

SALT LAKE COUNTY, UTAH

A County Justice and Behavioral Health Systems Improvement Project

Background

In July 2014, Salt Lake County's political, criminal justice, and behavioral health leadership, represented by the county's Criminal Justice Advisory Council (CJAC) wrote to The Council of State Governments (CSG) Justice Center to request an in-depth, cross-systems data analysis of the flow of people through the Salt Lake County criminal justice system. County leaders asked the CSG Justice Center to identify ways to improve the efficiency and effectiveness of policies, programs, and practices to achieve better public health and safety outcomes. One objective was to improve responses to people involved with the criminal justice system, with a particular focus on those with behavioral health disorders, and a second objective was to develop a method to better track key performance measures.¹

County leaders pointed to a strong track record of working together across systems through CJAC, with the shared goals of maximizing public safety and reducing recidivism through the use of innovative, evidence-based approaches that address the criminogenic risk and behavioral health needs of the county's criminal justice population.² These approaches include: the use of specialized police responses (such as Crisis Intervention Teams), behavioral health crisis centers that serve as alternatives to incarceration prior to arrest, a locally validated pretrial risk instrument, community-based pretrial supervision services, problem-solving courts, post-booking jail diversion teams, reentry services and supports, and an Integrated Justice Information System that incorporates data from multiple agencies. [See Appendix A for a list of existing behavioral health resources for the county's criminal justice population.]

Despite these and other considerable efforts, CJAC members believed that arrest rates remained high, lengths of stay in jail were long, and recidivism was a frequent outcome for many people involved with the criminal justice system. The readily available data did not shed sufficient light on these matters and questions remained about the prevalence of people with behavioral health disorders and the effectiveness of the county's policies and practices.

Understanding that such data was essential to targeting scarce resources effectively, county leaders asked the CSG Justice Center, with support from the U.S. Department of Justice's Bureau of Justice Assistance and the Jacob & Valeria Langeloth Foundation, to conduct a year-long data analysis and policy development initiative to identify options for long-term system improvement using data-driven strategies for responding to people with and without behavioral health disorders who were booked into the county jail. County leaders charged CJAC with overseeing this initiative.

Over the course of a year, CJAC and its executive committee met with the CSG Justice Center six times to advise on the methodology of the analysis, review the findings, and provide feedback on preliminary policy recommendations aimed at addressing the challenges associated with serving people who are involved with the criminal justice system. Members of CJAC and other community leaders signed the initial letter of support for the initiative.

CSG Justice Center staff conducted quantitative data analyses that drew on information from eight different data systems and brought together information related to mental health need, likelihood of completing pretrial supervision and probation, risk of a failure to appear in court and/or a new arrest pretrial, and risk of reoffense post-sentencing. Over the course of a 12-month period, the CSG Justice Center reviewed extensive raw data from files maintained by the Salt Lake County jail and the jail's medical staff, Utah's Adult Probation & Parole (AP&P), Salt Lake County Criminal Justice Services' (CJS) pretrial and probation services, the courts, the District Attorney's office, the Salt Lake Legal Defender Association, and the Salt Lake County Division of Behavioral Health Services (BHS). To better understand the context of the data, CJAC provided regular feedback about the findings, and in-person and phone interviews with key stakeholders provided further insight into the data.

In addition to these quantitative data analyses, CSG Justice Center staff conducted more than 50 facilitated discussions with stakeholders in the county's justice and behavioral health systems, including judges, prosecutors, legal defenders, pretrial supervision and screening personnel, state and county probation departments, the Utah Commission on Criminal and Juvenile Justice, corrections officers and jail medical and mental health staff, the Salt Lake City Police Department, BHS, and behavioral health care providers.

Based on this quantitative and qualitative analysis, and with the guidance of members of CJAC and other senior county and state leaders, four key findings were identified. These findings prompted the development of a set of strategic policy recommendations to improve outcomes for people involved with Salt Lake County's criminal justice system. Some recommendations align with work already initiated, and in some cases implemented, by the county, and some county agencies have already begun to develop implementation plans to address some of the other recommendations. The CSG Justice Center reviewed these recommendations with stakeholders, and developed a mock-up of a data dashboard for the county to use to track the effectiveness of its system moving forward.

Momentum for Change in Salt Lake County

Since the start of this project in January 2014, county leaders have taken steps to strengthen policies, programs, and practices, demonstrating their commitment to continued systems improvement and data-driven outcomes. These efforts include:

- Pretrial screening process enhancements to ensure that everyone receives a Salt Lake Pretrial Risk Instrument (SLPRI) assessment once booked into jail
- Funding to hire staff to implement a risk and need screen for everyone booked into jail
- Information-sharing agreements are being developed to increase data sharing between county stakeholders, particularly the Sheriff's Office, Behavioral Health Services, and Criminal Justice Services
- Commitment to the use of evidence-based interventions with the county probation population to address criminogenic risk and needs

The county has also created three new programs that complement many of the recommendations in this report:

- Community-based Intensive Supervision Program pilot (currently being implemented)
- Pre-Prosecutorial Diversion pilot (currently being designed)
- Co-Occurring Reentry and Empowerment (CORE) II Program for women with co-occurring disorders (scheduled to launch in September 2015)

Legislation passed in March 2015 as a result of Utah's Justice Reinvestment Initiative (HB 348) has provided state-level political support for criminal justice and behavioral health reforms that Salt Lake County is already committed to, including universal screening for risk, mental health, and substance use for everyone booked into jail. HB 348 contains statute provisions that will impact the county, including the reclassification of misdemeanor traffic offenses and certain felony drug offenses, and requiring AP&P to implement sanctions to jail in lieu of revocations to prison. The legislation also makes funding available for jail and community-based programming, which will be used to support some of the programs and practices described above.

Many of this report's recommendations have resource implications that will require varying degrees of action on the part of the county and/or the state, with some requiring minimal and others needing significant new funding.

Key Findings in Salt Lake County

This study considered data associated with people released from the Salt Lake County jail between August 1, 2013, and July 31, 2014. Key findings are as follows:

- One out of three people on pretrial supervision and one out of two people on county probation do not fulfill the requirements of their supervision.
- Information on risk and needs is not consistently and systematically collected and used to inform decision making.
- People with mental illnesses stay longer in jail and return more frequently than people without mental illnesses.
- County officials do not know how many people released from jail have behavioral health disorders and how many are connected to the treatment and services they need in the community.

