THREE STEPS TO IDENTIFYING AND COLLECTING DATA ON PEOPLE WITH MENTAL ILLNESSES IN YOUR JAIL

May 2019

#StepUp4MentalHealth
www.StepUpTogether.org
Speaker: Nastassia Walsh

Nastassia Walsh
Program Manager
National Association of Counties
Logistics

- The questions box and buttons are on the right side of the webinar window.
- This box can collapse so that you can better view the presentation. To unhide the box, click the arrows on the top left corner of the panel.
- If you are having technical difficulties, please send us a message via the questions box. Lindsey or myself will reply to you privately and help resolve the issue.
We are Stepping Up!
Stepping Up our Efforts

Calls for counties to:

✓ Use the Stepping Up Self-Assessment Tool to identify existing gaps in your Stepping Up efforts

✓ Pick at least one priority for your county to fully implement over the next six months

✓ Use the Stepping Up resources to reach your goals

✓ Participate in the Stepping Up Month of Action in May

✓ Share your progress toward meeting your goals in July
Speaker: Lindsey Fox

Lindsey Fox
Development Officer, Corporate and Foundation Relations
American Psychiatric Association Foundation
Month of Action!

**GOALS:**

1. *Bring more attention to the important work you are doing*
2. *Bring awareness on the importance of supporting individuals with SMI*

“Stepping Up is a movement and not a moment in time”
Calls for Counties to:

Demonstrate their impact and highlight their efforts toward reducing the number of people with mental illnesses in jails.

Utilizing May as Mental Health Month you will:

Highlight the progress your county has made with its Stepping Up efforts
Showcase your county’s Stepping Up team
Share experiences of people impacted by your county’s Stepping Up efforts
Encourage your peers and peer counties to “Step Up” for mental health
Week 1 (May 5 – 11)

Highlight the progress your county has made with its Stepping Up efforts

- Pass a proclamation about participating in the Month of Action
- Host an event to highlight progress in your community
- Share a press release highlighting your county’s progress
- Create an infographic, slide show, or video about your efforts
- Submit op-eds or articles to local outlets highlighting impact
Week 2 (May 12 – 18)
Show case your county’s Stepping Up team

- Post a photo of your county’s Stepping Up team
- Create a video with interviews of Stepping Up team members
- Create or promote your county’s Stepping Up website
- Share stories on why your Team members have “Stepped Up”
- Don’t forget to use the hashtag #StepUp4MentalHealth
Week 3 (May 19 – 27)
Share experiences of people impacted by your county’s Stepping Up efforts

- Create a video interviewing people impacted by your work
- Share photos and stories of people impacted by your work
- Share a blog post on your county’s website by a person impacted
- Work with your local NAMI chapter to engage individuals
- Don’t forget to use the hashtag #StepUp4MentalHealth
Week 4 (May 28 – June 1)

Encourage your peers and peer counties to “Step Up” for mental health

- Send a letter to non-Stepping Up county encouraging them to join
- Publish articles in your state news about the need for change
- Share video testimonials and tag non-Stepping Up counties
- Participate in the Stepping Up twitter chat May 30 12pm – 1pm
- Don’t forget to use the hashtag #StepUp4MentalHealth
Speaker: Risë Haneberg

Risë Haneberg
Senior Policy Advisor
Council of State Governments Justice Center
• Calls for a paradigm shift:
  • Move beyond programs and pilots to scaled impact and measurable reductions in prevalence

• No-nonsense, data-driven public management:
  • Systematic identification of mental illnesses in jails
  • Quantification of the problem
  • Scaled implementation of strategies proven to produce results
  • Tracking progress and adjusting efforts based on a core set of outcomes
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<tr>
<th>Step</th>
<th>Question</th>
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<tbody>
<tr>
<td>1</td>
<td>Is our leadership committed?</td>
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<td>2</td>
<td>Do we conduct timely screening and assessments?</td>
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<td>3</td>
<td>Do we have baseline data?</td>
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<td>4</td>
<td>Have we conducted a comprehensive process analysis &amp; inventory of services?</td>
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<td>5</td>
<td>Have we prioritized policy, practice, and funding improvements?</td>
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<td>6</td>
<td>Do we track progress?</td>
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Systems-Level, Data-Driven Changes Should Focus on **Four Key Measures**

