



Stepping Up

Judge Mary Kreber Varipapa, Superior Court of California, County of Orange

Judge Stephen Manley, Superior Court of California, County of Santa Clara

Hallie Fader-Towe, Program Director, CSG Justice Center

The California Association of Collaborative Courts Annual Conference

“Collaborative Courts: Charting the Choppy Waters”

Doubletree Hotel, 2001 Point West Way, Sacramento, CA

12:00 – 1:30 p.m., Wednesday, September 12, 2018



Justice Center

THE COUNCIL OF STATE GOVERNMENTS

The Council of State Governments Justice Center

Corrections



Justice Reinvestment



Mental Health



Reentry



Substance Abuse



Youth



Courts



Law Enforcement



National nonprofit, nonpartisan membership-based association of state government officials that engage members of **all three branches** of state government



Justice Center

THE COUNCIL OF STATE GOVERNMENTS

Justice Center provides **practical, nonpartisan advice** informed by the best available evidence

Developing a Mental Health Court: An Interdisciplinary Curriculum

learning.csgjusticecenter.org

Developing a Mental Health Court is a **free multimedia curriculum** for individuals and teams seeking to start, maintain, or just learn about mental health courts or other criminal justice/mental health collaborations.



CSG Justice Center



Today's Learning Objectives

By the end of today's session, participants will be able to:

- Describe the role collaborative court teams can play in fostering collaboration and identifying partnerships with local community leaders working in criminal justice, mental health, substance use and housing;
- Identify innovative approaches to address the housing needs of criminal justice-involved people;
- Enumerate the value of data-driven, research-based policies, practices and decision making

Overview

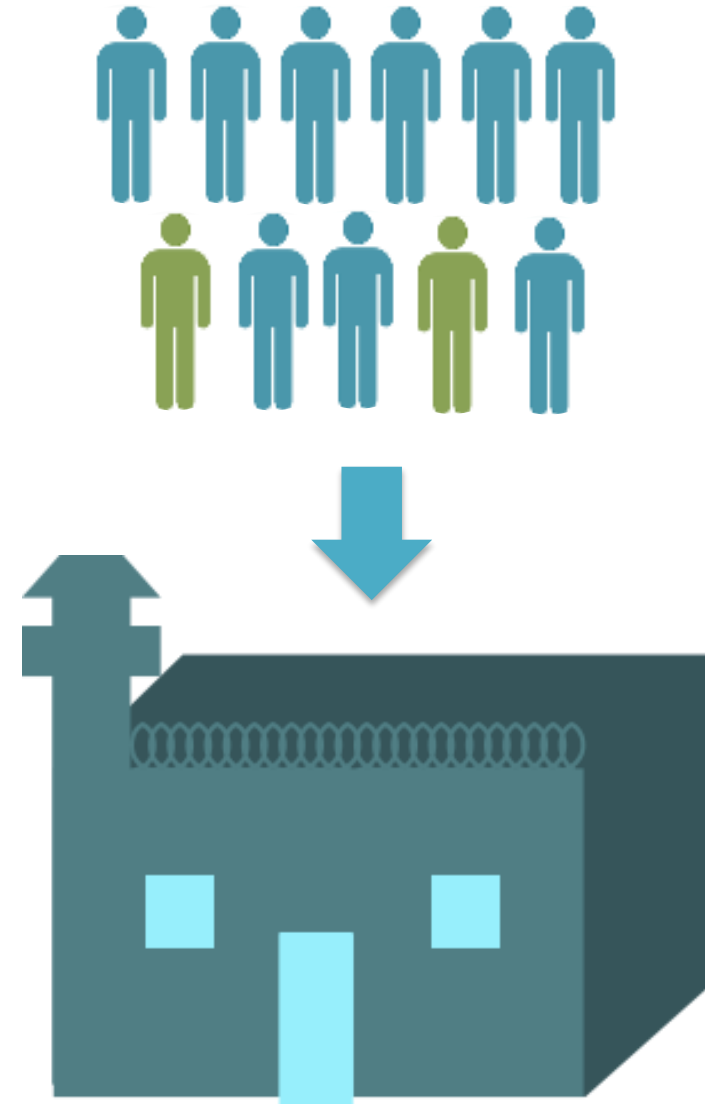
Collaborative Courts: An Important Nucleus

Stepping Up

National Estimates of this Crisis

Of the **11 million** people admitted to jail annually...

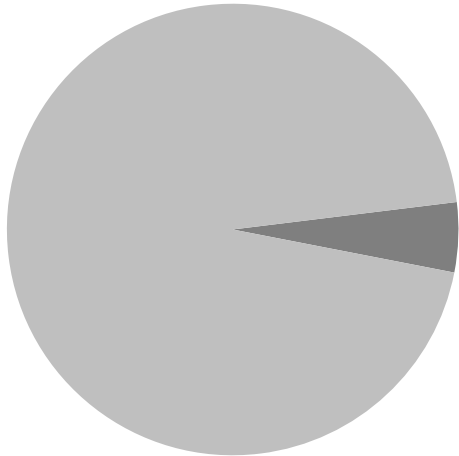
...about **2 million** have serious mental illnesses



Bottom Line: People who have Mental Illnesses are Overrepresented in Our Jails

General Population

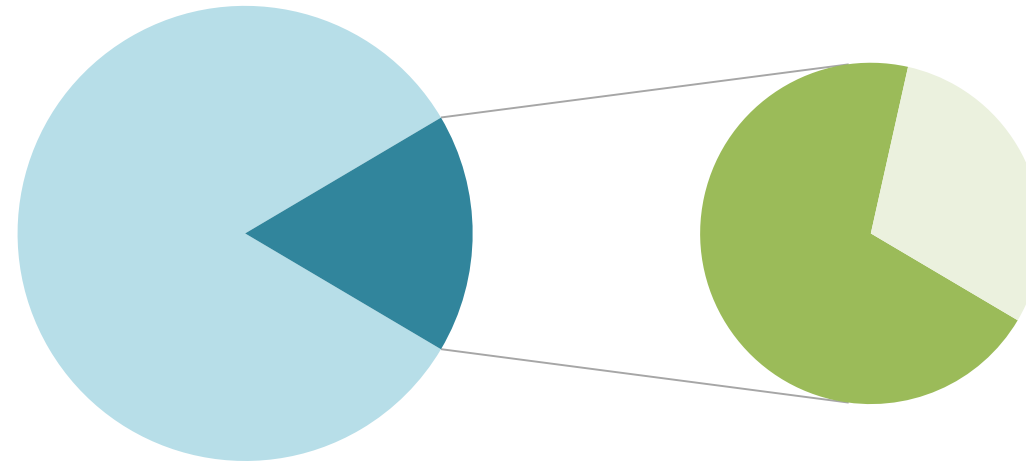
4% Serious Mental Illness



Jail Population

17% Serious Mental Illness

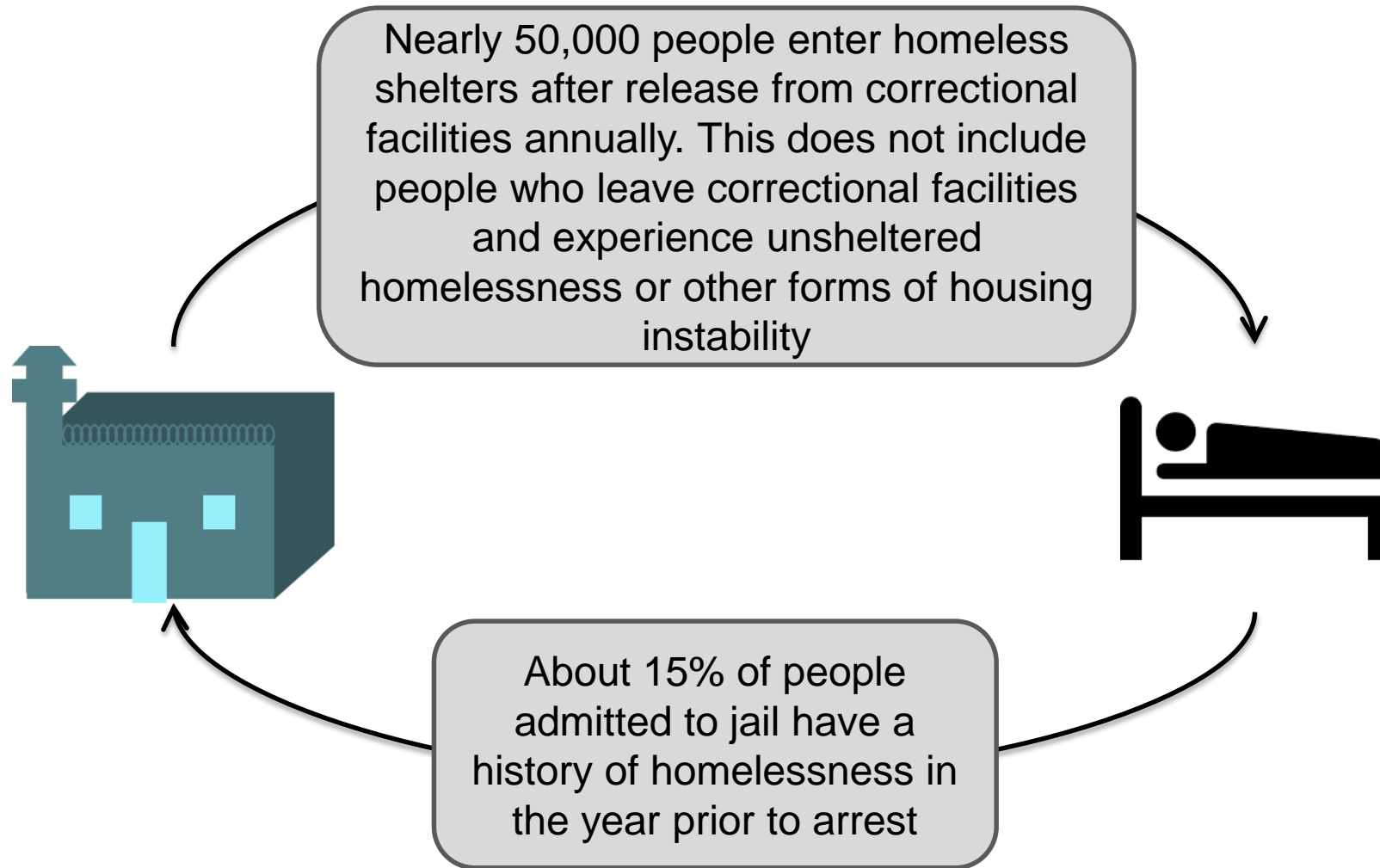
72% Co-Occurring Substance Addiction



A majority of these individuals have additional challenges, like homelessness and chronic medical conditions

Source: Steadman, HJ, Osher, FC, Robbins, PC, Case, B., and Samuels, S. Prevalence of Serious Mental Illness Among Jail Inmates, *Psychiatric Services*, 6 (60), 761-765, 2009.; Center for Behavioral Health Statistics and Quality, *Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health, 2016* (HHS Publication No. SMA 16-4984, NSDUH Series H-51), <http://www.samhsa.gov/data/>.; Abram, Karen M., and Linda A. Teplin, "Co-occurring Disorders Among Mentally Ill Jail Detainees," *American Psychologist* 46, no. 10 (1991): 1036-1045.

Homelessness and Incarceration

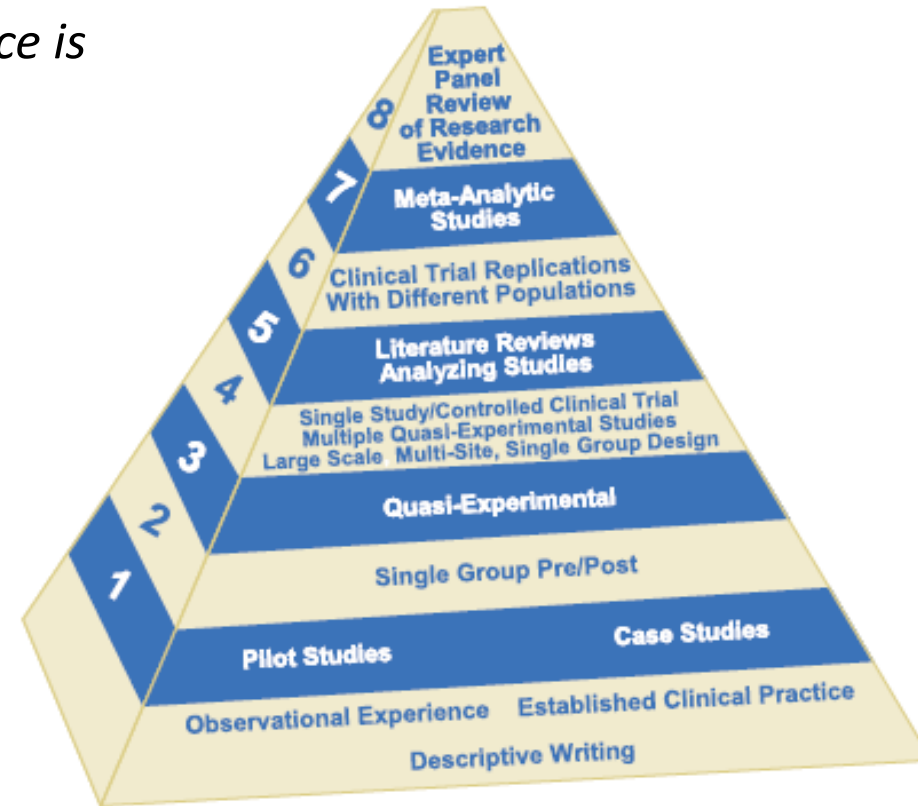


Sources:

United States Interagency Council on Homelessness, "Connecting People Returning from Incarceration with Housing and Homelessness Assistance," March 2016.
Greg A. Greenberg and Robert A. Rosenheck, "Jail Incarceration, Homelessness, and Mental Health: A National Study," *Psychiatric Services* 59, no. 2 (February 2008).