This report provides a set of recommendations for long-term systems change, along with a set of targets to help CJAC set short-term goals for implementing the policies and practices recommended in this report.

Methodology

To conduct its analyses, the CSG Justice Center received more than 2.4 million individual records from the Salt Lake County Sheriff's Office, CJS, the Justice and District Courts, AP&P, BHS, the Salt Lake Legal Defender Association, and the District Attorney's Office. The study cohort was defined as the people released from the Salt Lake County jail between August 1, 2013 and July 31, 2014. The time frame for this study was selected to reflect the most up-to-date initiatives in Salt Lake County—such as the implementation of the Salt Lake Pretrial Risk Instrument (SLPRI)—so that the data examined would be representative of current Salt Lake County policies, programs, and practices.

The jail's Serious and Persistent Mental Illness flag was used to determine the prevalence of people with mental illnesses in jail.

The jail's Offender Management System records were matched to the jail's Electronic Medical Records to identify people who had been flagged by a clinician in the jail as having a Serious and Persistent Mental Illness (SPMI). Of the 22,640 people released from jail during this 12-month period (33,703 total releases), 834 (4 percent) were flagged by the jail as having an SPMI.

This flag was determined through full clinical assessments by jail staff within two weeks of booking into jail. The flag does not, however, account for the results of all of the clinical assessments that take place in jail, or for all of the mental health care and treatment provided to people in jail. Instead the flag is used to identify the most severely mentally ill people for jail management purposes only, and does not reflect the results of assessments based on the state's definition of SPMI.³ For example, people with traumatic brain injury are flagged by the jail, but would not be according to the state's definition of SPMI. Because the jail uses this flag for jail management purposes only, it cannot be used to identify the actual number of people with mental illnesses leaving jail and connecting to services in the community. This report will refer to the jail's flag for SPMI as Jail Serious and Persistent Mental Illness (JSPMI), to distinguish it from the state-defined SPMI.

At the time of this study, there was no systematic screening or assessment for substance use disorders in the jail, so the CSG Justice Center could not identify the prevalence of substance use disorders in jail.

The Salt Lake County Criminal Justice Advisory Council

The Salt Lake County Criminal Justice Advisory Council (CJAC) is a standing committee that meets monthly and operates under the auspices of the Salt Lake County Mayor's Office. CJAC members include the Salt Lake County mayor, Midvale City mayor, and the Salt Lake County Council members; the Salt Lake County sheriff, Salt Lake County district attorney, Salt Lake City prosecutor, and the director of the Salt Lake County Legal Defender Association; the judges and court staff of the Third District and Justice Courts; the Utah Department of Corrections and Salt Lake County Criminal Justice Services; Salt Lake County Human Services, and Salt Lake County Division of Behavioral Health Services. Through data collection, research, and dialogue among its strategic partners, CJAC makes policy and programmatic recommendations to county and state leaders. The CSG Justice Center worked closely with the division director of CJAC throughout the entirety of the initiative, including engaging in preliminary conversations about the scope of the analyses, developing data-sharing agreements and receipt of data from multiple agencies, reviewing data findings, and developing policy and programming recommendations. In addition, CJAC's data management staff assisted in obtaining data, de-identifying data for use by the CSG Justice Center, and running additional data analyses.

The supervision failure rate for people released to CJS pretrial services was analyzed, as were the risk scores for those who received the Salt Lake Pretrial Risk Instrument assessment.

The Salt Lake Pretrial Risk Instrument (SLPRI) is a locally validated pretrial risk assessment administered by CJS shortly after an individual is booked into jail. It is used to predict failure to appear in court and risk of new criminal activity during the pretrial period. Defendants can score 1 through 6 on the SLPRI, with 6 being the highest risk level.

To determine the number of people who received an SLPRI assessment, jail releases were matched with records for people in the CJS database who were screened. Different types of release mechanisms (including release to pretrial supervision, own recognizance, overcrowding release, and orders of release) were analyzed to identify what percentage of people with each of these types of releases had received an SLPRI assessment.⁴ Each release type was also broken down by risk level.

An analysis was also conducted of the failure rate for people who participated in pretrial supervision. Pretrial supervision failure is defined as not completing the conditions of pretrial supervision, which includes failure to appear in court, failure to initiate supervision, violation of the supervision plan, or new criminal activity. The analysis also included a breakdown of failure rate by risk level.

The supervision failure rate and results of the Level of Service Inventory-Revised risk assessment for people on probation with CJS and AP&P were analyzed.

CJS provides probation to people convicted of Class B misdemeanors and below, as well as some Class A misdemeanors, while AP&P provides probation to people convicted of felonies and some Class A misdemeanors. Although their data is stored in separate databases, both agencies' data were analyzed to identify the failure rates for probationers during the time frame of this study. Probation failure occurs when an individual does not comply with probation conditions, fails to report for probation, or engages in new criminal activity.

The Level of Service Inventory-Revised (LSI-R) risk assessment predicts an individual's risk of reoffending. Scores from the LSI-R assessments were analyzed for people on probation with both CJS and AP&P. The LSI-R is administered by each department separately, and each person is scored as high, medium, or low risk. Probation failure rate was also analyzed by LSI-R risk score.

Findings

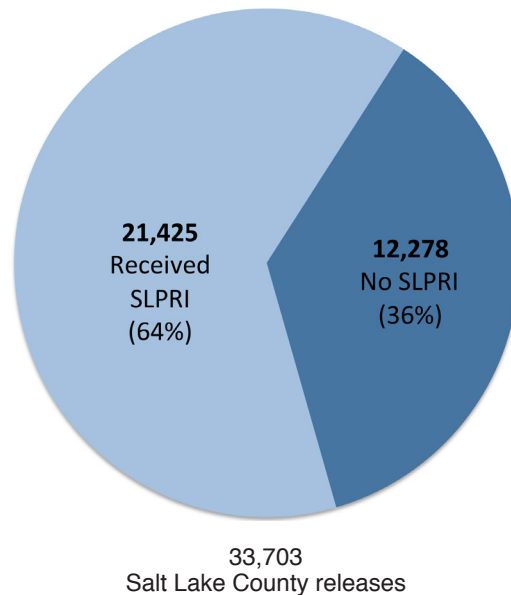
One out of three people on pretrial supervision and one out of two people on county probation do not fulfill the requirements of their supervision.