1. **Reduce** the number of people who have mental illnesses booked into jails

2. **Shorten** the length of stay in jails for people who have mental illnesses

3. **Increase** connection to treatment for people who have mental illnesses

4. **Reduce** recidivism rates for people who have mental illnesses
Goal: Every County Has Accurate, Accessible Data

Having accurate and timely data is critical for counties to know the *scale of the problem*, develop a strategic action plan that effectively targets scarce resources, and tracks progress.

**Recommended approach for accurately identifying people who have SMI in jail:**

1. Establish a *shared definition of SMI for your Stepping Up efforts* that is used throughout local criminal justice and behavioral health systems.
2. Use a validated *mental health screening* tool on every person booked into the jail and refer people who screen positive for symptoms of SMI to a follow-up *clinical assessment* by a licensed mental health professional.
3. **Record** clinical assessment results and regularly **report** on this population.
The initiative recognizes that there may be more counties that are using or committed to using the three-step recommended approach to have accurate, accessible baseline data and want them to join this cohort!
## Prioritizing System Improvements

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<tr>
<td>• Police-Mental Health Collaboration programs</td>
<td>• Routine screening and assessment for mental health and SUDs in jail</td>
<td>• Expand community-based treatment &amp; housing options</td>
<td>• Apply Risk-Need-Responsivity principle</td>
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<td>• CIT training</td>
<td>• Pretrial mental health diversion</td>
<td>• Streamline access to services</td>
<td>• Use evidence-based practices</td>
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<td>• Co-responder model</td>
<td>• Pretrial risk screening, release, and supervision</td>
<td>• Leverage Medicaid and other federal, state, and local resources</td>
<td>• Apply the Behavioral Health Framework</td>
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<td>• Crisis diversion centers</td>
<td>• Bail policy reform</td>
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<td>• Specialized Probation</td>
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<td>• Policing of quality of life offenses</td>
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<td>• Ongoing program evaluation</td>
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Lubbock, Texas estimated population 305,000 (2017)
• 1512 Bed Direct Supervision Facility
• Average Daily Population 1200
• Currently participating in Jail Based Competency Restoration Program
• Specialized housing for mental health inmates
• Designated site for about 30 Masters level interns in the field of counseling
• Average of 96 inmates meet the definition of SMI
Mental Health Screening and Assessments

- Screening is completed upon intake for each inmate; this screening indicated risk for suicide, medical, mental impairments.
  - [https://www.tcjs.state.tx.us/docs/ScreeningForm-SMMDI_Oct2015.pdf](https://www.tcjs.state.tx.us/docs/ScreeningForm-SMMDI_Oct2015.pdf)
- This form was promulgated by the Texas Commission on Minimum Jail Standards.
- In addition to this screening form, our Local Mental Health Authority, StarCare, is contracted by the facility and provides a secondary screening and any required assessments.
• As a part of the Justice and Mental Health Collaboration; stakeholders through the service area collaborated and agreed upon a definition of Serious Mental Illness that would be used for research purposes.

• Each individual stakeholder maintains the ability to define serious mental illness for their own services, the agreed upon definition was solely for research purposes.
Electronic Tracking

By using our Jail Management System, the contracted StarCare employees, flag individuals who meet the agreed upon definition of serious mental illness.
Speaker: Berks County, Pa.

Pamela Seaman
Deputy Administrator for Adults
Mental Health and Developmental Disabilities Program
Berks County, Pa.

Justin Loose
Chief Information Officer
Information Systems Department
Berks County, Pa.

