



THE
STEPPING UP
INITIATIVE

Stepping Up - A National Initiative to Reduce the Number of People with Mental Illnesses in Jails

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March 28, 2017

USF's Criminal Justice, Mental Health, and Substance Abuse TA Center Webinar



THE STEPPINGUP INITIATIVE



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Collaborative Approaches to Public Safety



AMERICAN
PSYCHIATRIC
ASSOCIATION
FOUNDATION



BJA
Bureau of Justice Assistance
U.S. Department of Justice

To read the full report, please visit:

https://stepuptogether.org/updates/stepping_up_releases_foundational_report

THE
STEPPINGUP
I N I T I A T I V E



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

National Partners Rally Around a Common Goal

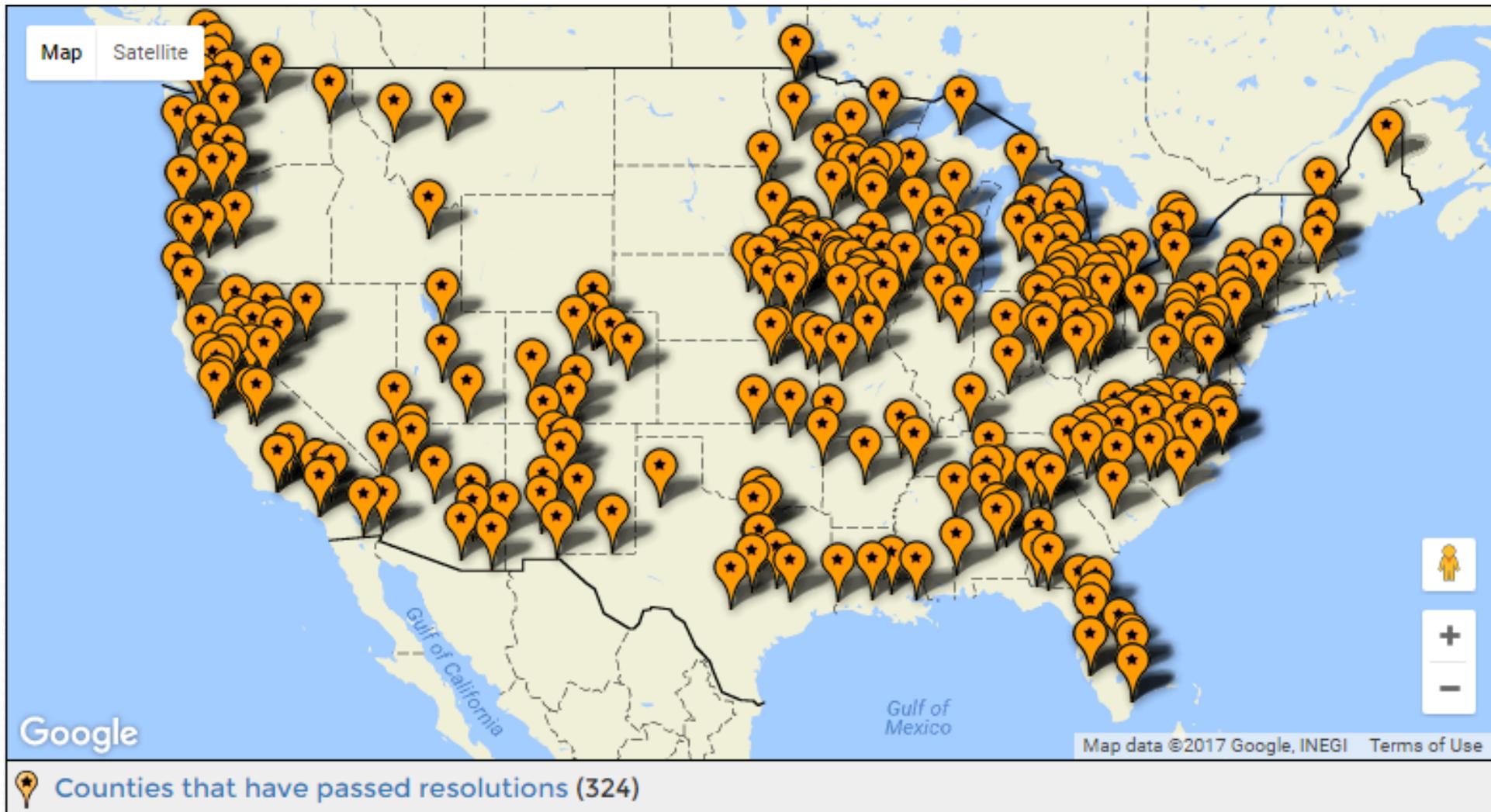
Partners and Steering Committee Members



Federal Partners



300+ Counties Pass Resolutions in Support of Stepping Up



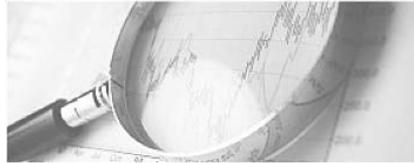
**Approximately 115 million people reside in Stepping Up counties
13 counties in Florida have passed resolutions**

About CSG Justice Center

Corrections



Justice Reinvestment



Mental Health



Reentry



Substance Abuse



Youth



Courts



Law Enforcement



National non-profit, non-partisan membership association of state government officials that engages 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.

Overview

Scope of the issue: How did we get here?

Key challenges counties face: Why is it so hard to fix?

Effective Strategic Plans: How do we move forward?

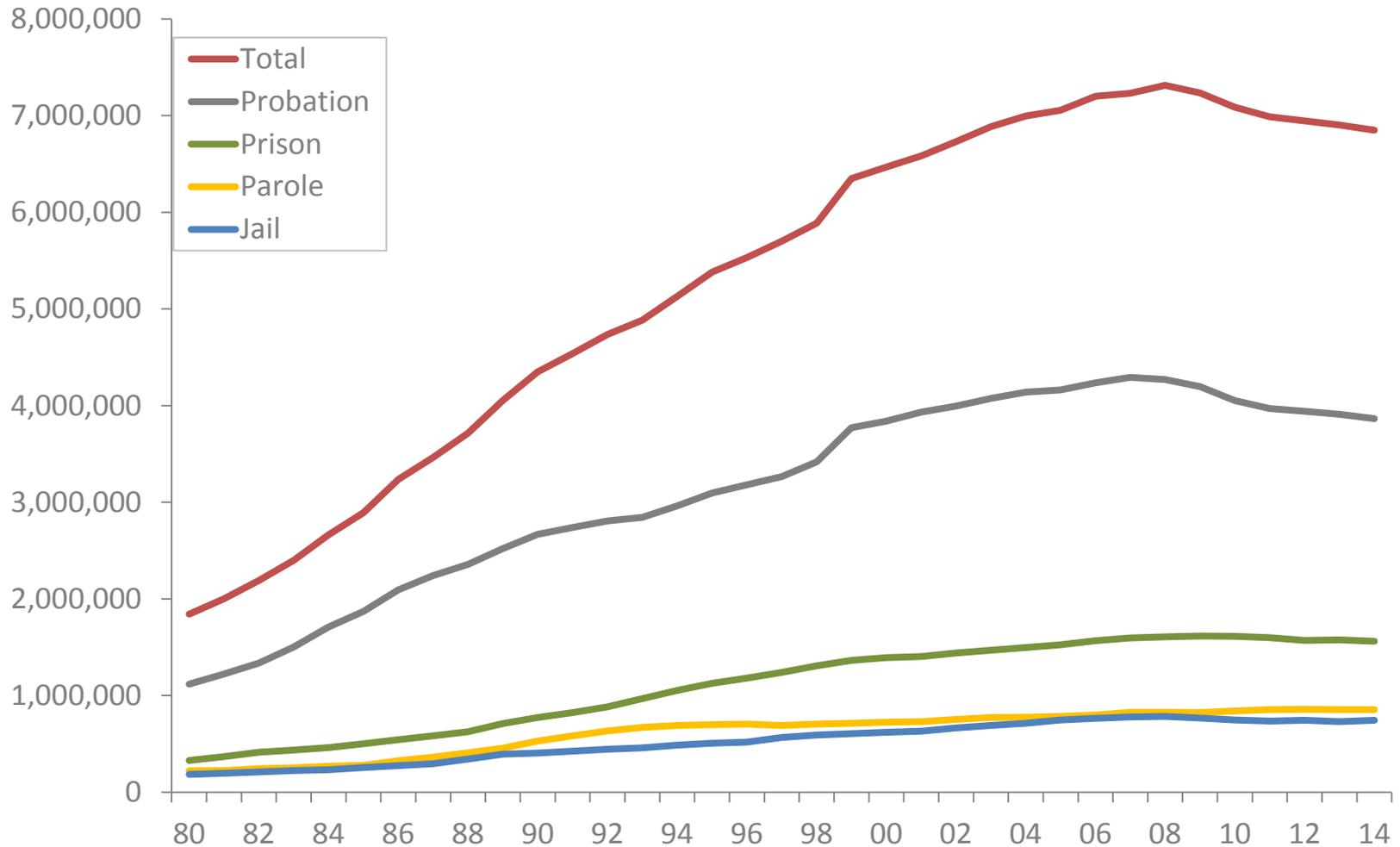
01.

Mental Illnesses in the Criminal Justice System: How did we get here?



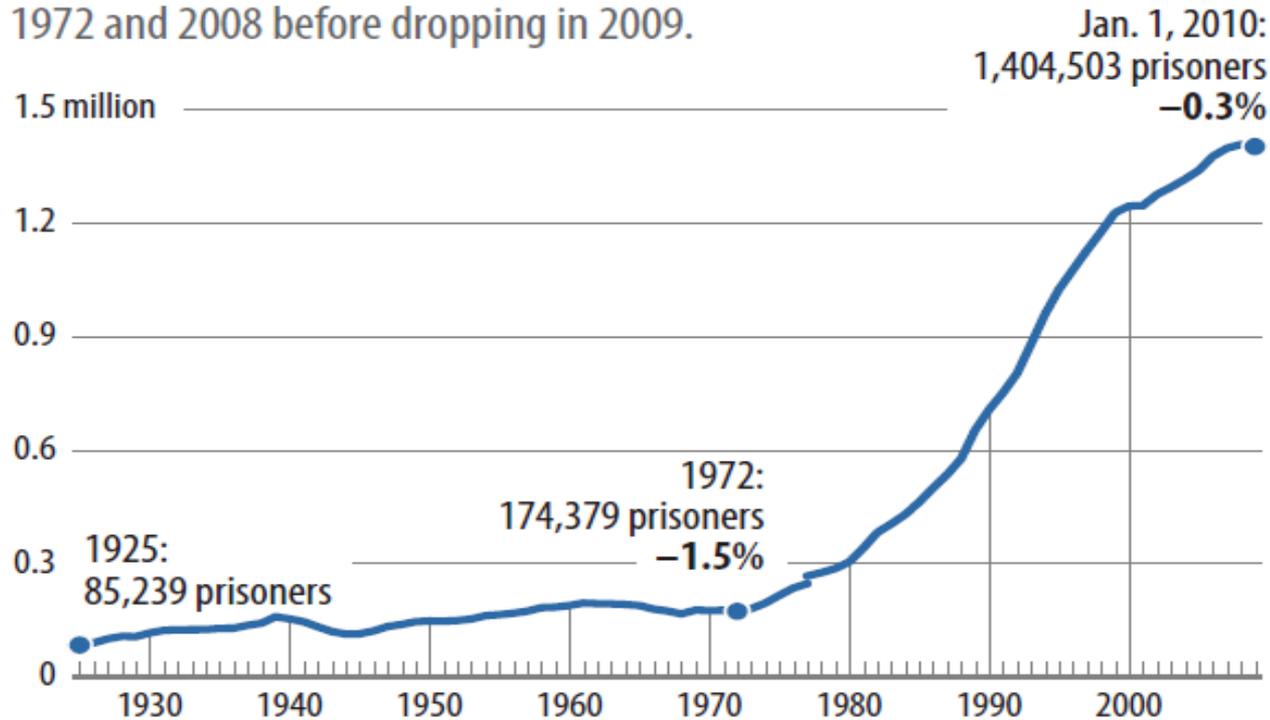
Millions of Adults Now Under Correctional Supervision

Bureau of Justice Statistics 1980 - 2014



Recent Decline in State Prison Population

The number of state inmates grew 708% between 1972 and 2008 before dropping in 2009.



