Four Key Measures #3: Increasing the Number of People with Mental Illnesses Connected to Treatment

October 2018
We are Stepping Up!
Stepping Up Resources Toolkit

Monthly webinars and networking calls

Educational workshops at NACo and partner conferences

Quarterly calls of smaller networking groups of rural, mid-size and large/urban counties that have passed Stepping Up resolutions

A project coordinator handbook

Guidance on measuring the number of people with mental illnesses in jail

Written and online tools that are companions to the Six Questions report that present the latest research and case studies for county officials

www.StepUpTogether.org/Toolkit
Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask

The Project Coordinator’s Handbook

Online County Self-Assessment

Step 1: Create an Account

Welcome

The Stepping Up Self-Assessment is designed to assist counties participating in the Stepping Up Initiative or other counties interested in evaluating the status of their current efforts to reduce the prevalence of people with mental illnesses in jails and in determining their needs for training and technical assistance to achieve their goals.

Sign In

E-Mail Address

Password

Login

Online County Self-Assessment

IN FOCUS IMPLEMENTING MENTAL HEALTH SCREENING AND ASSESSMENT

This brief focuses on implementing a mental health screening and assessment process, specifically to identify the number of people booked into jail who have mental health issues (MH). Implementing this process may also identify individuals who have lost recent mental illness and other barriers to health needs who may require treatment while in jail. The process involves identifying the people who have MH by assessing this population to represent the presence of such barriers to health and social services resources. Using the prevalence of people who have MH in jails will allow counties to develop a strategic plan and also have the greatest impact on addressing the population’s needs.

WHY IT’S IMPORTANT

To reduce the number of people who have MH in jail, counties need to have a clear and accurate understanding of the status of the population than has MH. Prior to booking a person in jail, some people who have MH may have been diagnosed and may be aware of their mental illness, whereas others may have been diagnosed with a mental illness and not been identified as having a MH. Screening and assessment is essential to identify who should be connected to services and treatment to address behavioral health needs, which may also increase the likelihood that they will return to jail. Having the information will enable counties to design treatment resources to address the population’s behavioral health needs. Moreover, having the ability to accurately and consistently identify these individuals who have MH will help counties to more quickly progress toward their goals.

WHY IT’S CHALLENGING

Implementing a screening and assessment process can be difficult, especially for counties that do not already have the staff, tools, and procedures in place to systematically conduct these activities. While the participating environment, while many people being assessed in less than 40 hours, is in this time is complex, screening, and assessment is critical to the reduction of individuals who are identified as having MH in jail. The online screening tool is designed to make the process more accessible and easier to implement.

See where other counties stand in implementation progress

Series of Briefs
Upcoming Stepping Up Activities

Webinar:
Stepping Up Four Key Measures #4: Reducing Recidivism for People with Mental Illness in Jails
December 12, 2pm ET
Register at: StepUpTogether.org/Toolkit

Stepping Up Small Network Calls
Next Calls in November/December
Email nwalsh@naco.org to join
Speaker: Maria Fryer

Maria Fryer
Policy Advisor: Substance Abuse and Mental Health
Bureau of Justice Assistance
Office of Justice Programs
U.S. Department of Justice
Today’s Webinar

Tim DeWeese
Director, Mental Health Center
Johnson County, Kan.

Jacqueline Landess, MD, JD
Assistant Professor of Psychiatry
Department of Psychiatry and Behavioral Sciences
St. Louis University School of Medicine

Kristin Brinks
Director, Health and Human Services
Calaveras County, Calif.
Sub-Measures for Key Measure Three

Main Measure: Percentage of people with mental illness connected to community-based mental health treatment and services upon release

<table>
<thead>
<tr>
<th>Suggested Sub-Measures</th>
<th>Suggested Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of people who have mental illness who are connected to community-based behavioral health services upon release by release type</td>
<td>Request data from the jail and the community behavioral health provider to perform a data match (additional information may come from community supervision)</td>
</tr>
<tr>
<td>The percentage of people who have mental illness on community supervision by release type</td>
<td>Request data from the community supervision provider (i.e., probation)</td>
</tr>
<tr>
<td>A comparison of the two sub-measures above to equivalent data for the general population, including demographic and criminogenic information (age, gender, race/ethnicity, offense type/level, etc.)</td>
<td>Request data from the jail, community supervision provider and community-based behavioral health provider</td>
</tr>
</tbody>
</table>
Speaker: Kristin Brinks

Kristin Brinks
Director, Health and Human Services
Calaveras County, Calif.
Increasing the Number of People with Mental Illness Connected to Treatment

Calaveras County Health and Human Services Agency
Kristin Brinks, Director
Calaveras County

- 133 miles east of San Francisco and 69 miles south of Sacramento.
- Small rural county, with a population of 45,670.
- Over 1,000 square miles with more than 80% of residents living in unincorporated communities along the main travel corridors. Much of Calaveras is mountainous, accessed by two-lane roads with minimal public transportation to government agencies in the county seat of San Andreas.