- 33 percent of people (683 out of 2,055 people) released to CJS pretrial supervision during the 12-month period of this study did not fulfill the requirements of their supervision; the majority of these people (90 percent) failed to appear in court.
 - Pretrial supervision failure rates increase from 20 percent for people with the lowest SLPRI risk score of 1, to 61 percent for those with a risk score of 5.⁵ Overall, failure rates are high for all risk levels.
 - National data on average failure rates for people on pretrial supervision is limited, but results indicate a rate that ranged from 1 percent to 7 percent for low-risk people and from 10 percent to 15 percent for high-risk people.⁶
- 53 percent of people (1,243 out of 2,347 people) released to CJS probation did not fulfill the requirements of their supervision.
 - Probation failure rates increased as risk levels increased; the failure rate was 27 percent for people who were assessed as being low risk according to the LSI-R, 51 percent for medium-risk people, and 69 percent for high-risk people.
 - Of people who completed probation, 71 out of 1,104 people (6 percent) had an “unsuccessful completion,” which occurs when an individual satisfies all of the conditions of probation, but has outstanding fees and/or fines, or the court administratively closes the case.
 - Nationally, the average failure rate for people on probation is 35 percent.⁷

Information on risk and needs is not consistently and systematically collected and used to inform decision making.

- There is no validated screen for mental illnesses or substance use disorders at booking into the county jail.
- The jail’s clinicians identified just 4 percent (834 of 22,640 people) of people who were released from jail as having a JSPMI.
- More than a third of people released from jail (12,278 of 33,703 total releases, or 36 percent) had not received an SLPRI risk assessment. [See Figure 1]
 - 22 percent (2,701 of 12,278 people released) of people who didn’t receive an SLPRI risk assessment were released on overcrowding release or orders of release.
 - The SLPRI assessment process at the jail has changed since the time frame of the study, and more people who are released on overcrowding release are expected to receive an SLPRI assessment as a result.

Figure 1. Percent Released from Jail Who Received an SLPRI Assessment, August 1, 2013 through July 31, 2014

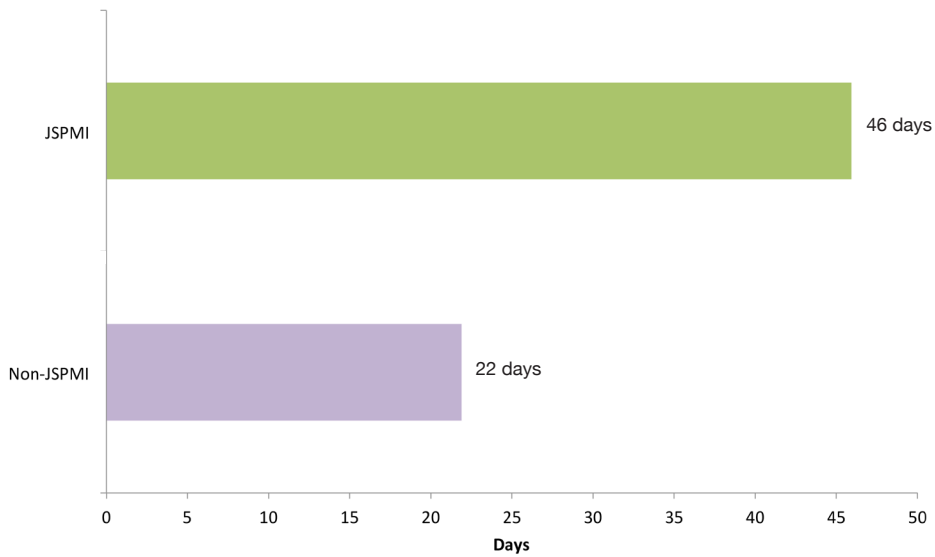


- Of the 21,425 people released who received an SLPRI assessment, release decisions were not consistently guided by the individual’s level of risk of failure to appear in court and risk for new criminal activity during the pretrial period.
 - Under current release practices, many people who were assessed as being low risk received pretrial supervision, while moderate- to high-risk people were often released through overcrowding release or orders of release without any pretrial supervision.
 - Recognizance releases and releases to pretrial supervision are decided based on the SLPRI score and on the types of charges the defendant faces.⁸ Most people released on their own recognizance (74 percent) had an SLPRI score of 1 or 2, and 72 percent of those released to pretrial supervision had an SLPRI score of 2, 3, or 4.
 - Risk information was not used to inform overcrowding releases and orders of release, even when the information was available. One third of overcrowding releases and orders of release had a SLPRI risk score of 5 or 6.

People with mental illnesses stay longer in jail and return more frequently than people without mental illnesses.

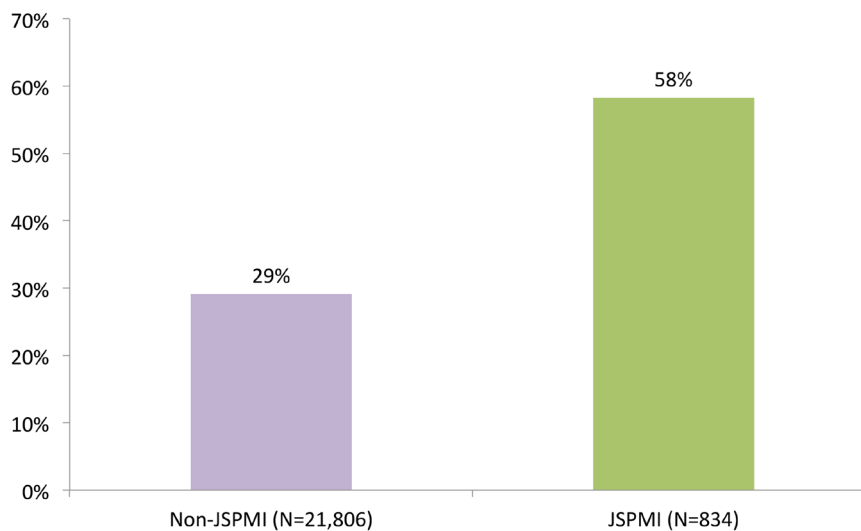
- People with a JSPMI stayed twice as long in jail as those without a JSPMI.
 - The average length of stay in jail for people with a JSPMI was 46 days, compared to 22 days for people without a JSPMI. [See Figure 2] The average length of stay for everyone released from jail during the period of this study was 23 days.
 - People with a JSPMI have a longer length of stay in jail, regardless of offense type. The JSPMI population whose top charge was a misdemeanor had an average length of stay of 16 days in jail, compared to 7 days for the non-JSPMI population. The JSPMI population whose top charge was a felony had an average length of stay in jail of 68 days, compared to 39 days for the non-JSPMI population.