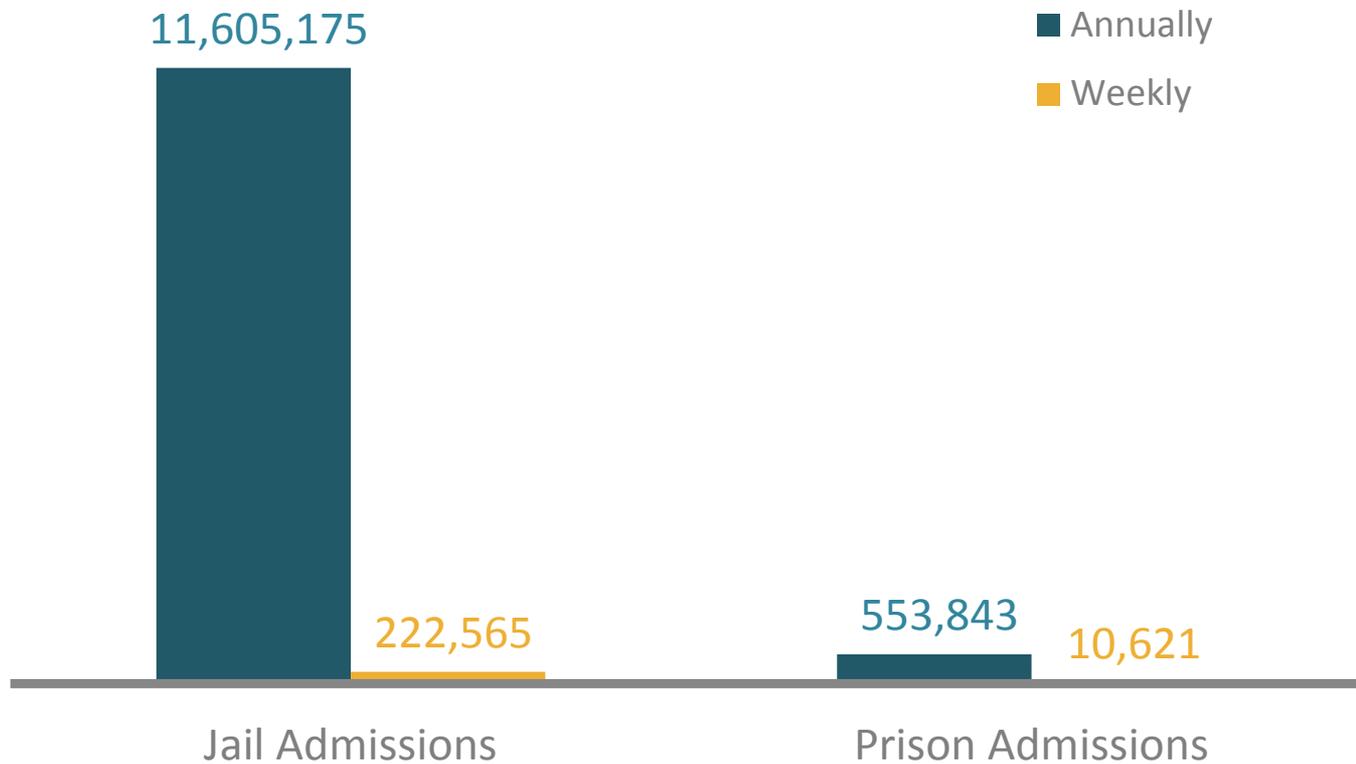
First decline in state prison populations in 38 years

NOTE: Annual figures prior to 1977 reflect the total number of sentenced prisoners in state custody. Beginning in 1977, all figures reflect the state jurisdictional population as reported in the Bureau of Justice Statistics' "Prisoners" series. Data for both sentenced prisoners in custody and the jurisdictional population are reported for 1977 to illustrate the transition.

Pew Center on the States
(2009)

Jails are Where the Volume is

Number of Admissions to Jail and Prison Weekly and Annually, 2012



While Jail Populations Have Declined in Some Counties ...

Inmates Confined in Local Jails at Midyear and Percent Change in the Jail Population, 2000-2013

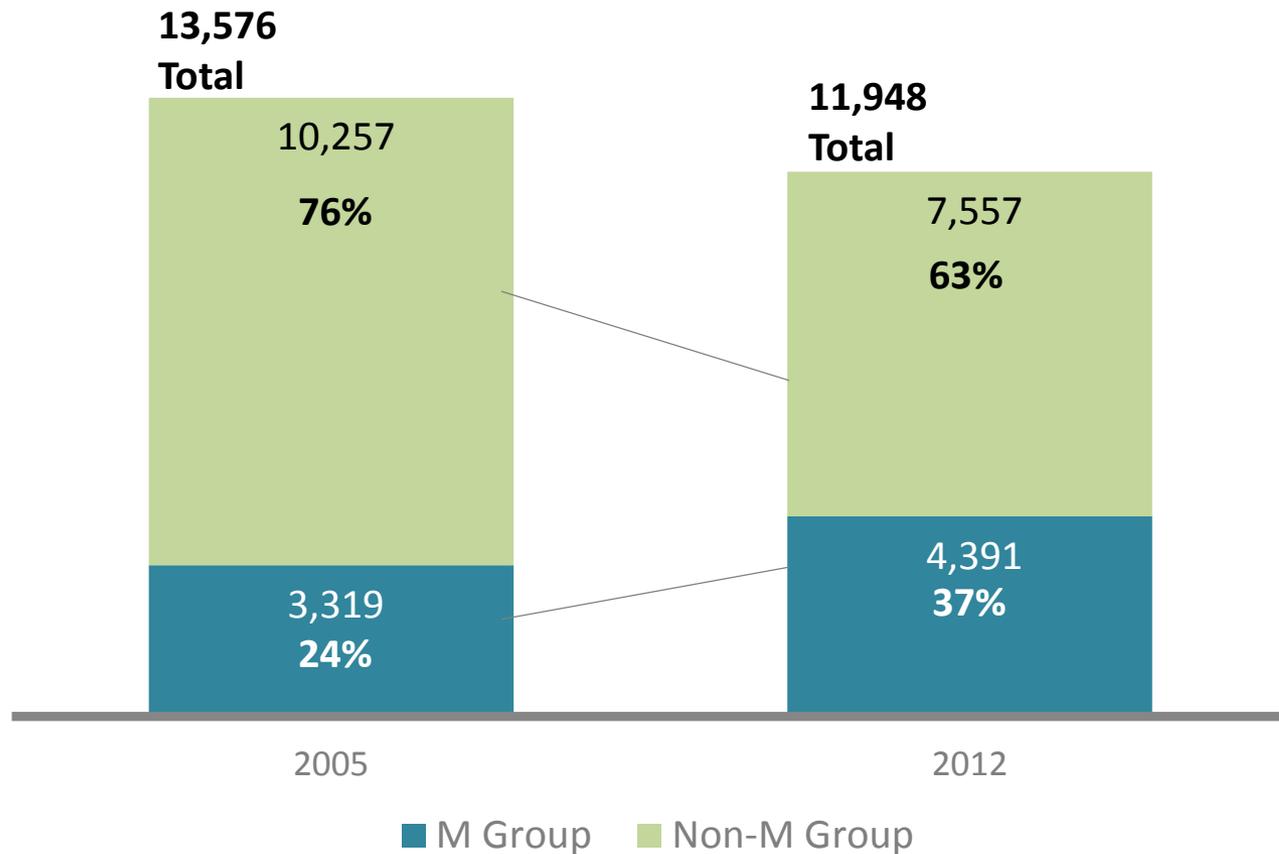
Number of Inmates at Midyear



Jails Report Increases in the Numbers of People Mental with Illnesses

NYC Jail Population (2005-2012)

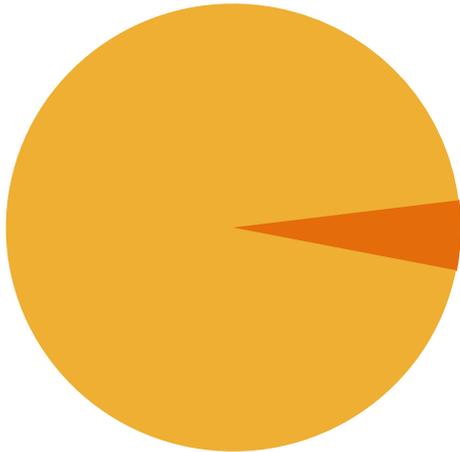
Average Daily Jail Population (ADP) and ADP with Mental Health Diagnoses



