Integrated Funding to Reduce the Number of People with Mental Illnesses in Jails:

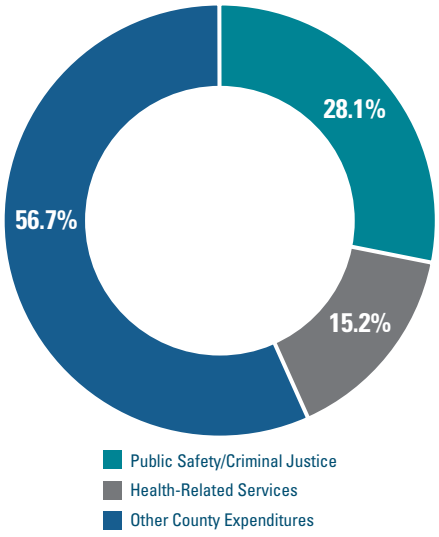
Key Considerations for California County Executives

In this guide:

Introduction

It is not uncommon to hear California county leaders voice concern that there are too many people who have mental illnesses in their jails. At the same time, those familiar with local budgets know that health and public safety are generally the two largest expenditures in a county's budget.[1] Despite these investments, local leaders from almost every county in the state think there are more people who have mental illnesses in jail today than five years ago.[2]

FIGURE 1. CALIFORNIA COUNTY SPENDING



Many counties in California are engaged in interagency efforts to address this challenge, including through *Stepping Up*—a national initiative to reduce the prevalence of people with mental illnesses in jails. *Stepping Up* calls on counties to shift the focus from pilots and small-scale programs to systems-level changes that can result in measurable reductions in the number of people with mental illnesses in jails.

Since *Stepping Up* launched in 2015, more than 30 California counties—representing almost 80 percent of the state's jail population—adopted a resolution in support of the initiative, and leaders from 53 counties attended the *Stepping Up* California Summit in January 2017. County planning teams pursuing this collaborative approach are using the initiative's framework to work with interagency leadership to use data and research-based principles to prioritize interventions and track progress.[3] As those teams start to develop strategic plans and identify new funding opportunities, it is crucial that they implement strategies to efficiently maximize the reach of available dollars.

County executives are critical partners in the interagency dialogues necessary for achieving concrete results. Their central vantage point over the county budget provides county executives the unique ability to see how different strategies funded through health or public safety budget items fit together, as well as help ensure that overall spending is achieving system-wide outcomes.

The *Stepping Up* Initiative

Stepping Up's framework, *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask,* is a blueprint for counties to assess their existing efforts by considering the following questions:

1. Is our leadership committed?
2. Do we conduct timely screening and assessments?
3. Do we have baseline data?
4. Have we conducted a comprehensive process analysis and inventory of services?
5. Have we prioritized policy, practice, and funding improvements?
6. Do we track progress?

Read the framework at stepuptogether.org/toolkit.

Key Considerations

In response to interest at the *Stepping Up* California Summit, a team from The Council of State Governments Justice Center—a founding partner of the initiative—worked with the *Stepping Up* California partners,[4] advisors from across the state, and the California Association of County Executives (CACE) to develop this practical guidance for county executives who are looking to maximize the impact of local efforts.

The following key considerations were designed to assist county executives in determining thoughtful ways to collaboratively and effectively fund data-informed plans to reduce the number of people who have mental illnesses in local jails. These considerations were developed based on interviews with county executives from across the state, reviews of numerous counties' individual *Stepping Up* plans, a discussion at the annual CACE conference, and input from an advisory group comprising both local and state policymakers familiar with different funding streams and local budgets.

1. Do we know how money is currently spent?

2. Do our existing efforts address key measures?

3. Have we identified gaps in policies, practices, and programs?

4. Have we maximized funding to best achieve our reduction goals?

1. Do we know how money is currently spent?

How much federal, state, and local funding are we currently spending on addressing the mental health needs of people in jail and on efforts to reduce the number of people who have mental illnesses in jail?