Dr. Emily Scordellis
Mental Health Regional Manager
PrimeCare Medical, Inc.
Stepping Up – Berks County

A Work in Progress

Webinar presentation May 2, 2019
Berks County, PA

ADP: 1,104 (2018)
Diversions: 461 since 2012
Arriving at a Common Definition for Serious Mental Illness

• Existing definitions utilized by Pennsylvania Department of Corrections and Pennsylvania Department of Human Services/OMHSAS (prior to aligning with revised Federal Definition of Serious Mental Illness) for priority population was already common place
  • Mental Health Bulletin OMH-94-04 identified the Adult Priority Group as:
    • 18 or older with a diagnosis of schizophrenia, major mood disorder, psychotic disorder NOS or Borderline Personality Disorder with additional treatment history, functional impairment or co-existing history or circumstance
Berk County Jail System

• Starting place for data collection and analysis
• Already utilizing the Mental Health Stability Rating Scale (MHSR) which provides a four-point scale classification (A, B, C, D) for any inmate presenting for evaluation by the mental health team
• Classification D- Includes inmates diagnosed with a Serious Mental Illness (SMI) and or exhibiting significant adjustment/behavioral concerns. SMI diagnoses include Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, Bipolar Disorder, Unspecified Psychotic Disorder and Borderline Personality Disorder
Considerations and Future Direction with SMI Definition

• System partners recognize the use of this common definition for the exclusive purpose of this project

• All partners continue to use a definition for their mentally ill target population outside of Stepping Up to continue work within their designated areas. For example, Mental Health/Developmental Disabilities does not limit diversionary interventions to only those with SMI (according to this priority population definition)

• Future direction with regard to this common definition may change/further develop with the sophistication of data collection and analysis
Assessment at Admission

• Comprehensive medical and mental health screenings are completed within 4 hours of admission to the jail by trained medical professionals
  • 4 hour window allows for prompt medication verification and assessment of clinical needs
• EMR tracks previous level of mental health care during past admissions
• Validated assessment tools are utilized in addition to self report questionnaires
  • Correctional Mental Health Screen for Men and Women
    • Public domain assessment tool
    • CMHS-W 75.0% validity; CMHS-M 75.5% validity
    • Cut off scores utilized to determine if a patient is referred to the mental health team
Assessment Post Admission

• All referrals to the mental health team are completed within 24-72 hours of admission with appropriate referrals for continued mental health follow-up and/or psychiatry follow-up generated at time of assessment

• Seriously mentally ill inmates meet with mental health staff consistently throughout their incarceration
  • SMI patients on specialty housing units are seen by mental health staff 5 days per week and offered group therapy opportunities
  • SMI patients on non-specialty housing units are seen by mental health staff at a minimum of every 30 days

• Patients who are incarcerated for 90 days who have not already been evaluated are referred to mental health for assessment
Collaboration and Continuity of Care

• Medical and mental health staff have daily case conference meetings to discuss seriously mentally ill and/or difficult to manage patients

• Medical, mental health and security staff hold weekly interdisciplinary team meetings to discuss seriously mentally ill patients

• Medical, mental health and administrative staff conduct monthly reviews for all seriously mentally ill patients

• Multidisciplinary meetings are held monthly to discuss case disposition and discharge planning
  • Warden, Deputy Warden of Treatment, Custody Lieutenant, correctional medical and mental health staff, county MH/DD staff, Adult Probation, District Attorney’s office, Public Defender’s office, local service providers
Data Analytics: Driving Insight and Oversight

• Leverage the use of OpenLattice technology to obtain overall performance and health data of the criminal justice and human service systems
• Perform basic descriptive analytics to look at groups that are over or under represented in the system
• Track overall performance measure for specific groups
• Assist groups in understanding or validating gaps in the system including:
  • Data entry issues
  • Population segments that underperform
  • System gaps
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Questions and Discussion

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