Figure 2. Average Length of Stay in Jail for People with Behavioral Health Disorders, August 1, 2013 through July 31, 2014



- People with a JSPMI returned to jail more often than people without a JSPMI during the 12-month period of this study.
 - People with a JSPMI were twice as likely to be booked two or more times (58 percent) within one year of release than those without a JSPMI (29 percent). [See Figure 3]

Figure 3. Percentage of People Booked into Jail Two or More Times, August 1, 2013 through July 31, 2014



County officials do not know how many people released from jail have behavioral health disorders and how many are connected to the treatment and services they need in the community.

- The actual number of people with behavioral health disorders in jail is unknown because the JSPMI flag does not identify this population based on the state’s definition of SPMI, and there is no systematic screening or assessment for substance use disorders.
- National studies of the prevalence of mental illnesses in jails show that 17 percent of people booked into jail have a Serious Mental Illness (SMI) and up to 22 percent of the standing population may meet criteria for SMI (which is a broader definition than Utah’s SPMI definition).⁹ National studies have found that nearly 11 percent of people on probation have mental illnesses with features more closely aligned with Utah’s SPMI definition.¹⁰
- For system planning purposes only, the CSG Justice Center used 14 percent as an estimate for the number of people with SPMI released from county jail, and 10 percent as the number of people with SPMI on CJS probation. Both of these numbers are not empirically based, but were determined as a result of qualitative discussions between national and local experts, including behavioral health stakeholders.

Recommendations

The following set of recommendations is provided to CJAC to serve as a plan for long-term system changes to improve the responses to people involved with the criminal justice system, with a particular focus on those with behavioral health disorders. Each recommendation addresses resource implications that will require varying degrees of action on the part of the county and/or the state, with some requiring minimal resources and others needing significant funding to bring this work to scale. Efforts are already under way to implement some of these recommendations. Specific steps for the immediate implementation of targeted priorities are presented in the subsequent section.

Recommendation 1: Ensure that law enforcement responses to people with behavioral health disorders promote the safety of all involved and allow law enforcement to divert people in crisis away from jail to appropriate behavioral health care services when public safety is not an issue.

Salt Lake County law enforcement agencies should develop concrete goals for areas for improvement, including the following:

- Build on the capacity of preexisting Crisis Intervention Teams by increasing the number of law enforcement officers who are trained to employ specialized police responses.
- Improve resources and guidance for officer training and education on responding to mental health calls for service.
- Build on preexisting programs and collaborative partnerships between law enforcement and behavioral health agencies, ensuring that behavioral health crisis and treatment providers administer an effective,

comprehensive response to people referred by local law enforcement, focusing on the following existing services:

- Mobile Crisis Outreach Teams (MCOT)—three interdisciplinary teams of licensed clinicians and peer specialists that provide mobile crisis responses in Salt Lake County—operate throughout the county, but are stationed only in specific locations. According to qualitative interviews, some law enforcement agencies work with MCOTs and refer to MCOTs more regularly than others, and this is likely due to the geographic locations of the MCOTs. *The creation of additional MCOTs would increase law enforcement’s access to this service and provide the opportunity to help divert people from unnecessary hospital stays and jail bookings, when appropriate.*
- The University Neuropsychiatric Institute’s (UNI) Receiving Center is a behavioral health crisis center that provides short-term observation and stabilization in a safe and secure environment for up to 23 hours and determines whether a person can be diverted from a hospital stay to a facility such as the UNI Wellness Recovery Center, which is a 16-bed residential facility with a recovery-based model that can provide services for up to 14 days. The UNI Receiving Center provides an effective service, but with just six beds, it is regularly at capacity, which limits law enforcement’s ability to refer people to the Receiving Center. In addition, its location in Salt Lake City limits law enforcement officers outside of Salt Lake City from referring people to the Receiving Center. *An additional receiving center in a different geographic location would increase the capacity for diversion from hospitals and jail, and improve access for those referrals coming from outside of Salt Lake City.*
- Volunteers of America partners with multiple law enforcement agencies in Salt Lake County to provide a non-medical social detox program that can be an alternative to incarceration for people who might otherwise be arrested for public intoxication.¹¹ UNI’s Receiving Center and Wellness Recovery Center do not currently provide detoxification services and offer minimal treatment for people with substance use disorders. *Either expanding the existing receiving center or building a new receiving center to provide detoxification services in an alternative to hospitalization setting would fill a significant service gap in the county.*

Recommendation 2: Ensure that everyone who is booked into jail receives a validated pretrial risk screening and assessment to inform pretrial release and detention decisions.

Implement pretrial screening and assessment for everyone booked into jail who is being considered for release. Implementation should encompass the following:

- Require CJS to use the SLPRI to assess everyone being considered for release, including those considered for overcrowding release and order of release.
- As already approved by the County Council, implement the county’s plan for the Salt Lake County Sheriff’s Office to administer the LSI-R Screening Version (SV) to inform assignment to jail programming, determine eligibility for pretrial diversion programs and specialty courts, and inform pretrial supervision case management.¹²
- Require CJS to monitor the population that remains in jail and inform the court when release might be considered.
- Implement system-wide training, including for judges and court staff, on the use of SLPRI risk assessment information to guide bail decisions and on the use of the LSI-R (SV).

Recommendation 3: Use the results of behavioral health screenings to inform decisions about the need for further assessment, jail population management, the delivery of behavioral health care services within the jail, and reentry planning.

