Addressing a National Crisis

Too Many People with Mental Illnesses in our Jails

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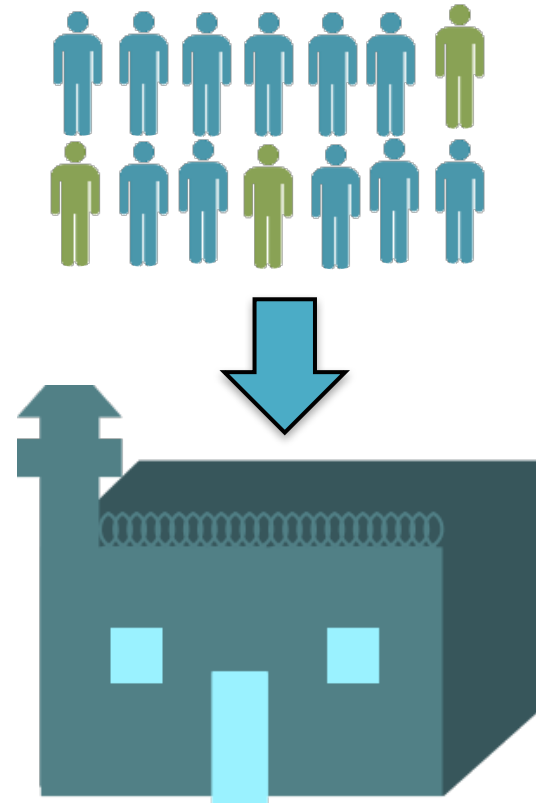
Overview

Background

JMHCP Grant

Six Questions Framework

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

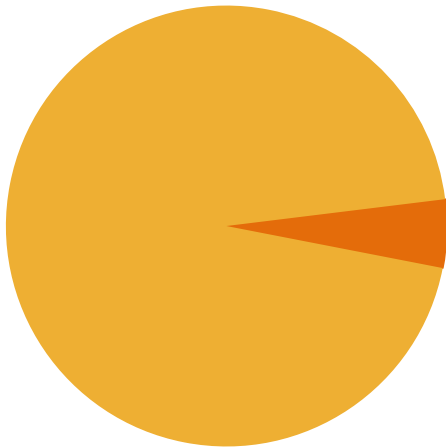About **2 million** have serious mental illnesses.

A majority of these individuals also have co-occurring substance use disorders, as well as challenges like homelessness and chronic medical conditions.

Mental Illnesses: Overrepresented in Our Jails
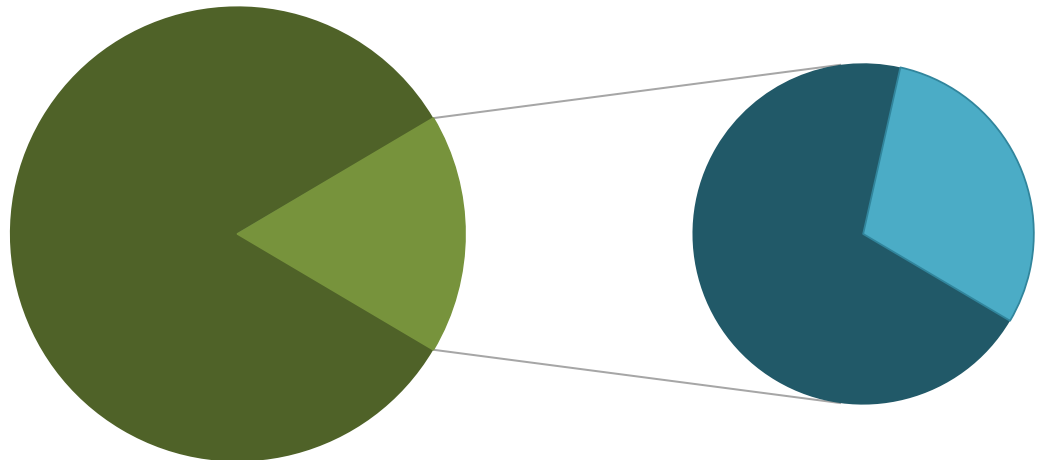
4% Serious Mental Illness

17% Serious Mental Illness

72% Co-Occurring Substance Use Disorder

Despite 20 Years of Innovation and Programming...

For example, between 1997-2014, the number of adult mental health courts rose from 1 to 392.

Source: National Drug Court Institute, *Painting the Picture,* June 2016
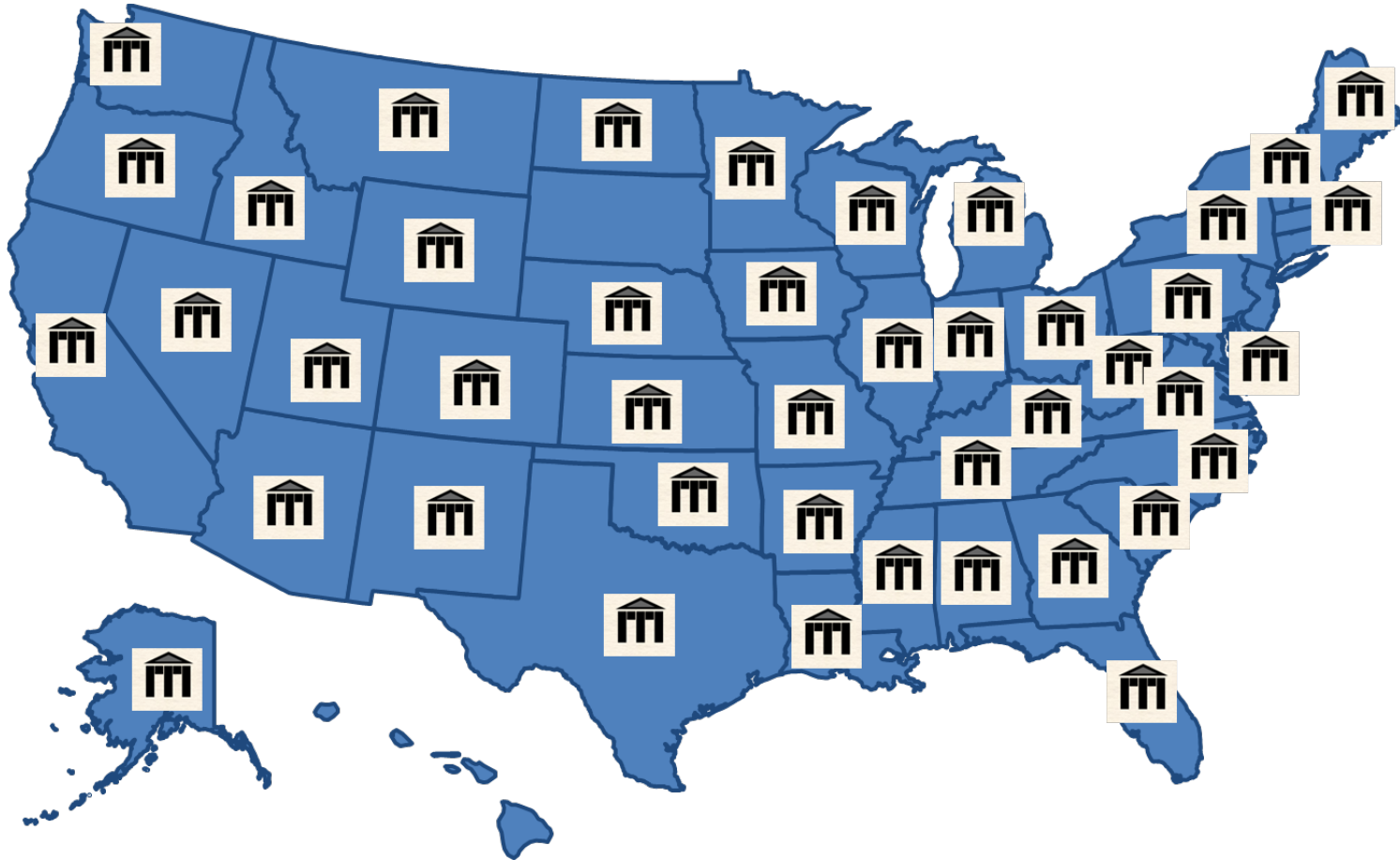
And While Jail Populations Have Declined Overall...