Research suggests that jails spend two to three times more money on people who have mental illnesses than they do on their general population.[5] To determine the extent to which your county is effectively dedicating resources to reduce the number of people who have mental illnesses in local jails, your county's executives should first understand how much and what type of money is being spent on this issue.

When doing this review, county executives should ask the following questions:

- ✓ What programs and interventions are we funding that address this issue?

- ✓ Have I asked different agencies what they are currently spending on this issue?

  The county may be spending money on these efforts in different areas, such as community behavioral health treatment and services, physical health services, workforce development, housing, pretrial services, correctional health, corrections, probation and other law enforcement needs (e.g., municipal and county law enforcement agencies), and applicable litigation costs.

- ✓ Do we pay for current efforts through ongoing or permanent funding streams and/or do we use one-time or short-term funds, such as grants or time-limited special project funding?

Some county executives point out the need to also identify any "collateral costs" that are a result of inadequate investments in certain areas of the system, such as the need to backfill in departments that are not sufficiently funded to respond to demands. For instance, a county with a limited mental health clinical workforce may leverage funding across both criminal justice and mental health systems to pay for shared staff to respond to the treatment needs in both the jail and the community.

2. Do our existing efforts address key measures?

Does our county collect and track data that reflect how funded efforts address one or more of Stepping Up*'s recommended four key measures?*

Baseline data on the recommended four key measures highlights areas where some of the best opportunities exist to reduce the number of people who have mental illnesses in jails.[6] This data allows counties to determine the extent to which local investments achieve measurable results. It also informs considerations about whether funding should be adjusted or reallocated to better achieve reduction goals.[7]

County executives have the power to set the tone and direction for the local process by requiring that county investments be tied to one or more of the four key measures. For instance, funding decisions for existing strategies should be based on how well those strategies have historically addressed one or more of the measures, while budget proposals for new investments should illustrate the extent to which the new strategy will positively affect one or more of the key measures.

Four Key Measures

1) **Reduce the number of people with mental illnesses *booked* into jails.**

2) **Reduce the *length of time* people with mental illnesses remain in jail.**

3) **Increase the percentage of people *connected to treatment*.**

4) **Reduce their *rate of recidivism*.**

It is important to note that some of the most effective interventions take several years to yield positive outcomes. As such, counties should keep in mind that tracking data across an appropriate amount of time is critical to measuring the full extent to which investments affect at least one of the four key measures.

3. Have we identified and prioritized gaps in policies, practices, and programming?

Has our county engaged in a comprehensive process analysis and inventory of services to identify and prioritize system gaps and areas to be strengthened or enhanced?

Many counties engage in some form of system mapping as part of their planning to help identify existing connections between the criminal justice system and community-based treatment and supports. Development of a services inventory that lists community-based treatment and service providers, including the target population and capacity of each service, may be part of this process or its own independent undertaking. Finally, process mapping, or looking at individual decision points—from initial contact with law enforcement through case discharge—can identify both local strengths and missed opportunities for accurately identifying people

who have mental illnesses and appropriately sharing information to efficiently connect them to needed treatment and supports.

Any of these planning practices are only as useful as the decisions and changes that result from them. Having measurable goals for reducing the number of people who have mental illnesses in jail and collecting baseline data on the four key measures can help counties appreciate which opportunities have the greatest potential for impacting jail prevalence and thereby prioritize among different opportunities. See Figure 2 for examples of strategies that can address each of the four key measures.

Achieving Positive Public Safety and Health Outcomes through Evidence-Based Approaches

Evidence-based practices or programs (EBPs) have been shown to increase the likelihood of certain positive outcomes for specified populations. When implemented as designed, EBPs are crucial to improve outcomes and maximize investments. EBPs should be implemented whenever possible so counties can ensure that people who have mental illnesses have access to effective approaches.

For more information about EBPs, see Blandford and Osher, *A Checklist for Implementing Evidence-Based Practices and Programs for Justice-Involved Adults with Behavioral Health Disorders* (Delmar, NY: SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, 2012), https://csgjusticecenter.org/wp-content/uploads/2013/04/SAMHSA-GAINS.pdf.