Mental Illnesses: Overrepresented in Our Jails

General Population

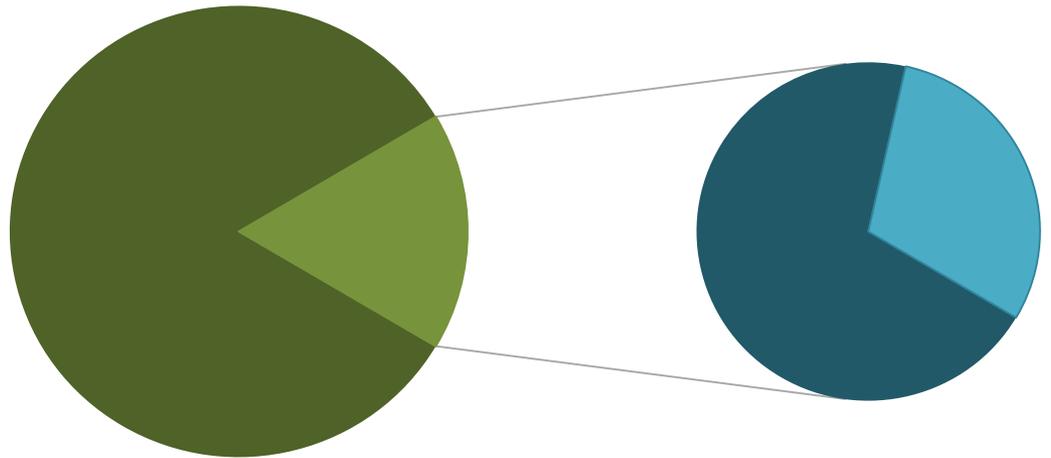
5% Serious Mental Illness



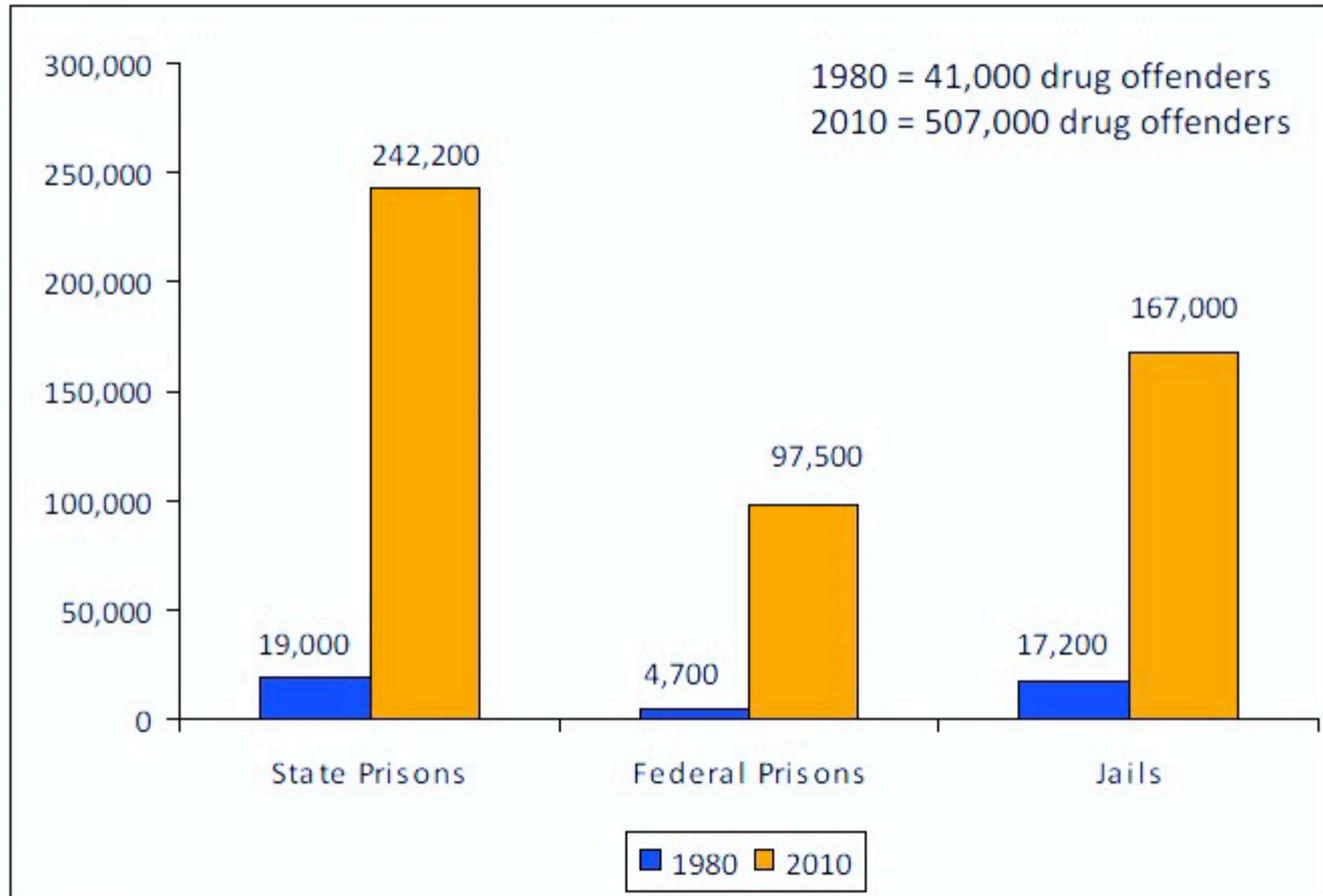
Jail Population

17% Serious Mental Illness

72% Co-Occurring Substance Use Disorder

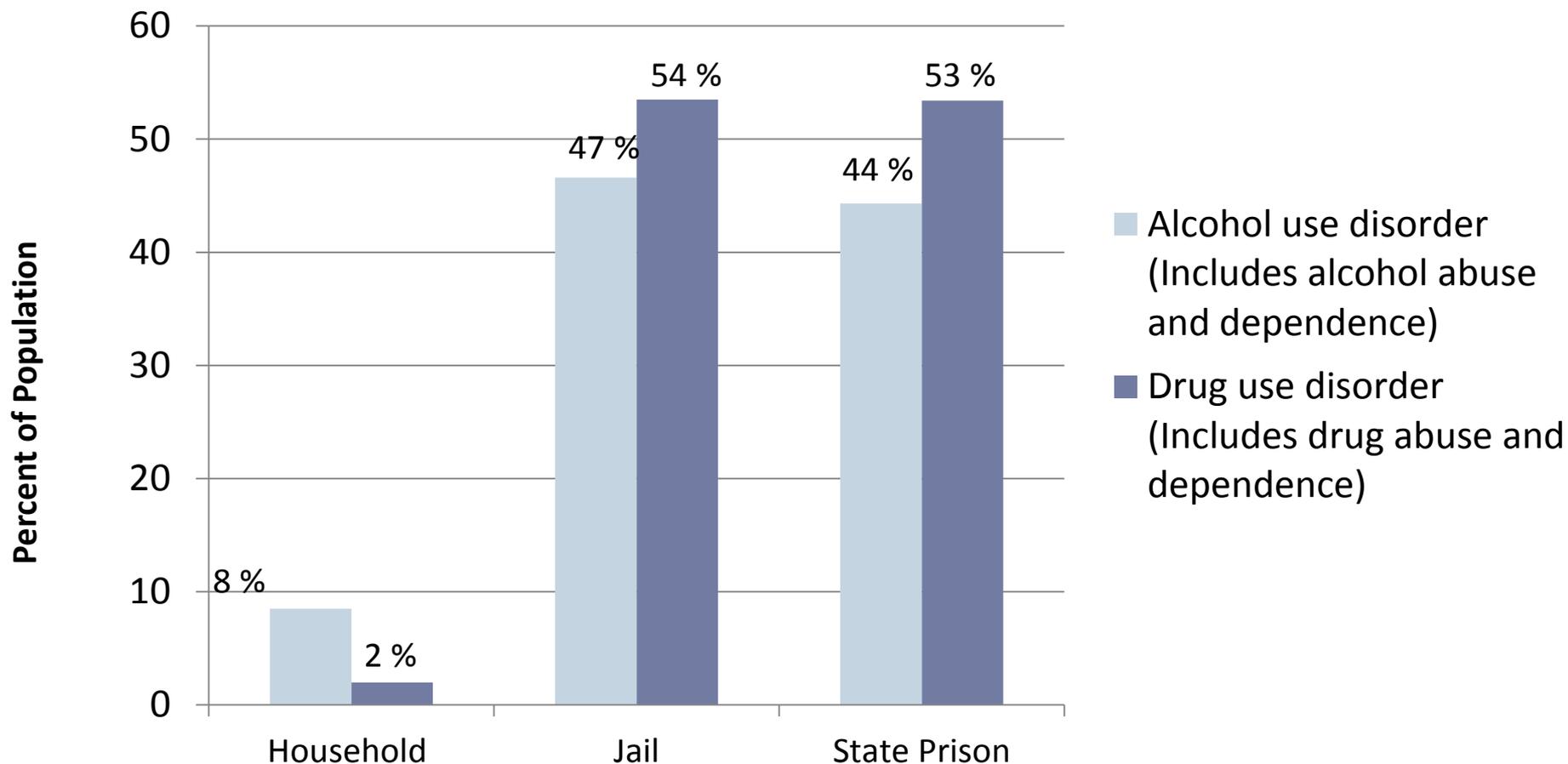


Rising Number of People in Jails and Prisons for Drug Offenses



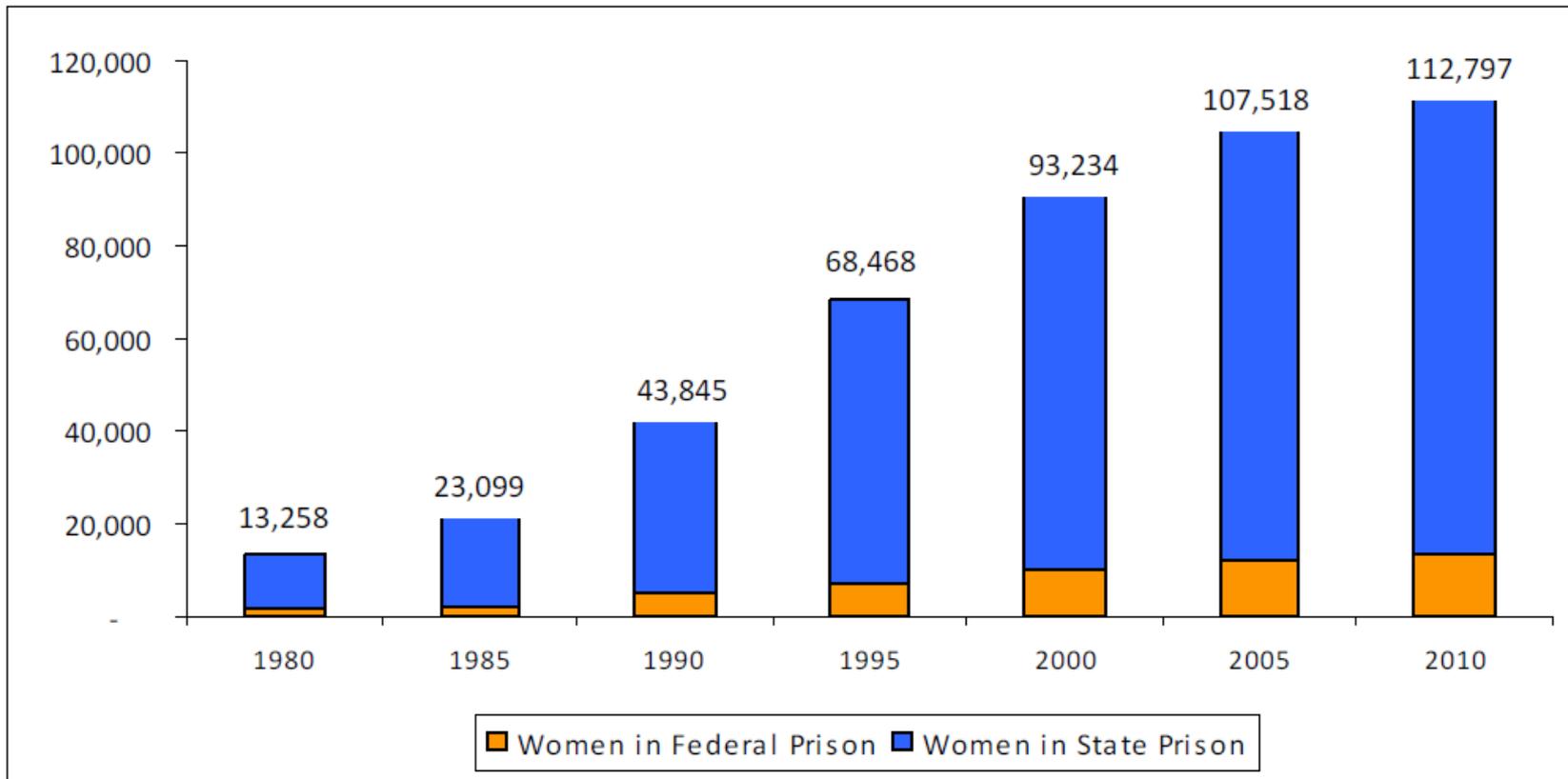
Sources: Guerino, P. M., Harrison, P., & Sabol, W. (2011). *Prisoners in 2010*. Washington, DC: Bureau of Justice Statistics; Mauer, M. and King, R. (2007). *A 25-Year Quagmire: The War on Drugs and its Impact on American Society*. Washington, DC: The Sentencing Project.