Inmates Confined in Local Jails at Midyear and Percent Change in the Jail Population, 2000-2013
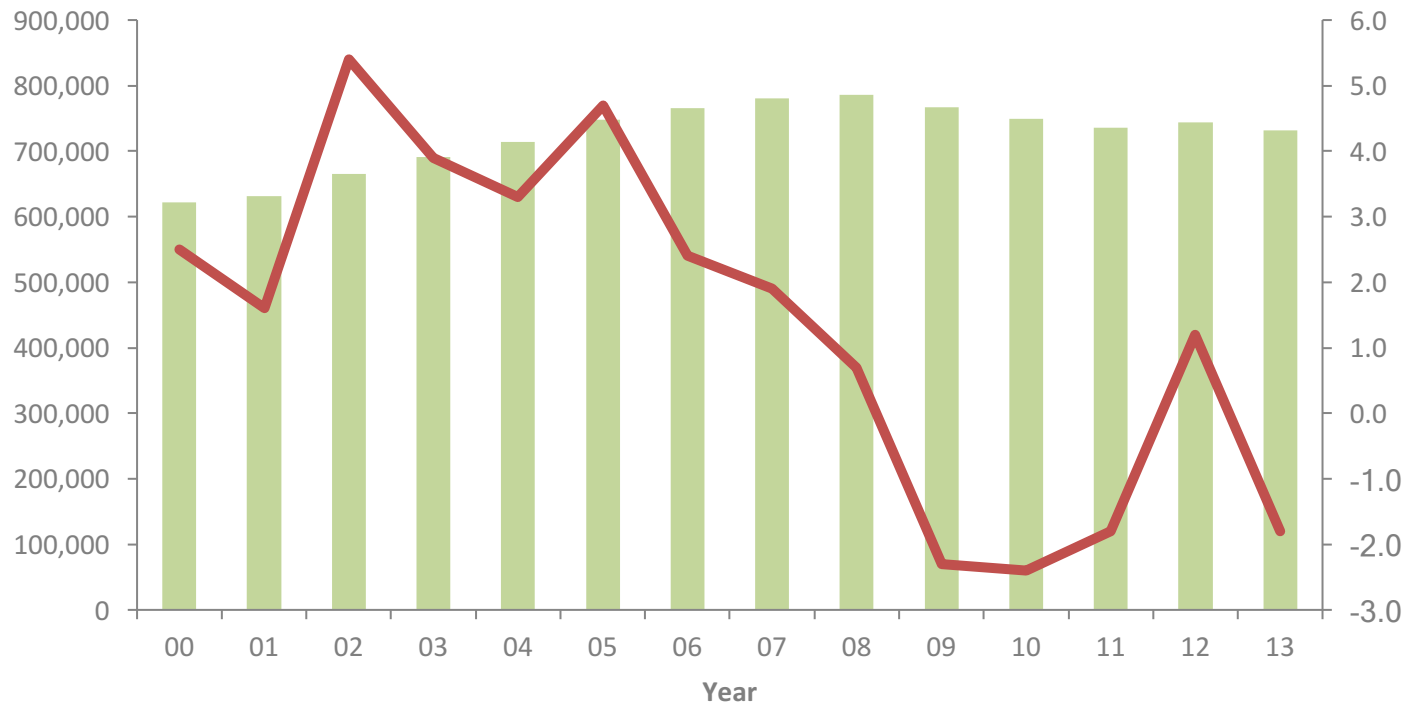
...Jails Report Increases in the Number of People with Mental Illnesses

NYC Jail Population (2005–2012)

Average Daily Jail Population (ADP) and ADP with Mental Health Diagnoses

13,576 Total

10,257
76%

3,319
24%

11,948 Total

7,557
63%

4,391
37%

2005

2012

■ M Group ■ Non-M Group
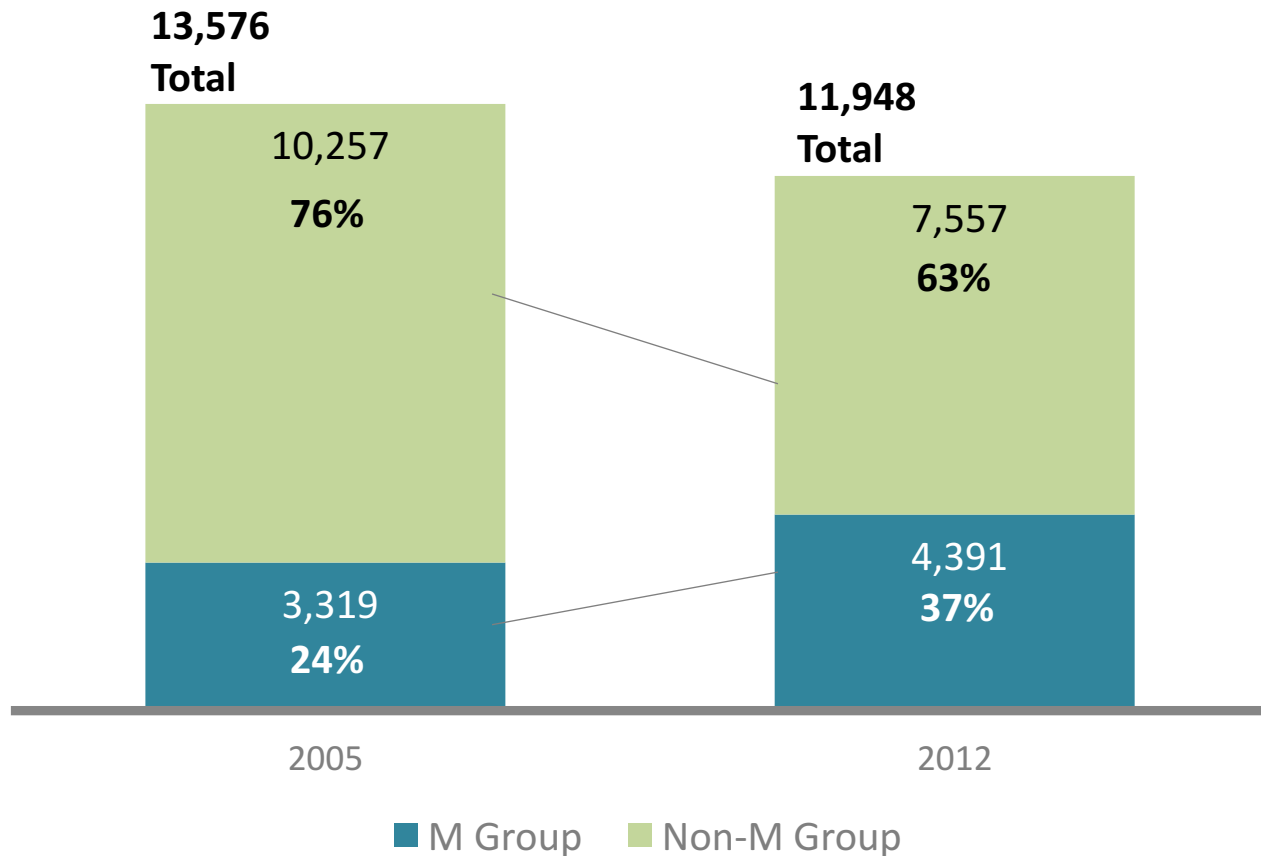
Jails Are (Still) the De Facto Mental Health System

Factors Driving the Crisis

Disproportionately higher rates of arrest

Longer stays in jail

Limited access to health care

Higher recidivism rates

Low utilization of EBPs

More criminogenic risk factors

Counties Work within a Complex and Fragmented System

A System of Diversion to a System of Care

Law Enforcement — Initial Contact with Law Enforcement

Law Enforcement — Arrest

Jail-based — Initial Detention

Court-based — First Court Appearance

Pretrial — Jail - Pretrial

Court-based — Dispositional Court / Specialty Court

Jail-based — Jail/Reentry / Prison/Reentry

Probation / Parole

Community-Based Continuum of Treatment, Services, and Housing

Outpatient Treatment
Intensive Outpatient Treatment
Integrated MH & SU Services
Peer Support Services
Supported Employment
Case Management
Crisis Services
Psychopharma-cology
Supportive Housing

A Framework for Prioritizing Target Population

Low Criminogenic Risk (low)				Medium to High Criminogenic Risk (med/high)			
Low Severity of Substance Abuse (low)		Substance Dependence (med/high)		Low Severity of Substance Abuse (low)		Substance Dependence (med/high)	
Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)
↓	↓	↓	↓	↓	↓	↓	↓
Group 1 I-L CR: low SA: low MI:lo	Group 2 II-L CR: low SA: low MI: med/high	Group 3 III-L CR: low SA: med/high MI: low	Group 4 IV-L CR: low SA: med/high MI: med/high	Group 5 I-H CR: med/high SA: low MI: low	Group 6 II-H CR: med/high SA: low MI: med/high	Group 7: III-H CR: med/high SA: med/high MI: low	Group 8 IV-H CR: med/high SA: med/high MI: med/high