FIGURE 2. EXAMPLES OF STRATEGIES TO ADDRESS THE FOUR KEY MEASURES

1. JAIL BOOKINGS

- Police-Mental Health Collaborations
- Crisis Intervention Team training
- Co-responder model
- Crisis diversion centers
- Monitor enforcement of quality-of-life offenses

2. JAIL LENGTH OF STAY

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

3. CONNECTION TO TREATMENT

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

4. RECIDIVISM

- Apply Risk-Need-Responsivity principle
- Use evidence-based practices
- Apply the Behavioral Health Framework[8]
- Specialized Probation
- Ongoing program evaluation

An understanding of existing processes, services, and gaps paired with baseline data will help local leaders prioritize the system-wide strategies that are most likely to reduce the number of people who have mental illnesses in local jails. (See Figure 3.)

FIGURE 3. EXAMPLE OF USING DATA TO IDENTIFY GAPS AND PRIORITIZE SYSTEM IMPROVEMENT

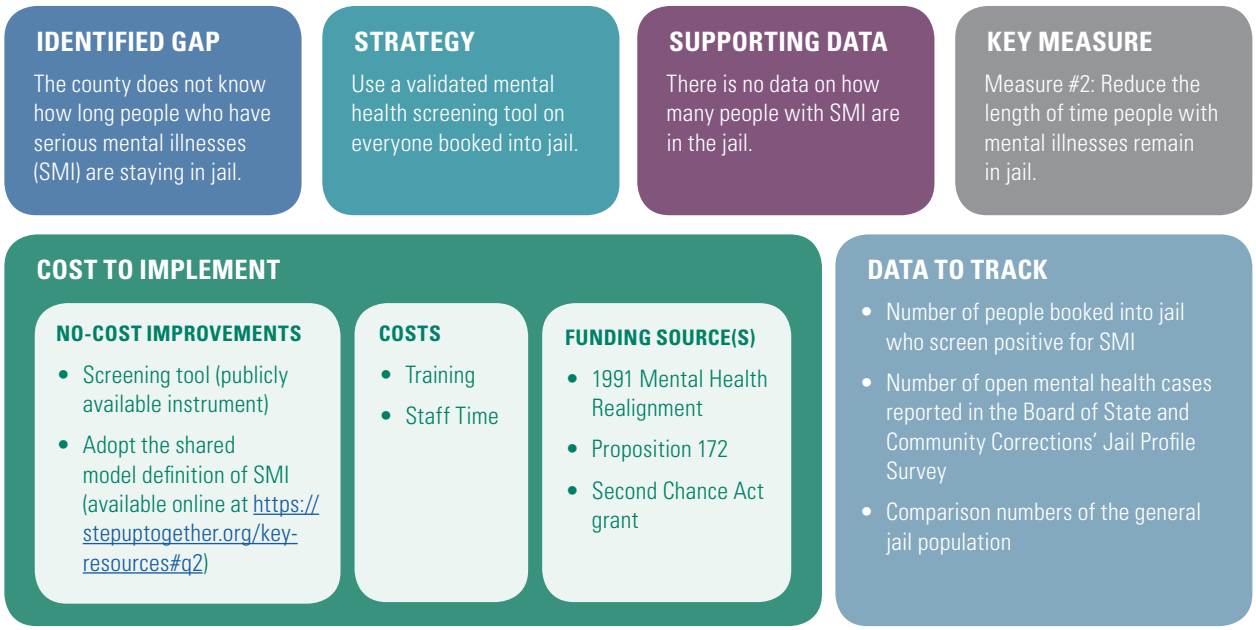
IDENTIFIED GAP	STRATEGY	SUPPORTING DATA	KEY MEASURE
The county does not know how long people who have serious mental illnesses (SMI) are staying in jail.	Use a validated mental health screening tool on everyone booked into jail.	There is no data on how many people with SMI are in the jail.	Measure #2: Reduce the length of time people with mental illnesses remain in jail.

4. Have we maximized funding to best achieve our reduction goals?

Do budget expenditures and proposals reflect these shared priorities?