BHS and the Salt Lake County Sheriff's Office should work together to establish a comprehensive behavioral health screening process within the jail. To create this process, the county should do the following:

- Develop a flag for people in jail who have behavioral health disorders for the purposes of jail management, additional assessments, and connection to services upon release.
- Develop a screening and assessment process that identifies the following groups of people:
 - People with an SPMI who qualify for Medicaid in the community.
 - People with substance use disorders and co-occurring mental illnesses who qualify for substance use and behavioral health care services in the community funded by block grants.
 - People with traumatic brain injuries who qualify for services in the community under Utah's Division of Services for People with Disabilities.
- Build on existing matching capabilities to develop a systematic matching process for people booked into jail who screen positive for SPMI and/or substance use disorders with BHS and the Legal Defender Association databases to identify arrestees already receiving behavioral health care in the community. This information will facilitate continuity of care while the individual is in jail and enable the connection to treatment or other services upon release. When a match occurs, there should be a mechanism that informs the community-based service provider of the individual's arrest so the service provider may communicate with jail health staff regarding the individual's current treatment, including medications. For people receiving community-based services prior to arrest, the current matching and reentry planning process should be improved to ensure continuity of care, including access to medications, to avoid interruption of treatment.
- Continue to ensure that the current "Top Ten" review (by the joint staffing team of the jail, BHS, Salt Lake Legal Defender Association, CJS, and community treatment providers) of the most difficult and frequently booked cases prioritizes people who have an SPMI.
- Ensure that the Salt Lake County Sheriff's Office and the judiciary use risk and need information to prioritize higher-risk people for access to the jail's available substance use treatment programming, including the Correctional Addiction Treatment Services (CATS) and the less-intensive Drug Offender Group Services (DOGS) that is often provided to people on the waitlist for CATS.

Recommendation 4: Use results of risk and behavioral health screenings and assessments to develop comprehensive community-based treatment and supervision plans.

CJS and the Salt Lake County Sheriff's Office should share the results of risk and behavioral health screenings and assessments completed during the booking process with the supervision agency and community-based service providers to allow for efficient and effective connection to services and collaborative case management.

- At the pretrial stage, CJS should continue to use the SLPRI to provide risk information to inform release decisions. Further, the additional risk information provided by the LSI-R (SV), should be used to match

level of risk with level of supervision. With the exception of the people specifically required by the court to be supervised, those identified as low risk should be considered for release on their own recognizance. Supervision resources should be prioritized for people who score in the moderate- to high-risk range. People who are assessed as low risk should receive court hearing reminders and receive minimal, if any, face-to-face supervision as policy allows. Connections to treatment and other services should be made for people on pretrial supervision when necessary. Whenever possible, people identified as potentially having a serious mental illness should be offered transportation from the jail to community-based service providers.

- CJS should use the results of any assessments completed at the jail in combination with the LSI-R to match the intensity of probation supervision and treatment services provided in the post-conviction stage to the individual's level of risk and needs. The Criminogenic Risk and Behavioral Health Needs Framework [See Appendix C] can be used to identify and prioritize groups of people for treatment and supervision.¹³ The focus of supervision and treatment should be on people who score in the moderate- to high-risk range. Low-risk people should have minimal reporting requirements and conditions, although those with significant behavioral health needs should be connected to treatment.
- Continue to ensure that the BHS network of providers incorporate risk-reduction strategies into treatment plans that address factors associated with criminal activity, which should be consistent with the statewide treatment standards developed through the Justice Reinvestment Initiative.¹⁴
- Continue to ensure that BHS, the Salt Lake County Sheriff's Office, and CJS use risk and need information to prioritize access to available treatment programming, including the resources of CORE and CORE II (Co-Occurring Reentry and Empowerment), Therapeutic Communities, ACT Teams, and other residential and non-residential programs.¹⁵
- Continue to ensure that protocols for release of information in accordance with state and federal privacy laws are implemented.

Recommendation 5: Develop a plan to improve pretrial and probation supervision completion rates.

CJS should implement the following:

- Develop personnel policies that hold staff accountable for the use of evidence-based practices that are required by the organization, and reward officers who implement these practices and demonstrate effective case management skills.
- Determine whether the current level of SLPRI and LSI-R training is sufficient to ensure fidelity to the use of these tools and guide effective case planning to address criminogenic needs.
- Develop additional programming to increase the use of Cognitive-Based Therapy (CBT) curricula that address factors associated with arrest; "front-load" services during pretrial and probation supervision; and establish specialized supervision caseloads for people with behavioral health disorders.
- Pretrial and probation supervision agencies should coordinate with BHS for moderate- to high-risk people with an SPMI, and include navigation assistance in enrolling with Medicaid and connecting with behavioral health assessment services, when necessary.
- Pretrial and probation supervision should connect moderate- to high-risk people who have a substance use disorder and/or lower levels of mental illness (non-SPMI) to appropriate services to address their needs.

- Enhance the current Waiver Program by developing a pool of “probation violator funds” and associated policies to be used for people in technical violation status due to inability to pay for services.¹⁶ Eligible services may include: electronic monitoring, assessments, programming/treatment, transportation needs, and urinalysis testing.
- Develop collaborative partnerships to enhance the quality of supervision for moderate- to high-risk people through efforts including:
 - Cross-train CJS probation staff with AP&P on the joint use of CBT curricula and other resources to provide consistent programming for probationers who move throughout the system.
 - Cross-train CJS pretrial and probation staff with the Federal Office of Probation and Pretrial Services in the District of Utah to provide consistent programming and use of evidence-based practices for supervision of pretrial clients and probationers who move through the system.
 - Develop a “sanction and incentive” matrix that coordinates with the AP&P matrix to respond consistently to probation violations.
 - Fully implement the county’s community-based Intensive Supervision Program pilot, which is administered by CJS and the Salt Lake County Sheriff’s Office to increase supervision and referrals to services for moderate- and high-risk people, including family-based interventions for those with substance use disorders.¹⁷
 - Increase collaboration with the Justice Courts to improve communication with and support of pretrial and probation services, including a review of the current Memorandum of Understanding for pretrial supervision requirements.
- Justice Courts should establish performance requirements for private probation agencies that provide supervision for the Justice Courts.

Recommendation 6: Enhance the mechanisms that connect people in jail who have behavioral health disorders to community-based behavioral health care services upon their release.