**County Demographics:**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone, not Hispanic or Latino</td>
<td>81.2%</td>
</tr>
<tr>
<td>African American</td>
<td>0.9%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>1.9%</td>
</tr>
<tr>
<td>Asian American</td>
<td>1.7%</td>
</tr>
<tr>
<td>Hawaiian</td>
<td>0.3%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>12.1%</td>
</tr>
<tr>
<td>Reporting 2 or More Races</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 65 Years Old</td>
<td>26.9%</td>
</tr>
<tr>
<td>Live Below the Poverty Level</td>
<td>13.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household Information</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households, 2011–2015</td>
<td>18,060</td>
</tr>
<tr>
<td>Veterans, 2011–2015</td>
<td>4,808</td>
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</table>

<table>
<thead>
<tr>
<th>Income Data</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per capita money income in 2016</td>
<td>$30,577</td>
</tr>
<tr>
<td>Median household income, 2012–2016</td>
<td>$53,502</td>
</tr>
</tbody>
</table>
Calaveras County

County Challenges:

– In September of 2015, the Butte Fire burned 70,760 acres and 900 homes and structures were destroyed.

– Calaveras County has a federal designation as a Mental Health Professional Shortage Area (MHPSA). These are areas with a shortage of clinical psychologists, clinical social workers, psychiatric nurse specialists, marriage and family therapists, and/or psychiatrists.

– Remote areas face transportation challenges, leading to increased isolation for Calaveras residents.

– Relative to the State of California, Calaveras County has a higher concentration of persons aged 65 and older (26.9% in Calaveras compared to 15.6% in the state overall).

– A lack of vocational programs, community college, or university limits locally available training and higher education.

– Factors that adversely affect low income residents living in Calaveras County include lack of affordable housing, food insecurity, and access to local medical and dental services.
Calaveras County Adult Detention Facility

- Total # of Jail Beds: 160
- Total current allowable inmate population (based upon medical contract): 100
- Ave. Daily inmate population: (January–September 2018) 90.3
- Incarceration total cost per day/inmate: $117.00

**Monthly averages from January 1 to September 30, 2018**

- # *Open* mental health cases: 35
- # *New* mental health cases: 24.6
- # of inmates on medications: 37.5
- % of inmates on medications: 42.7%
- # of inmates on psychotropic medications: 20.4
- % of inmates on psychotropic medications: 17.7%
- 1st thru 3rd qtr. 2018 psychotropic med costs (total): $9,123.59
- # of Behavioral Health worker in-custody visits: 62
- # of Tele-Psychiatric contacts: 22.4
Services Provided in the Adult Detention Facility

Everyone who comes into the Adult Detention Facility receives a Mental Health screening.

Behavioral Health Staffing:
- 1 Licensed Mental Health Clinician in Jail
- 1 Mental Health Clinician at the Day Reporting Center (DRC)
- 1.5 Alcohol/Substance Abuse Counselor
- 1 Case Manager (Triage/Crisis)

Services provided include:
- One-on-one and group therapy
- Yoga/meditation groups
- Expressive art therapy groups
- Group based substance use disorder treatment
- Seeking Safety (an evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse)
- Eye Movement Desensitization and Reprocessing (EMDR) (a psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences)
Services Provided in the Adult Detention Facility

–Weekly walk-throughs by the Licensed Mental Health Clinician through the Adult Detention Facility with the Sergeant to assess the health and wellness of mentally ill inmates followed by discussion with medical personnel.

–Adult Detention Facility medical must see inmates within 14 days of booking. If staff identify that an inmate may have mental health needs and/or are on medications, they are seen more promptly to mitigate potential lapses in treatment.