By reviewing how funding and resources are allocated toward current and proposed efforts, counties can determine if they are optimally leveraging all resources and whether their allocations match their agreed-upon priorities. (See Figure 4 for a continuation of the example in Figure 3.)

FIGURE 4. EXAMPLE OF USING DATA TO IDENTIFY GAPS, PRIORITIZE SYSTEM IMPROVEMENTS, AND LEVERAGE FUNDING ACROSS SYSTEMS



When prioritizing funding to achieve reduction goals, county executives should ask the following questions:

- ✓ Will each of our prioritized investments maximize our impact in addressing at least one of the four key measures?
- ✓ Does our current funding picture incorporate a collaborative mix of funding streams available across criminal justice, health, and other county systems?
- ✓ Are we using resources available through more restrictive funding streams first before using general funding streams? For example, did we start by exhausting our least flexible funding streams, such as federal funding or state grants, and reserve the more flexible funding to fill remaining gaps?

Maximizing Investment through Quality Assurance

Quality assurance assessments allow counties to evaluate the extent to which investments achieve measurable results. Assessments should be done regularly to determine the effectiveness of current strategies and to identify opportunities for improvement.

Quality assurance assessments also help inform funding decisions. Counties can use assessment results to determine whether to reinvest in strategies if they are working or whether to restructure or reinvest resources to maximize their impact.

For more information about quality assurance, see Laura and John Arnold Foundation, "Guide to Quality Assurance," in *Public Safety Assessment Implementation Guides* (New York: Laura and John Arnold Foundation, 2015), https://www.psapretrial.org/implementation/guides/fidelity/guide-to-quality-assurance.

- ✓ Are we maximizing resources available through external funding streams? For example, are we effectively leveraging Medi-Cal, housing assistance, federal and state discretionary grants, and local philanthropic resources?
- ✓ How have we planned for the lifecycle of different types of investments, including considering sustainability and turnover?
- ✓ Have we worked with county leaders from other systems to reconcile the various plans (e.g., Mental Health Services Act, Community Corrections Partnership, No Place Like Home) that relate to this issue?
- ✓ How are we building in processes for monitoring progress and making necessary corrections?

A Starting Point: Targeting Strategies on People in the Criminal Justice System Who Have Unmet Complex Needs[9]

People in the criminal justice system are more likely than the general population to have complex physical and behavioral health needs, including higher rates of chronic and communicable diseases, mental illness, and addiction.[10] This segment of the criminal justice population is also more likely to experience poor criminal justice and health outcomes, such as higher rates of recidivism and frequent utilization of costly services like emergency department visits.[11] People who have unmet complex needs also often account for a disproportionate share of resources within an individual system (e.g., the criminal justice system) or, more commonly, across multiple systems (e.g., criminal justice, health, and social services systems).[12]

Why start with this population?

People in the criminal justice system who have unmet complex needs are shared across criminal justice and health systems and are often the main drivers of costly county services. Counties looking for an initial population to target strategies on may want to start with this population while also developing sufficient data to better understand the prevalence of mental illnesses within their jail population. Starting with this population provides counties the opportunity to collaborate across systems to understand the needs of this shared population and to determine and prioritize strategies for meeting the population's unmet needs. This strategy can help counties achieve improvements critical to both systems and, ideally, help reduce this population's usage of costly county services.

Significant health needs (e.g., SMI, severe substance addictions, chronic medical conditions, infectious diseases)

High risk of recidivism (i.e., rearrests, reconvictions, revocations, and/or reincarcerations)

High cost (i.e., account for disproportionate share of health care and criminal justice spending)

Resources to Facilitate Integrated Funding Planning

While each county will operationalize the key considerations in its own way, many counties will look to the same or similar funding streams to pay for their strategies. Though no two counties plan in exactly the same way, the statewide advisors who helped to develop the key considerations have shared their "lessons learned," both for hard-to-fund strategies and their overall planning processes. These are captured in the appendices to this guide.