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Justice and Mental Health Collaboration Program Funding

- Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) Public Law 108-414 signed into law in 2004 with bipartisan support

- Authorized JMHCP: $50 million for criminal justice-mental health initiatives

- The MIOTCRA amended and reauthorized JMHCP for five years in 2008 (Public Law 108-416)

- In 2016, the 21st Century Cures Act amended and reauthorized the JMHCP program first created by MIOTCRA

Overview of JMHCP

The Justice and Mental Health Collaboration Program (JMHCP) supports innovative cross-system collaboration to improve responses and outcomes for individuals with mental illnesses or co-occurring mental health and substance use disorders who come into contact with the justice system.
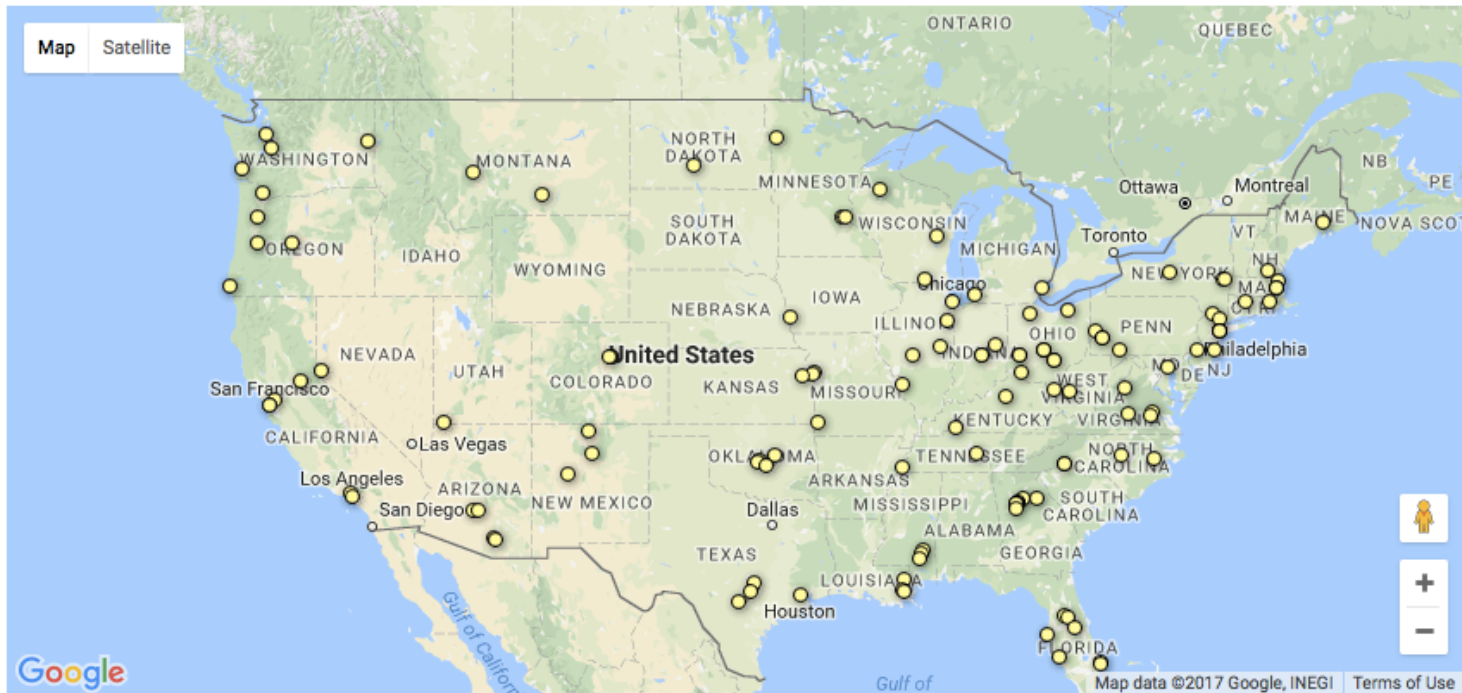
Active JMHCP Sites

Category 1 Grantees

Category 1: Collaborative county approaches to reducing the prevalence of individuals with mental disorders in jail

- Category 1 grantees will demonstrate a system-wide coordinated approach to safely reduce the prevalence of individuals with mental disorders in local jails.

For more information, please refer to General JMHCP Application/Solicitation Webinar
https://csgjusticecenter.org/mental-health/webinars/responding-to-the-2017-justice-and-mental-health-collaboration-solicitation/

THE STEPPING UP INITIATIVE

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

"Stepping Up is a movement and not a moment in time"

THE STEPPING UP INITIATIVE

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

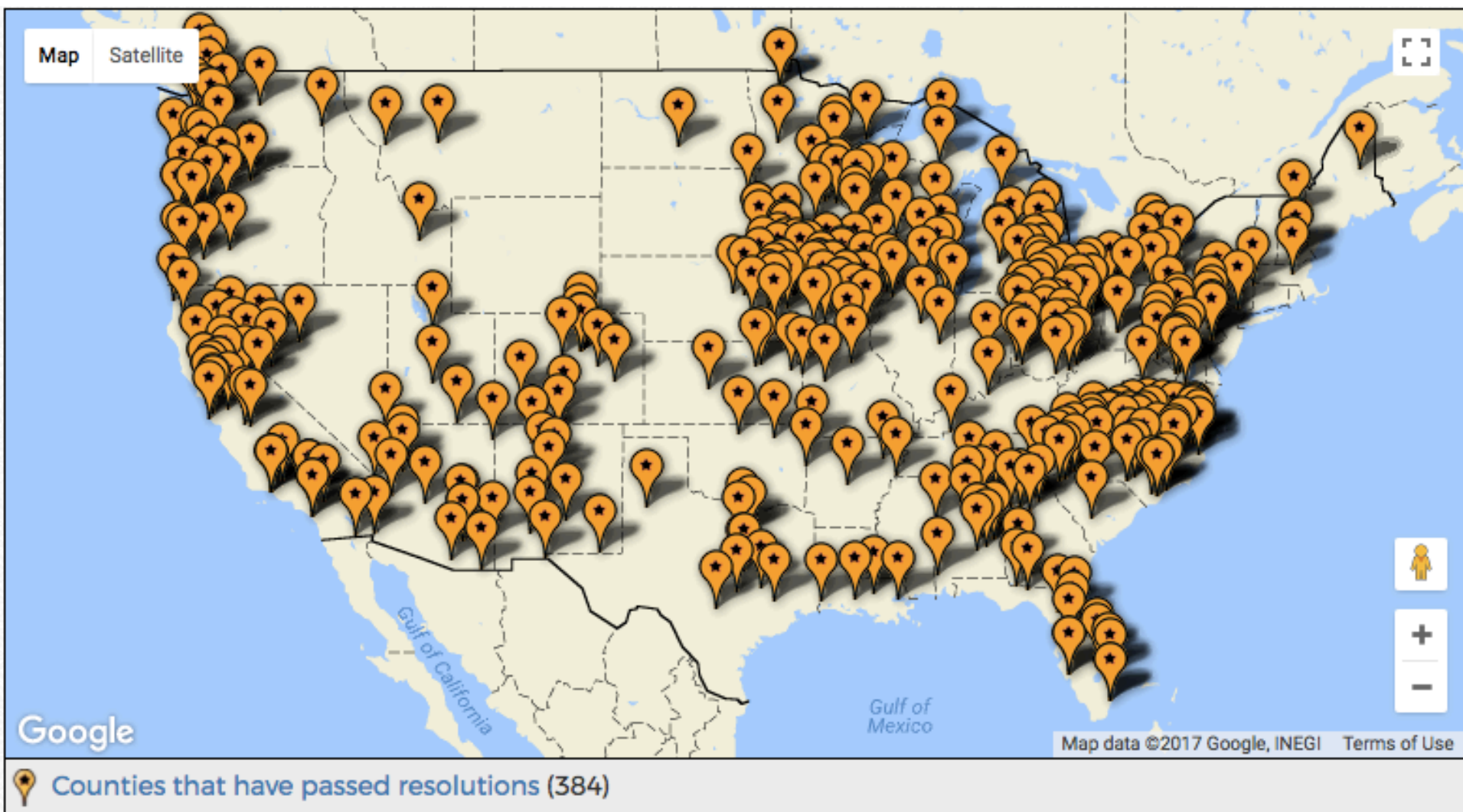# Major Partners Rally Around a Common Goal

Lead Partners

Federal Partners

Stepping Up Steering Committee

Over 380 Counties "Step Up"

Counties that have passed resolutions (384)