Alcohol and Drug Use Disorders: Household vs. Jail vs. State Prison



Abrams & Teplin (2010)

Substantial Increase in the Number of Women: Federal and State Prisons (1980-2010)



Source: Guerino, P., Harrison, P. M., & Sabol, W. (2011). *Prisoners in 2010*. Washington, DC: Bureau of Justice Statistics.

Substantially Unequal Rates of Supervision across Demographic Lines

WHO'S UNDER CORRECTIONAL CONTROL?

Correctional control rates vary drastically across demographic lines.

TOTAL 1 IN 31



WHITE 1 IN 45



WOMEN 1 IN 89



HISPANIC 1 IN 27



MEN 1 IN 18

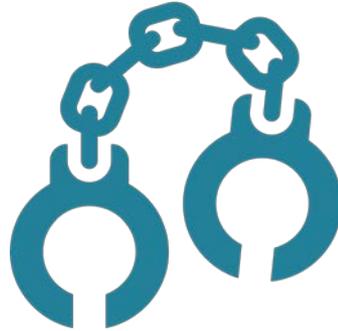


BLACK 1 IN 11



SOURCE: Calculation for year end 2007 based on data from the Bureau of Justice Statistics "Prisons and Jails at Midyear" series as well as "Probation and Parole at Yearend" series available at <http://www.ojp.usdoj.gov/bjs> and the U.S. Census State Population Estimates.

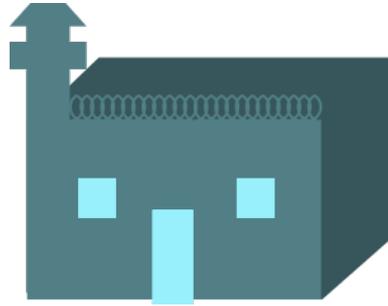
What Factors are Driving the Crisis ?



Disproportionately
higher rates of
arrest



What Factors are Driving the Crisis ?



Longer stays in jail
and prison



Factors Driving the Crisis



Limited access to
healthcare



Factors Driving the Crisis



Low utilizations of
evidence-based
practices (EBPs)



Factors Driving the Crisis



Higher rates of
recidivism



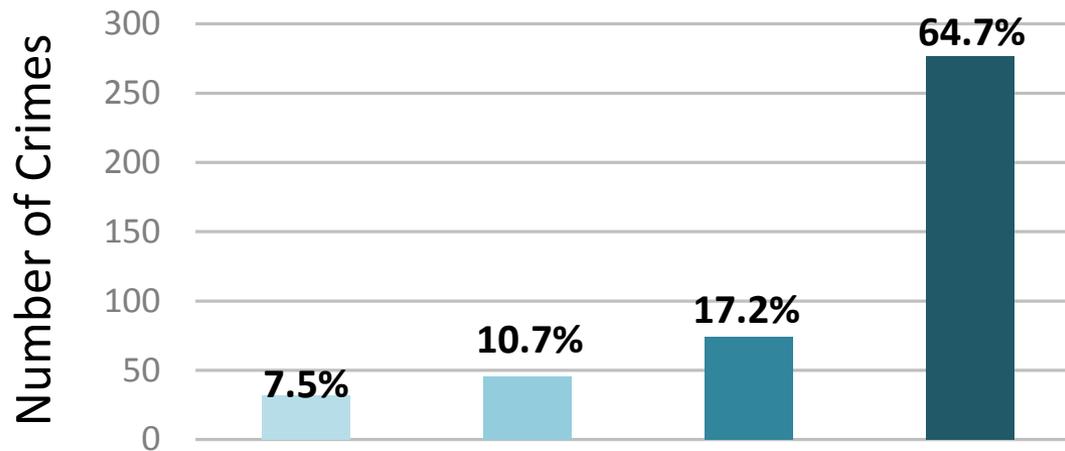
Factors Driving the Crisis



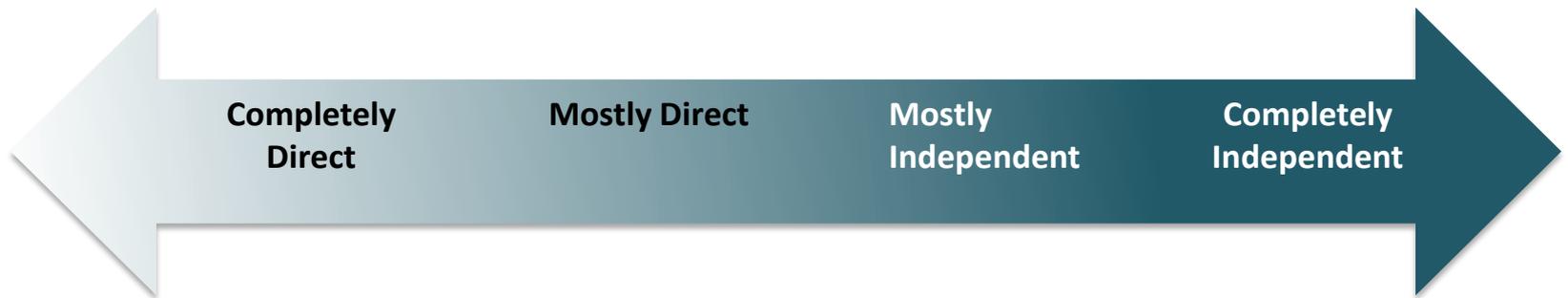
More criminogenic
risk factors



Yet, Incarceration Is Not Always Directly Related to the Individuals' Mental Illness

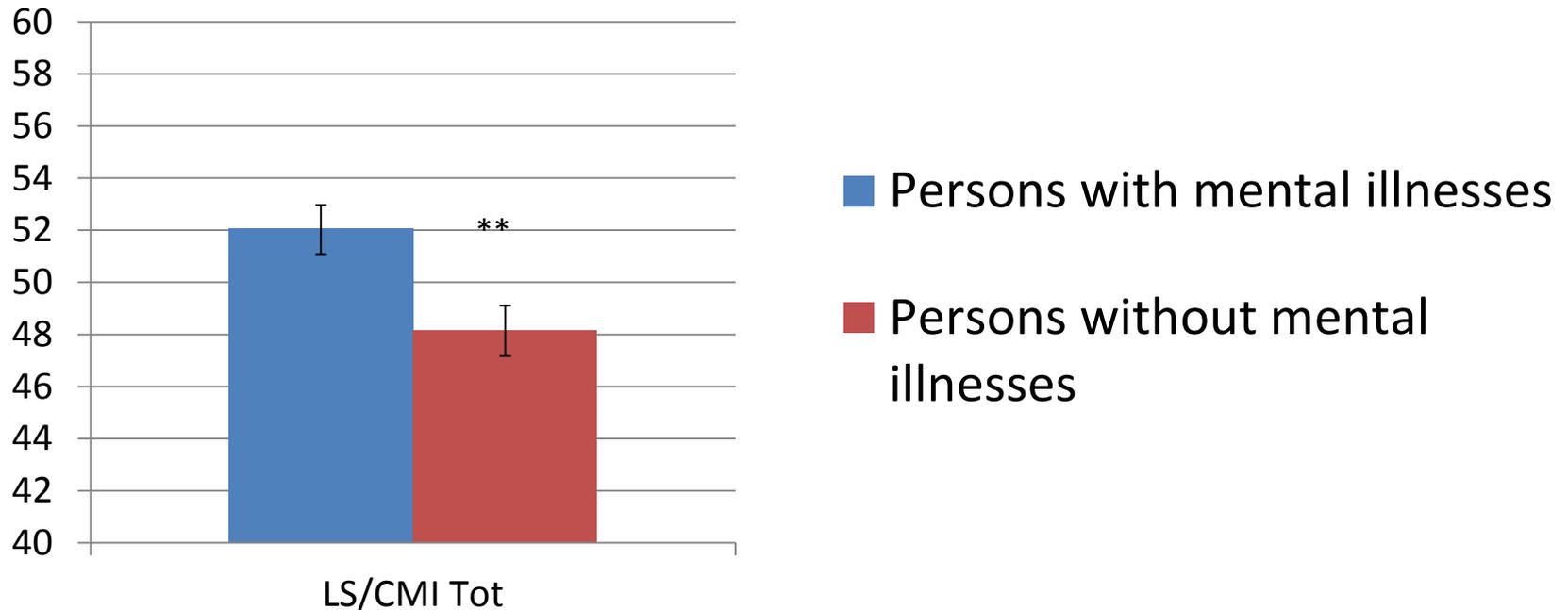


Continuum of Mental Illness Relationship to Crime



What Accounts for the Problem?

Those with Mental Illnesses Have *More* Criminogenic Risk Factors



...and these predict recidivism more strongly than mental illness

Skeem, Nicholson, & Kregg (2008)

Predicting Future CJ contact: Criminogenic Risk

Risk

- ≠ Crime type
- ≠ Dangerousness or violence
- ≠ Failure to appear
- ≠ Sentence or disposition
- ≠ Custody or security classification level

Risk

= How likely is a person to commit a crime or violate the conditions of supervision?