BHS should work collaboratively with the Salt Lake County Sheriff’s Office and other community providers to:

- Enhance in-reach services to people in jail and reentry planning to connect to care those identified with behavioral health disorders, based on their eligibility for services in the community.
- Develop a mechanism to identify the jail population’s health insurance coverage status (Medicaid, Medicare, Veterans, or private insurance), if any, and assist those eligible to be connected to health care coverage as allowed by their length of stay in jail.
- Increase service capacity, as resources allow, if the population identified as meeting eligibility requirements for behavioral health care services expands.
- Expand the capacity of the current mental health liaison who works with BHS and the Salt Lake Legal Defender Association to identify and connect people in jail who have behavioral health disorders to existing mental health diversion and treatment programs. There should be more than one full-time staff person to ensure that these connections are made.

- Develop a collaborative approach to ensure that people who are identified as eligible for connection to care and have agreed to receive services in the community can be transported directly to a treatment provider in the community. This can be achieved through the existing ATI transportation system or other methods.

Recommendation 7: Track the implementation of the CSG Justice Center's recommendations, and develop a process for ongoing system analysis and outcome measurement for key criminal justice system indicators, including the number of people with behavioral health disorders in the criminal justice system.

CJAC should manage, coordinate, and monitor the implementation of the recommendations of this report, as well as regularly inform stakeholders of their status.

- Implement a data dashboard to track key performance measures of Salt Lake County's criminal justice system.
 - The data dashboard will feature information from agencies including the Sheriff's Office, the Justice and District Courts, the District Attorney's Office, CJS's probation and pretrial services, AP&P, and BHS.
 - Use the data dashboard to regularly report on the criminal justice population, including bookings into jail; average daily populations; releases; length of stay; proportions of entries and exits into jail; pretrial supervision and probation; and court case clearance rates.
- Upon implementation of behavioral health screening and assessment practices, ensure that the data dashboard tracks progress related to identifying people with behavioral health disorders entering the jail, reducing their length of stay in jail, connecting them to services in the community, and ensuring that their rates of return to jail decline.
- Ensure that the data dashboard tracks changes in the jail population due to changes in protocols and practices resulting from the implementation of Utah's justice reinvestment reforms. In addition, the dashboard should incorporate data related to the justice reinvestment reforms tracked by the state.

Action Plan

To implement the recommendations in the previous section, county leaders should be focused on the following outcomes:

- *Reduce the number of people with behavioral health disorders who are booked into jail*
- *Reduce the length of time people with mental illnesses stay in jail*
- *Increase the number of people released from jail who are connected to community-based services and supports*
- *Reduce the number of people returning to jail*

To achieve these outcomes, county leaders should track progress in three areas: screening, connection to services, and community supervision. The targets below are intended to enable progress in these three areas. Some of these targets will require minimal new resources and others will require significant funding.

ISSUE	TARGETS	DETAIL
Screening	100 percent of people who enter jail are screened at booking for mental illness.	<ul style="list-style-type: none"> ■ The Brief Jail Mental Health Screen (or a similar validated mental health screen) should be administered during the jail booking process. Each person should receive a score based on the screen, and a flag for mental illness should be entered into the jail's data management system.
	100 percent of people who enter jail are screened at booking for substance use disorders.	<ul style="list-style-type: none"> ■ The Texas Christian University Drug Screen (or a similar validated substance use disorder screen) should be administered during the jail booking process. Until this screen is fully adopted, this substance use disorder screen should be administered for people who screen positive for mental illness, or at the start of pretrial supervision.
	100 percent of people who enter jail receive a pretrial risk screening and assessment.	<ul style="list-style-type: none"> ■ The SLPRI should be administered shortly after booking to everyone who will be processed through the Salt Lake County system. The SLPRI is currently only administered to 68 percent of people booked into jail, but according to qualitative conversations with stakeholders, protocols have changed since this data was collected to allow for everyone released as a result of overcrowding release to receive an SLPRI assessment, which should increase the percentage of people who receive an SLPRI assessment.¹⁸ ■ The LSI-R (SV) should be administered at booking to everyone who will be processed through the Salt Lake County court system to inform assignment to jail programming, determine eligibility for pretrial diversion programs and specialty courts, and inform pretrial supervision case management.
Connection to Services	100 percent of people who screen positive for a mental illness and/or substance use disorder receive an assessment either in jail or in the community.	<ul style="list-style-type: none"> ■ Screening and assessment information should be shared between the Sheriff's Office, BHS, the Legal Defender Association, and CJS to facilitate connection to services upon release.

ISSUE	TARGETS	DETAIL
Connection to Services	95 percent of people who have a behavioral health disorder and a prior connection to BHS reestablish services with their treatment providers within four weeks of release from jail.	
	75 percent of people who have a behavioral health disorder and no prior connection to BHS will be connected to services within four weeks of release from jail.	<ul style="list-style-type: none"> ■ As information on the prevalence of behavioral health disorders in jail is gathered and tracked, the gaps in services should be identified, with the goal of connecting everyone with a behavioral health disorder who enters jail to services in the community.
	100 percent of people in jail who have behavioral health disorders and are eligible for and willing to be connected to services in the community are transported directly to a treatment provider through the ATI transport system or other methods upon release.	
<p>Community Supervision*</p> <p>*See Appendix B for a description of how these targets were developed.</p>	Reduce by 50 percent the supervision failure rate for people assigned to CJS pretrial and probation supervision by prioritizing supervision resources for the moderate- and high-risk SPMI population.	<ul style="list-style-type: none"> ■ A specialized pretrial supervision caseload to serve approximately 200 moderate- to high-risk people with an SPMI should be established to provide an appropriate level of supervision. In addition, BHS staff embedded in CJS should provide navigation to services and assist with assessment needs. ■ A specialized probation supervision caseload to serve approximately 150 moderate- to high-risk people with an SPMI should be established to provide an appropriate level of supervision. In addition, BHS staff embedded in CJS should provide navigation to services and assist with assessment needs. <ul style="list-style-type: none"> ○ 75 percent of this group should be connected to services within two weeks. ○ 90 percent of this group should be connected to services within three weeks. ○ Probation caseload size should be set to allow for appropriate supervision of moderate- to high-risk people with an SPMI. Caseloads in the range of 25–40 are projected.