Approximately 115 million people reside in Stepping Up counties

Category 1 JMHCP Counties

7 of 11 Category 1 counties have passed a Stepping Up resolution

FY15 Category 1 Counties

Athens-Clarke County, GA	Burleigh County, ND	Champaign County, IL	Pacific County, WA	Pitt County, NC

FY16 Category 1 Counties

Baltimore County, MD	Cook County, IL	Fulton County, GA	Macon-Bibb County, GA	Marion County, IN	Washington, DC

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A Common Framework for County-Level Action: Six Questions County Leaders Need to Ask
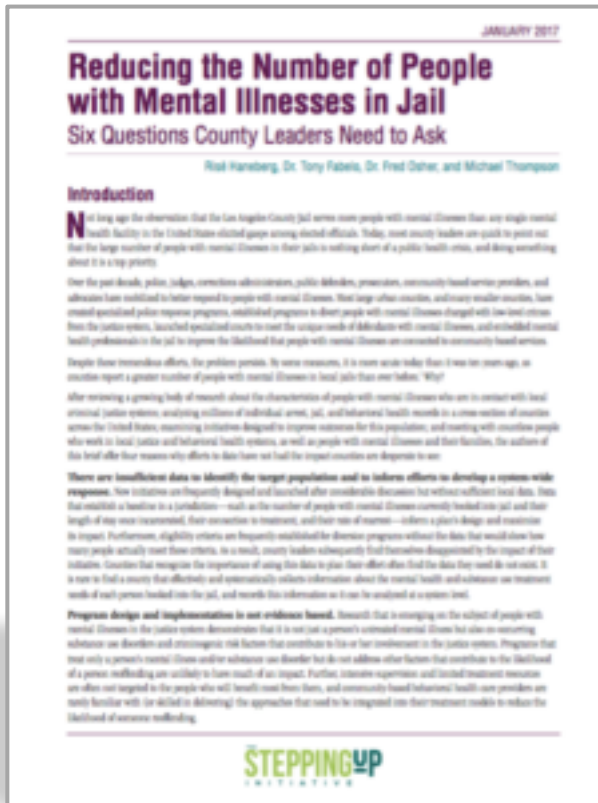
Released in January 2017

1. Is your leadership committed?

2. Do you have timely screening and assessment?

3. Do you have baseline data?

4. Have you conducted a comprehensive process analysis and service inventory?

5. Have you prioritized policy, practice, and funding improvements?

6. Do you track progress?

Planning and Implementation Guide

Planning & Implementation Guide

Justice and Mental Health Collaboration Program
Category 1: Collaborative County Approaches to Reducing the Prevalence of
Individuals with Mental Disorders in Jail

DESCRIPTION

This Planning & Implementation Guide is intended for recipients of Justice and Mental Health Collaboration
Program (JMHCP) grants administered by the U.S. Department of Justice's Bureau of Justice Assistance.
JMHCP grantees will complete this guide in partnership with a technical assistance provider from The Council
of State Governments Justice Center.

*The Council of State Governments Justice Center prepared this guide with support from the U.S. Department of Justice's Bureau of
Justice Assistance (BJA). The contents of this document do not necessarily reflect the official position or policies of the U.S.
Department of Justice.*

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A grant requirement, but also a useful tool for planning purposes

Question 1: Is Your Leadership Committed?

☑ Mandate from leaders responsible for the county budget

☑ Representative planning team

☑ Commitment to vision, mission, and guiding principles

☑ Designated planning team chairperson

☑ Designated project coordinator

Creating a County Collaborative Leadership and Management Structure

| Defense Bar | Probation Chief | District Attorney | County Commissioner/ Executive | Sheriff/Jail Administrator | Judge | Behavioral Health Director |

Police Departments

Mayors

Families/Advocates

CJ Coordinator

Providers

Services Providers

Community Leaders
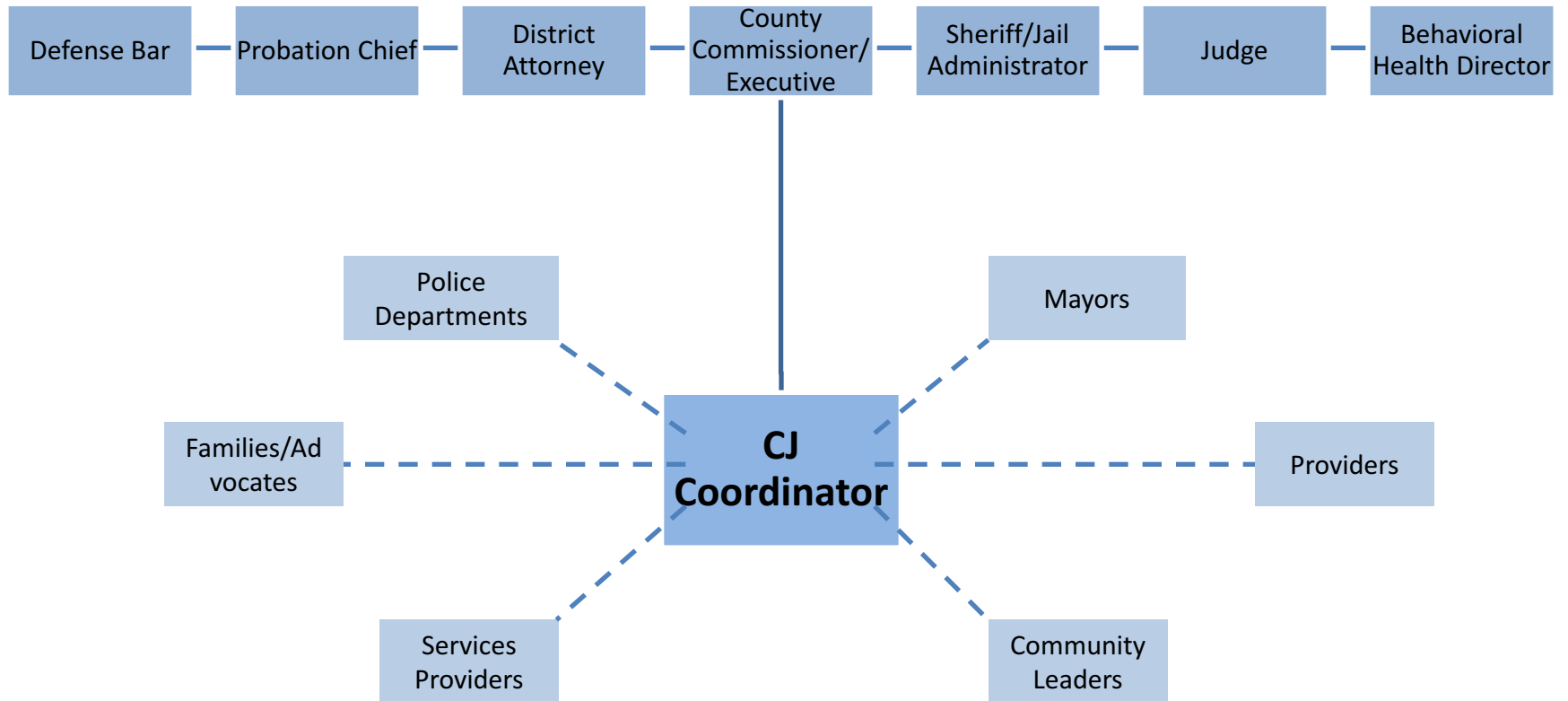
Is Your Leadership Committed?

SECTION 1: GETTING STARTED AND IDENTIFYING GOALS

Your TA provider has read the project narrative that you submitted in response to the JMHCP solicitation, but there may have been updates or developments since you submitted your original application. This exercise is intended to give your TA provider a sense of your current project goals and your initial technical assistance needs.

Please provide the following documents, if available, to your TA provider at your earliest convenience:
- ☐ Memoranda of understanding (MOUs) and information-sharing agreements
- ☐ Letters of support
- ☐ Current strategic plan
- ☐ Staffing and budgeting information
- ☐ County organizational and hierarchical charts
- ☐ Additional planning materials

EXERCISE 1: INITIATIVE SNAPSHOT

A. Grantee Information

Please complete the chart below.

A. Grantee Information			
Grantee Name and Award Number:			
Geographic Location: (City/County/State)			
Type: (Rural/Suburban/Urban)			
Project Name:			
Mental Health Partner(s):		**Criminal Justice Partner(s):**	
Mental Health and Criminal Justice Point(s) of Contact:	Name:	Email:	Agency:
	Name:	Email:	Agency:
	Name:	Email:	Agency:
Collaborators: Include project partners, sub-contractors, and their intended roles			

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SECTION 2: COLLABORATIVE PLANNING TEAM

In order to conduct a comprehensive, data-driven plan to safely reduce the prevalence of people with mental illnesses in your county's jail, it is essential that you establish a team (or use a pre-existing team) of county leaders and decision makers from multiple agencies to engage in the planning process.