Evidence-Based

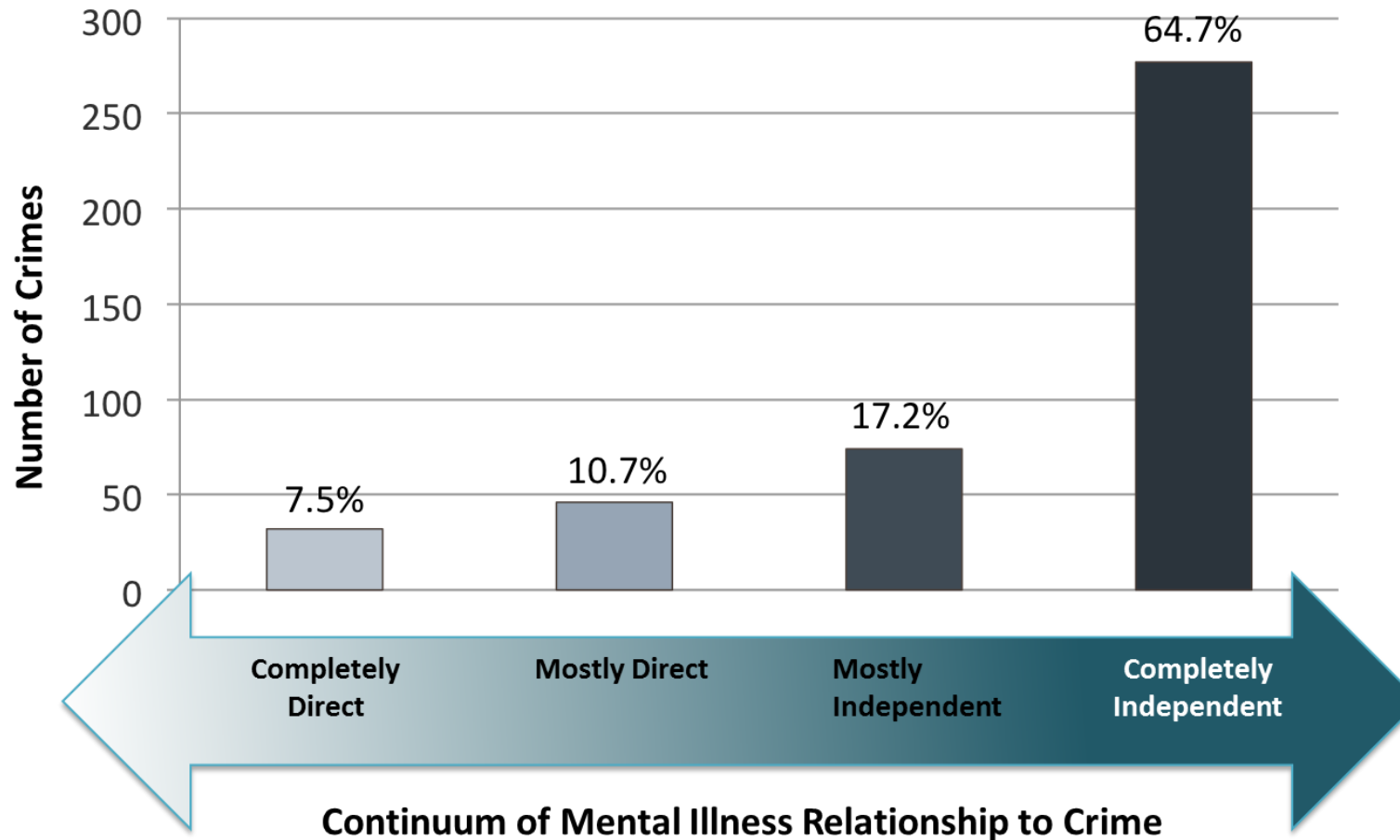
*“A practice which, based on research findings and expert or consensus opinion about available evidence, practice is expected to produce a **specific clinical outcome**”*



“Reduce Recidivism” and “Promote Recovery”

Is connecting people with needed mental health treatment enough?

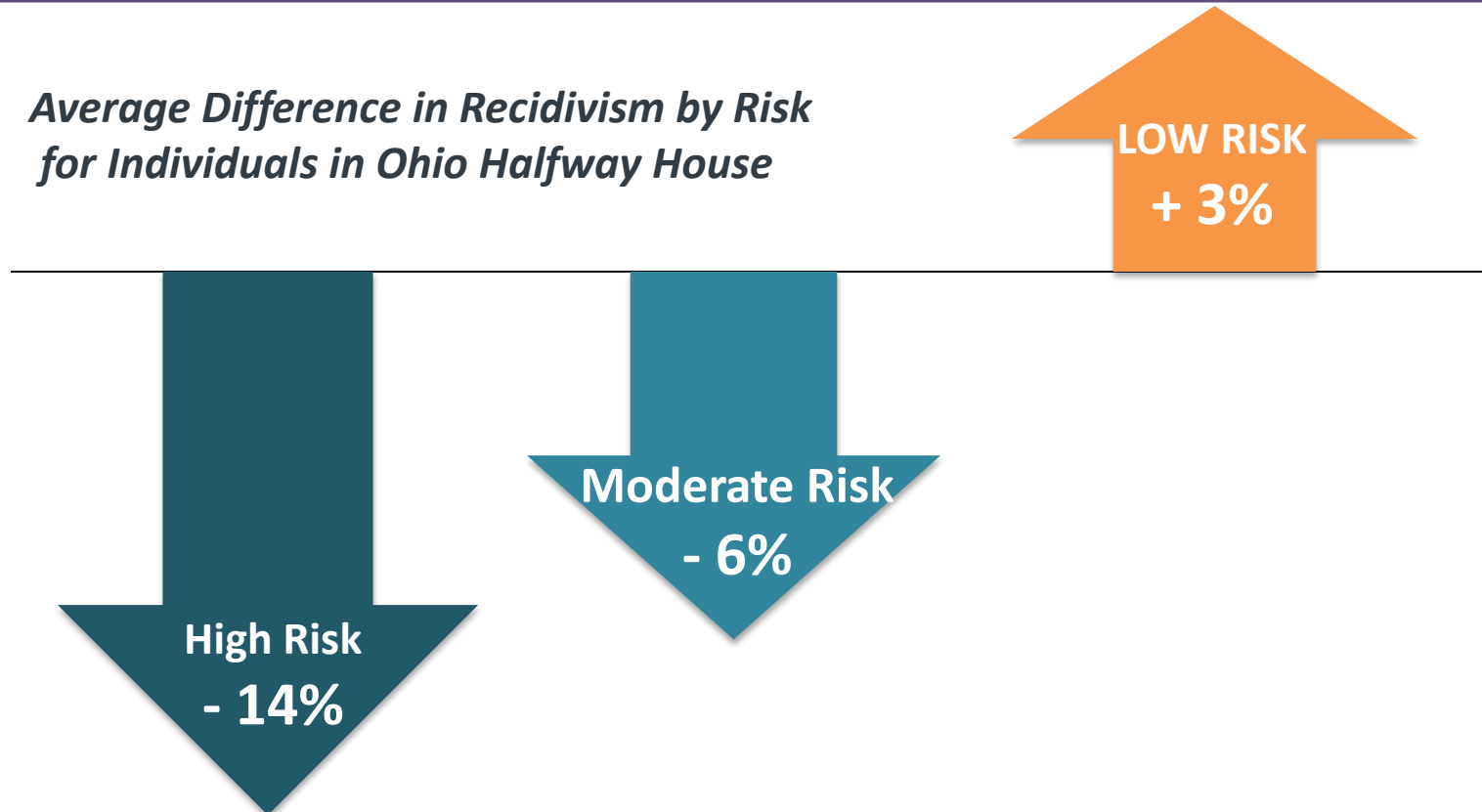
Only for a few. Most will need more.



Risk of Recidivism Changes Outcomes

Failing to adhere to the “risk principle” can **increase** recidivism

*Average Difference in Recidivism by Risk
for Individuals in Ohio Halfway House*



Source: Presentation by Dr. Edward Latessa, “What Works and What Doesn’t in Reducing Recidivism: Applying the Principles of Effective Intervention to Offender Reentry”, available online at www.csjusticecenter.org

Mental Health and Risk of Violence

On the Over-Valuation of Risk for People with Mental Illnesses

FALL 2015

An estimated two million people with serious mental illnesses are booked into jail each year, making prevalence rates for people with serious mental illnesses in jails three to six times higher than for the general population. Almost three-quarters of these adults have co-occurring substance use disorders. Once incarcerated, they tend to stay longer in jail and are at a higher risk of recidivism upon release than individuals without these disorders.

There are many reasons for this situation, including a shortage of accessible, high-quality community-based behavioral health treatment services, diversion programs, and specialized community supervision (pretrial/probation/parole). The common perception that people with mental illnesses pose a greater risk to public safety than those without these illnesses is a contributing factor as well. In particular, judges who are responsible for making decisions about pretrial release and sentencing often believe that people with mental illnesses pose a greater risk of failing to appear in court or committing new crimes, particularly violent crimes.

The Council of State Governments Justice Center and the American Psychiatric Association Foundation, in partnership with the National Judicial College, convened a national expert panel of leading researchers, judges, and forensic psychiatrists to consider the current state of the research on the assessment of the risk of violence, failure to appear in court, and recidivism for people with serious mental illnesses (SMI).¹ Judicial advisors responded to the presentations from these experts and provided input on key judicial considerations about this issue.

Consequently, members of the panel agreed on the following consensus statements:

1. People with serious mental illnesses (SMI), including those with co-occurring substance use disorders, are over-represented among people involved in the criminal justice system for a variety of complex reasons.
2. The direct link between active symptoms of serious mental illness and risk of engaging in criminal behavior applies to a relatively small number of people. The same is true for the link between serious mental illness and risk of violence.

3. For people with mental illnesses, judges (and others) should consider the same factors used to assess risk for all other defendants. Past behavior should be considered as judges try to predict future behavior, and judges should be informed most by risk factors that are associated with threats to public safety.

4. Empirically developed, validated assessment tools have identified factors that are truly predictive and relevant to various judicial decisions at different stages of a criminal case. These tools are carefully designed to appropriately account for predictive factors, such as past behavior.

5. There is a small portion of the population for whom the presence of active symptoms of SMI is itself a direct risk factor for crime and violence that should be taken into account when making release and detention decisions for this population.

- SMI is relevant to release and detention decisions only when the crime appears to be directly related to or the result of the mental illness, which may be difficult to determine in time for an initial decision about pretrial release.

- The most important and relevant risk factors that should be considered are those shared by defendants with or without SMI. These are the factors discussed above, which can be identified in a timely manner at different stages of a criminal case.

6. When people have an SMI that is not clearly linked to crime and violence, care should be taken to ensure the presence of an SMI is not used to justify more severe criminal justice sanctions, especially incarceration. When possible, connections should be made with appropriate community-based treatment providers. Addressing mental health symptoms can help individuals respond to interventions directly targeted to reduce future criminal activity.

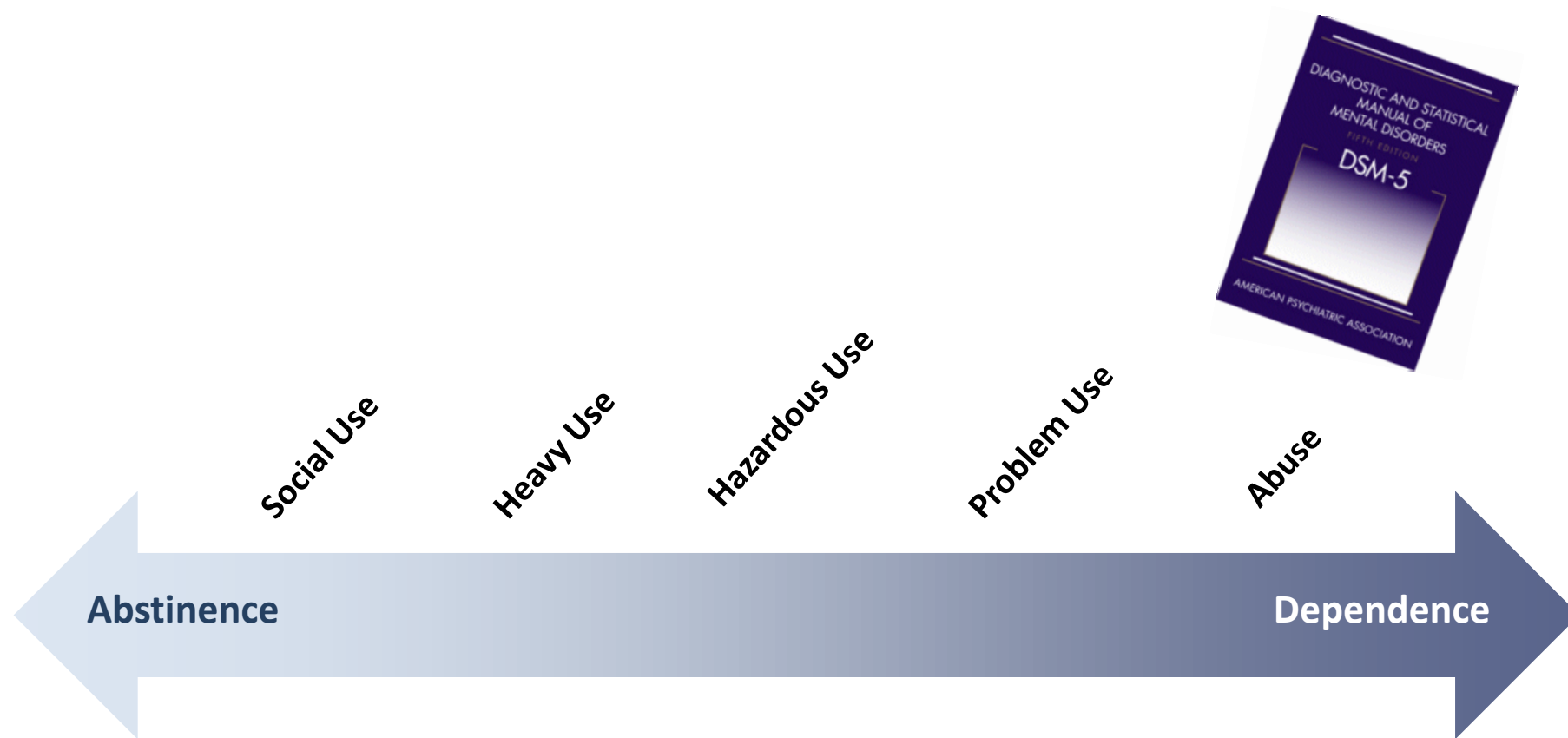
7. A better understanding about these issues among judges and other decision makers can have a significant impact on reducing the over-representation of people with SMI in the criminal justice system.

1. The Substance Abuse and Mental Health Services Administration defines people with serious mental illnesses (SMI) as those age 18 and over who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria, resulting in a functional impairment that substantially interferes with or limits one or more major life activities.

“The link between serious mental illness and risk of engaging in criminal behavior is relatively weak and applies to a relatively small number of people.

The same is true for the link between serious mental illness and risk of violence.”