Engaging in Your Local Planning Process

Reducing the number of people who have mental illnesses in local jails requires a collaborative planning approach involving county stakeholders. The county planning team should include county elected officials, criminal justice and behavioral health leaders, and other appropriate stakeholders, which may include representatives from housing and human services, as well as those whose investments may not affect the county budget but will contribute to the county plan (such as local law enforcement, mayors, judges, defense attorneys, hospital staff, community-based organizations, private citizens, etc.).

A planning team may already exist in your county in the form of a Community Corrections Partnership or criminal justice coordinating council, or your county may decide to create a new planning team.

County executives play an essential role within the county planning team because they have specialized knowledge of opportunities and limitations of distinct funding streams and can advise on fiscal realities and the budget process. Regular involvement in local planning by county executives will ensure that resources are applied effectively to maximize county investments.

Appendix A: How Did They Pay for That?

Examples of Funding Sources to Pay for Policies, Processes, and Programs That Are Often Difficult for Counties to Fund

Counties across California face similar challenges in funding certain policies, processes, and programs. Through expert advice from leaders in counties of diverse sizes with different types of resources, the tables below show the available funding streams that have been used to carry out these often difficult-to-fund strategies.

Categories of difficult-to-fund strategies:

- Community-Based Treatment
- Jail- and Court-Based Treatment
- Workforce Development
- Information Technology (IT)
- Housing
- Client and Community Outreach and Services

Community-Based Treatment	Funding Streams
General mental health treatment in the community	• Intergovernmental transfer • Medi-Cal • Medi-Cal Administrative Activities • Mental Health Services Act (Proposition 63) • Substance Abuse and Mental Health Services Administration (SAMHSA) Community Mental Health Services Block Grant • Targeted case management
Mental health treatment in the community when there is a shortage of providers	• 1991 Mental Health Realignment • California Department of State Hospitals Diversion for Individuals with Mental Disorders Program • County general fund • Medi-Cal » Including telemedicine • Medi-Cal Administrative Activities • Public Safety Realignment (Assembly Bill 109) • Targeted case management
Mental health treatment for people who are unable to receive specialty mental health services	• Mental Health Services Act (Proposition 63) • SAMHSA Community Mental Health Services Block Grant
Long-term care facilities	• California Health Facilities Financing Authority Community Services Infrastructure Program • Development of a shared-risk funding pool • Intergovernmental transfer • Leverage partnership with city(ies) • Medi-Cal (for facilities that do not fall under the Medicaid Institutions for Mental Diseases exclusion) • No Place Like Home

Substance addiction or co-occurring mental illness and substance addiction treatment	• Adult Use of Marijuana Act (Proposition 64) • Alcohol Abuse Education and Prevention Penalty Assessment (Senate Bill 920) • Behavioral Health Subaccount within the Support Services Account of the Local Revenue Fund of 2011 (Senate Bill 1020) • Limited-term opioid epidemic responses • Local taxes • Medi-Cal » Including Drug Medi-Cal and Drug Medi-Cal Organized Delivery System • SAMHSA Substance Abuse Prevention and Treatment Block Grant • Statham funds • Substance Abuse Penalty Fee (Senate Bill 921)

Jail- and Court-Based Treatment	Funding Streams
Mental health screening and assessment in the jail	• 1991 Mental Health Realignment • Build screening and assessment requirement into contract/ memorandum of understanding with jail medical provider • County general fund • Local Public Safety Protection and Improvement Act of 1993 (Proposition 172) • Public Safety Realignment (Assembly Bill 109) • SAMHSA Community Mental Health Services Block Grant • SAMHSA Substance Abuse Prevention and Treatment Block Grant
Jail in-reach/navigators to facilitate transitions from jail into community-based treatment	• Medi-Cal Administrative Activities » Per exception allowing for Medi-Cal enrollment for people within 30 days of release • Medi-Cal Managed Care Plans • Mental Health Services Act (Proposition 63) • Safe Neighborhoods and Schools Act (Proposition 47)
Mental health treatment for people who are unable to receive specialty mental health services	• Mental Health Services Act (Proposition 63) • SAMHSA Community Mental Health Services Block Grant
Jail-based treatment	• County general fund • Medi-Cal (for allowable expenses per the Medicaid inpatient exception) • Mental Health Services Act (Proposition 63) » For allowable expenses per Full Service Partnerships • SAMHSA Community Mental Health Services Block Grant • SAMHSA Substance Abuse Prevention and Treatment Block Grant