EXERCISE 2: DEVELOPING YOUR COLLABORATIVE PLANNING TEAM

1. Will an existing decision-making entity guide the direction of this project? If not, is a new collaborative planning team being developed as part of this initiative?

Answer:	

2. How will this collaborative planning team communicate/coordinate with other entities that are currently engaged in criminal justice/mental health planning for your county/?

Answer:	

3. List the members of your collaborative planning team.

Name	Title	Organization	Specific role on collaborative planning team	Signed a letter of agreement committing to involvement in project?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

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Question 2: Do You Have Timely Screening and Assessment?

☑ System-wide definition of mental illness

☑ System-wide definition of substance use disorders

☑ Validated screening and assessment tools for mental illness and substance use

☑ Efficient screening and assessment process

☑ Validated assessment for pretrial risk

☑ Mechanisms for information sharing

Not Knowing the Target Population

	County A	County B	County C	County D
Mental Health Assessment	✓	○	✓	✓ –
Substance Abuse Assessment	○	○	✓ –	○
Risk Assessment	✓ –	○	○	○

Counties Should Know the Prevalence of People with Serious Mental Illnesses in Jails

In order to accomplish Stepping Up goals, counties must first **know the scale of the problem** and have **accurate, accessible data** on the number of people with SMI in jails. Then measure their progress against that benchmark.

The recommended metric will be determined by a
<u>clinical assessment by a licensed mental health professional</u>

Recommended approach:

1. **Develop a common definition for SMI.** This definition should be applied throughout the local criminal justice and behavioral health systems. It is recommended to use the state definition of SMI and build consensus and understanding among county leaders to its definition and use.
2. **Use validated mental health screenings and assessments**. Upon jail booking, use a validated screening tool. Then, refer people who screen positive for SMI to a follow-up clinical assessment by a licensed mental health professional in a timely manner.
3. **Record and report results.** Record clinical assessment results in a database that can be queried, and report regularly on this population.

Efficient Screening and Assessment Process

Conduct universal screening as early as booking and throughout the criminal justice continuum, and confirm positive screenings by conducting a full clinical assessment by a licensed mental health professional

Law Enforcement → Diversion Programs → Pre-Trial → Courts → Community Supervision
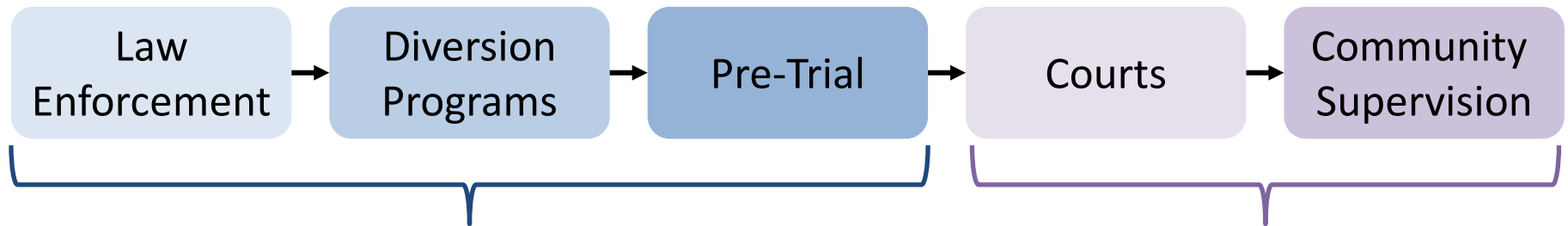
Initial Screenings/Assessments Inform:
-Immediate treatment needs
-Diversion decisions
-Pre-trial decisions (FTA, risk of new crime, risk of violence, release conditions)
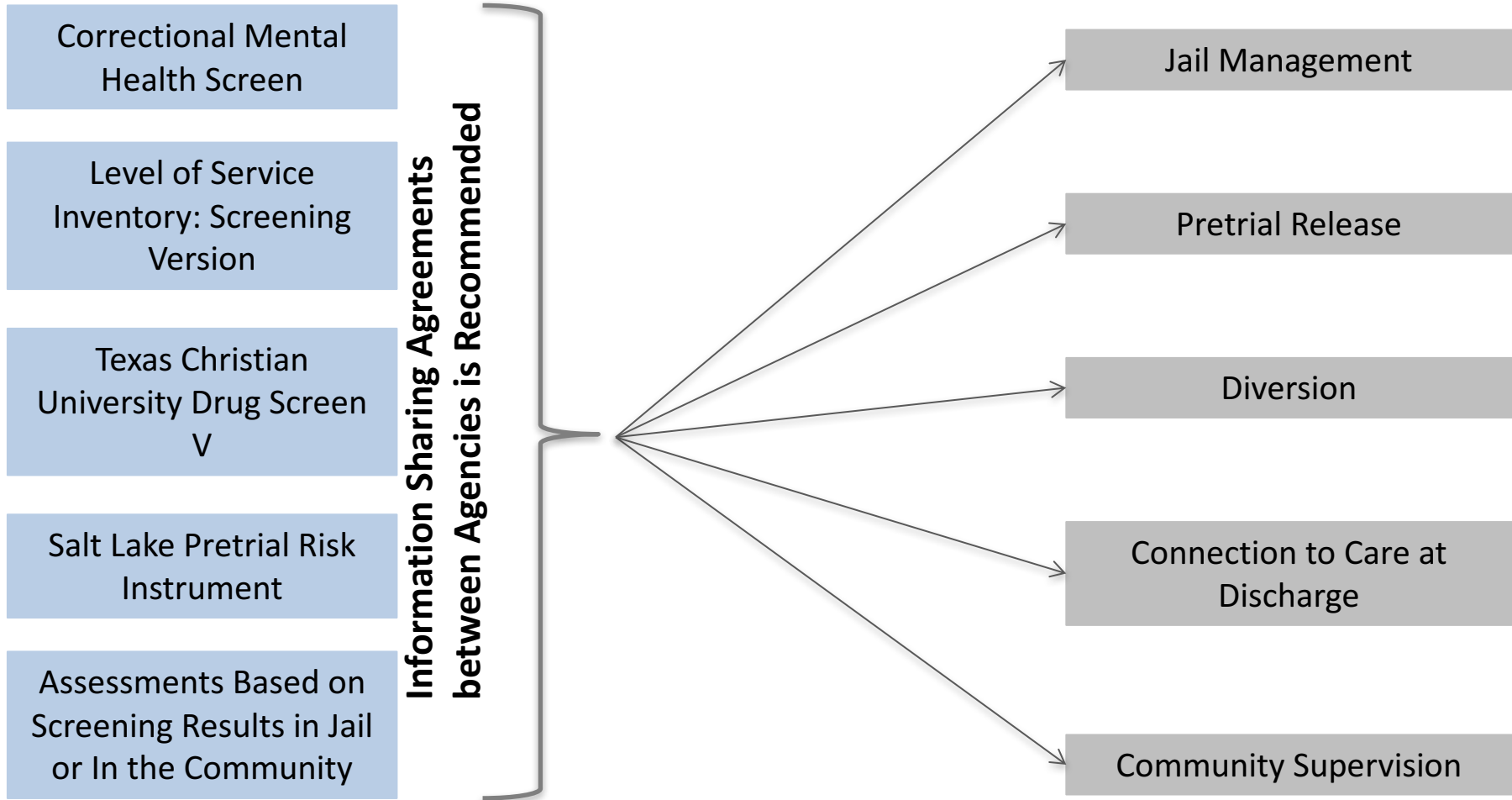-Jail management
-Criminogenic risk

Subsequent Screenings/Assessments Inform:
-Sentencing
-Criminogenic risk and needs
-Community supervision case planning
-Programming and treatment needs
-Reentry strategy
-Programming effectiveness

Example of Timely Screening and Assessment in Salt Lake County, Utah

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

Recommended Uses for Informing Decision-Making

Correctional Mental Health Screen

Level of Service Inventory: Screening Version

Texas Christian University Drug Screen V

Salt Lake Pretrial Risk Instrument

Assessments Based on Screening Results in Jail or In the Community

Information Sharing Agreements between Agencies is Recommended

Jail Management

Pretrial Release

Diversion

Connection to Care at Discharge

Community Supervision

Mechanisms for Information Sharing

What can the planning committee do?

