Four Key Measures #4: Reducing Recidivism for People with Mental Illnesses in Jails

December 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
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

Steve Allen
Senior Policy Advisor
The Council of State Governments Justice Center

Juan Garcia
Mental Health Clinician II
San Joaquin County Behavioral Health Services

David Rhodes
Chief Deputy
Yavapai County Sheriff’s Office

Enedina Mejia-Cordova
Senior Deputy Probation Officer
San Joaquin County Probation
Speaker: Steve Allen

Steve Allen
Senior Policy Advisor
The Council of State Governments Justice Center
Stepping Up: Four Key Measures Webinar Series

Webinar #4: Reducing Recidivism for People who have Mental Illnesses in Jails

Steve Allen, Senior Policy Advisor, The CSG Justice Center

December 12, 2018
Recap of Four Key Measures: Tracking Progress from Start to Finish

1. Reduce the number (and percentage) of people with SMI booked into jail
2. Shorten the average length of stay
3. Increase connection to treatment
4. Lower recidivism rates
The Problem: People with serious mental illnesses who are incarcerated in jail present with complex challenges that make it more likely that they will stay longer in jail and return to incarceration more often.

- Three times as likely to have a co-occurring substance use disorders
- Twice as likely to have been homeless in the past year
- Four times as likely to have histories of past physical or sexual abuse
- Four times as likely to be charged with violating facility rules
- Three times as likely to be injured in a fight during incarceration
- 38% more likely to have community supervision revoked

Risk-Need-Responsivity (RNR) Model is central to reducing recidivism

<table>
<thead>
<tr>
<th>Principle</th>
<th>Implications for Supervision and Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Principle</td>
<td>Focus resources on higher RISK individuals; limited supervision of lower RISK individuals</td>
</tr>
<tr>
<td>Needs Principle</td>
<td>Target the NEEDS associated with recidivism such as antisocial attitudes, antisocial associates, unemployment, substance abuse</td>
</tr>
<tr>
<td>Responsivity Principle</td>
<td>General and specific factors impact the effectiveness of treatment. Be RESPONSIVE to learning style, motivation, culture, demographics, and abilities of the offender</td>
</tr>
</tbody>
</table>

Improving outcomes requires an effective set of strategies

1. **Improve identification:** Are people screened and assessed at multiple points in the system? Are these assessments shared?

2. **Ensure access:** Are the right types of services available at the right times and places? Do people have timely access to the services they need when they most need them?

3. **Increase effectiveness:** How do stakeholders know whether services delivered are high quality, tailored for criminal justice populations, and producing desired outcomes?

4. **Strengthen collaboration:** What measures are in place to ensure that services are coordinated? How is information shared?
Identification: Efforts to reduce recidivism fall short unless driven by validated criminogenic risk and needs assessments

<table>
<thead>
<tr>
<th>Risk of Recidivism</th>
<th>Without Risk Assessment</th>
<th>With Risk Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>10% re-arrested</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td>35% re-arrested</td>
</tr>
<tr>
<td>High</td>
<td></td>
<td>70% re-arrested</td>
</tr>
</tbody>
</table>

The Council of State Governments Justice Center | 13
Identification: Also important to use a validated mental health screening at jail booking, followed by a clinical assessment by a licensed mental health professional.
Access: Individuals with complex needs and requires a broad range of supports and services to overcome barriers and to address criminogenic and behavioral health needs

Common Access Challenges:
- Funding limitations
- Practical barriers (transportation, housing, etc.)
- Workforce and capacity shortages
- Waiting lists
- Provider reluctance
- Reimbursement rates
- Regional shortages
Effective interventions for people in the criminal justice system who have behavioral health challenges address both criminogenic and health needs.

Core Treatment Competencies Required for Behavioral Health and Recidivism-Reduction Improvements

- Substance Use Treatment
- Mental Health Treatment
- Criminal Behavior/Thinking

Addressed individually, these categories of care have minimal impact on recidivism reduction.

Addressed together, these categories of care improve behavioral health and reduce criminal behavior.
Collaboration is central to improving outcomes with complex cases.