Additional services include:
–Computer classes and GED preparation
–Strengthening families parenting workshops
–Anger management
–Connection to public benefits (Medi-Cal, CalFresh, CalWORKs, General Assistance, etc.)
On the Horizon

Program:
- Health rhythms drumming (coming soon)
- Individual and Group Wellness Recovery Action Plan (WRAP) services

Data Collection
- Length of stay
- Client reported barriers
- Services provided
- Continued engagement in services post-incarceration
# Program Referrals by Referral Year

<table>
<thead>
<tr>
<th>Program</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger Management</td>
<td>8</td>
<td>16</td>
<td>18</td>
<td>40</td>
<td>31</td>
<td>18</td>
<td>131</td>
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<tr>
<td>Anger Management (DRC)</td>
<td>0</td>
<td>0</td>
<td>23</td>
<td>27</td>
<td>17</td>
<td>22</td>
<td>89</td>
</tr>
<tr>
<td>Mental Health</td>
<td>6</td>
<td>7</td>
<td>23</td>
<td>38</td>
<td>52</td>
<td>19</td>
<td>145</td>
</tr>
<tr>
<td>Mental Health (DRC)</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>25</td>
<td>23</td>
<td>24</td>
<td>83</td>
</tr>
<tr>
<td>Mental Health Court</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>39</td>
<td>64</td>
<td>60</td>
<td>128</td>
<td>89</td>
<td>60</td>
<td>440</td>
</tr>
<tr>
<td>Substance Abuse (DRC)</td>
<td>2</td>
<td>10</td>
<td>39</td>
<td>43</td>
<td>36</td>
<td>33</td>
<td>163</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>55</td>
<td>97</td>
<td>174</td>
<td>301</td>
<td>250</td>
<td>181</td>
<td>1058</td>
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</tbody>
</table>

*2018 not a full year of data yet.
The “Weaving” Approach

- Clinicians, Case Managers, Alcohol/Substance Abuse Counselors provide individual and group services in-custody and out of custody.
  - Builds trust with outpatient/out of custody services.
  - Client is further along in their treatment plan as the leave incarceration.
  - Criminal justice Behavioral Health staff communicate with Clinic Behavioral Health staff to ensure continuity of care.
Preliminarily, we believe that engagement in services, including Behavioral Health Services, through the DRC decreases recidivism.
Contact Information

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Speaker: Tim DeWeese

Tim DeWeese
Director, Johnson County Mental Health Center
Johnson County, Kan.
Stepping Up Four Key Measures #3:

Increasing the Number of People with Mental Illnesses Connected to Treatment

October 25, 2018
About Johnson County, Kansas

- **20 cities**
- **17 municipal & county law enforcement agencies**
- **1,100 jail beds**
- **760 avg. daily jail population**
Goal: To provide research-based direction to develop an actionable plan that makes more effective use of budgets, facilitates access to mental health treatment, and promotes appropriate alternatives to incarceration.

- In April 2015, the Board of County Commissioners passed a County resolutions to join the National Stepping Up initiative.
- Johnson County (KS) was one of the first four (4) counties nation-wide to engage in the Stepping Up initiative.
- In May 2018 Johnson County (KS) was identified as one of seven “Innovator” counties nation-wide.
Power of Data

Justice Information Management System (JIMS)

My Resource Connection (MyRC)
Justice Information Management System (JIMS)

A single database follows each person...

- Booking to county jail
- DA's office review
- Thru entire court process
- Onto probation or other supervision
My Resource Connection

Collaborating for Success

  - June 1, 2017

- Do you need a personal care attendant for an I/DD youth? Chonda Rodgers is looking for an attendant care opportunity with I/DD youth. If you are interested, please contact her at 816-372-7197 or 3056937@gmail.com. [More Info...]
  - June 1, 2017

- Great Wolf Lodge (10401 Cabela Dr., Kansas City, KS) is hiring multiple positions! Applicants may apply online. [More Info...]
  - June 1, 2017

- The Autism Training Program, organized by Kansas Center for Autism Research and Training will take place at University of Kansas Medical Center (3901 Rainbow Blvd., Kansas City, KS) on these dates: March 20-24, April 13/14, 20/21, 27/28, May 13-19, and June 12-16. [More Info...]
  - June 1, 2017

[Image of collaboration between devices]
The Johnson County Sheriff recently booked and/or released the following client:

Client Initials: PA (MYAVATAR System ID: 45049)  
Alert: Client booked Jul 17 2018 6:14PM — currently in custody
Using Data to Connect People to Services

Creates new opportunities

- We’re able to identify residents who likely struggle
- We have opportunity to engage at-risk persons
- We can improve the coordination of care
Using data to connect people to needed services

- Project focuses on reducing recidivism and improving outcomes for people with complex health needs.

- Johnson County, Kansas partnered with DSSG in 2016 to better predict the likelihood of re-entry into the criminal justice system for people who had previously interacted with both the mental health and criminal justice systems.

- This year, Johnson County expanded our access to data from police departments and public health centers to improve these predictions.
Brief Jail Mental Health Screen

- Conducted by jail staff at intake
- It is **not** considered protected health information (a person cannot self diagnose)
- We attempt to screen every detainee booked
Booking & Release Processes

Screen results entered in JIMS by the Sheriff’s Office.