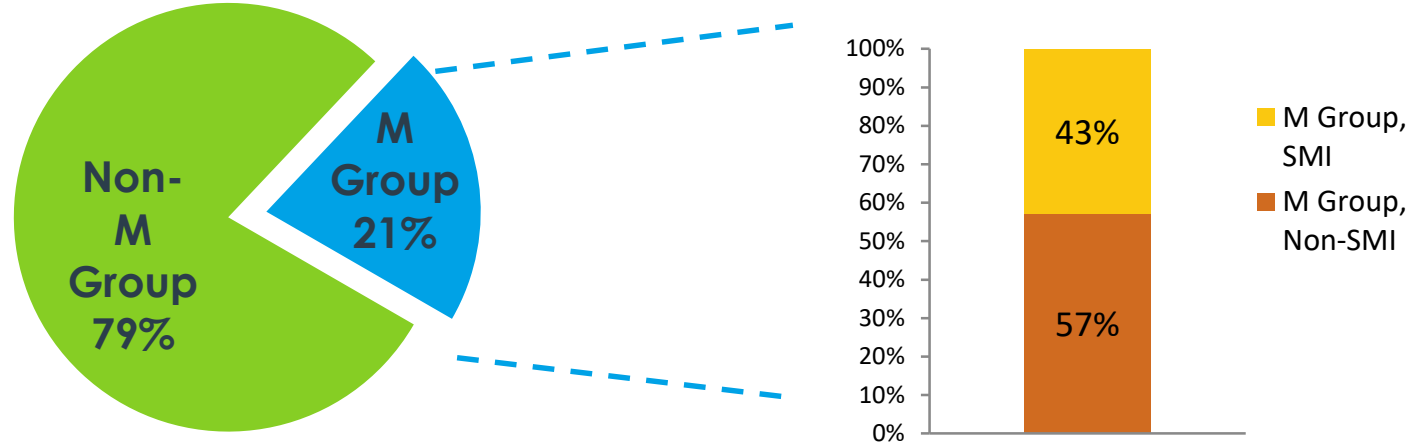
Not All Substance Use Disorders are Alike



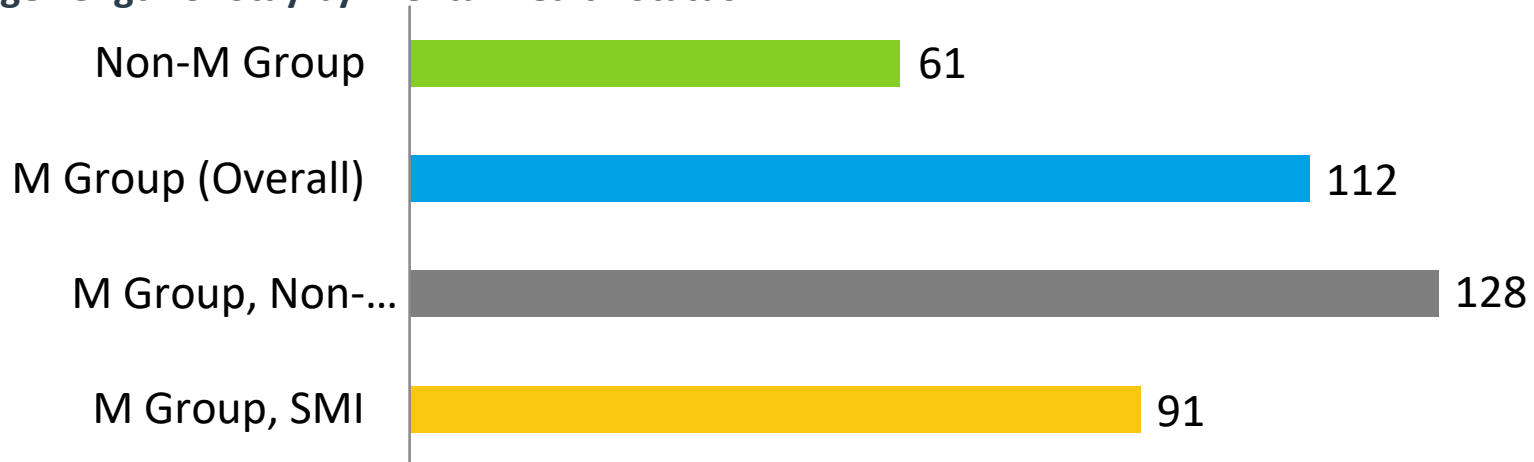
The Substance Use Disorder Continuum

Not All Mental Illnesses are Alike

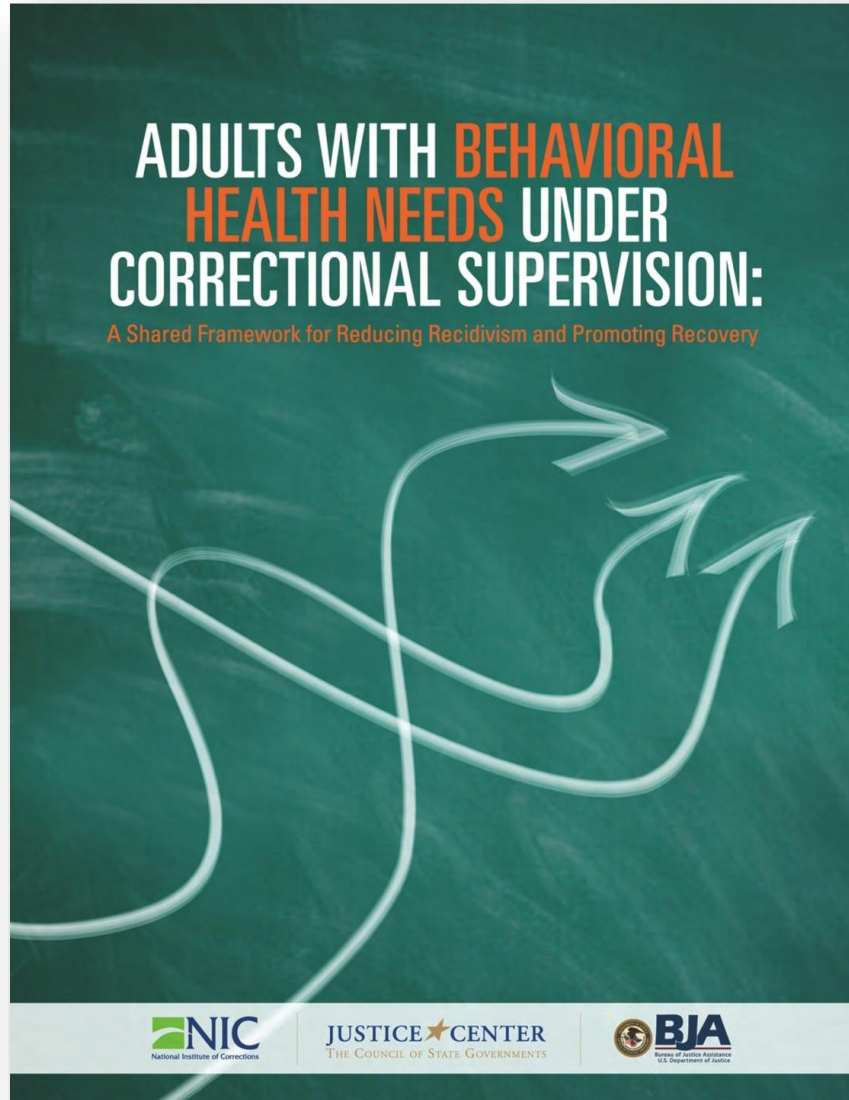
Portion of M Group Meeting Criteria for Serious Mental Illness (SMI)



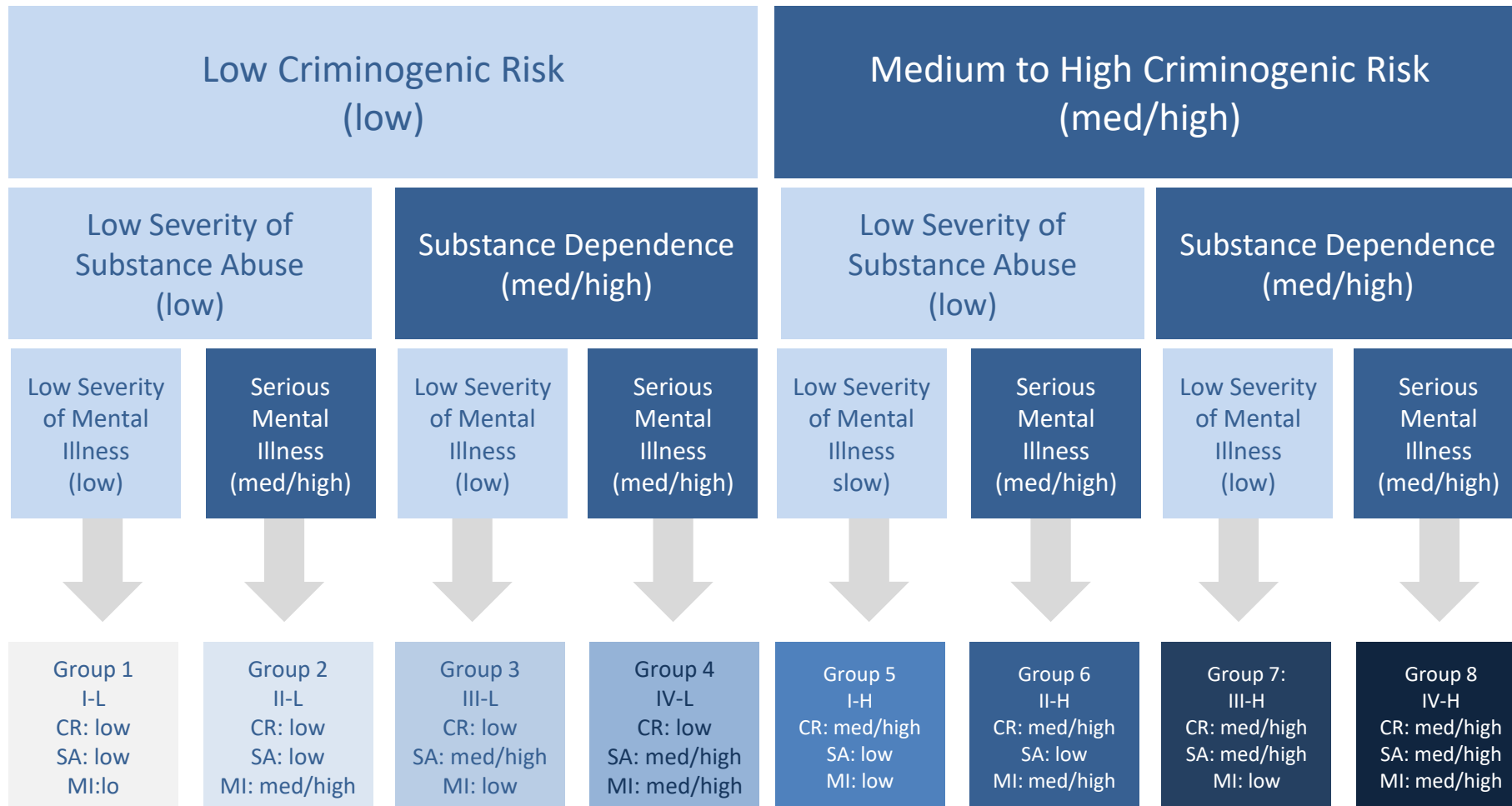
Average Length of Stay by Mental Health Status