Jail retrofit	• California Board of State and Community Corrections Construction Financing Programs • Local lease revenue bonds
Collaborative courts	• Behavioral Health Subaccount • Justice and Mental Health Collaboration Program grant • Mental Health Services Act (Proposition 63) • Office of Traffic Safety grants

Workforce Development	Funding Streams
Funding for a dedicated project coordinator, planner, and/or data analyst	• County general fund • Medi-Cal Whole Person Care • Mental Health Services Act (Proposition 63) • Pooling county resources across agencies to fund centralized position(s) • SAMHSA Community Mental Health Services Block Grant • SAMHSA Substance Abuse Prevention and Treatment Block Grant
Training for workforces (e.g., training for law enforcement officers, clinicians, and probation officers)	• 1991 Mental Health realignment • California Board of State and Community Corrections Standards and Training for Corrections (STC) funds • California Commission on Police Officer Standards and Training (POST) funds • Free webinars from national training and technical assistance providers, such as The Council of State Governments Justice Center, SAMHSA GAINS Center, the Corporation for Supportive Housing, etc. • Leftover tax revenue • Leverage partnerships with community-based organizations • Local Public Safety Protection and Improvement Act of 1993 (Proposition 172) • Mental Health Services Act (Proposition 63) • Regional training to share costs among participating counties • Safe Neighborhoods and Schools Act (Proposition 47) • U.S. Department of Housing and Urban Development Homeless Management Information System Training
Back-up/backfill staff	• County general funds • Medi-Cal Whole Person Care • Mental Health Services Act (Proposition 63) • Regional partnerships • Rural and Small County Law Enforcement Funding (Assembly Bill 443) • Staff on loan/shared staff across counties and county agencies

IT	Funding Streams
IT to connect county systems	• County general fund • Leverage partnership with local hospitals • Leverage partnership with local universities and corporations • Medi-Cal Whole Person Care
IT case management systems	• Leverage partnership with managed care plans • Medi-Cal Whole Person Care • Public Safety Realignment (Assembly Bill 109)

Housing	Funding Streams
Rental subsidies	• California Department of Housing and Community Development Emergency Solutions Grant • Coordination with managed care plans • County master lease agreement • General fund (such as providing county guarantee and repair agreement with landlords) • Local bonds proceeds • Medi-Cal Whole Person Care • Mental Health Services Act (Proposition 63) • Safe Neighborhoods and Schools Act (Proposition 47) • U.S. Department of Housing and Urban Development Section 8 vouchers • U.S. Department of Housing and Urban Development Veterans Affairs Supportive Housing program
Housing services	• Medi-Cal Whole Person Care » Including flexible housing subsidy pool • SAMHSA Projects for Assistance in Transition from Homelessness
Housing outreach/navigators	• California Department of Finance Community-Based Transitional Housing Program • Leverage partnership with managed care plans • Medi-Cal Administrative Activities • Medi-Cal Whole Person Care • Mental Health Services Act (Proposition 63) • Targeted case management

Client and Community Outreach and Services	Funding Streams
Outreach and education on reducing stigma/ discrimination	• County general fund • Leverage partnership with California Mental Health Services Authority (CalMHSA) • Leverage partnership with managed care plans • Mental Health Services Act (Proposition 63)
Supported employment	• California Department of Rehabilitation • California Workforce Development Board / Workforce Investment Boards • California Work Opportunity and Responsibility to Kids (CalWorks) • Mental Health Services Act (Proposition 63) • Public Safety Realignment (Assembly Bill 109) • Second Chance Act grant
Care coordination across systems	• Health homes • Leverage partnership with local hospitals • Leverage the Homeless Management Information System • Medi-Cal Whole Person Care
Case management with law enforcement	• 1991 Mental Health Realignment • California Community Corrections Performance Incentives Act of 2009 (Senate Bill 678) • Intergovernmental transfer • Justice and Mental Health Collaboration Program grant • Law Enforcement Assisted Diversion grant • Medi-Cal Administrative Activities • Mental Health Services Act (Proposition 63) » Such as Innovation grants • Targeted case management