- Meet on a regular basis and get IT staff involved
- Form partnerships through contractual arrangements
- Develop uniform authorization or consent forms where clients can give advance permission for sharing information among multiple agencies
- Create a flag process that serves as an indicator of the need to connect people to services
- Ongoing training and regular reviews to improve information-sharing processes

What is the gold standard for information sharing?

An Integrated Data System

- Allows multiple agencies to enter and access data
- Also important to collect baseline data (Question 3) and to track progress (Question 6)

The **Health Insurance Portability and Accountability Act (HIPAA)** allows a mental health care clinician to share the name of a current patient and the day and time of the most recent treatment with a law enforcement officer who needs the information to locate a suspect.

42 CFR Part 2 is the federal legislation regarding the sharing of information on substance use disorders and is more restrictive.

Do You have Timely Screening and Assessment?

SECTION 3: JAIL IDENTIFICATION PROCESS AND DATA COLLECTION

In order to safely and effectively reduce the number of adults with mental illnesses in jails, counties need to know how many people with mental illnesses are entering and leaving their jails, and the extent of their needs. While it may seem simple to count the number of people with mental illnesses who have treatment needs, it is not uncommon to see different ways of defining and measuring the presence of mental illnesses and co-occurring substance use disorders. The following exercises will help ensure that you and your TA provider are on the same page when discussing your county's data.

EXERCISE 3: JAIL IDENTIFICATION PROCESS AND THE DETERMINATION OF PREVALENCE RATES AND RISK LEVELS

Jail staff and behavioral health care providers, who are represented in the collaborative planning team, need to agree on a consistent screening and assessment process that accurately identifies people's mental illnesses, substance use disorders, and criminogenic risk. As you consider what screening and assessment practices are already in place, keep in mind that meaningful reductions of the prevalence of mental illness in jails should be measured according to the following **four key outcomes**:

1. **Reduce the number of people with mental illnesses (MIs) and co-occurring disorders (CODs) who are booked into jail**
2. **Reduce their average length of stay in jail**
3. **Increase the percentage of people released from jail who are**
4. **Reduce their recidivism rates**

This exercise will help you determine whether your existing screening and necessary to improve outcomes in your criminal justice system.

A. Local Definition of Mental Illness

1. Is there a state or county definition of mental illness th what is it?

Answer:

2. Is this or another definition of mental illness currently

Answer:

EXERCISE 4: EXPANDING SCREENING AND ASSESSMENT

To prioritize county resources based on risk and needs, screening and assessment for mental illnesses, substance use disorders, and risk should be in place. This chart will help you develop a plan to implement screenings and assessments, to address any gaps identified in exercise 3. If the appropriate screening or assessment is already in place, simply indicate that below.

	What tool or process would you like to implement? Who would administer it and when would it take place?	How will the information be recorded (e.g., entered into a database)?	What agencies would be able to access this information?
Pretrial Risk Assessment			
Mental Illness Screen			
Substance Use Disorder Screen			
Post-Conviction Risk Assessment			
Mental Illness Assessment			
Substance Use Disorder Assessment			

Question 3: Do You Have Baseline Data?

☑ System-wide definition of recidivism

☑ Electronically collected data

☑ Baseline data on the general population in jail

☑ Routine reports generated by a county agency, state agency, or outside contractor