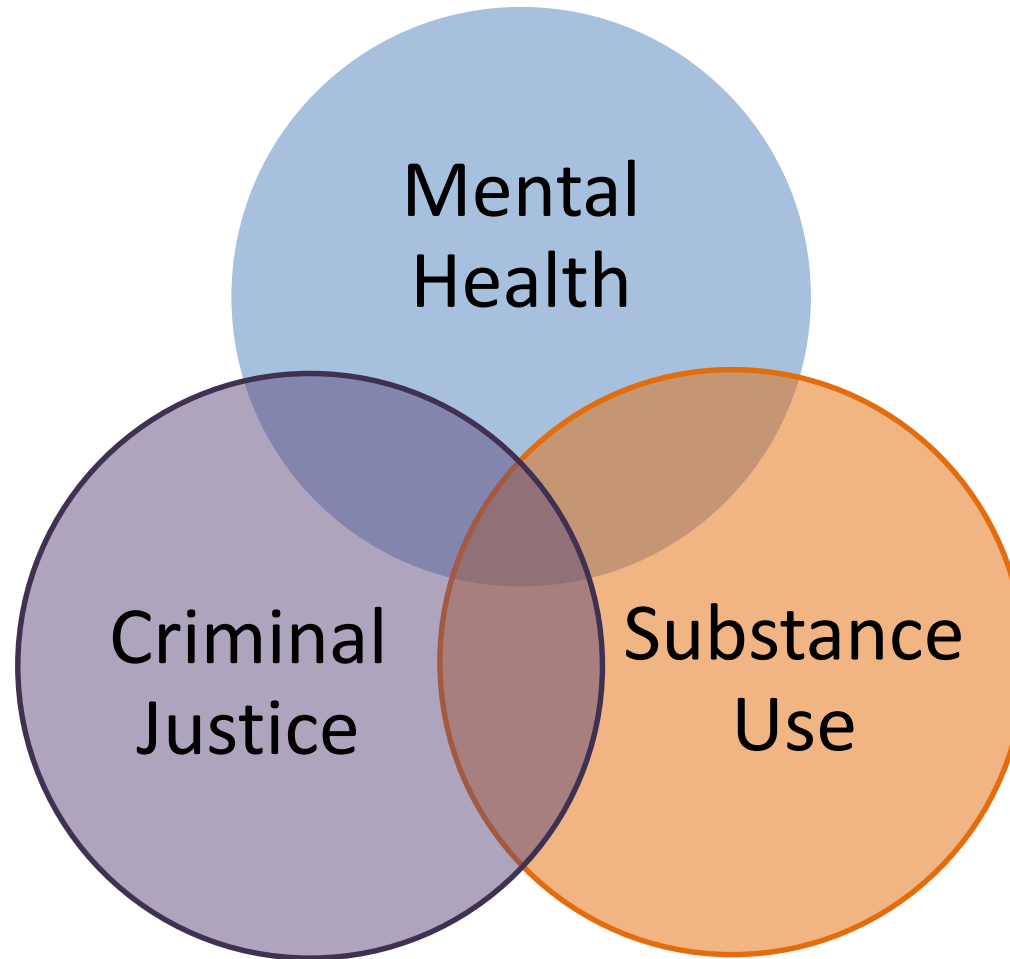
Challenge #2: Using Best Practices



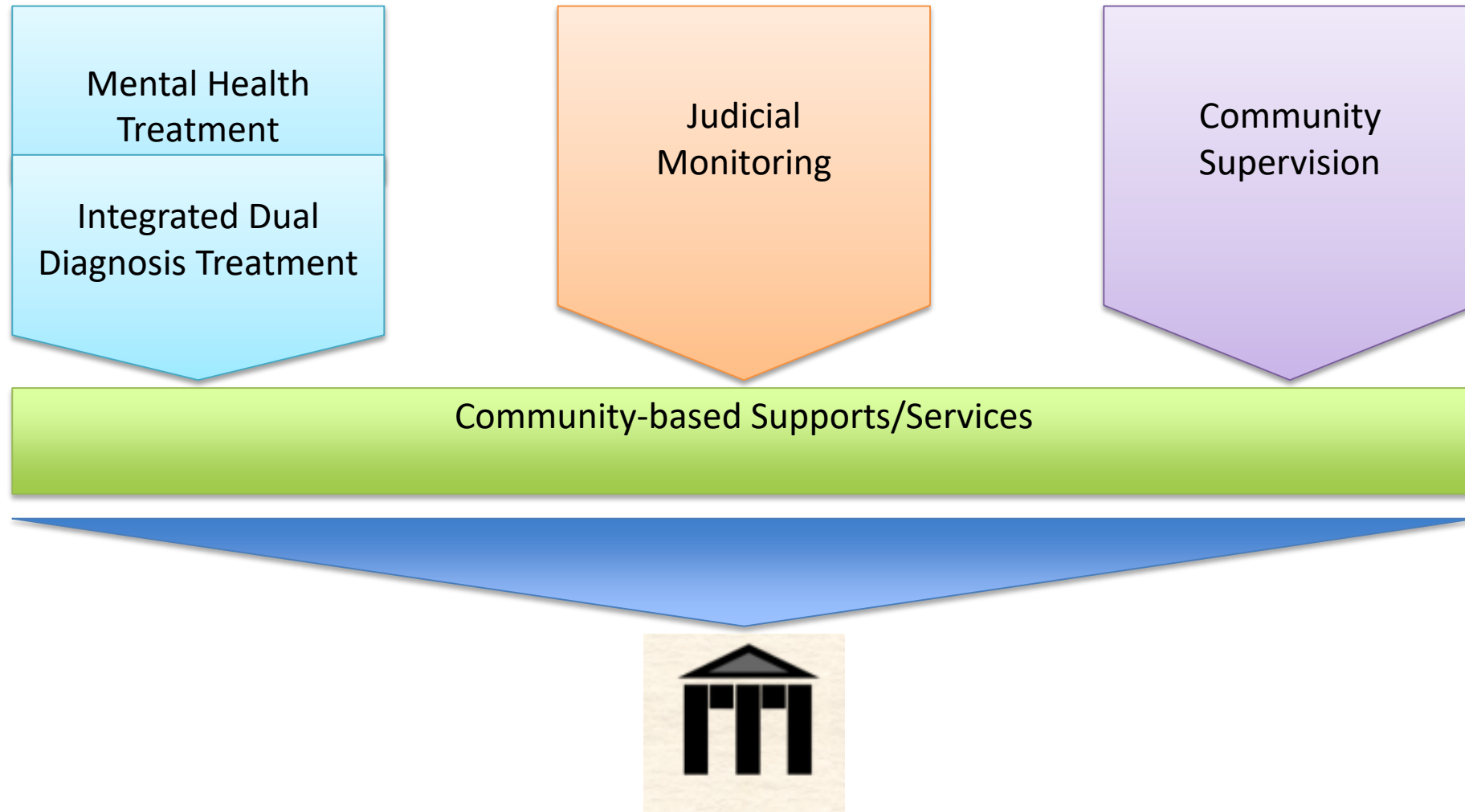
A Framework for Prioritizing Resources



Leadership, Training, Best Practices, Data, Funding



The Mental Health Court Idea

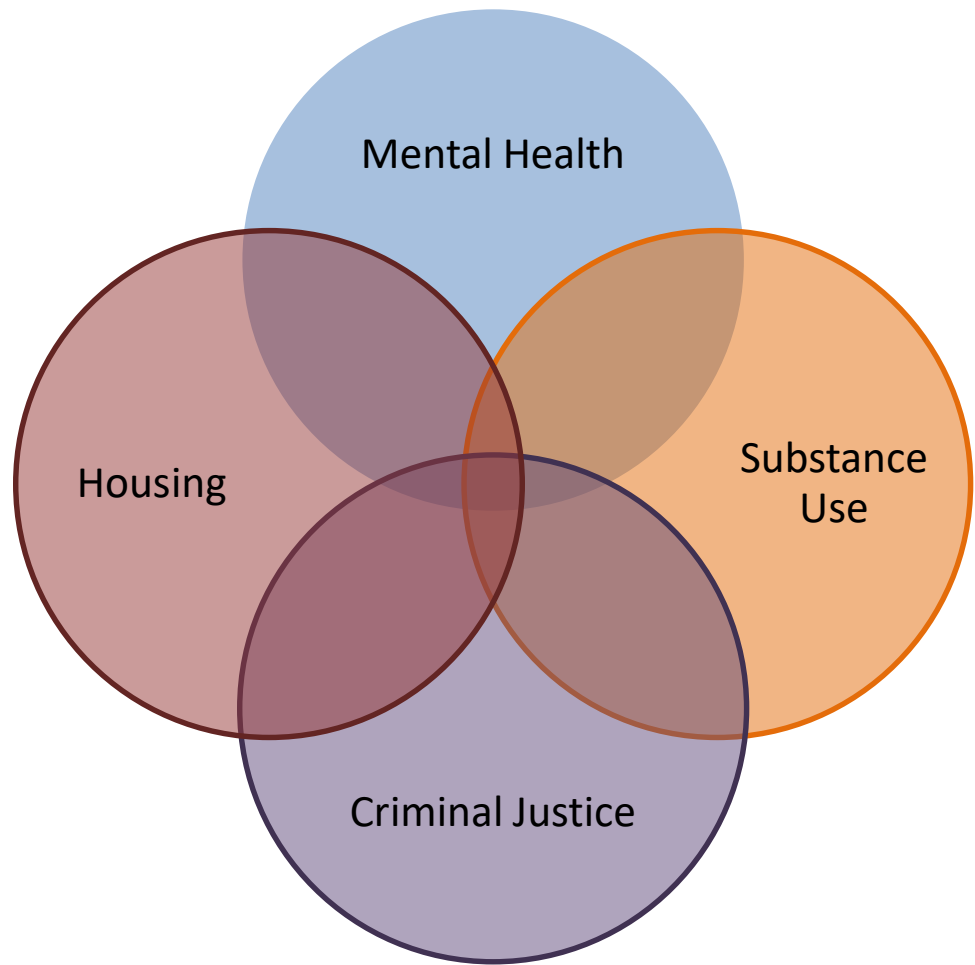


Mental Health Courts

California's Collaborative Justice Key Principles



- Collaborative justice courts **integrate services with justice system processing.**
- Collaborative justice courts emphasize achieving the desired goals without using the traditional adversarial process.
- Eligible participants **are identified early and promptly placed** in the collaborative justice court program.
- Collaborative justice courts provide **access to a continuum of services**, including treatment and rehabilitation services.
- Compliance is monitored frequently.
- A **coordinated strategy** governs the court's responses to participants' compliance, using a system of sanctions and incentives to foster compliance.
- Ongoing judicial interaction with each collaborative justice court participant is essential.
- **Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.**
- Effective collaborative justice court operations require **continuing interdisciplinary education.**
- **Forging partnerships** among collaborative justice courts, public agencies, and community-based organizations **increases the availability of services, enhances the program's effectiveness, and generates local support.**
- Effective collaborative justice courts emphasize a team and individual commitment to cultural competency. Awareness of and responsiveness to diversity and cultural issues help ensure an attitude of respect within the collaborative justice court setting.



Range of housing assistance types

Housing navigation – Services that help people find and apply for housing, may include landlord mediation and move-in assistance

Rapid re-housing or bridge subsidies – Programs that provide short-term rental assistance alongside housing navigation and other services

Rental assistance/affordable housing – Housing that is affordable to low-income households either by providing housing at below-market rents or subsidizing rents in private market apartments

Permanent supportive housing – Affordable/subsidized housing combined with wrap-around supportive services

A Strong Nucleus for Each Community

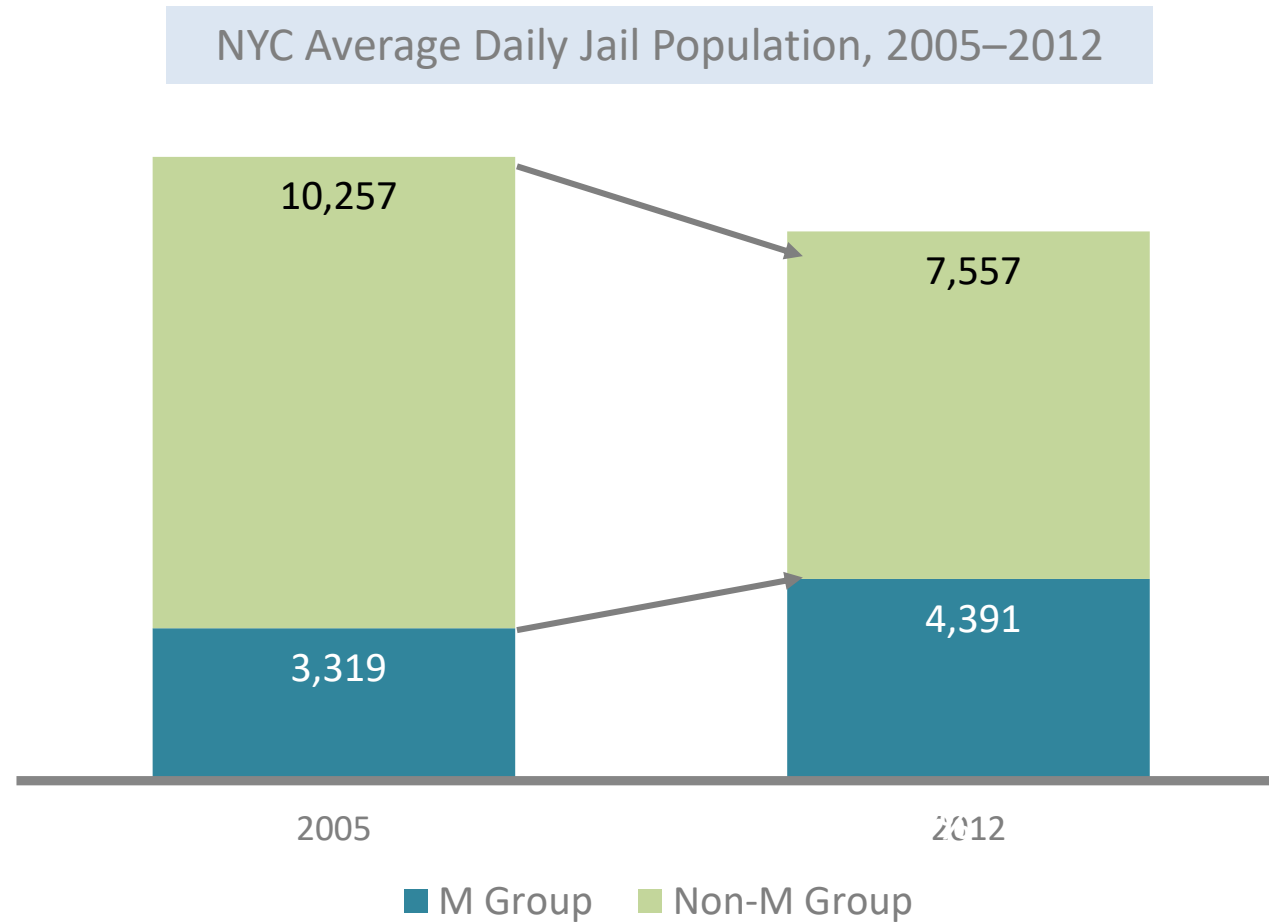
- Interdisciplinary leadership
- Interdisciplinary training *with clear roles*
- Early identification through screening and assessment
- Emphasis on using social science research to understand and apply what works through policy and practice *within the legal system*
 - **Risk principle**
 - **Research-based treatment**
 - **Procedural justice**
- Understand system resources and leverage resources
- Emphasis on data to get goals and measure progress

Overview

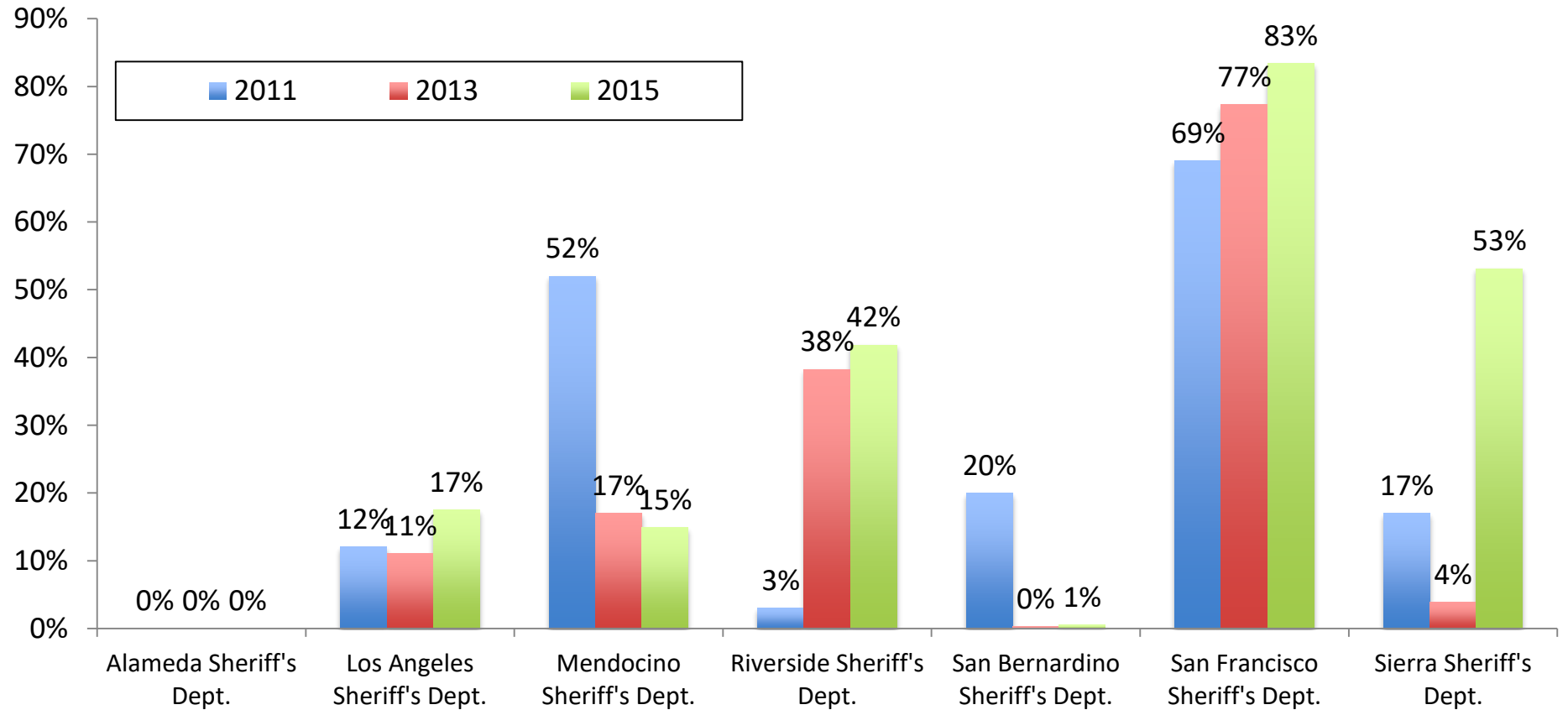
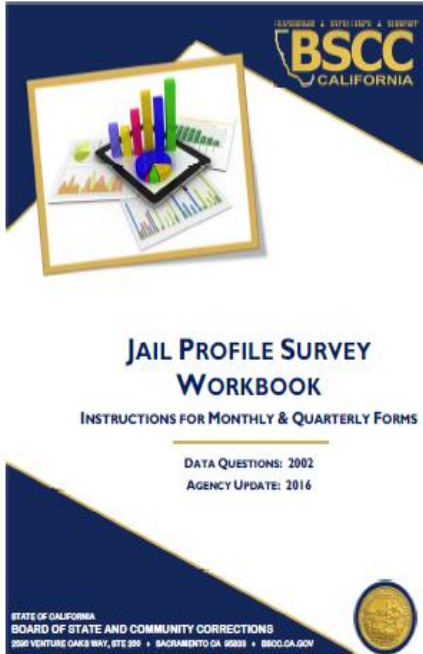
Collaborative Courts: An Important Nucleus