Appendix B: County Examples

Orange County: Collaborative Interagency Planning with Fiscal Staff[13]

Led by the Board of Supervisors and Sheriff's Office, Orange County convened an interagency planning team to undertake a multi-year planning process to develop a comprehensive, long-term plan for reducing the number of people who have mental illnesses in jail.[14] This interagency planning team was divided into smaller subcommittees to ensure participation by important decision makers, program staff, and fiscal staff. Each subcommittee was informed by the wants and needs of respective departments and, through this integrated approach, determined what resources could be shared to accomplish the county's prioritized goals. By working across agencies, stakeholders learned that many of the "needs" were already covered by other agencies' work. This process helped make the connections, both institution-wide and for case-by-case information. It also helped the groups identify some "free interventions," such as a policy change on the timing for discharges that allowed for better connection with community-based providers.

To ensure that funding was being integrated thoughtfully, fiscal staff joined each of the subcommittees to help members of the planning team tease out complex funding considerations such as funding match requirements, the costs to maintain efforts, funding allocation limits, and funding restrictions. Additionally, involvement by the County Executive's Office allowed for coordination between the emerging *Stepping Up* plan budgets and the county's financial strategic plan over the next five years.

Yolo County: Creative Policy Solutions to Advance Connections to Affordable Housing[15]

The Yolo County Bridge to Housing program was designed to relocate people living in a local riverbank encampment into permanent supportive housing. Through a partnership between the County of Yolo, the City of West Sacramento, and Yolo County Housing Authority, the program assisted participants in applying for Housing Choice Vouchers.[16] One way for participants to be eligible for these vouchers is through displacement from their homes due to government action. Noting this eligibility criterion, the county used its Environmental Protection Division to evict participants from the riverfront to help them qualify for vouchers. The county continues to use this model within its continuum of care strategic plan focused on preventing people who have mental illnesses from entering into or remaining in the local criminal justice system.[17]

Fresno County: Maximizing Funding Allocations to Extend Mental Health Service Act Dollars to Pay for Allowable Jail Services[18]

The Fresno County Department of Behavioral Health regularly includes criminal justice agencies in community planning processes to prioritize funding received through the Mental Health Services Act (MHSA) and other funding sources. Incorporating the treatment needs identified by the county's criminal justice partners, the Department of Behavioral Health prioritized people transitioning from prison and jail to the community for treatment and services through full service partnerships (FSPs) and other behavioral health interventions. These priorities were included in the county's MHSA plan that was later approved by the County of Fresno Board of Supervisors. Through these FSPs, MHSA dollars were used to cover approved services for people in the criminal justice system.

Santa Clara County: Setting Metrics for County-Funded Contractor Services

In allocating Public Safety Realignment (Assembly Bill 109) funds to pay for services provided by third-party contractors, the County of Santa Clara requires contractors to show certain predetermined outcomes, such as the number of clients served who are in the criminal justice system. For instance, if a contractor receives an annual contract to provide services to people in the criminal justice system but only half of the people served through that contract meet that criterion, then the subsequent contract may be reduced to reflect the number of people served who meet that criterion. This allows funding to be redistributed to pay for other criminal justice priorities.[19] The county also uses this process when issuing new requests for proposal once contracts expire, such that contractors with expiring contracts can reapply for funding based on how well they were able to achieve specified outcomes, and other third parties can also apply for funding. This competitive process enables the county to award new contracts that best meet local needs and effectively achieve desired outcomes.[20] As noted by a member of this publication's advisory group, "we need to have the courage to stop spending money on things that aren't working."[21]

Calaveras County: Inventorying Services to Inform Funding Priorities[22]

The Calaveras County Community Corrections Partnership (CCP) conducted a SWOT—Strengths, Weaknesses, Opportunities, and Threats—analysis to identify gaps in treatment and services provided to people who have mental illnesses in the local criminal justice system. The CCP identified that, although their third-party contracted provider met the county's in-custody cognitive behavioral therapy programming need, the provider was unable to fill the gap in jail and community-based treatment and services. The CCP determined that a more effective and efficient investment would be to end their contract with the provider and to redistribute those funds to the Calaveras County Health and Human Services Agency (HHSA), which could meet both in-custody and community-based treatment and programming needs. By redistributing funds, HHSA hired full-time clinicians in both the jail and in the county's Day Reporting Center.