<table>
<thead>
<tr>
<th>Ineffective</th>
<th>Increasing Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disjointed</strong></td>
<td><strong>Communication</strong></td>
</tr>
<tr>
<td>Agencies working with same people but without sharing information, mission, or approach</td>
<td>Passive sharing of information about a client from one agency to another</td>
</tr>
<tr>
<td><strong>Example:</strong> Passing on treatment history to community provider at reentry from prison</td>
<td><strong>Coordination</strong></td>
</tr>
<tr>
<td></td>
<td>Shared information used by parties to avoid working at cross-purposes and to sequence activity to improve effectiveness</td>
</tr>
<tr>
<td></td>
<td><strong>Collaboration</strong></td>
</tr>
<tr>
<td></td>
<td>Actions by parties shaped through responsive communication, shared goals, and shared approach to improve outcomes</td>
</tr>
<tr>
<td></td>
<td><strong>Example:</strong> Development of a shared case plan</td>
</tr>
<tr>
<td></td>
<td><strong>Example:</strong> Integrated case planning with community supervision and service providers</td>
</tr>
</tbody>
</table>

Council of State Governments Justice Center | 17
Traditional Supervision Approach

- Supervise everyone the same way
- Assign programs that feel or seem effective
- Deliver programs the same way to every offender

Evidence-Based Practices

- Assess risk of recidivism and focus on supervision on the highest-risk offenders
- Prioritize programs addressing the needs most associated with recidivism
- Deliver programs based on offender learning style, motivation, and/or circumstances

Risk -> Need -> Responsivity
Reducing Recidivism through Improved Probation Practices

Targeted Supervision and Care Approaches Based on Risk-Need Assessment

Addressing Technical Violations (e.g., Graduated Sanctions and Incentives)
**Measure Outcomes:** Recidivism can be measured in multiple ways that help inform practice and policy decisions.

<table>
<thead>
<tr>
<th>Recommended Sub-Measures</th>
<th>How to Obtain Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of people who have SMI who <strong>failed to appear</strong> in court and/or were rearrested while on pretrial release</td>
<td>People identified with mental illnesses, and their release dates should be matched to a request from the state criminal history repository. Most counties do not record failures to appear in a way that can be extracted for analysis.</td>
</tr>
<tr>
<td>The percentage of people who have SMI who were <strong>rearrested</strong> after serving a jail sentence</td>
<td>People identified with mental illnesses, and their release dates should be matched to a request from the state criminal history repository.</td>
</tr>
<tr>
<td>The percentage of people who have SMI who receive <strong>technical violations</strong> while serving a sentence to community supervision</td>
<td>Request data from the community supervision provider.</td>
</tr>
<tr>
<td>The percentage of people who have SMI who are charged with a <strong>new criminal offense</strong> while serving a sentence to community supervision</td>
<td>Request data from the community supervision provider.</td>
</tr>
<tr>
<td>The total number of people who have SMIs and who have <strong>prior jail admissions</strong> (with or without a conviction to follow)</td>
<td>If the jail can’t calculate this variable, a longitudinal review of past bookings at the jail would be required.</td>
</tr>
<tr>
<td>A <strong>comparison</strong> of the five sub-measures above to the 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 criminal history repository, community supervision provider, and jail.</td>
</tr>
</tbody>
</table>

For more information about tracking sub-measures, visit the **Stepping Up County Self-Assessment** at tool.stepuptogether.org.
### Recap of Four Key Measures: Tracking Progress from Start to Finish

<table>
<thead>
<tr>
<th>Key Measure</th>
<th>Prior to Project</th>
<th>Implementation</th>
<th>Future-Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Reduce</strong> the number (and percentage) of people with SMI booked into jail</td>
<td>Various levels of CIT LE officers across LE agencies</td>
<td>Continued growth of CIT LE officers, as well as correctional staff, and dispatchers</td>
<td>Have all LE agencies receive some training in BH needs, and continue to increase the number of CIT LE officers to respond to community’s need</td>
</tr>
<tr>
<td>Year 1: 83 people (14%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 2: TBD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 3: TBD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Shorten</strong> the average length of stay</td>
<td>Lack of tracking people with MI in the CJ system</td>
<td>BJMHS and TCUD at jail booking, and referrals made to community-based BH case worker</td>
<td>LSIR-SV to screen for criminogenic risk, and possibly pretrial diversion opportunities</td>
</tr>
<tr>
<td>Year 1: 44 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 2: TBD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 3: TBD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Increase</strong> connection to treatment</td>
<td>Community-based BH caseworkers embedded in jail</td>
<td>Referrals based on screenings at booking</td>
<td>Increase programming in jail and community</td>
</tr>
<tr>
<td>Year 1: 11%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 2: TBD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 3: TBD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Lower</strong> recidivism rates</td>
<td>Does not use RNR model</td>
<td>Legislature approved new funds for RNR services in the community</td>
<td>Train supervision officers and other staff on RNR model</td>
</tr>
<tr>
<td>Year 1: 65%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 2: TBD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 3: TBD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
THANK YOU

For more information, please contact:
Steve Allen, Senior Policy Advisor, The CSG Justice Center – sallen@csg.org

stepuptogether.org  |  #StepUp4MentalHealth
Speakers: San Joaquin County, Calif.