Stepping Up

Jail Populations Have Declined in Some Counties Overtime, But the Number of People who have Mental Illnesses in Jails Continues to Grow

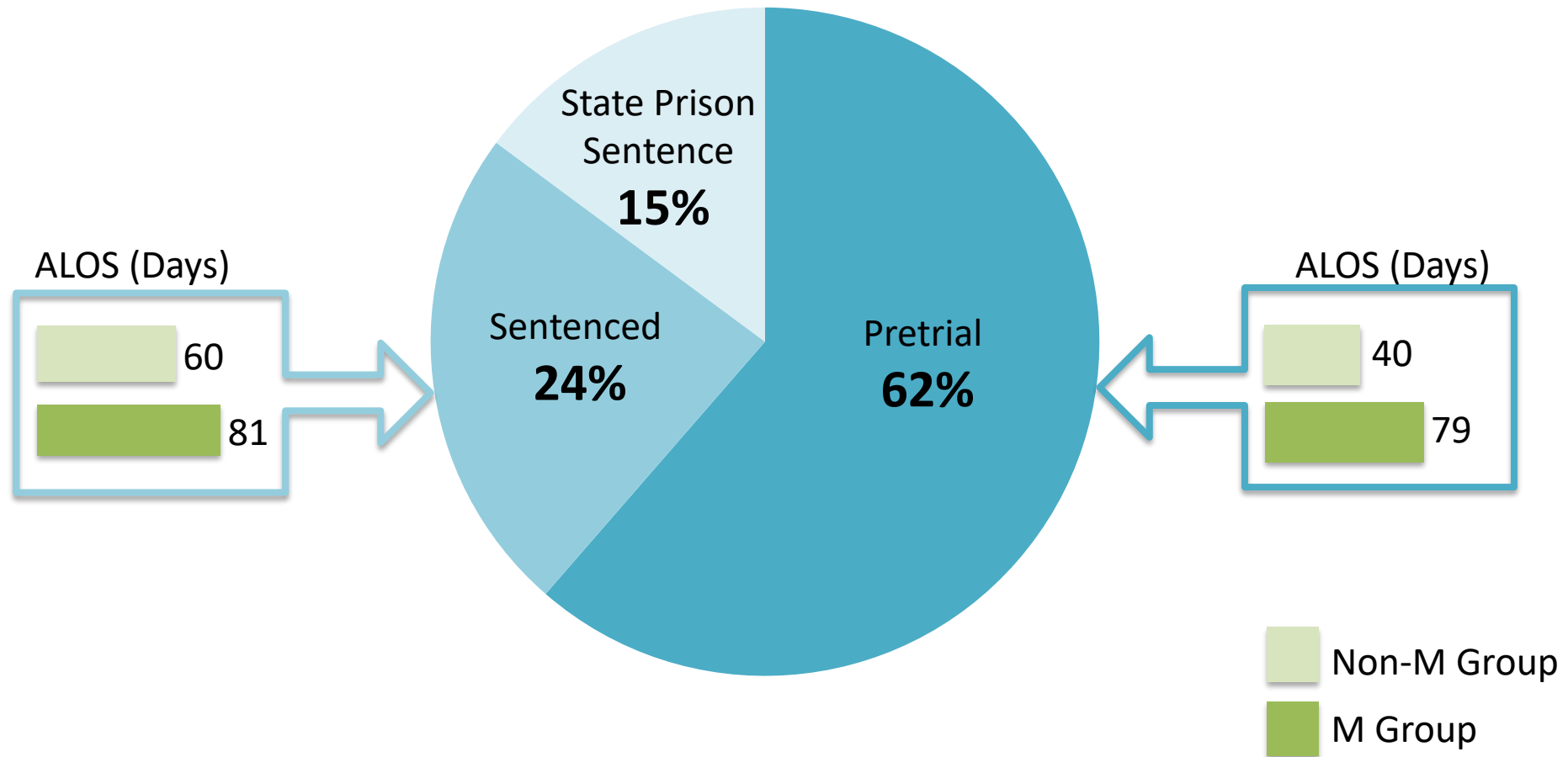


Does this trend hold in California? Data aren't clear. . . but opinion is "Yes" . . .



Longer Stays in Jail

NYC Department of Correction Admissions, 2008



High Cost of Pretrial Detention

Detaining low-risk defendants, even for just a few days, is strongly correlated with **higher rates of new criminal activity** both during the pretrial period and years after case disposition

Low-risk defendants had a **40% higher** chance of committing new crime before trial when **held 2 to 3 days** compared to those held one day or less and **51% higher** chance of committing a new crime in the next two years when **held 8-14 days** compared to one day or less



The Hidden Costs of Pretrial Detention

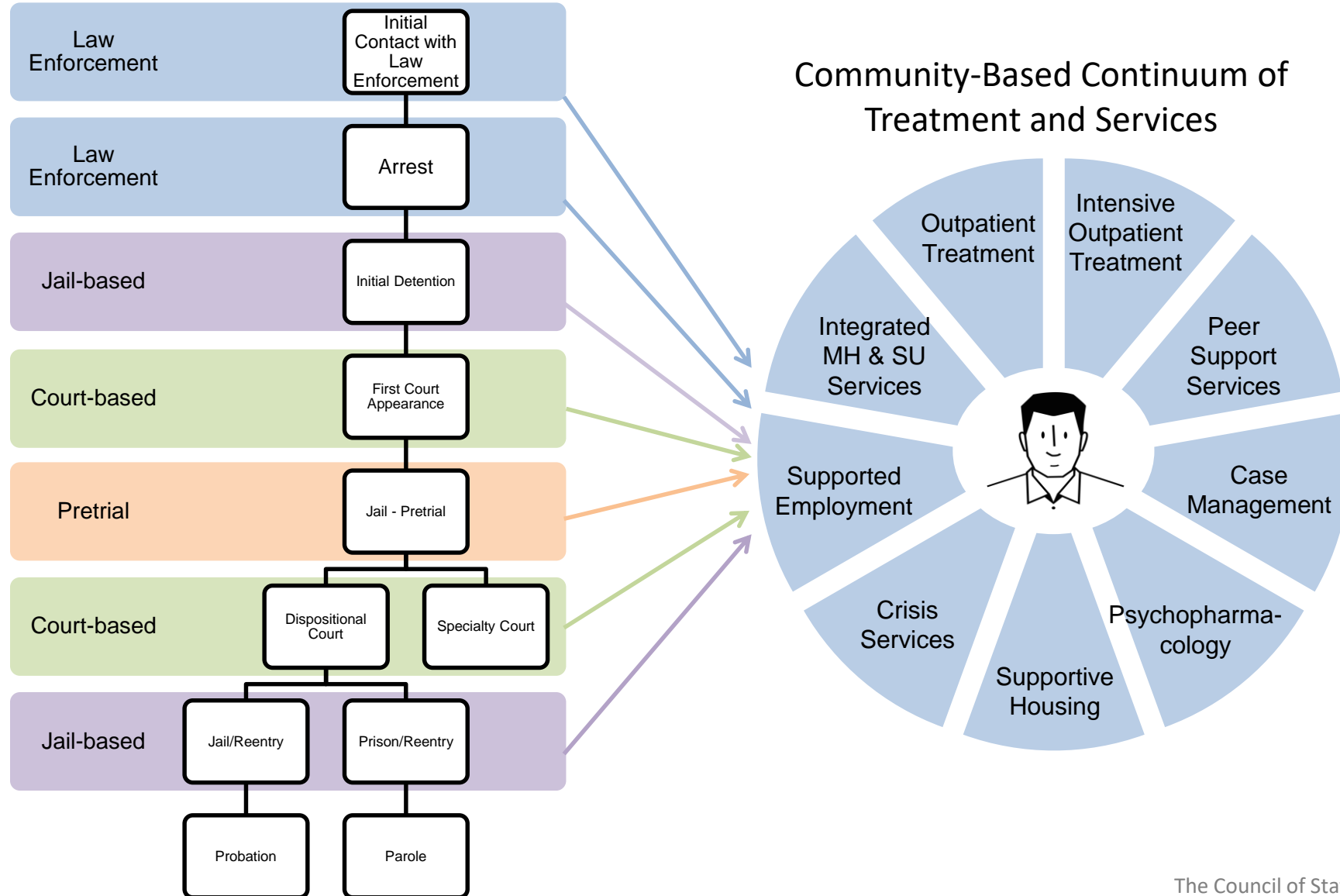
Christopher T. Lowenkamp, Ph.D.

Marie VanNostrand, Ph.D.


Alexander Holsinger, Ph.D.

November, 2013

Divert and To What




Courts Rise to the Challenge: California, Nationally



**Mental Health
Issues
Implementation
Task Force:
Final Report**


A TEMPLATE FOR CHANGING THE
PARADIGM FOR PERSONS WITH
MENTAL ILLNESS IN THE
CALIFORNIA COURT SYSTEM

DECEMBER 2015

 **JUDICIAL COUNCIL
OF CALIFORNIA**
OPERATIONS AND PROGRAMS DIVISION
CENTER FOR FAMILIES, CHILDREN & THE COURTS

2016-2017 Policy Paper

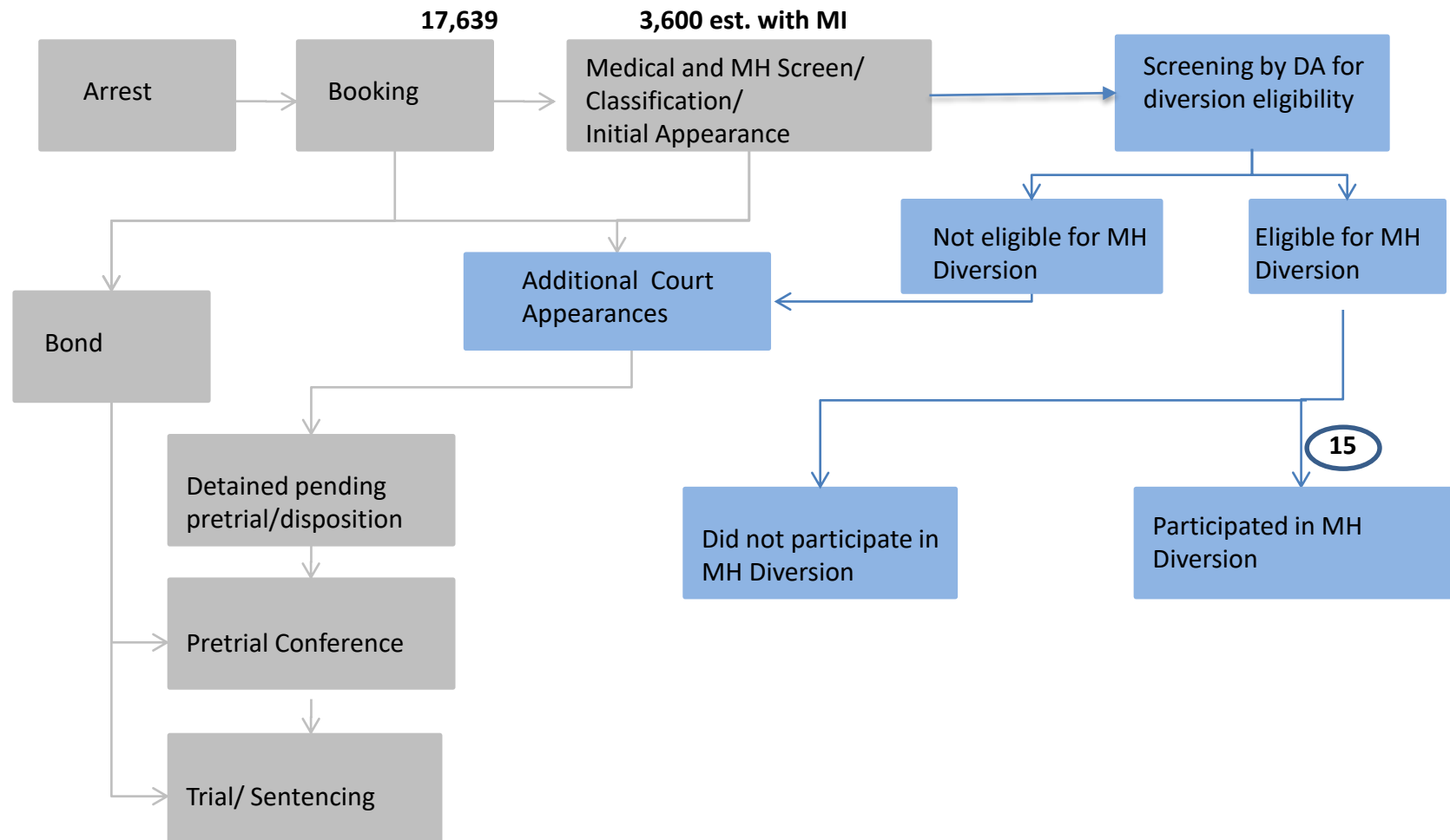
**Decriminalization of Mental Illness: Fixing a
Broken System**

 **COSCA**
Conference of State Court Administrators

Conference of State Court Administrators

Good Intentions, Limited Impact

Suburban County, Case processing- individuals with mental illnesses (2008)



System Analysis Helps Identify Missed Opportunities



Johnson County, KS
(Suburban Kansas City)
1,411 admissions/month
715 ADP

- For those with 20+ lifetime admissions, **40% had an identified MH need**
- Monthly over **140 admissions** with MH need; current diversion program had room for **15 people**