ISSUE	TARGETS	DETAIL
<p>Community Supervision</p>	<p>Reduce by 50 percent the supervision failure rate for people assigned to CJS pretrial and probation supervision by prioritizing supervision resources for moderate- to high-risk people who do not have an SPMI, but who may have other behavioral health needs, such as lower levels of mental illness and/or substance use disorders.</p>	<ul style="list-style-type: none"> ■ A pretrial supervision caseload to serve approximately 1,500 moderate- to high-risk people without an SPMI, but who may have other behavioral health needs, should be established. ■ A probation supervision caseload to serve approximately 1,400 moderate- to high-risk people without an SPMI, but who may have other behavioral health needs, should be established. ■ Moderate- and high-risk people without an SPMI, but who may have other behavioral health needs, who are assigned to pretrial and probation supervision should be connected to behavioral health care services in the community. ■ Probation caseload size should be set to allow for appropriate supervision of moderate- to high-risk people without an SPMI, but who may have other behavioral health needs. Caseloads in the range of 50–75 are projected.



Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails, which is sponsored by the National Association of Counties, the American Psychiatric Foundation Association, and The Council of State Governments Justice Center, calls on counties across the

country to reduce the prevalence of people with mental illnesses being held in county jails. The work being done in Salt Lake County, the leadership that Salt Lake County’s Criminal Justice Advisory Council has demonstrated, and the findings emerging from the data analysis presented in this report are instructive for counties everywhere that are “stepping up” to reduce the numbers of people with mental illnesses in their jails.

Appendix A

Behavioral Health Services in Salt Lake County¹⁹

Law Enforcement and Emergency Services	Jail	Courts	Reentry	Community
<ul style="list-style-type: none"> • Crisis Intervention Teams (and CIT Investigative Unit) • Mobil Crisis Outreach Teams • Receiving Center • Wellness Recovery Center • Crisis-Line and a Peer-Run Warm Line for Mental Health Support • Volunteers of America (VOA) Social Detox Center 	<ul style="list-style-type: none"> • Jail Mental Health Services • Mental Health Release to Alternatives to Incarceration Programs • Correctional Addiction Treatment Services • Community Response Team • CJS Release Coordinator • State Hospital Competency Restoration 	<ul style="list-style-type: none"> • Mental Health Courts • Veteran's Courts • Drug Courts • Legal Defender Association's Mental Health Liaison and Social Services Positions • Case Resolution Coordinator 	<ul style="list-style-type: none"> • Top Ten Case Review • Jail Diversion Outreach Team • CORE I and II • Alternative to Incarceration Transportation • Drug Offender Reform Act Supervision Program • Mental Health and Substance Use Disorder Programs • 4th Street Clinic • Department of Workforce Services' Medicaid Eligibility Specialists • Gap Funding for Behavioral Health Services 	<ul style="list-style-type: none"> • Right Person In and Out Housing • CJS Mental Health Court Case Manager • Veterans Outreach Coordinator • Utah Defendant Offender Workforce Development • Utah Support Advocates for Recovery Awareness • National Alliance on Mental Illness • Intensive Supervision Pilot • Representative Payee Option for People Who are Unable to Manage Their Own Benefits • VOA Assertive Community Treatment Team

Appendix B

Underlying Assumptions for Caseload Targets

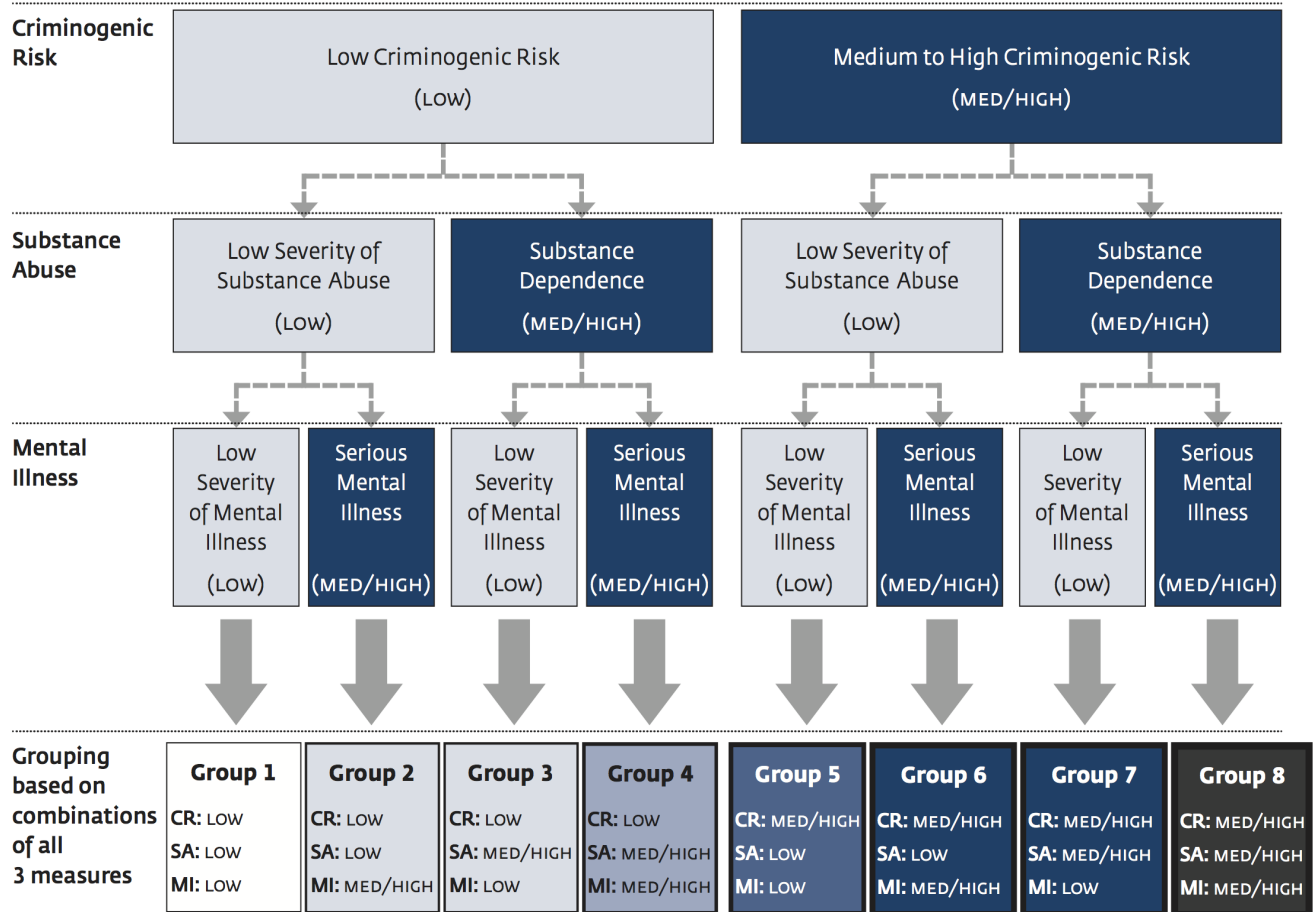
To determine the capacity necessary to address these targets, projected prevalence rates for mental illnesses and substance use disorders were established. The CSG Justice Center used 14 percent as an estimate for the number of people with SPMI released from county jail, and 10 percent as the number of people with SPMI on CJS probation. Both of these numbers are not empirically based, but were determined as a result of qualitative discussions between national and local experts, including behavioral health stakeholders.