Criminogenic Risk Factors

Static

Criminal History

- Number of arrests
- Number of convictions
- Type of Offenses

Current Charges

Age at first arrest

Current age

Gender

Dynamic (the “Central 8”)

1. Substance abuse
2. History of antisocial behavior
3. Antisocial personality pattern
4. Antisocial cognition
5. Antisocial associates
6. Family and/or marital discord
7. Poor school and/or work output
8. Few leisure/recreation outlets

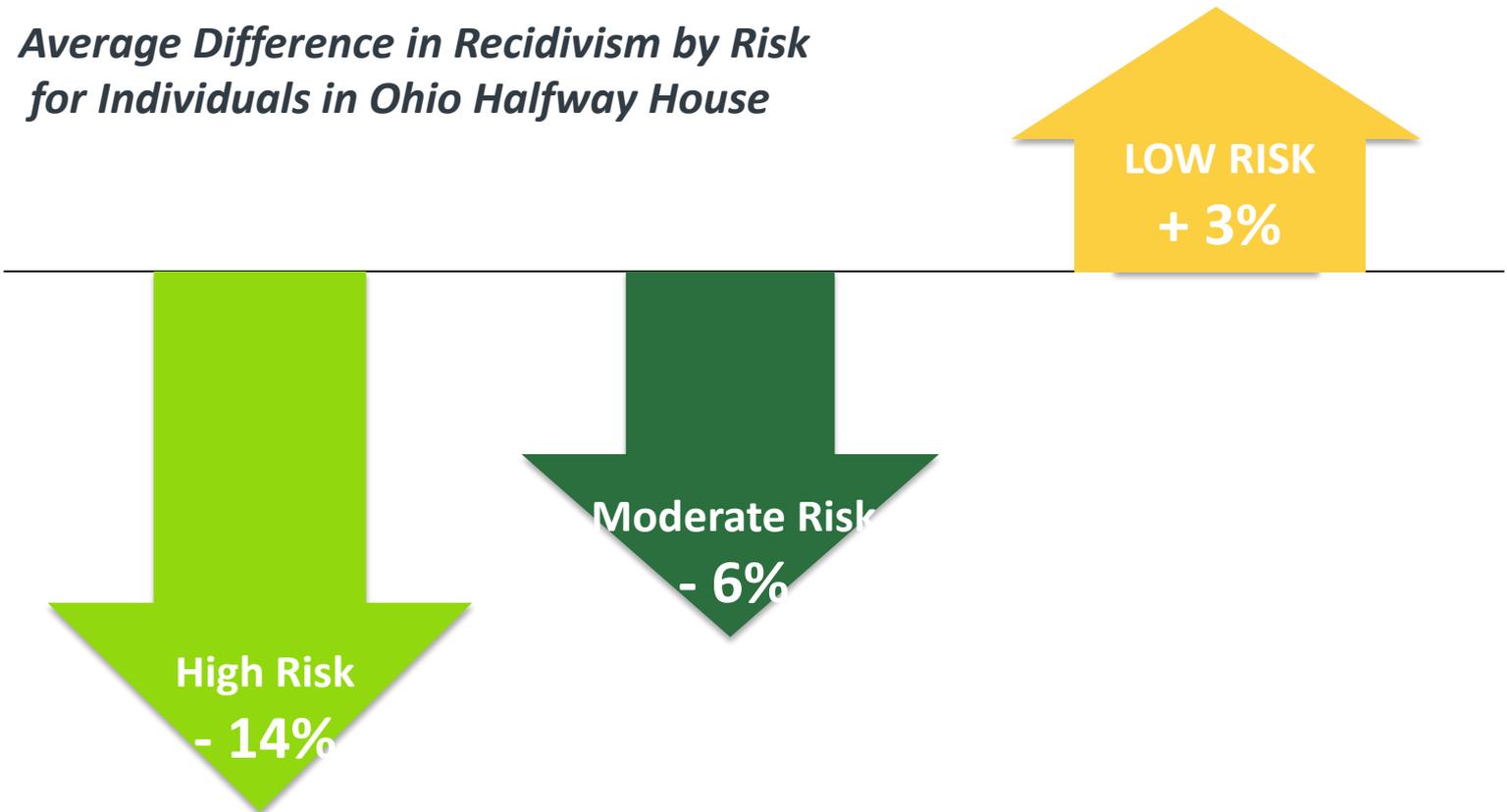
Risk-Need-Responsivity (RNR) Model

Principle	Implications for Supervision and Treatment
R isk Principle	Focus resources on higher RISK individuals; limited supervision of lower RISK individuals
N eeds Principle	Target the NEEDS associated with recidivism such as antisocial attitudes, antisocial associates, unemployment, substance abuse
R esponsivity Principle	General and specific factors impact the effectiveness of treatment. Be RESPONSIVE to learning style, motivation, culture, demographics, and abilities of the offender

The Importance of the Risk Principle

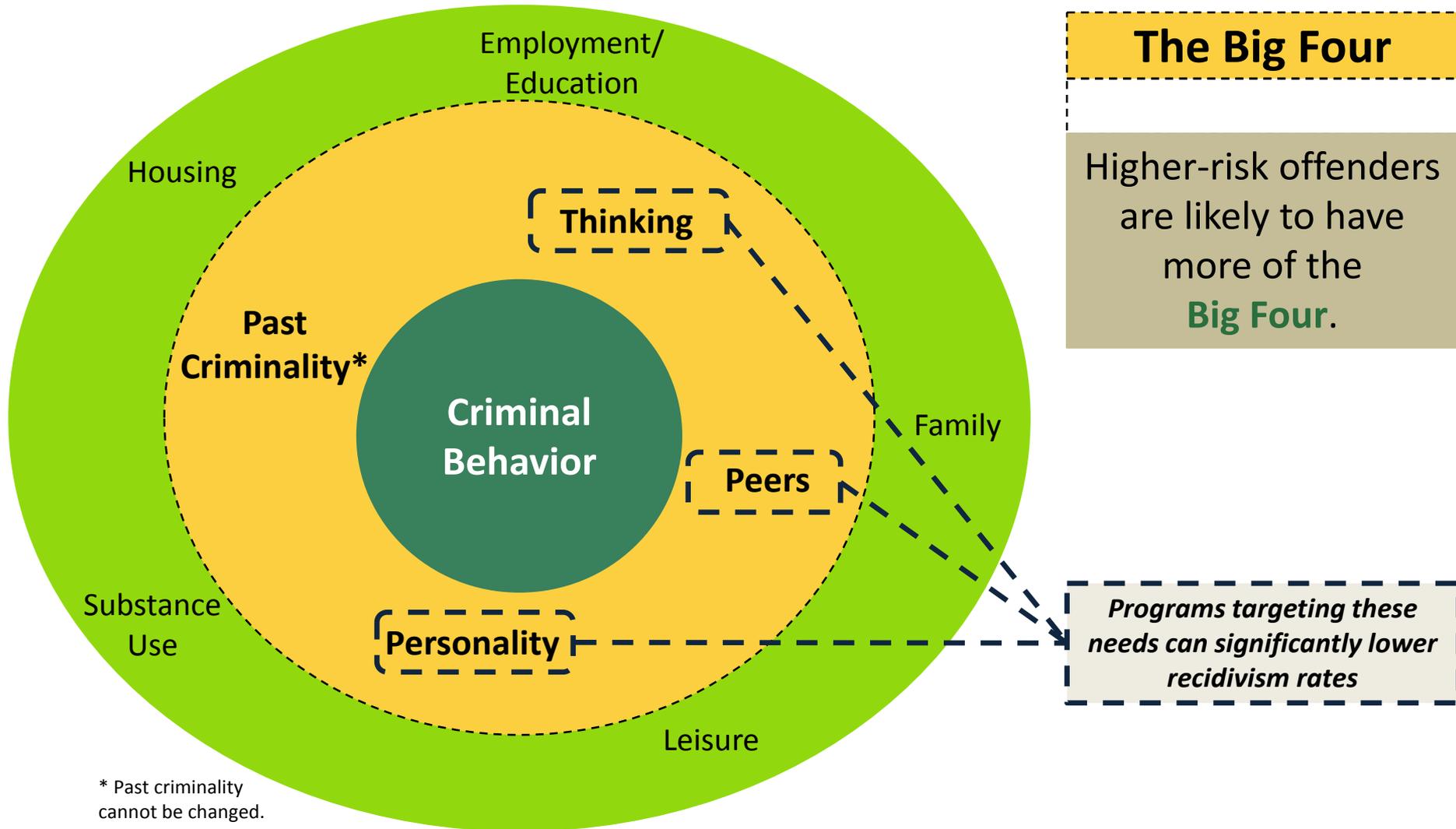
Failing to adhere to the risk principle can **increase** recidivism

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

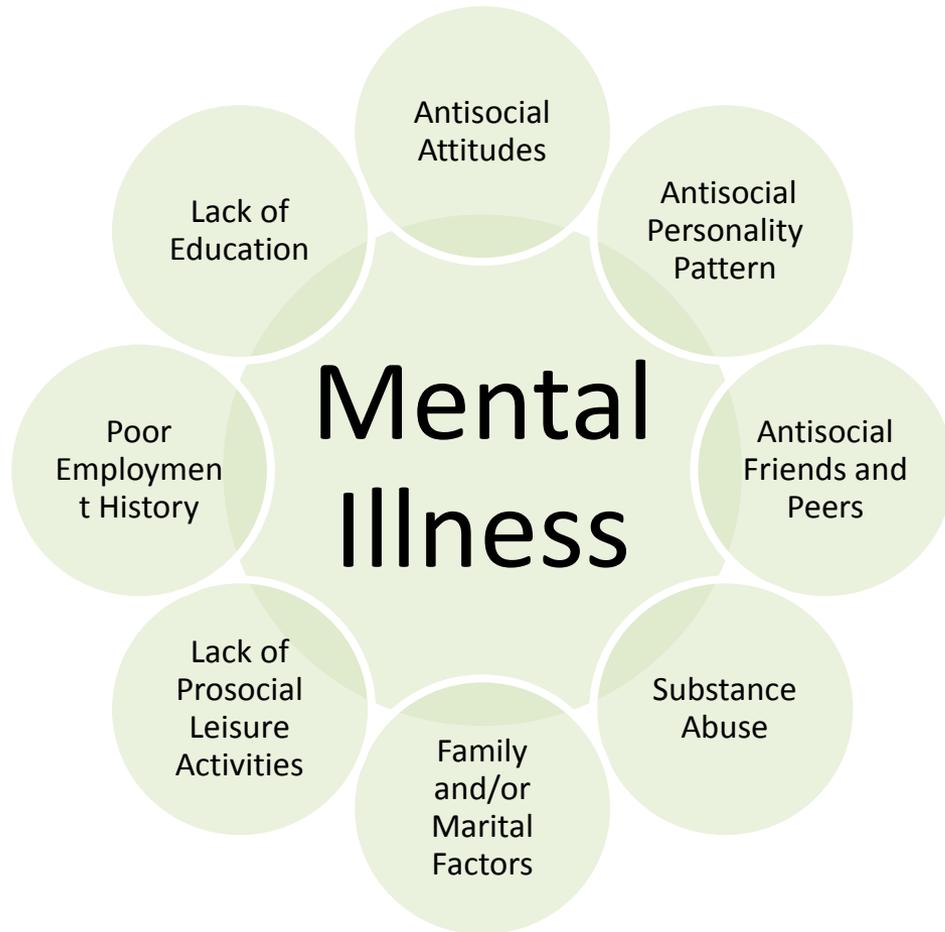


Source: Presentation by Dr. Edward Latessa, "What Works and What Doesn't in Reducing Recidivism: Applying the Principles of Effective Intervention to Offender Reentry"