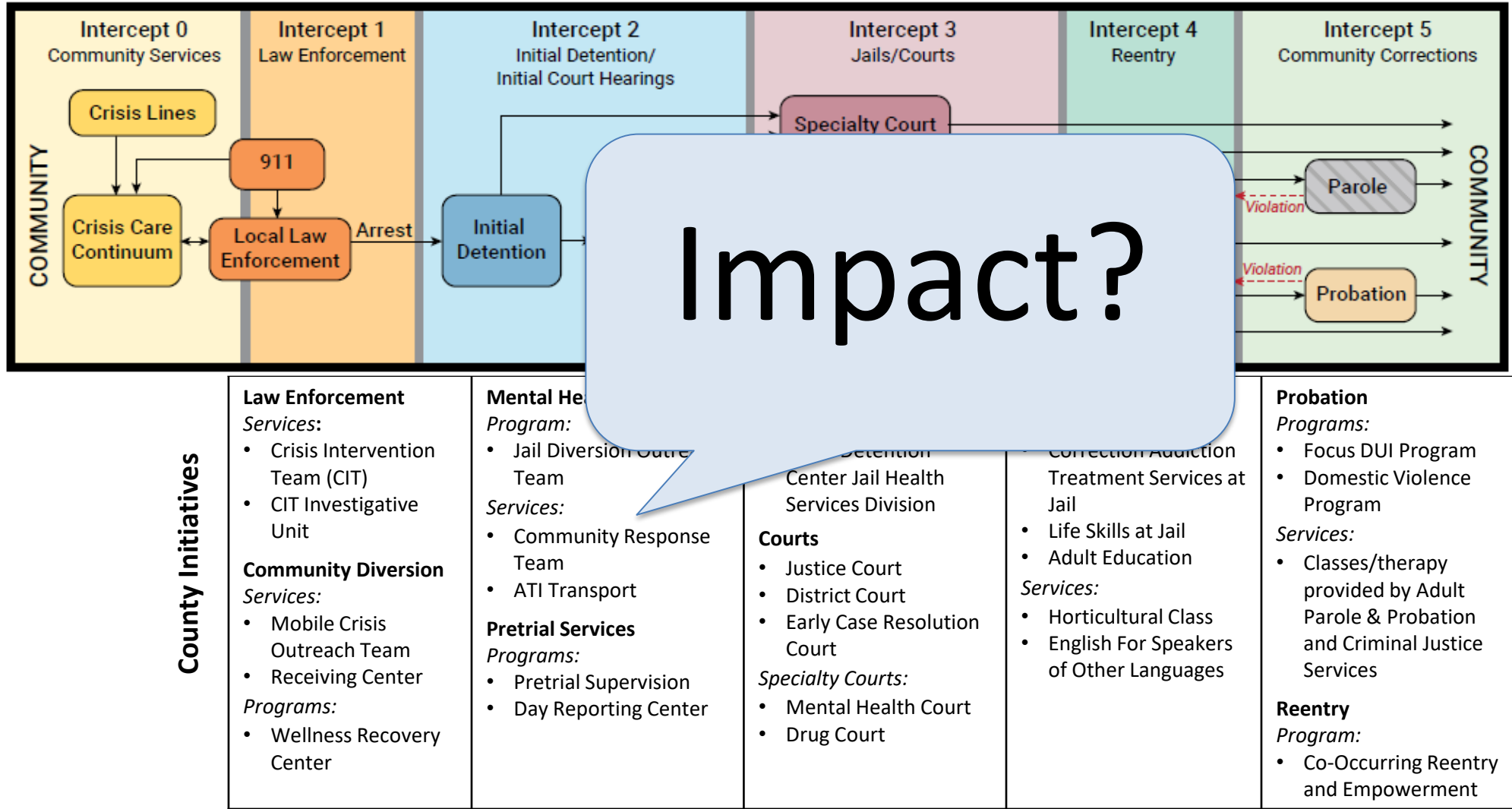


Hillsborough County, NH
(Manchester)
440 admissions/month
600 ADP

- **Monthly over 80 admissions** with MH need; current mental health court has room for 65 people at a time
- Two thirds of jail population detained pretrial; **significantly longer average lengths of stay for those pretrial**

Need to Keep an Eye on System Outcomes

The Sequential Intercept Model



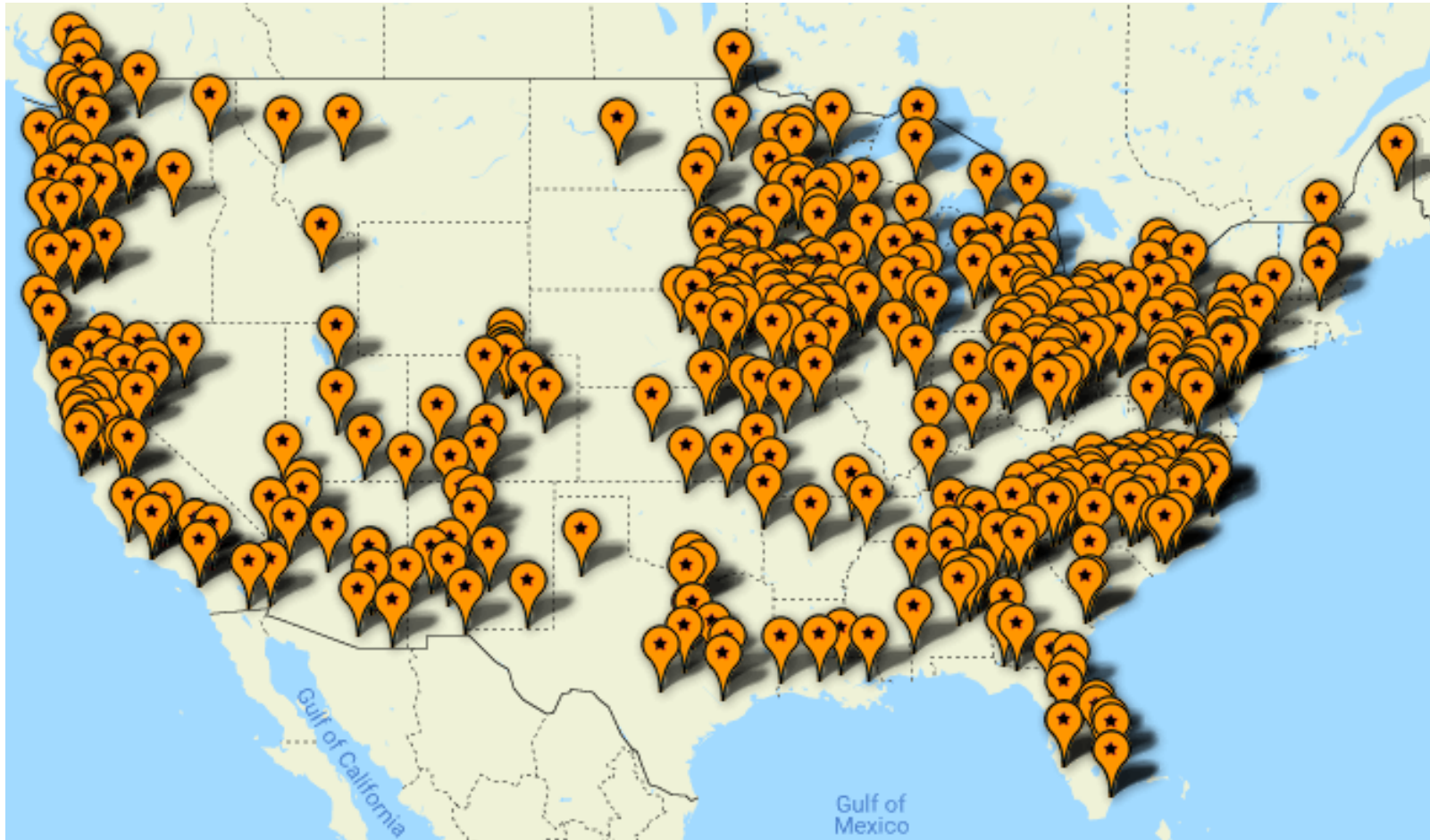
A National Initiative to Reduce the Number of People who have Mental Illnesses in Jails



GOAL: There will be fewer people who have mental illnesses in our jails tomorrow than there are today

“Stepping Up is a movement and not a moment in time”

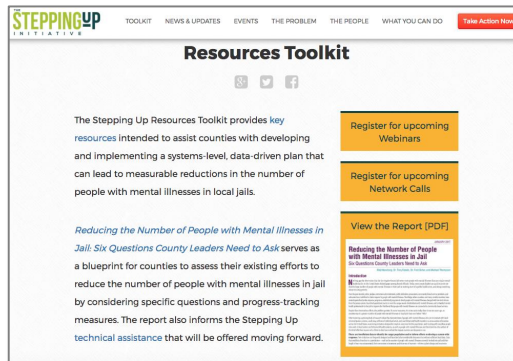
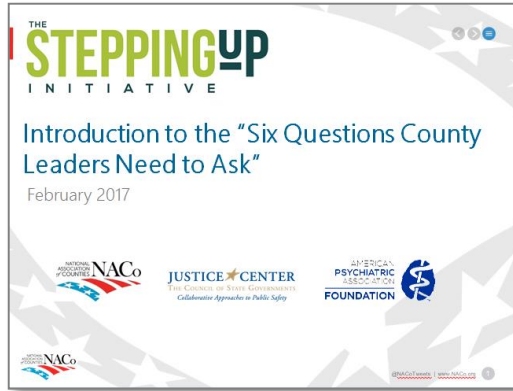
THE STEPPINGUP INITIATIVE



Since May 2015, **450+** counties across **43** states have passed resolutions

Multiple Levels of Technical Assistance

Broad-Based TA



County-Level Intensive TA



State Initiatives & Policy



California Steps Up

All 58 counties respond to state-wide survey of needs and current practices, presented to COMIO November 2016



State-wide leadership Stepping Up planning developing implementation tools, highlighting successes

Perception of Current Practices: Statewide Survey

- 124 Responses from Sheriffs, Behavioral Health Directors, Chief Probation Officers and designees
- Representing all 58 counties
- Responses to be grouped by: Region, Size, Profession
- Perceptions not "Proof"
- Questions follow themes from national Stepping Up initiative, including "6 Questions County Leaders Need to Ask"

JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

Stepping Up: The California Summit brings leadership teams from 53 counties together in Sacramento



California Counties Step Up



- | | | | |
|---------------------|--------------------|-----------------------|------------------------|
| Alameda | Kern | Plumas | San Luis Obispo |
| Calaveras | Los Angeles | Riverside | San Mateo |
| Contra Costa | Madera | Santa Barbara | Solano |
| Del Norte | Marin | San Bernardino | Sonoma |
| El Dorado | Mendocino | Santa Clara | Sutter |
| Glenn | Merced | Santa Cruz | Trinity |
| Humboldt | Napa | San Diego | Yolo |
| Imperial | Nevada | San Francisco | Yuba |
| | Orange | San Joaquin | |

JANUARY 2017

Reducing the Number of People with Mental Illnesses in Jail Six Questions County Leaders Need to Ask

Risë Haneberg, Dr. Tony Fabelo, Dr. Fred Osher, and Michael Thompson

Introduction

Not long ago the observation that the Los Angeles County jail serves more people with mental illnesses than any single mental health facility in the United States elicited gasps among elected officials. Today, most county leaders are quick to point out that the large number of people with mental illnesses in their jails is nothing short of a public health crisis, and doing something about it is a top priority.

Over the past decade, police, judges, corrections administrators, public defenders, prosecutors, community-based service providers, and advocates have mobilized to better respond to people with mental illnesses. Most large urban counties, and many smaller counties, have created specialized police response programs, established programs to divert people with mental illnesses charged with low-level crimes from the justice system, launched specialized courts to meet the unique needs of defendants with mental illnesses, and embedded mental health professionals in the jail to improve the likelihood that people with mental illnesses are connected to community-based services.

Despite these tremendous efforts, the problem persists. By some measures, it is more acute today than it was ten years ago, as counties report a greater number of people with mental illnesses in local jails than ever before.¹ Why?

After reviewing a growing body of research about the characteristics of people with mental illnesses who are in contact with local criminal justice systems; analyzing millions of individual arrest, jail, and behavioral health records in a cross-section of counties across the United States; examining initiatives designed to improve outcomes for this population; and meeting with countless people who work in local justice and behavioral health systems, as well as people with mental illnesses and their families, the authors of this brief offer four reasons why efforts to date have not had the impact counties are desperate to see:

There are insufficient data to identify the target population and to inform efforts to develop a system-wide response. New initiatives are frequently designed and launched after considerable discussion but without sufficient local data. Data that establish a baseline in a jurisdiction—such as the number of people with mental illnesses currently booked into jail and their length of stay once incarcerated, their connection to treatment, and their rate of re-arrest—informs a plan's design and maximize its impact. Furthermore, eligibility criteria are frequently established for diversion programs without the data that would show how many people actually meet these criteria. As a result, county leaders subsequently find themselves disappointed by the impact of their initiative. Counties that recognize the importance of using this data to plan their effort often find the data they need do not exist. It is rare to find a county that effectively and systematically collects information about the mental health and substance use treatment needs of each person booked into the jail, and records this information so it can be analyzed at a system level.

Program design and implementation is not evidence based. Research that is emerging on the subject of people with mental illnesses in the justice system demonstrates that it is not just a person's untreated mental illness but also co-occurring substance use disorders and criminogenic risk factors that contribute to his or her involvement in the justice system. Programs that treat only a person's mental illness and/or substance use disorder but do not address other factors that contribute to the likelihood of a person reoffending are unlikely to have much of an impact. Further, intensive supervision and limited treatment resources are often not targeted to the people who will benefit most from them, and community-based behavioral health care providers are rarely familiar with (or skilled in delivering) the approaches that need to be integrated into their treatment models to reduce the likelihood of someone reoffending.

1

Is our leadership committed?

2

Do we conduct timely screening and assessments?

3

Do we have baseline data?

4

Have we conducted a comprehensive process analysis & inventory of services?

5

Have we prioritized policy, practice, and funding improvements?

6

Do we track progress?

Stepping Up California's Model Shared Definition

A Model Shared Definition of Serious Mental Illness & Practical Strategies for Its Use to Reduce the Number of People with Mental Illnesses in California's Jails

"This is a shared problem. Developing a shared definition is the starting point for a shared solution."
- Samuel Leach, Chief Probation Officer, Calaveras County

In over 30 counties across California, representing more than 70% of the state's jail population, Boards of Supervisors have passed resolutions in support of Stepping Up, a national initiative to reduce the number of people with mental illnesses in jails. Local leaders are working together to develop cross-system plans that set measurable goals along Stepping Up's four outcome measures:

- › Reducing the number of people with mental illness in jails,
- › Reducing their average length of stay,
- › Increasing the percentage of people connected to treatment, and
- › Reducing their recidivism rates.

Through this collaborative approach, many counties have recognized the need for a shared definition of "serious mental illness." Adopting a common language not only ensures that all systems are using the same measure to consistently identify their target population, set baselines, and measure progress, but it also eases the inherent cultural and professional differences that arise when different professions use different terminology.

About the Serious Mental Illness Shared Definition Workgroup

In response to requests from around the state, the County Behavioral Health Directors of California and California State Sheriffs' Association worked with other partners to draft guidance on selecting such a definition. In August 2017, an interdisciplinary workgroup co-chaired by Sheriff Bill Brown (Santa Barbara County) and Behavioral Health Director Anne Robin (San Luis Obispo County) came together to determine a model shared definition and provide suggestions for its use. The process included perspectives from community behavioral health, jail mental health, probation, psychiatry, and sheriffs/jail commanders from small, medium, and large counties, as well as staff from the host associations, the Board of State and Community Corrections, California State Association of Counties, and the Council of State Governments Justice Center. The guidance was developed as a tool for counties that find it useful. There is no requirement to use it for any purpose.