Flagged referrals are stored in the JIMS application & accessed when released from jail.

Upon release from jail, mental health staff look up each person in Electronic Medical Record (EMR).
Outreach Efforts

JIMS Application provides real-time notification of release

Our goals:

• Two outreach calls to flagged individual within 72 hours of release
• First outreach within 24 hours of release
• Face-to-face, when deemed necessary
Next Steps: Research Evaluation

Notre Dame’s Lab for Economic Opportunities is conducting a quasi-experimental evaluation of the Brief Jail Mental Health Screen and Outreach in Johnson County.
Thank you!

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Direct (913) 826-4022

@MNHDirector
Speaker: Dr. Jacqueline Landess

Jacqueline Landess, MD, JD
Assistant Professor of Psychiatry
Department of Psychiatry and Behavioral Sciences
St. Louis University School of Medicine
THE PSYCHIATRIST IN CORRECTIONS: COLLABORATIVE OPPORTUNITIES

Jacqueline Landess, MD, JD
jackie.landess@health.slu.edu
Assistant Professor of Psychiatry
St. Louis University School of Medicine
Chief of Mental Health Services, St. Louis County Jail
INTRODUCTION

- St Louis Co Jail
  - 1200-1500 population
  - >15,000 processed annually
  - ~15-30% with SMI

- Mental Health Team
  - 1-2 psychiatrists
  - 1 psychologist
  - 1-2 social workers

- St. Louis University’s Role

St Louis County Jail
Clayton, MO
OVERVIEW

• Psychiatrist Shortage
  • National & Local Impact

• Recruitment/Retention in Corrections

• Integrating Psychiatry in Corrections
THE NEED FOR PSYCHIATRISTS

• By 2024- shortage of 31, 000
  • 55% > age 55 (AAMC)
  • No increased entry

• Other Challenges
  • Stigma
    • Less valued sub specialty
  • Salary
    • Loans & Reimbursement
    • Private Payors
  • Clustering in Urban Areas
    • 41% in CA, NY, PA, TX, FL
    • MO: 61% counties=no psychiatrist

PSYCHIATRISTS IN CORRECTIONS

- Shortage nationally, even tougher in corrections
- Why?
  - Remote Locations & Logistics
  - Perception about Patients
  - Perception about Environment
  - Confidentiality
  - Safety
  - Lack of Resources
WHY SHOULD MORE PSYCHIATRISTS PARTICIPATE IN THE TREATMENT OF PATIENTS IN JAILS AND PRISONS?

• High number of patients with acute needs
• Education of trainees
• Administrative Opportunities
• Systems Change
• What Type of Psychiatrist?
  • “[Because of inherent challenges in the correctional environment] this requires that a psychiatrist have a strong mission for patient care, a deep respect for clinical excellence, a desire to improve the human condition, and a capacity for work within a complex system.”
THAT’S THE WHY BUT WHAT ABOUT THE HOW?

- Salary, Lifestyle....
- Perception/vision
  - “Just a prescriber” vs.
  - Leader/Innovator/Member of Team
- Attitude toward mental health
- Support from administration
- You CAN practice evidence based medicine
INCREASING INTEGRATION

• Team Meetings
  • M&M, weekly interdisciplinary rounds, discharge planning

• QI projects
  • Suicide
  • SMI Screening
  • Discharge Planning

• Education Programs

• Community Liaison
TYPES OF PARTNERSHIPS
THE FORENSIC PSYCHIATRIST IN CORRECTIONS

• Forensic Psychiatry Fellowship
  • 4 year general psychiatry + 1 year
  • Forensic evaluations
  • State hospital experience
  • Correctional experience

• Benefit of Forensic Background
  • Unique knowledge of systems
  • Experience working in jail/prison
  • Understanding of legal process
TYPES OF PARTNERSHIPS: ACADEMIC AFFILIATIONS

- Involvement of Trainees
- Enhances Recruitment & Education
- Diverse Perspectives
- Research Opportunities

TYPES OF PARTNERSHIPS

- Telepsychiatry
- Collaborative Care/Consultant
- Role of APNs/PAs
- Locums
SUMMARY

• Shortage of psychiatrists

• Innovative ways to increase recruitment into jails/prisons

• Opportunities to help change the system, to lead and to educate

• Consider academic affiliations
Polling Questions
Upcoming Stepping Up Activities

Webinar:
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December 12, 2pm ET
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Email nwalsh@naco.org to join
Contact Stepping Up

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