more about how county executives in one state are approaching funding, see CSG Justice Center, *Integrated Funding to Reduce the Number of People with Mental Illnesses in Jails: Key Considerations for California County Executives* (New York: CSG Justice Center, 2018), <https://csgjusticecenter.org/mental-health/publications/integrated-funding-to-reduce-the-number-of-people-with-mental-illnesses-in-jails-key-considerations-for-california-county-executives/>.
6. Treatment Diversion Court refers to a specialized court that serves people with misdemeanor charges who have mental illnesses, giving them the opportunity to have their cases dismissed if they undergo mental health treatment and are not charged for additional offenses.

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