The Model Shared Definition

The workgroup reviewed existing definitions and quickly agreed that California's Welfare and Institutions Code (WIC) §5600.3(b) provides language that describes the target population and informs funding for relevant efforts, thereby making it an appropriate Model Shared Definition for California

A common language interpretation of Welfare and Institutions Code (WIC) §5600.3(b)

Serious mental illness is a severe disabling condition which impairs behaviors, thoughts, and/or emotions.

Without treatment, support, and rehabilitation, serious mental illness may interfere with the ability to do any or all of the following: manage activities of daily living, function independently, maintain personal or community safety, achieve emotional or cognitive stability, and/or develop and sustain positive relationships

Serious mental illness includes, but is not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders. Individuals with serious mental illness may also have substance use problems, developmental disabilities or other physical illnesses.

Model Shared Definition

A common language interpretation of Welfare and Institutions Code (WIC) §5600.3(b)

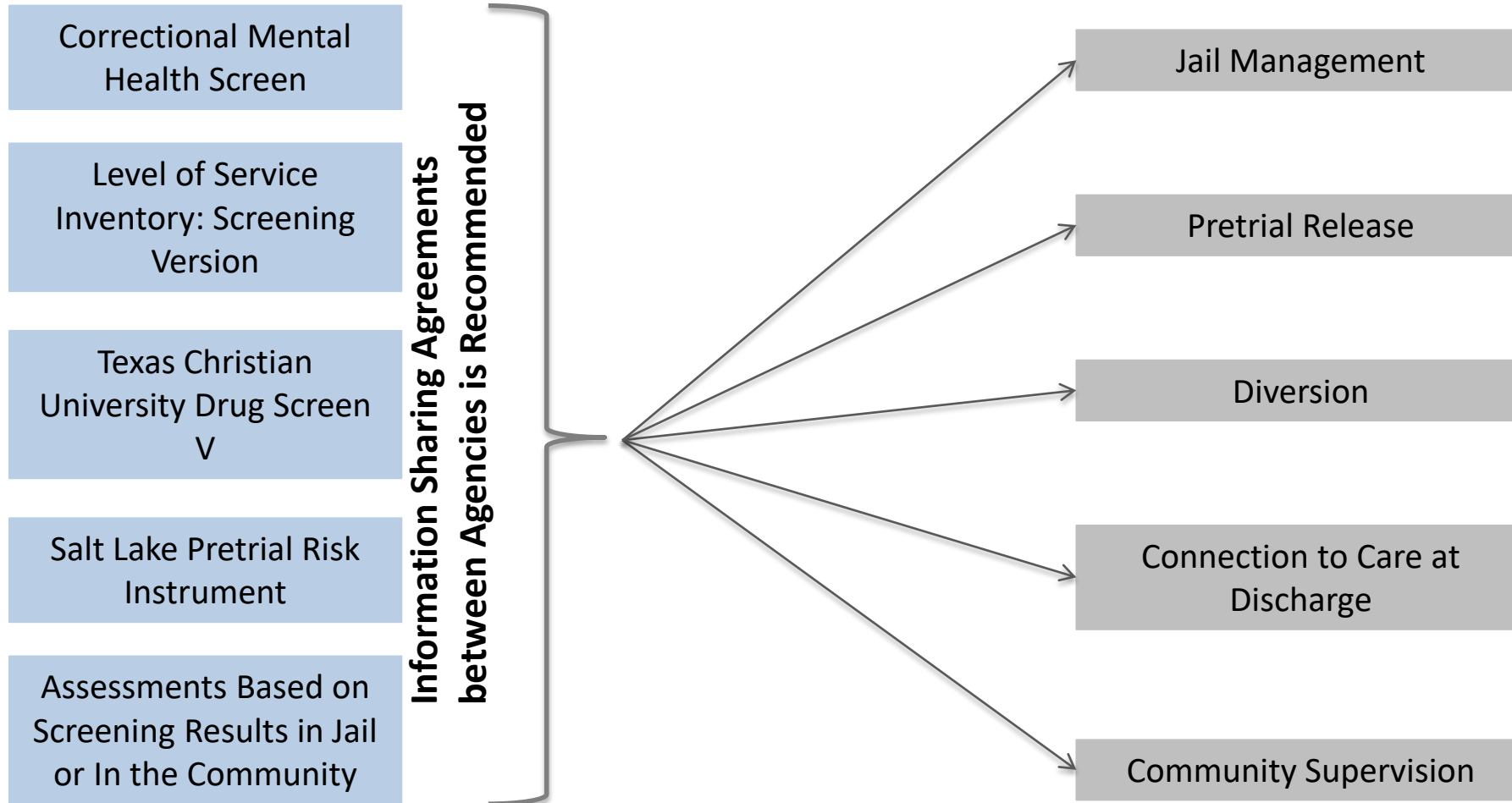
Possible Uses for a Shared Definition

- Establishing shared baseline data, setting measurable goals, and measuring progress.
- Stepping Up and other planning purposes.
- Interagency operations and problem-solving.
- Developing screening and assessment processes.
- Reporting "open mental health cases" in the California Board of State and Community Corrections' Jail Profile Survey.
- Public education and outreach.

Timely Screening and Assessment: Salt Lake County, Utah Example

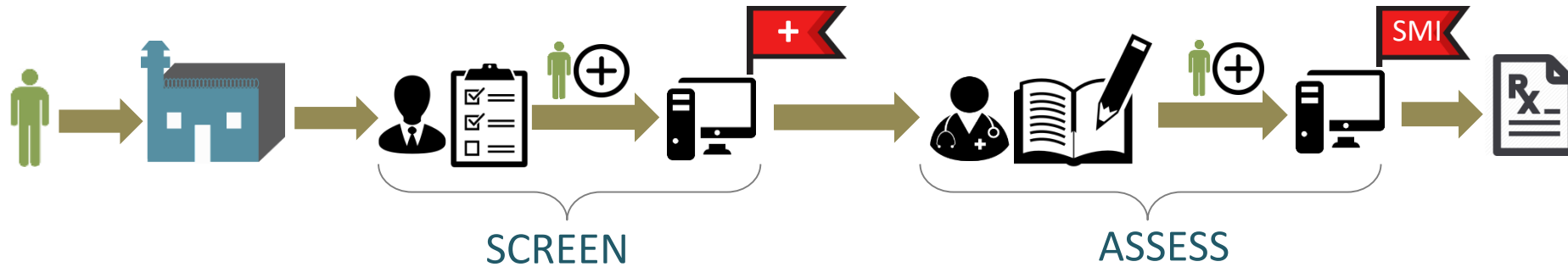
Screenings Administered at Jail Booking and Follow Up Assessments in Salt Lake County, UT

Recommended Uses for Informing Decision-Making



Putting it all together: Local view

Definition of SMI: Local Shared Definition



SCREEN

- At booking
- Brief Jail Mental Health Screen (validated)
- Corrections officers
- Funded by county jail

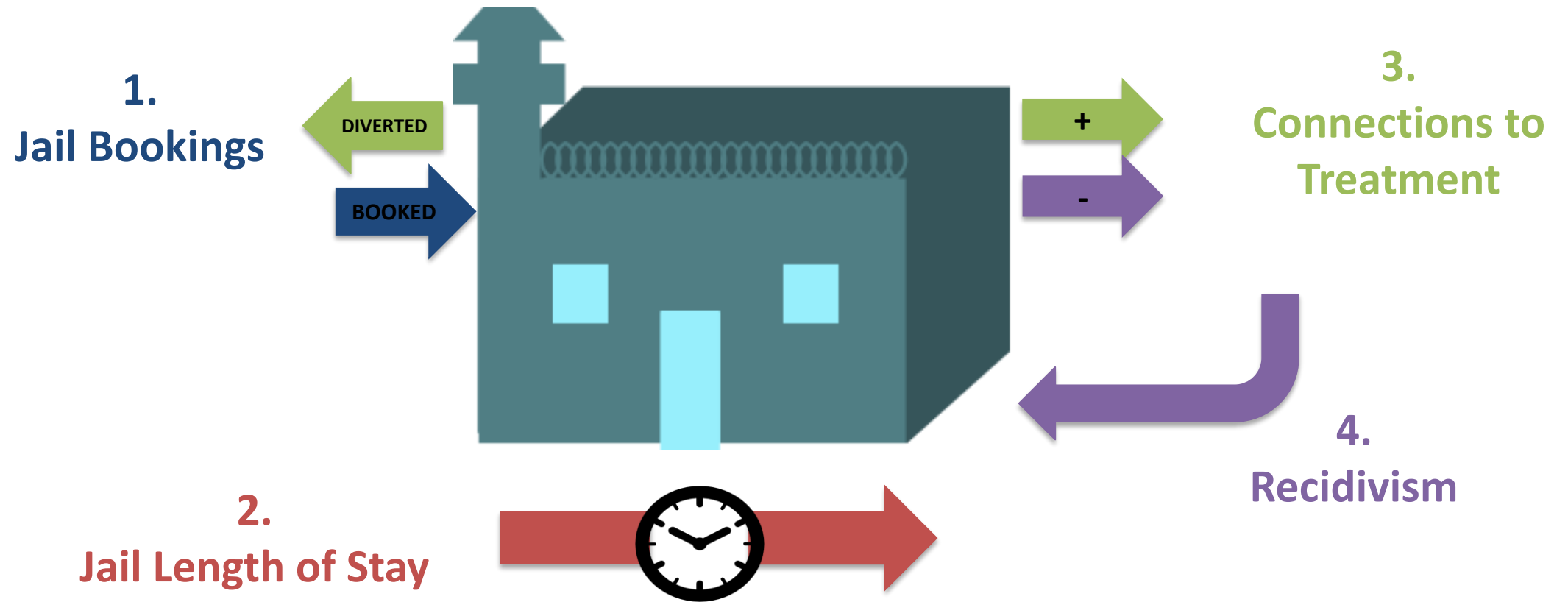
- Owner: County Jail
 - Access: All jail staff
 - Reports/Query: Both

ASSESS

- < 72 hours
- County Developed Mental Health Assessment
- Jail Behavioral Health Provider
- Re-assess < 14 days

- Owner: Contractor
 - Access: Mental health professionals
 - Reports/Query: Query only

Four Key Measures Drive the Prevalence of People who have Mental Illnesses in Jails



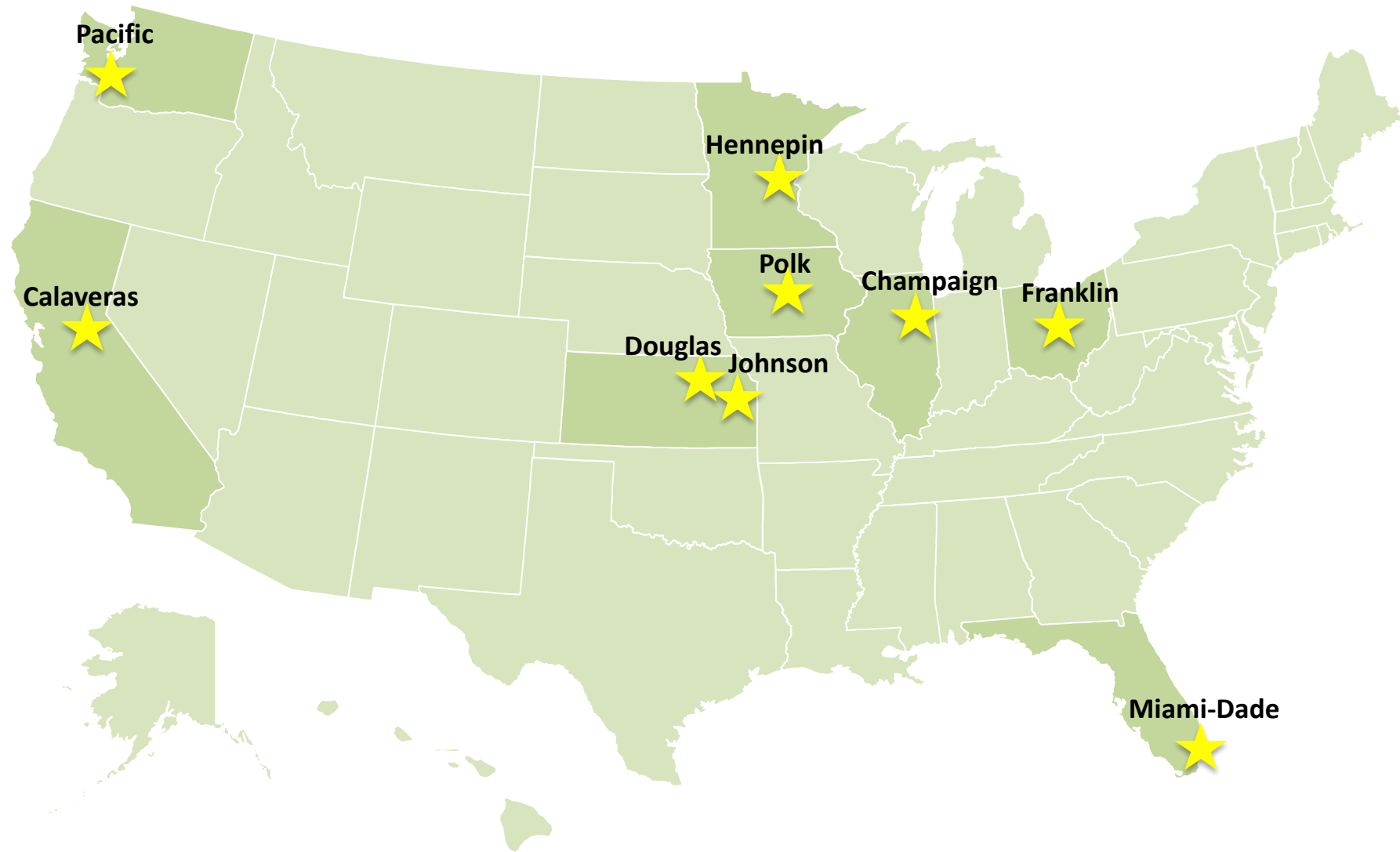
Goal: Every County Has Accurate, Accessible Data

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

Nine Stepping Up Innovator Counties Recognized for Having Accurate, Accessible Data



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

1.

Jail Bookings

- Police-Mental Health Collaboration programs
- CIT training
- Co-responder model
- Crisis diversion centers
- Policing of quality of life offenses

2.

Jail Length of Stay

- Routine screening and assessment for mental health and SUDs in jail
- Pretrial mental health diversion
- Pretrial risk screening, release, and supervision
- Bail policy reform

3.

Connection to Treatment

- Expand community-based treatment & housing options
- Streamline access to services
- Leverage Medicaid and other federal, state, and local resources

4.