The Needs Principle: Evidence Shows Addressing Criminogenic Needs Can Reduce Future Criminal Behavior



The Responsivity Principle and Mental Illnesses

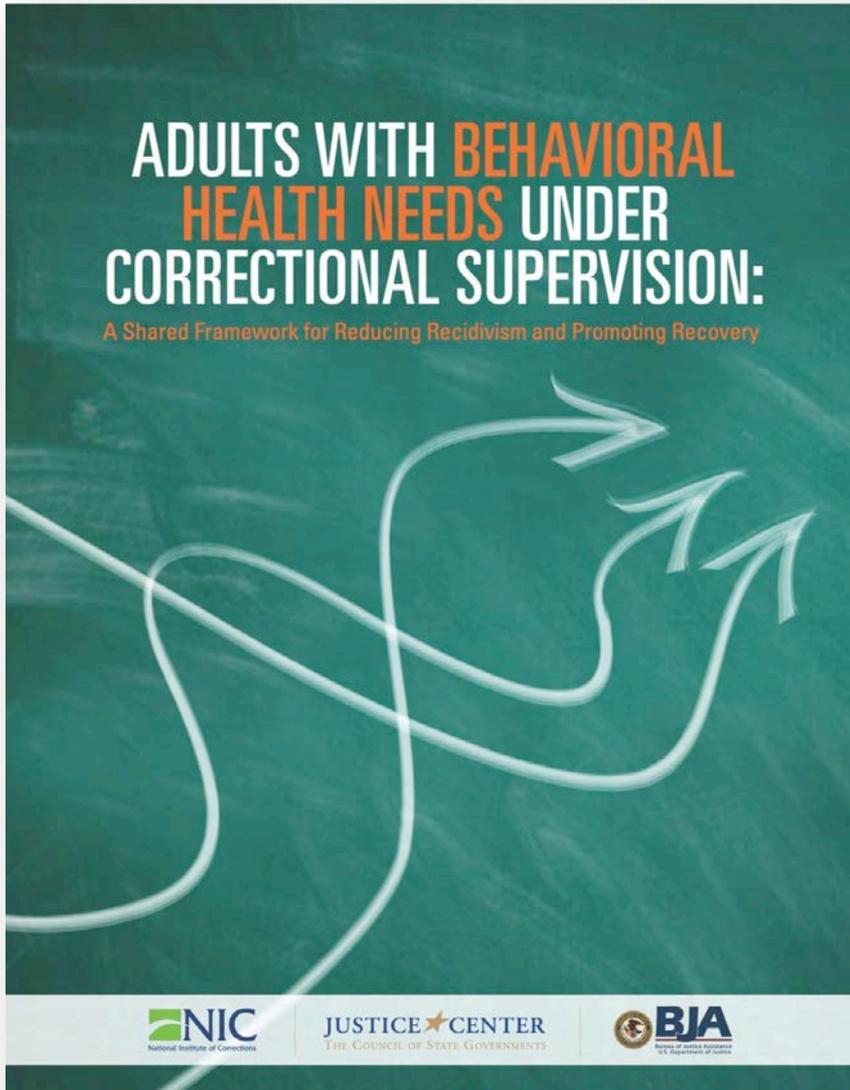


Use **methods** which are effective for justice involved individuals

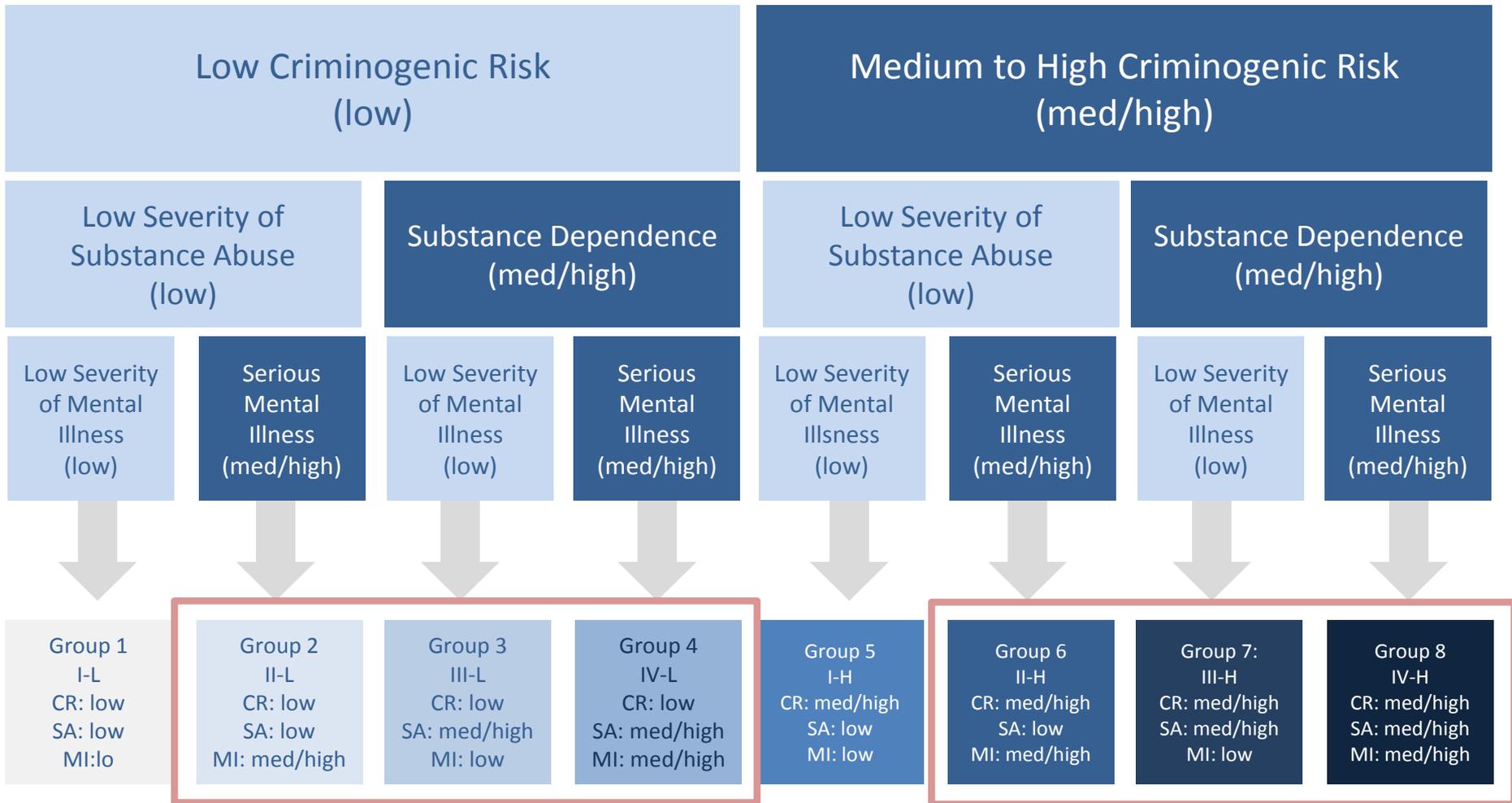
Adapt treatment to individual limits (length of service, intensity)

Consider those factors that may serve as barriers to program or supervision compliance (language barrier, illiteracy, etc.)

Knitting Together Available Research ...



To Create A Framework for Prioritizing Target Population



02.

Counties Step Up but Face Key Challenges:
Why is it so hard to fix?



Key Challenges Counties Face: Observations from the Field

1.

Being data driven



2.

Using best practices



3.

Continuity of care



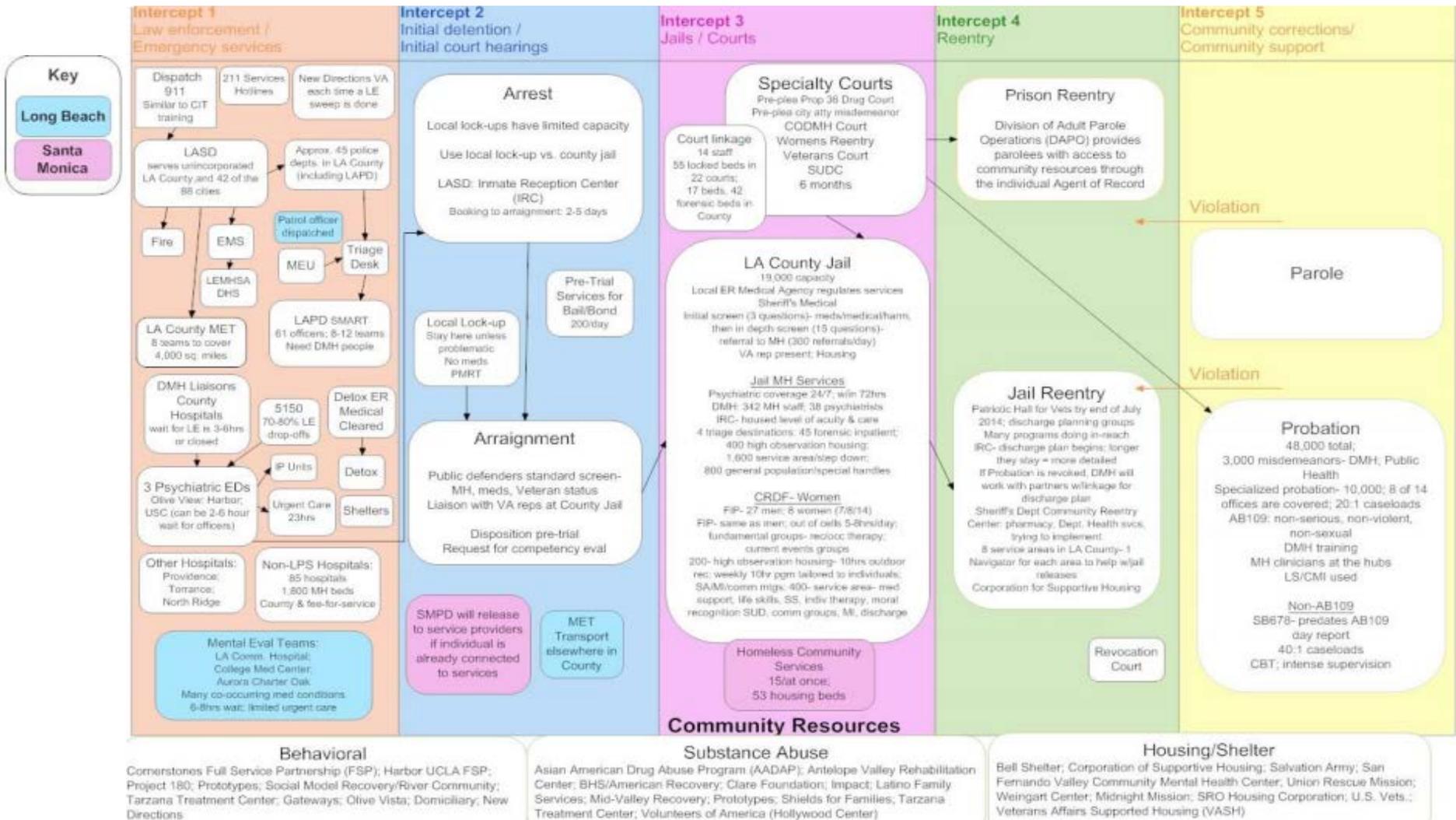
4.