Juan Garcia
Mental Health Clinician II
San Joaquin County Behavioral Health Services

Enedina Mejia-Cordova
Senior Deputy Probation Officer
San Joaquin County Probation Office
ARCCS:
Assisting Reentry for Co-Occurring Adults through Collective Support
San Joaquin County:

- Population of approximately 745,424 people
- Northern California’s Central Valley
- The jail has an ADP of 1,431 and approx. 45% of the inmate population receives some type of psychiatric care.
ARCCS Overview

- A collaborative program between the San Joaquin County Sheriff’s Department, San Joaquin County Behavioral Health Services and San Joaquin County Probation

- The program provides pre- and post-release services to male and female adults with co-occurring disorders sentences to at least 90 days and a 3-5 year formal probation grant.
ARCCS (Phase 1)

- Program is currently voluntary for all offenders
- Offender starts program while in custody after sentencing
- Offenders receive evidence-based screening and assessments
  - *K6 mental health screening tool*
  - *Criminogenic risk assessment (STRONG)*
ARCCS (Phase 2)

- Intensive family based re-entry transition planning and cognitive behavioral therapy while in custody
  - Offenders participate in and complete Seeking Safety and CBI for substance abuse
  - Attempt to get buy in from offenders' family to establish a solid foundation upon release
  - 9-12-month program duration
ARCCS
Correction Officer Capacity Building

- All Correction officers who work with ARCCS clients are trained in:
  - Motivational Interviewing
  - K6 screening for mental health disorders
  - Crisis Intervention Training (CIT) for law enforcement
  - An all staff adaptation to understand Seeking Safety as an evidence-based approach
ARCCS Clinician

- ARCCS has a dedicated clinician trained in duel disorders to conduct assessments
- Facilitate groups both in custody and out of custody to build rapport with clients
- Previously only one clinician was available for the entire jail facility
ARCCS
Probation Officer

- One dedicated officer to the ARCCS program who is also trained in:
  - Motivational Interviewing
  - Evidence Based theory
  - Crisis Intervention Training (CIT) for law enforcement
The ARCCS Clinician and Probation Officer will conduct the following assessments of the individual offender as a team, all agencies involved in the collaborative program have the individuals’ HIPAA forms that the client signs and allows for the information to be shared between all collaborative agencies.

- STRONG Assessment
- Addiction Severity Index (ASI)
- Mental Health Services Adult Assessment

This is done so that both staff have the same information from the offender, it allows for better collaboration and treatment integration.
ARCCS Treatment/Case Plan Collaboration

- BHS treatment and Probation case plans do not always align
  - The targeted interventions may be different due to the difference in what the agencies are targeting (re-offend vs MH treatment)

- Due to this all technical violations of probation are discussed with the ARCCS clinician and a decisions and recommendations are made as a team.
ARCCS Treatment/Case Plan Collaboration

- In dealing with these offenders it is important to understand that some of the decisions that the offender makes may not necessarily be controlled by them
  - *Due to MH status*
  - *Drug induced psychosis which is a result of self medicating.*
ARCCS Treatment/Case Plan Collaboration

- It is integral that both the Clinician and the Probation officer work closely for the well-being of the offender.
- The Probation office and BHS allows for both entities access to the most information and tackle and plan for their goals more cohesively.
Results

- During the first grant which was the Transition age Youth Grounds for Recovery (TYGR), the program was able to reduce recidivism on the target population.
- Incidents against staff in the correctional institution were reduced by 80 percent.
- Has helped Corrections administration provide MI to all its officers in the institution.
Speakers: Yavapai County, Ariz.

David Rhodes
Chief Deputy
Yavapai County Sheriff’s Office
Yavapai County by the numbers

- 8,023 square miles
- 240,000 population
- 11 municipalities
- 600 average daily jail population
- 400 employees Yavapai County Sheriff’s Office
- $44 million annual budget
• In 2017, Yavapai County Jail had 9,000+ bookings with an average daily population of 600
• 52% of the average daily population were prescribed psychotropic medications
• Average length of stay for misdemeanants is 4 days
• Overall average length of stay is 21 days
• 4700 people released with known mental health issues
• State reentry efforts 19,000 people per year released from prison
• County jail has 200,000 releases statewide per year
Reach Out is a pilot project

- Release coordination 7 days a week. Allows no release to fall through the cracks without coordination and service linkage where needed.
- Brings urgency to the coordinated release process.
- Is not charge specific; screenings and assessments determine the underlying factors driving behavior and place services there.
- Development of a cross section recidivism tracking tool to determine the impact on recidivism by developing baseline data for all populations released from jail, utilizing the mental health coalition for cooperation in data entry.
Arizona Inmates at a Glance

Annual Inmate Admissions (2013)
- Department of Corrections: 210,390
- County Jail: 18,677

Annual Inmate Releases (2013)
- Department of Corrections: 192,522
- County Jail: 17,868
Reentry coordination is a valuable tool in the effort to reduce recidivism. Arizona has done a great job of funding these efforts out of prison. However, county jail is where the volume is. Efforts to reduce recidivism need to start at the front end of the process as well.