Recidivism

- Apply Risk-Need-Responsivity principle
- Use evidence-based practices
- Apply the Behavioral Health Framework
- Specialized Probation
- Ongoing program evaluation

Strategies for Linking CJ Intercept Points with Housing

Data “flagging” – Creating flags within shared data systems or across multiple data systems for target population members or sharing client lists with frequented locations and outreach teams

Police-homeless outreach teams – Law enforcement agencies partner with homeless services providers to identify target population members

Jail in-reach – Service providers engage target population members in jails prior to their release





Court liaisons – Designating staff in courts to identify target population members and inform case review and adjudication

A Data-Driven Planning Process

Use baseline data to develop goals and identify gaps

Jail Mental Health Count: 500 ADP

Four Key Measures:

- ①  Admissions: 20/day
- ②  ALOS: 30 days
- ③  Connection rate: 55%
- ④  Recidivism rate: 50%

Goal:
Reduce admissions by
10% (450 ADP)

Identified Gap	Data Illustrating Gap	Objective(s)	Key Measure Addressed	Projected Cost & Identified Sources of Funding	Data to be Tracked
CIT trained officers not available 24/7	Number of MH calls for service that did not have CIT trained officers	Identify best strategy to increase MH-capable responses to calls	Measure 1: Reduce the number of people with MI booked into jail	<u>Cost</u> : Project coordination, LE and/or MH time, training, IT <u>Funding</u> : Participating agencies, JMHCP, state MH funding, Local Foundation	Number of calls disposed of without jail booking, compare against baseline data

Potential California Funding Sources

FEDERAL



Department of Justice

- Second Chance Act
- Justice and Mental Health Collaboration Program
- Byrne Memorial Justice Assistance Grant Program

Health and Human Services

- Mental Health / Substance Abuse Block Grants
- SAMHSA Diversion Grants
- SAMHSA Homeless Programs
- Community Services Block Grant
- Social Services Block Grant

Housing and Urban Development

- Continuum of Care Program
 - Housing Choice Vouchers (Section 8) / Public Housing
 - Section 811
- ### Veterans Affairs
- Grant and Per Diem Program
 - Supportive Services for Veterans and Families

FEDERAL / STATE



Medi-Cal

- Specialty Mental Health
- Drug Medi-Cal ODS
- Whole Person Care
- Intergovernmental Transfer
- MAA / TCM

STATE



- General Funds
- Prop 47 Grants
- 1991 Realignment
- No Place Like Home
- MHSa Innovation Grants
- MIOCR grants

COUNTY / CITY



- General Funds
- County-Specific Tax Levies
- Municipal/City Funds
- MHSa
- AB 109
- SB 678
- Prop 172

PHILANTHROPY /

PRIVATE



- Foundations
- Corporations
- Managed Care
- Hospitals



Additional Guides to Implement the Six Questions Framework

Project Coordinator's Handbook

Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask The Project Coordinator's Handbook

Choosing a Stepping Up Project Coordinator

Determining who will serve as the project coordinator is the first step for a jurisdiction in the Stepping Up planning process. A criminal justice coordinator can fill this role, if that position already exists. If not, the county can contract for these services, or the county planning team can designate someone to serve in this role—such as a staff member from the jail, behavioral health care provider, or community supervision agency—in addition to that person's regular duties. The person selected should have knowledge of the local criminal justice and behavioral health systems, have excellent facilitation and organizational skills, and demonstrate the ability to proactively drive the planning process to ensure progress.

This handbook is designed to complement the [Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask \(Six Questions\)](#) framework as a step-by-step facilitation guide for project coordinators. For each of the framework's six questions, this handbook provides:

- A summary of the question and its related objectives for the planning team;
- Facilitation tips to assist the project coordinator in managing the planning process; and
- Facilitation exercises designed to achieve objectives and establish an efficient process for capturing the work of the planning team.

The Role of the Project Coordinator

Your role as the project coordinator is critical to the success of your county's Stepping Up efforts. It is the project coordinator who ensures that key leaders are engaged, manages meeting agendas and minutes, coordinates subcommittee work, provides research and data to guide the decision-making process, and continuously motivates the planning team.

This handbook is designed to help you manage your county's planning process. It will guide and systematize the flow of your work as you develop meeting agendas and decide how best to utilize members of the planning team. Other members of the planning team may benefit from having access to this handbook, especially those who are providing facilitation support, such as leading subcommittee work. You are not required to fill out or submit this handbook to the Stepping Up partners.

Additional complementary training materials are available through the [Stepping Up Toolkit](#), including webinars, briefs that provide information and guidance for applying the Six Questions, and other [resources](#).

Online County Self-Assessment

THE STEPPINGUP INITIATIVE

Welcome

The Stepping Up County 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 advance their work.

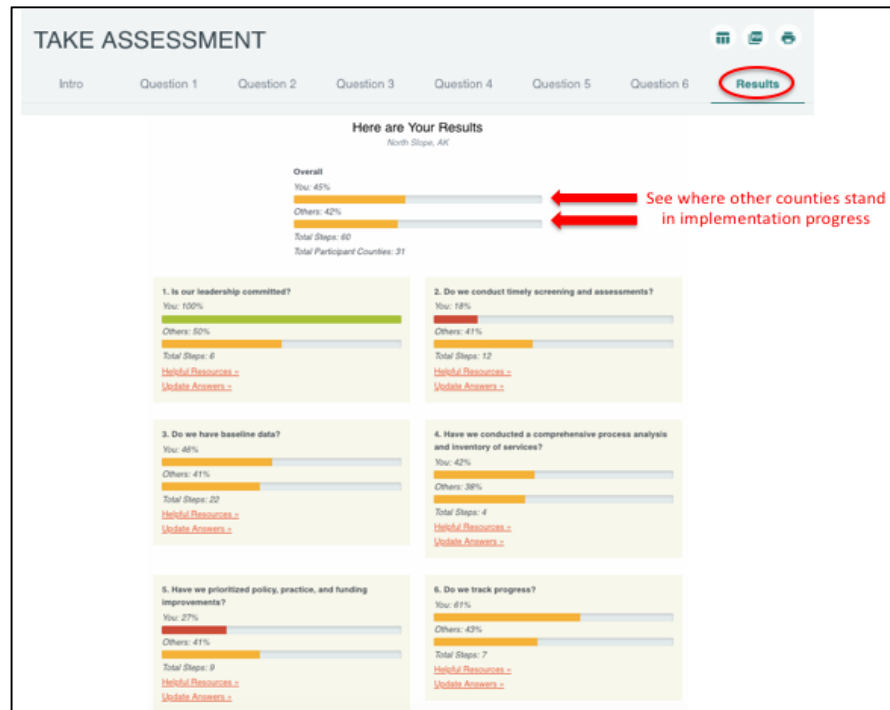
[Create Your Account](#)

Sign In

E-Mail Address

Password [Forgot Your Password?](#)

[Login](#)



Series of Briefs

THE STEPPINGUP INITIATIVE

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 jails who have serious mental illnesses (SMI). While implementing this process may also identify people who have less serious mental illnesses and other behavioral health needs who may require treatment while in jail, this brief is focused on identifying the people who have SMI because this population tends to represent the greatest draw on scarce behavioral health and social service resources.¹ Determining the prevalence of people who have SMI in jails will allow counties to develop or refine a strategic plan that will have the greatest impact on addressing this population's needs.

WHY IT'S IMPORTANT

To reduce the number of people who have SMI in jails, counties need to have a clear and accurate understanding of the size of the population that has SMI. Prior to being booked into jail, some people who have SMI may never have been diagnosed and may be unaware of their mental illness, while others may have been diagnosed with a mental illness and received but discontinued treatment. Screening and assessment are essential to identifying who should be connected or reconnected to services and treatment to address their behavioral health needs, which may also decrease the likelihood that they return to jail. Having this information will make counties better able to determine the treatment resources required to address this population's behavioral health needs. Moreover, having the ability to accurately and consistently identify the number of people who have SMI will help counties to track 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. Jails are fast-paced environments; with many people being released in less than 48 hours, there is little time to complete screenings and assessments.

1. This brief does not include detailed information about additional screenings and assessments for suicide, substance addiction, and criminogenic risk, which are also beneficial to complete at the time of booking into jail to best match people with other services they need. For additional information on targeting resources based on behavioral health needs and criminogenic risk factors, refer to [Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery](#).

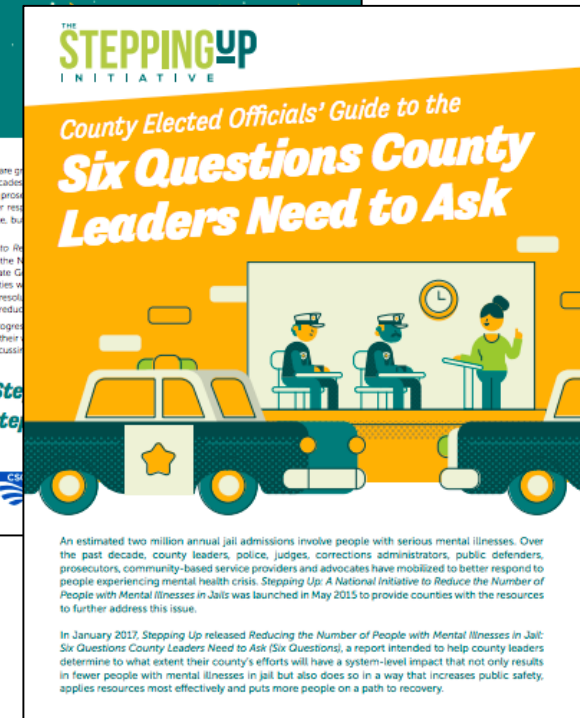
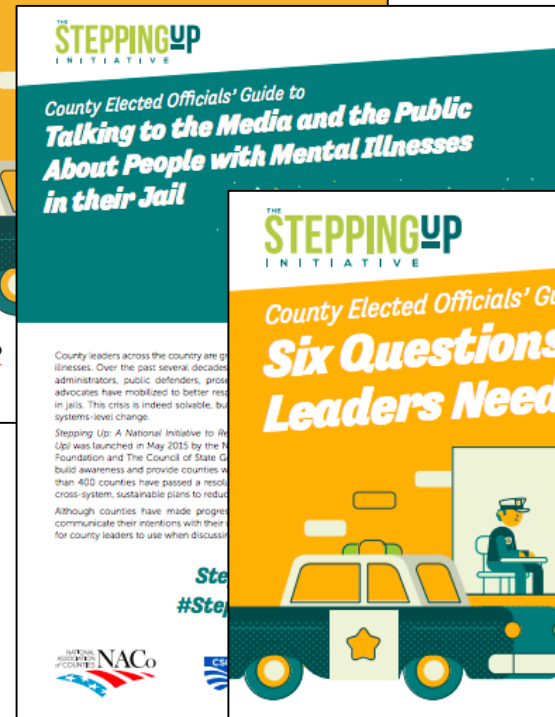
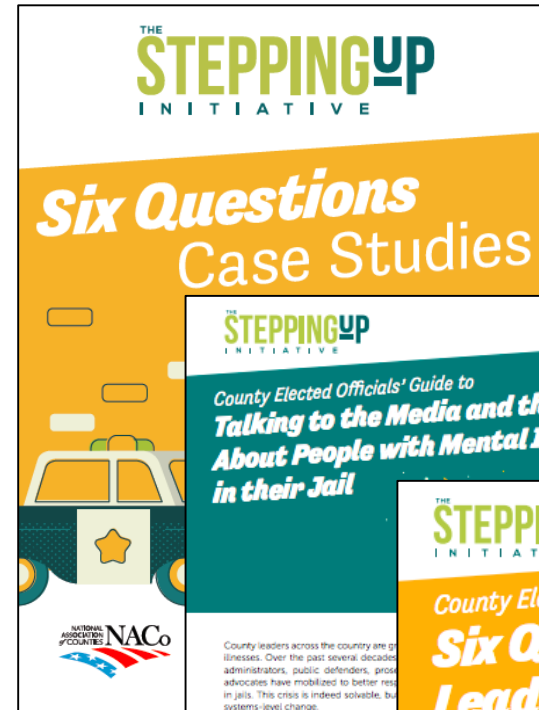
Stepping Up is a national initiative to reduce the number of people who have mental illnesses in jails. Counties that have joined *Stepping Up* are using the initiative's framework document, [Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask \(Six Questions\)](#), to guide them in creating collaborative partnerships in their jurisdictions, systematically identifying people who have mental illnesses in their jails, and using data to inform systems-level changes and strategic plans to 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. For key resources related to *Stepping Up*, including case studies, webinars, and network calls, visit the [Stepping Up Toolkit](#).

Stepping Up Resources Toolkit: Webinars, Case Studies, and More!

The screenshot shows the website's navigation menu with links for TOOLKIT, NEWS & UPDATES, EVENTS, THE PROBLEM, THE PEOPLE, and WHAT YOU CAN DO, along with a 'Take Action Now' button. The main heading is 'Resources Toolkit'. Below it are social media icons for Google+, Twitter, and Facebook. The main text describes the toolkit's purpose: 'The Stepping Up Resources Toolkit provides key resources intended to assist counties with developing and implementing a systems-level, data-driven plan that can lead to measurable reductions in the number of people with mental illnesses in local jails.' A blue link reads 'Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask serves as a blueprint for counties to assess their existing efforts to reduce the number of people with mental illnesses in jail by considering specific questions and progress-tracking measures. The report also informs the Stepping Up technical assistance that will be offered moving forward.' On the right, three orange buttons offer to 'Register for upcoming Webinars', 'Register for upcoming Network Calls', and 'View the Report [PDF]'. A small thumbnail of the report cover is visible below the buttons.

stepuptogether.org/toolkit

Quarterly Network Calls for Rural, Urban, and Mid-Size Stepping Up Counties



An estimated two million annual jail admissions involve people with serious mental illnesses. Over the past decade, county leaders, police, judges, corrections administrators, public defenders, prosecutors, community-based service providers and advocates have mobilized to better respond to people experiencing mental health crisis. Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails was launched in May 2015 to provide counties with the resources to further address this issue.

In January 2017, Stepping Up released *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask (Six Questions)*, a report intended to help county leaders determine to what extent their county's efforts will have a system-level impact that not only results in fewer people with mental illnesses in jail but also does so in a way that increases public safety, applies resources most effectively and puts more people on a path to recovery.

A Strong Nucleus for Each Community

- Interdisciplinary leadership
- Interdisciplinary training *with clear roles*
- Early identification through screening and assessment
- Emphasis on using social science research to understand and apply what works through policy and practice *within the legal system*
 - **Risk principle**
 - **Research-based treatment**
 - **Procedural justice**
- Understand system resources and leverage resources
- Emphasis on data to get goals and measure progress



THANK YOU

For more information, please contact:

Hallie Fader-Towe, Program Director, The CSG Justice Center – Hfader@csg.org

stepuptogether.org | [#StepUp4MentalHealth](https://twitter.com/StepUp4MentalHealth)