Measuring results



Challenge 1 - Being data driven:

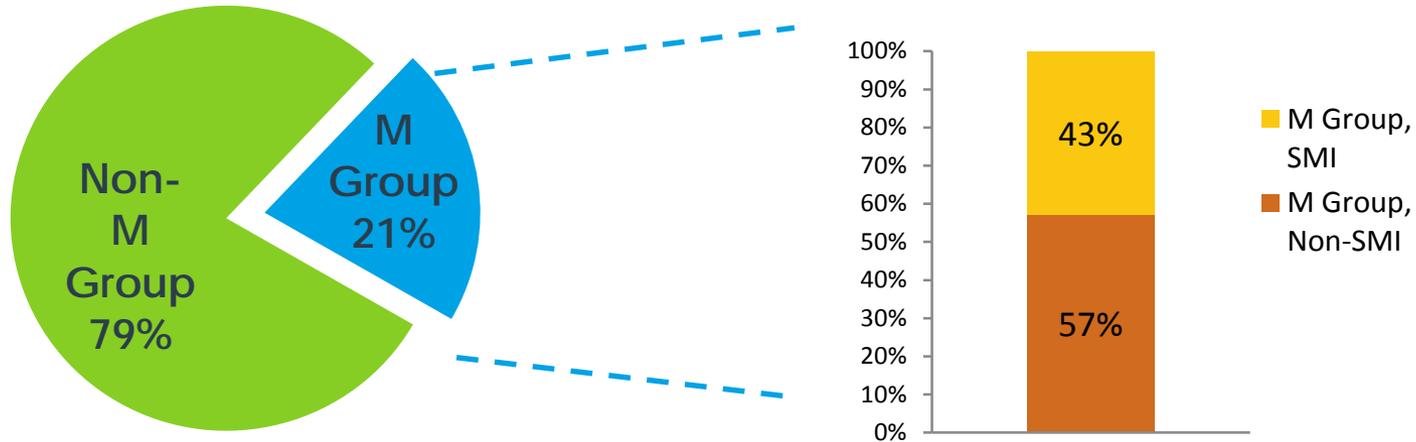
Policymakers Face Complex Systems with Limited Information



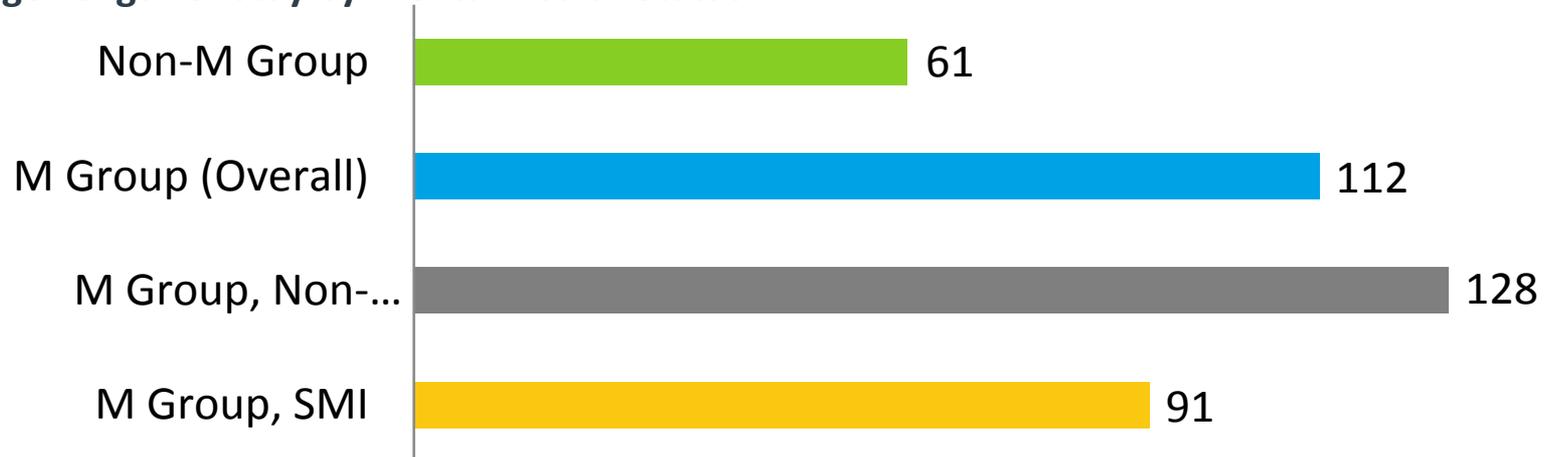
Challenge 1 - Being data driven:

Inconsistent Definitions; 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 1 - Being Data Driven: Not Knowing the Target Population

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

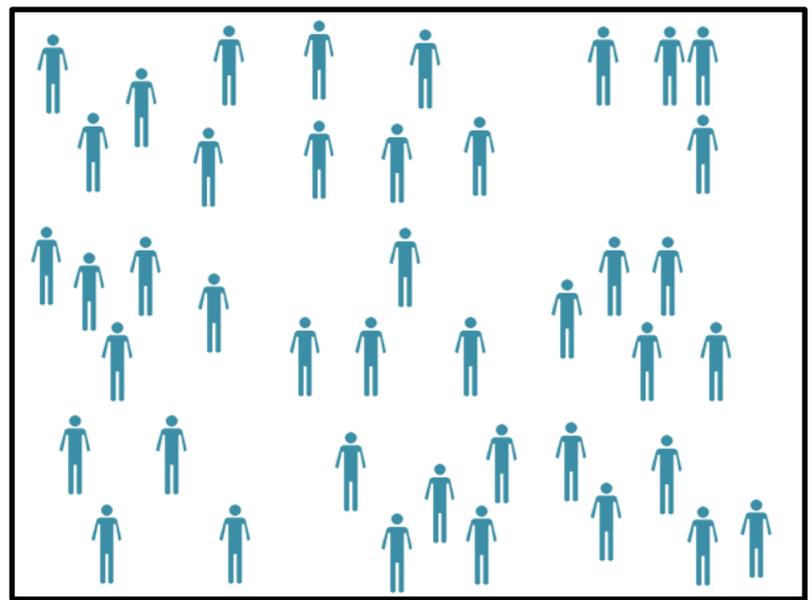
Challenge 2 – Using Best Practices: Addressing Dynamic Needs

Dynamic Risk Factor	Need
History of antisocial behavior	Build alternative behaviors
Antisocial personality pattern	Problem solving skills, anger management
Antisocial cognition	Develop less risky thinking
Antisocial associates	Reduce association with criminal others
Family and/or marital discord	Reduce conflict, build positive relationships
Poor school and/or work performance	Enhance performance, rewards
Few leisure or recreation activities	Enhance outside involvement
Substance abuse	Reduce use through integrated treatment

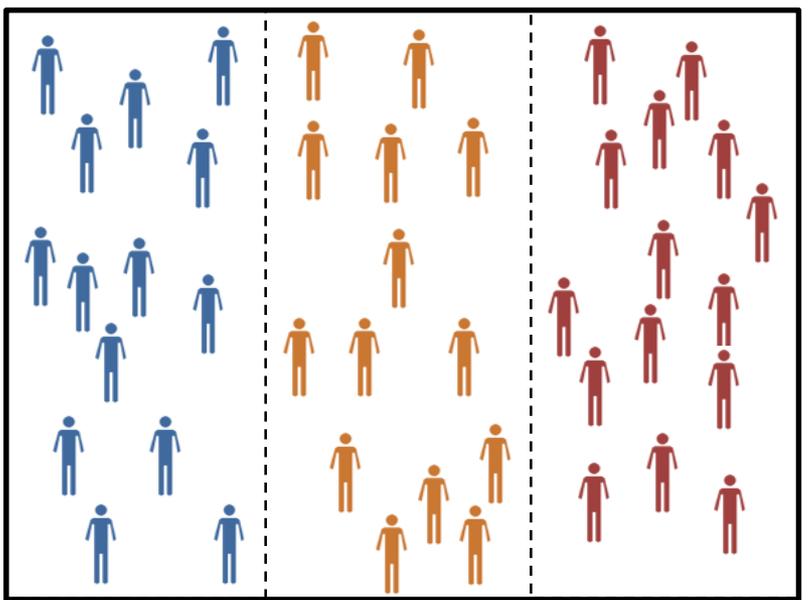
Challenge 2 – Using Best Practices:

Applying Results of Screening and Assessment:

Without Risk Assessment...



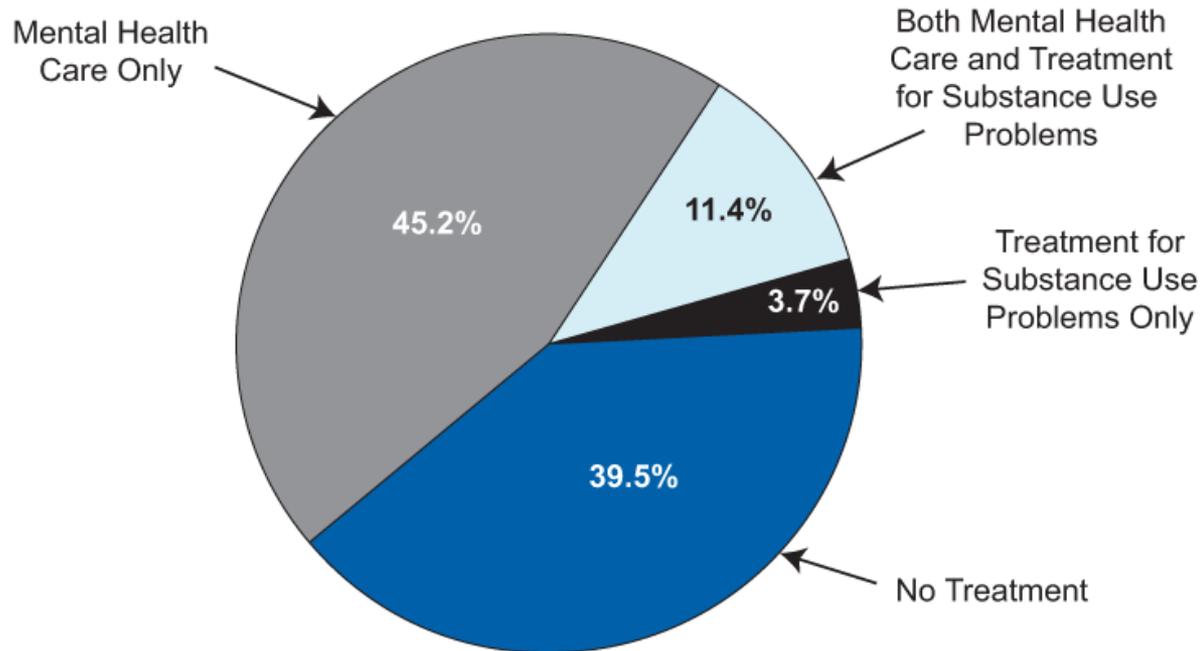
With Risk Assessment...