Strategies Should Focus on Four Key Measures

1
Reduce
The number of people with SMI booked Into jail

2
Shorten
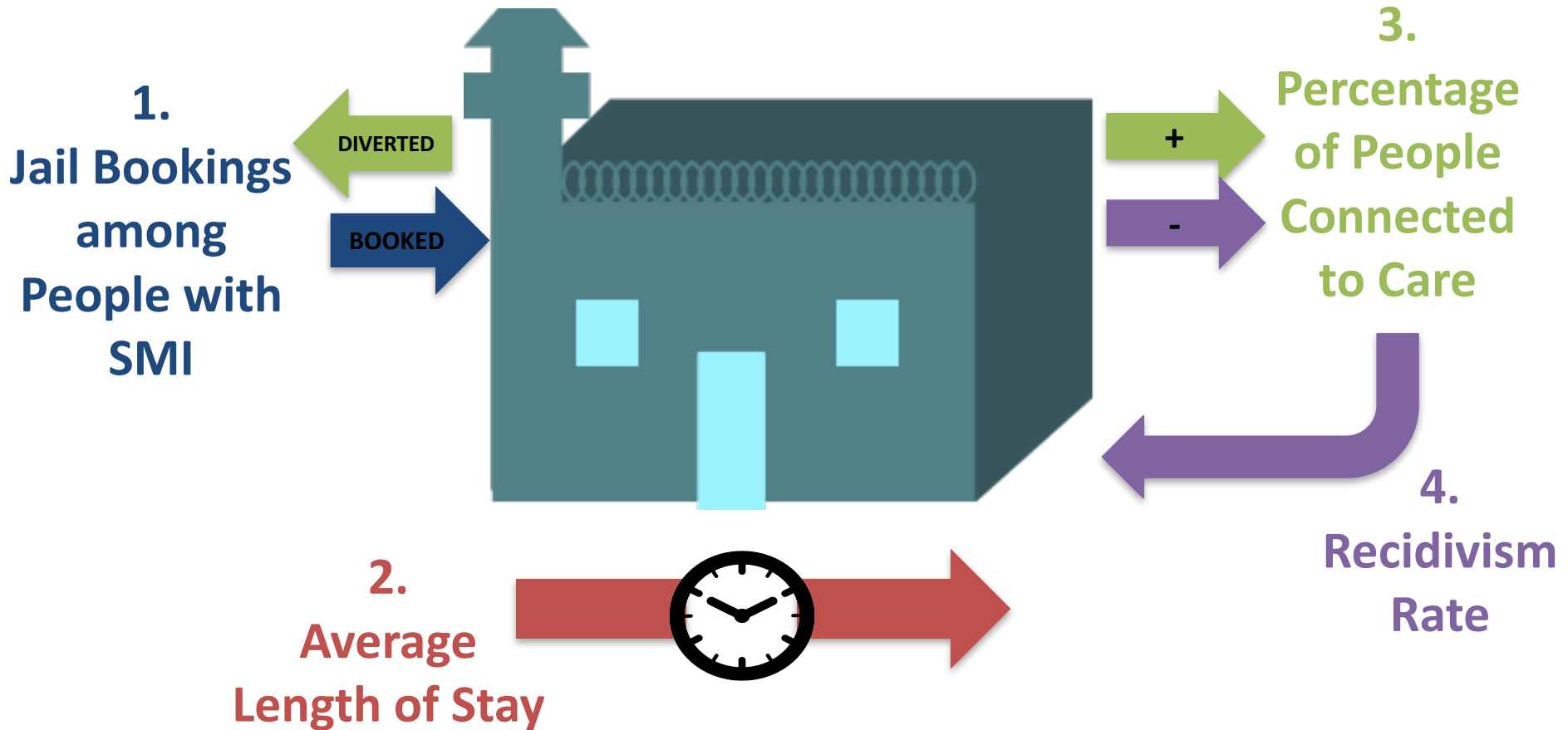The average length of stay for people SMI in jails

3
Increase
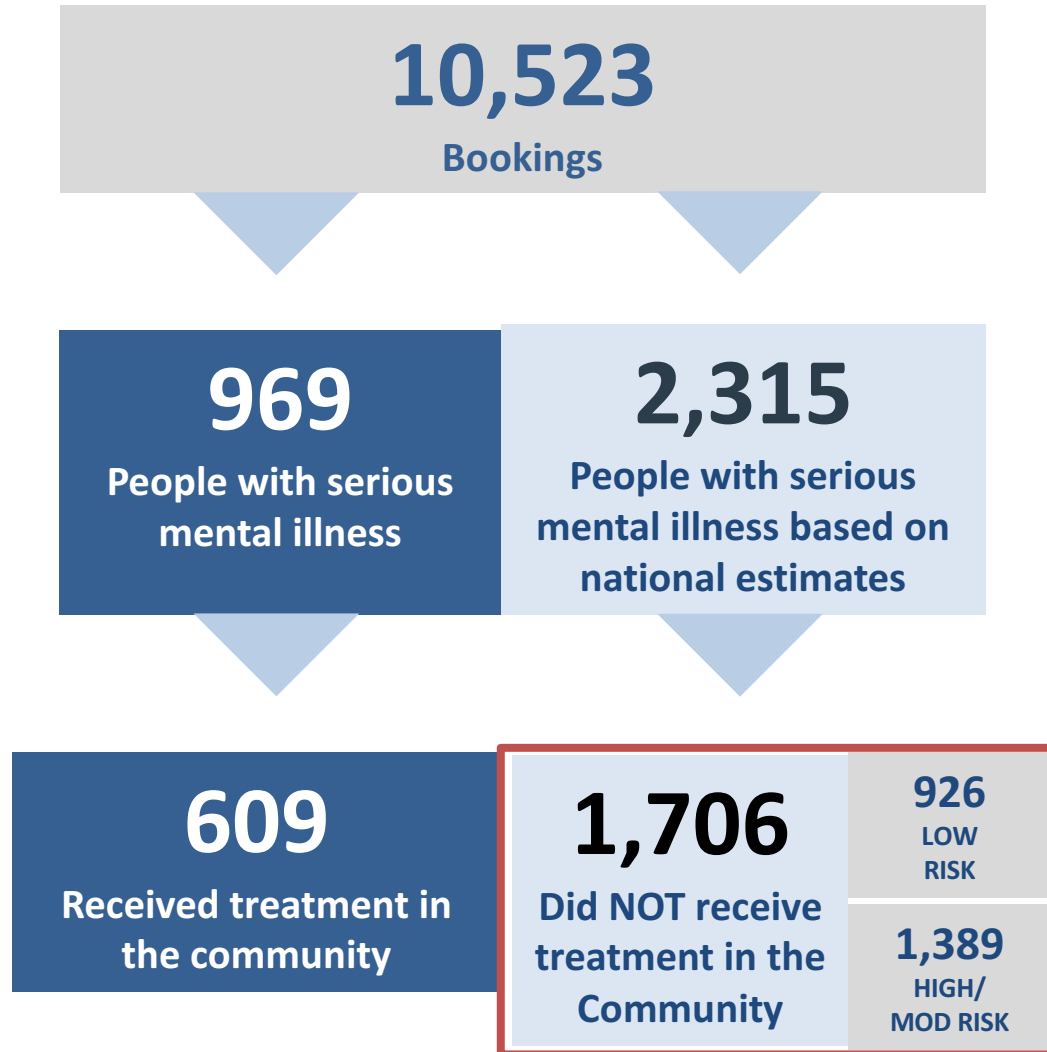The percentage of connection to care for people with SMI in jail

4
Lower
Rates of recidivism

Prevalence of Mental Illnesses in Jails as a Function of Four Key Measures

1.
Jail Bookings among People with SMI

DIVERTED

BOOKED

3.
Percentage of People Connected to Care

+

-

2.
Average Length of Stay

4.
Recidivism Rate

Continuity of Care

10,523
Bookings

969
People with serious mental illness

2,315
People with serious mental illness based on national estimates

609
Received treatment in the community

1,706
Did NOT receive treatment in the Community

926
LOW RISK

1,389
HIGH/ MOD RISK

Example from Franklin County, OH

Do You Have Baseline Data?

SECTION 5: DATA-DRIVEN FINDINGS

The following exercises will help you understand whether your county is currently able to measure these key outcomes, and advise you on the types of data findings that will help your collaborative planning team understand whether your county is effectively reducing the prevalence of mental illnesses and co-occurring substance use disorders in its jail.

EXERCISE 6: MEASURING OUTCOMES

Answer the following questions about data your county collects to measure progress toward achieving key outcomes.

Outcomes	Measures
Reduce the number of people with MI/COD who are booked into jail	Is there a way to flag people identified through screening and assessment as having mental illnesses and co-occurring disorders in a searchable electronic database? ☐ Yes ☐ No
Reduce their average length of stay in jail	Does your county track lengths of stay for pretrial and sentenced populations? ☐ Yes ☐ No
Increase the percentage of people released from jail who are connected to treatment	Does your county match every pers[on to] authority's database to establish wh[...] ☐ Yes ☐ No
Reduce their recidivism rates	Does your county track recidivism, i[...] people at both the pretrial and post-[...] ☐ Yes ☐ No Does your county assess criminoge[...] community supervision? ☐ Yes ☐ No

EXERCISE 7: COLLECTING DATA AND KEY FINDINGS

A. Tracking Sub-measures of the Four Key Outcomes

In addition to the broader measures addressed in Exercise 6, below is a list of sub-measures that counties should track to demonstrate progress toward achieving the four key outcomes—reducing the number of people with mental illnesses and co-occurring substance use disorders booked into jail, shortening their average length of stay in jail, increasing the percentage of people connected to treatment in the community, and lowering their recidivism rates. These sub-measures will provide more detailed data analysis to inform your key findings and determine where to target interventions. The chart below provides information on the sub-measures and general recommendations on which agencies would have this data, although this may vary by jurisdiction. Guidance has not been provided on the timeframe for collecting this data, as that may change based on a number of factors. Your TA provider can provide additional advice regarding the recommended timeframe for collecting this data. Please complete the rest of the chart to answer whether these sub-measures are being collected, and if so, what the data findings are.

1. Reduce the number of people with mental illnesses and co-occurring substance use disorders who are booked into jail			
Sub-measures	How to Obtain Data	Has data been collected? If so, by which agency?	Provide Data and Related Findings
Number of unique individuals identified as having behavioral health disorders who were diverted from jail by law enforcement	Request from 911 dispatch or police departments		
Number of unique individuals who screened positive for potential behavioral health disorders at jail booking according to a validated mental health screen	Request from the jail and/or jail's mental health provider		
Number of people who were identified as having a mental illness through a clinical assessment at the jail	Request from the jail's mental health provider		
Comparison of the above data to bookings for general population, including demographic and criminogenic information (age, sex/gender, race/ethnicity, offense type/level, etc.)	Request from 911 and jail		

26

Question 4: Have you conducted a Comprehensive Process Analysis and Service Inventory?

☑ Detailed process analysis

❑ Decision-making process? Timely and efficient?

Type of information? Accessibility? Properly

trained staff?

☑ Service capacity & gaps identified

❑ What services exist (community and jail)?

Capacity needs? Waitlists? Population

projections?

☑ Evidence-based programs & practices identified

❑ What works to meet needs of population and

reduce recidivism?

Conducting a Comprehensive Process Analysis and Service Inventory is <u>NOT</u> Quick or Easy

There are multiple points in the system, from law enforcement contact to release in the community after a period of incarceration, where there are **opportunities to improve responses** to people with mental health needs

Identify what exists, capacity needs, and what works

What exists?

To assess existing services, some counties partner with local universities or hire consultants to complement the work of the planning team

Capacity needs?

Existing services may have waitlists and need to be expanded and/or new services may need to be developed for people with the highest behavioral health needs

What works?

Evidence-based practices should encourage systems-level change across criminal justice and behavioral health agencies.

A County's Process Analysis for the Arrest/Booking Stage

FLOW OF DEFENDANTS THROUGH A COUNTY SYSTEM
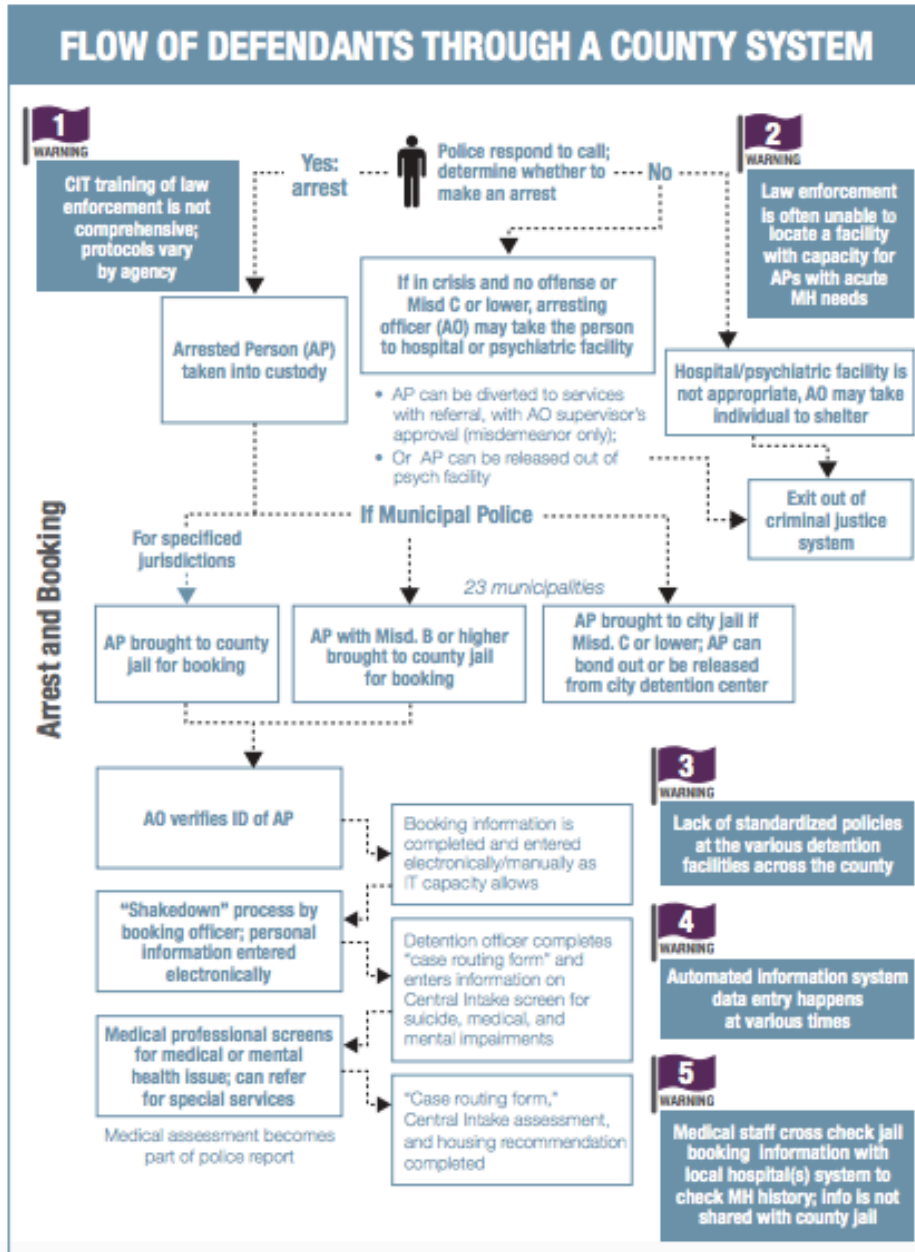
1. CIT training of law enforcement is not comprehensive; protocols vary by agency