The following underlying assumptions were established to determine caseload sizes:

- Higher-risk SPMI people is the primary target population.
- Higher-risk/non-SPMI people should also be targeted to reduce overall failure rates.
- All high- and medium-risk people should be supervised during pretrial stage, requiring CJS to absorb overcrowding release and order of release high- and medium-risk releases who are currently not supervised.
- All higher-risk people who screened positive for SPMI should receive pretrial and probation supervision in conjunction with connection to the appropriate behavior health care services.
- All low-risk people at the pretrial stage should be considered for own recognizance bonds; those with SPMI should have verified connection to behavioral health care services and receive court reminders.
- Higher-risk people screened positive for a substance use disorder should be referred for services at both the pretrial and probation stages, realizing treatment may not be ordered at the pretrial stage.

Appendix C

Criminogenic Risk and Behavioral Health Needs Framework



Endnotes

1. Behavioral health disorders include mental illnesses, substance use disorders, and both.
2. Criminogenic risk refers to the likelihood that someone will commit a new crime or violate the conditions of his or her supervision.
3. See the [Utah Scale on Serious Mental Illness \(SMI\) and Serious and Persistent Mental Illness \(SPMI\)](#).
4. Overcrowding releases occur when the jail is in danger of reaching its maximum capacity. The jail has the authority to release individuals pretrial and bases its decision for release on the individual's charges and outstanding warrants. Orders of release occur when a judge orders the release of an individual from jail during the pretrial period.
5. Pretrial supervision failure rates for all SLPRI scores were as follows: No score—31% (N=698), Score 1—20% (N=251), Score 2—28% (N=508), Score 3—39% (N=203), Score 4—48% (N=255), Score 5—61% (N=78), Score 6—54% (N=13).
6. Lowenkamp, Christopher T., and Marie VanNostrand, "Exploring the Impact of Supervision on Pretrial Outcomes," *The Arnold Foundation* (2013): 13. See arnoldfoundation.org/wp-content/uploads/2014/02/LJAF_Report_Supervision_FNL.pdf.
7. Herberman, Erinn J, and Thomas P. Bonczar, "Probation and Parole in the United States, 2013," *The US Department of Justice's Office of Justice Programs' Bureau of Justice Statistics* (2015), 5. See bjs.gov/content/pub/pdf/ppus13.pdf.
8. A Memorandum of Understanding (MOU) was agreed upon between CJS and the courts that allows CJS to release individuals pretrial, but provides restrictions based on charge and may require pretrial supervision, even if the defendant has a low SLPRI score.
9. Stedman, Henry J., Fred C. Osher, Pamela Clark Robbins, Brian Case, and Steven Samuels, "Prevalence of Serious Mental Illness Among Jail Inmates," *Psychiatric Services* 60, no. 6 (June 2009): 761-765.
10. U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's Center for Behavioral Health Statistics and Quality, "Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings," (2012). See samhsa.gov/data/sites/default/files/2k12MH_Findings/2k12MH_Findings/NSDUHmhfr2012.htm#fig2-2.
11. An estimated 972 jail diversions entered the Volunteers of America social detox program in FY2013.
12. As part of the Justice Reinvestment Initiative reforms, the County Council has already approved the implementation of the LSIR-SV at the jail.
13. Osher, Fred C., David A. D'Amora, Martha Plotkin, Nicole Jarrett, and Alexa Eggleston, "Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery," *Council of State Governments Justice Center* (2012), 33. See csgjusticecenter.org/mental-health/publications/behavioral-health-framework/.
14. Respondents to BHS' RFPs were required to answer the following questions and scored accordingly when allocating funding: (1) If applicable to your proposal, describe the services you provide when clients are involved in the criminal justice system or when treatment is required by the court, including how you propose to address criminogenic factors which can lead to unsuccessful outcomes. (2) Related to above, describe how your agency has the capacity to segregate your target population by risk and need factors so that high risk populations are not in the same treatment groups with low risk populations. (3) Describe your experience with evidence-based and outcome-supported treatments.
15. As part of the state's Justice Reinvestment Initiative reforms, the County Council has already approved CORE II.
16. The Waiver Program refers to a pool of funds set aside in Salt Lake County to assist those on probation with costs for required services such as assessments, treatment, urinalysis, and house arrest.
17. As part of the Justice Reinvestment Initiative reforms, the County Council has already approved an intensive supervision pilot.
18. People brought into jail under the "book and release" policy do not receive an SLPRI assessment.
19. Adapted from CMHS National GAINS Center, "Developing a Comprehensive Plan for Mental Health and Criminal Justice Collaboration: The Sequential Intercept Model," *The CMHS National GAINS Center* (2009). Information provided from the Salt Lake County Division of Behavioral Health Services based on Munetz, Mark, and Patricia A. Griffin, "Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness," *Psychiatric Services* 57, no. 4 (2006): 544-549.

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PROJECT CONTACT:

Will Englehardt
wengelhardt@csg.org