Risk of Re-offending		
LOW 10% re-arrested	MODERATE 35% re-arrested	HIGH 70% re-arrested

Challenge 2 – Using Best Practices: Filling the Science to Service Gaps

Past Year Mental Health Care and Treatment for Adults 18 or Older with Both SMI and Substance Use Disorder



2.5 Million Adults with Co-Occurring SMI and Substance Use Disorder

Challenge 3 – Continuity of Care

Existing Services Only Reach a Small Fraction of Those in Need

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

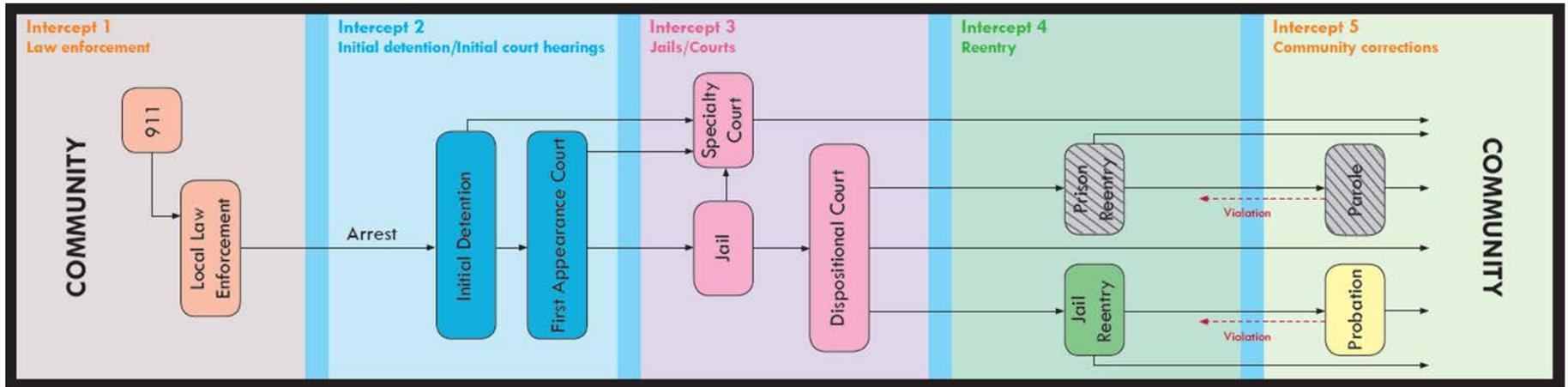
1,389

HIGH/
MOD RISK

Example from Franklin County, OH

Challenge 4 – Tracking Progress:

Focusing County Leaders on Key Outcomes Measures



Outcome measures needed to evaluate impact and prioritize scarce resources

1.

Reduce

the number of people with mental illness booked into jail

2.

Shorten

the length of stay for people with mental illnesses in jails

3.

Increase

the percentage of people with mental illnesses in jail connected to the right services and supports

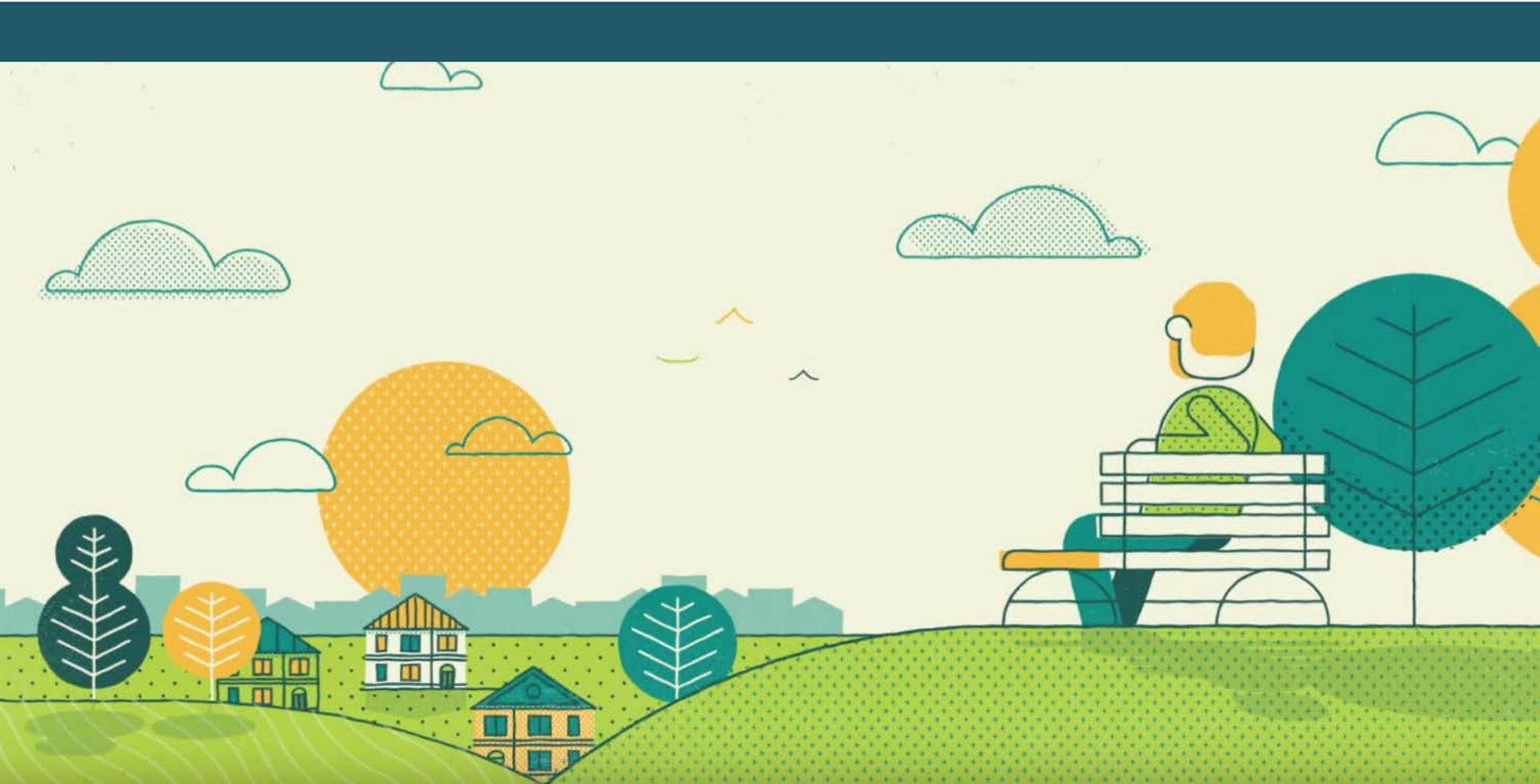
4.

Lower

rates of recidivism

03.

Effective Strategic Plans: How do we move forward?



How do We Know if a County is Positioned to Reduce Number of people with mental illness in jail?



Six Key Questions

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?
6. Do you track progress?

Is your Leadership Committed?

-  Mandate from county elected officials 
-  Representative planning team 
-  Commitment to vision, mission and guiding principles 
-  Designated project coordinator and organized planning process 
-  Accountability for results 

Do You have Timely Screening and Assessment?



Is there are system-wide definition of:



- Mental illness
- Substance use disorders
- Recidivism



Screening and assessment:



- Validated screening & assessment tools
- Efficient screening & assessment processes

Do You have Baseline Data?



Ability to measure:



- Prevalence rate of mental illnesses in jail population
- Length of time people with mental illness stay in jail
- Successful connection to community-based treatment, services and supports
- Recidivism rates



Electronically collected and recorded data



Have You Conducted a Comprehensive Process Analysis and Service Inventory?

System-wide process review 

Inventory of services and programming 

Identified system gaps and challenges 

- Process problems
- Population projections
- Capacity needs

Have You Prioritized Policy, Practice and Funding?

-  Consider a full spectrum of strategies 
-  Strategies clearly focus on the four key measures 
-  Costs and funding identified 
-  County investments 

Do You Track Progress?

-  Reporting timeline of four key measures 
-  Process for progress reporting 
-  Ongoing evaluation of program implementation 
-  Ongoing evaluation of program impact 

Phases of Stepping Up

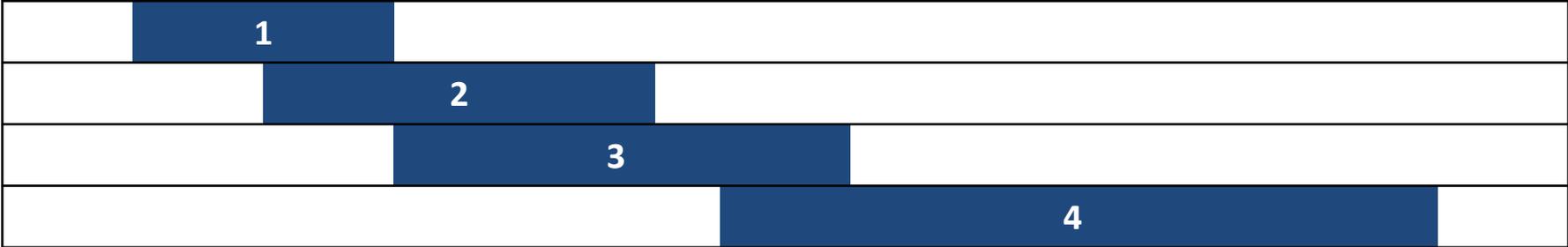
Phase 1: Build coalition, recruit counties, convene summit

Phase 2: Develop/refine framework for action, increase knowledge, support county-level planning

Phase 3: Help all county to have real-time data on the number of people with mental illnesses in their jails

Phase 4 : Help counties set reduction targets, pursue and improve strategies, highlight successes

2015 2016 2017 2018 2019 2020



Federal Opportunities: The 21st Century Cures Act



- Reauthorizes the Mentally Ill Offender Treatment and Crime Reduction Act
- Expands diversion opportunities for people with mental health and substance use disorders
- Expands uses of Second Chance Act grant funds for mental health treatment and supports, and housing
- Funds mental health training for law enforcement departments
- Prioritizes federal grant funding for evidence-based programs, use of risk assessment, and focus on data-informed decision-making

What can you do ??





THANK YOU

For more information, contact: Fred Osher (fosher@csg.org)

The American Psychiatric Association Foundation: americanpsychiatricfoundation.org

The National Association of Counties: naco.org

The Council of State Governments Justice Center: csgjusticecenter.org