Senate Bill 1081 1476 signed by Governor Ducey appropriates 1.5 million dollars to Yavapai County for a 3 year pilot project called “Reach Out”.
Yavapai County Reach Out Program

Prevent unnecessary arrests
Increase identification of people with SLIDs & MI in jail
Shorten average length of stay in jail
Reduce number of people with SLID & MI in jail
Lower recidivism rates

PRE-ARREST DIVERSION
In an effort to prevent arrests, trained Law Enforcement Officers utilize de-escalation skills and community 24/7 Crisis Response Teams to provide mental health treatment and support to divert from jail.

INMATE SCREENING
At time of booking, all inmates screened for mental health and substance use disorders. Those needing further assessment are connected to appropriate providers. Information is then provided to the court of jurisdiction for use during the inmates Initial Appearance.

ASSESSMENT COORDINATION
Inmates meeting criteria receive an assessment and a treatment plan is developed. Collaboration occurs between the Jail, Regional Behavioral Health Authority, local Behavioral Health Homes and the Courts for determination of whether alternative services are appropriate or not.

RELEASE TO TREATMENT
The Jail collaborates with Pre-Trial Services and the Courts for diversion to treatment. Services begin within 24 hours of release and transportation is provided to ensure success.

Individuals participating in the Post Arrest Diversion program are connected with SA & MH services (reduced jail time, earlier treatment).

TRACK, REPORT & SUPPORT
Progress tracked in the program through Jail, Pre-Trial Services and the Behavioral Health Home. Released inmates provided Reentry support through employment, housing, coaching and other community resources.

Did you know?
In 2017, Crisis intervention Teams and Stabilization Units responded to 611 low enforcement calls for service. 99% of these calls resulted in treatment rather than arrest.

Diversion is imperative!
On average, people with mental illnesses remain incarcerated 8 times longer than people without mental illnesses arrested for the exact same charge, at a cost 7 times higher. (David’s Hope, AZ, 2017)

It is a fact...
Those individuals diverted:
• Have fewer jail days
• use less alcohol and drugs
• have fewer arrests post diversion
• have improved quality of life

SAMHSA Prevention Priorities 2012

Reach Out Initiative - 2018

Screening Results

- Need identified: 70%
- No services needed: 30%
Reach Out Initiative - 2018

Needs Identified by Screening

- Mental Health: 24%
- Substance Use: 22%
- ACE: 16%
- Housing: 6%
- Transportation: 10%
- Veteran: 3%
- Employment: 8%
- Big Brothers, Big Sisters: 7%
- Community Coaching: 7%
- Reach Out Initiative - 2018 (text not clear in the image)
Reach Out Initiative - 2018

Preferred Substances (Self Reported)

- Alcohol: 33%
- Opiates: 26%
- Methamphetamine: 13%
- Marijuana: 10%
- Multi-Substance: 17%
- Cocaine: 1%

*Of inmates that reported use. 36% of inmates screened reported that they do not use any illegal substances.
Yavapai County Mental Health Coalition by the numbers....

- Formed in 2015
- Behavioral Health Unit established in the jail 2015
- $2.5 million in funds secured for YCMHC activities from state, criminal justice, and behavioral health partners as well as a federal grant from Bureau of Justice Affairs.
- 90 police officers from 11 agencies completed Crisis Intervention Training
- 200 police recruits trained in Mental Health First Aid
- 350+ Behavioral Health assessments completed in the jail by outside treatment providers
- Jail ADP decreased from 608 to 504 or 17% from July 17 to July 18.
- Over 2000 mobile crisis responses to law enforcement
- 400 law enforcement drop offs at the Crisis Stabilization Unit
- 51% reduction in average length of stay in jail for people in the post arrest diversion program
- Contracted with Wellington Group for data analysis and program outcomes tracking
David Rhodes
Chief Deputy
Yavapai County Sheriff’s Office
255 East Gurley Street
Prescott, AZ 86301
(928) 771-3260
david.rhodes@yavapai.us
Questions?
Polling Questions
Contact Stepping Up

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

Risë Haneberg, MPA
Deputy Division Director, County Initiatives
Council of State Governments Justice Center
E: rhaneberg@csg.org
P: 941.251.7175

Christopher Seeley, M.S.W.
Program Director, School and Justice Initiatives
American Psychiatric Association Foundation
E: CSeeley@psych.org
P: 703.907.7861

www.StepUpTogether.org
info@stepuptogether.org