2. Law enforcement is often unable to locate facility with capacity for Arrested Persons (APs) with acute MH needs

3. Lack of standardized policies at the various detention facilities across the county

4. Automated information system data entry happens at various times

5. Medical staff cross check jail booking information with local hospital(s) system to check MH history; info is not shared with county jail

Have You Conducted a Comprehensive Process Analysis and Service Inventory?

SECTION 4: COUNTY SYSTEM ANALYSIS

For any county plan to be effective, a person's mental health, substance use, and criminogenic needs (the factors that make people more likely to reoffend) should be identified and addressed at the earliest points possible using law enforcement diversion, screening and identification, connections to services, and community supervision.

Meaningful reductions in the prevalence of mental illnesses in jails cannot be realized without examining which programs and strategies are in place and effective. Each of these programs or strategies that is identified in the planning process should achieve at least one of the following **four key outcomes** that was previously discussed in Section 2:

2. **Reduce the number of people with mental illnesses (MIs) and co-occurring disorders (CODs) who are booked into jail**
3. **Reduce their average length of stay in jail**
4. **Increase the percentage of people released from jail who are connected to treatment**
5. **Reduce their recidivism rates**

The following exercises will help you identify gaps in your county's policies, practices, and programs.

EXERCISE 5: SYSTEM MAPPING, PROCESS ANALYSIS, AND IDENTIFYING GAPS

A. System Mapping by Intercept Points
The following table includes the Sequential Intercept Model[2] for your reference. Using this model, identify existing policies, practices, programs, and treatments that currently exist in your system. While completing the exercise, it is important to discuss each step of a person's involvement in the justice system—from the time of first law enforcement contact to case completion—in order to identify opportunities to make improvements and identify any gaps. Additional information on process analysis can be obtained through your TA provider and an example of a flow analysis performed in another county is available in Appendix B.

Question 5: Have you Prioritized Policy, Practice, and Funding Improvements?

☑ Prioritized strategies

❑ Strategies should focus on systems-level changes and one or more of the **four key measures**

☑ Detailed description of needs

❑ Submit a proposal to the county board, which may include the need for policy reforms, additional staff, increased MH, substance use, and support services, information system updates, and training

☑ Estimates/projections of the impact of new strategies

❑ The proposal should include the number of people to be impacted and estimated improvement in services, which helps explains how new investments will affect one or more of the **four key measures**

Question 5: Have you Prioritized Policy, Practice, and Funding Improvements? (Continued)

☑ **Estimates/projections account for external funding streams**

- ❑ The proposal should describe how existing funding streams can be leveraged to fund additional staff, services, and other costs
  - ❑ Federal program funding
  - ❑ State grants
  - ❑ Federal and state discretionary funds
  - ❑ Local philanthropic resources

☑ **Description of gaps in funding best met through county investment**

- ❑ The proposal should explain how county funds can meet a specific need or fill a gap that existing funding streams cannot fulfill

Prioritizing System Improvements

1 Reduce
The number of people with MI booked Into jail

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

2 Shorten
The average length of stay in jails

- 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 Increase
The percentage of connection to care

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

4 Lower
Rates of recidivism

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

❑ Use data to demonstrate current capacity as compared to the need

❑ Use data to demonstrate numbers to be served and expected outcomes tied to 4 key measures

❑ Use real-life stories/ support from advocacy groups

❑ Project costs

❑ Identify funding streams

Potential 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

Medicaid

STATE

- Mental health general fund dollars
- Community corrections
- State housing trust funds
- Justice reinvestment

COUNTY / CITY

- General funds
- County-specific tax levies
- Municipal/city funds

PHILANTHROPY / PRIVATE

- Foundations
- Corporations
- Managed care
- Hospitals

Have You Prioritized Policy, Practice, and Funding?

SECTION 6: STRATEGIC PLAN

In this exercise, all of your collaborative work is now coming together in one master planning chart that includes the data you have gathered, policies, practices, and programs you currently have in place, as well as those that are on your "wish list" to fill identified gaps. The next step involves analysis and prioritization of interventions that will result in achieving the four key outcomes.

EXERCISE 8: PLANNING AND PRIORITIZING

Complete the following chart with your planning team knowing this will take multiple meetings or need to be accomplished at a "planning retreat." Each of the four sections of the chart addresses one of the four key outcomes. Once all four sections are completed, the planning team should identify prioritized responses for each outcome and develop consensus around an action plan that is data based, cost effective, and provides the most potential for reducing the prevalence of people with mental illnesses in your jail.

Key Outcome 1. Reduce the number of people with mental illnesses and co-occurring substance use disorders who are booked into jail

Current Policies, Practices, and Programs			Planning for Implementation of Policies, Practices, and Programs				
Key data (e.g., mental illness prevalence, recidivism)	List of effective policies, practices, and programs	Identified gaps in policies, practices, and programs	Policies and evidenced-based responses to be implemented	Projected number of people to be served	Projected cost/ funding source	List of evidence-based responses for implementation in order of highest priority	Timeline for implementation

Question 6: Do You Track Progress?

☑ Reporting timeline on four key measures

☑ Process for progress reporting

☑ Ongoing evaluation of programming implementation

☑ Ongoing evaluation of programming impact

Reminder: Track Progress within Four Key Measures

1
Reduce
The number of people with SMI booked Into jail

2
Shorten
The average length of stay for people SMI in jails

3
Increase
The percentage of connection to care for people with SMI in jail

4
Lower
Rates of recidivism

Do You Track Progress?

SECTION 7: EVALUATION AND SUSTAINABILITY

Once your planning is completed, the work of tracking progress and ongoing evaluation starts. Identifying the essential data and tracking the four key outcomes will provide your collaborative planning team with clear indicators of progress. As your planning segues to implementation, sustainability will become a focus. This section will help you ensure that your plan is implemented appropriately and can continue beyond the completion of this grant.

EXERCISE 9: TRACKING PROGRESS

A. Using Data to Track Progress

1. Are data available to share on a consistent basis with key stakeholders?

Answer:

2. How often will the four key outcomes be reported to or discussed with key stakeholders?

Answer:

3. How will you communicate the four key outcomes to stakeholders?

Answer:

B. Other Sustainability Strategies

1. Identify any policy (internal, local, state, federal) challenges that need to be addressed in order to achieve your program goals.

Answer:

Stepping Up Resources Toolkit

One-stop-shop for key resources, webinars, network calls, and more at *stepuptogether.org/toolkit*

Coming in 2017!

- ✓ Project Coordinator Handbook
- ✓ Brief on MH Screening & Assessment
- ✓ Brief on Baseline Data in Jails
- ✓ Self assessment tool
- ✓ Other companion tools

For counties that have passed a Stepping Up resolution, there are small network calls for **Rural, Urban, and Mid-Size**

THANK YOU

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