Endnotes

[1] See Figure 1. In 2015–16, 28.1 percent of California county spending went to public safety / criminal justice (e.g., district attorneys, probation, sheriffs, and adult and juvenile detention centers) and 15.2 percent went to health-related services. Scott Graves, *County Budgets: Where Does the Money Come From? How Is It Spent?* (Sacramento, CA: California Budget & Policy Center, 2018).

[2] Based on a 58-county survey conducted by The Council of State Governments Justice Center in partnership with the California State Sheriffs' Association, Chief Probation Officers of California, and County Behavioral Health Directors Association of California in 2016. A presentation of survey results to the California Council on Mentally Ill Offenders in November 2016 is available online here: http://www.cdcr.ca.gov/COMIO/Uploadfile/pdfs/2016/Nov2/Stepping_Up_Initiative_pt.pdf.

[3] State leadership is also taking notice and exploring ways to support local efforts. The *Stepping Up* framework was highlighted in the December 2017 report by the California Mental Health Services Oversight and Accountability Commission, *Together We Can: Reducing Criminal Justice Involvement for People with Mental Illness*, which is available online at http://mhsoac.ca.gov/document/2017-12/criminal-justice-and-mental-health-project-report. The *Stepping Up* framework was also featured in the California Department of Corrections and Rehabilitation's Council on Mentally Ill Offenders *16th Annual Legislative Report*, released in December 2017. The report is available online at https://sites.cdcr.ca.gov/ccjbh/wp-content/uploads/sites/4/2018/01/COMIO-16th-Annual-Report-Final_Print-1.pdf.

[4] The Board of State and Community Corrections, County Behavioral Health Directors Association of California, Chief Probation Officers of California, California State Association of Counties, California State Sheriffs' Association, Council on Criminal Justice and Behavioral Health, and the Mental Health Oversight and Accountability Commission.

[5] Jeffery Swanson et al., *Costs of Criminal Justice Involvement in Connecticut: Final Report* (Durham, NC: Duke University School of Medicine, 2011).

[6] The *Stepping Up* Question 3 webinar, "Establishing Baseline Data for Mental Illness in Jails," includes information on how to use data to determine baselines for the four key measures as well as sub-measures that counties can consider under each measure. This webinar is available at https://stepuptogether.org/toolkit.

[7] For more information about *Stepping Up*'s four key measures, see the *Stepping Up* Resources Toolkit, https://stepuptogether.org/toolkit.

[8] See The Council of State Governments Justice Center, *Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery* (New York: The Council of State Governments Justice Center, 2012).

[9] Criminal justice and health systems may use other terms when describing this population, such as "high utilizer," "super utilizer," "frequent utilizer," "familiar faces," and "people with complex care needs."

[10] Ingrid A. Binswanger, Patrick M. Krueger, and John F. Steiner, "Prevalence of Chronic Medical Conditions Among Jail and Prison Inmates in the USA Compared With the General Population," *Journal of Epidemiology and Community Health* 63, no. 11 (2009): 912–19, www.ncbi.nlm.nih.gov/pubmed/19648129.

[11] Lynn Overmann, Angela LaScala-Gruenewald, and Ashley Winstead, *Modern Justice: Using Data to Reinvent America's Crisis Response Systems* (New York: The Laura and John Arnold Foundation, 2018), http://www.arnoldfoundation.org/wp-content/uploads/DDJ-MODERN-JUSTICE.pdf.

[12] Ibid.

[13] Kimberly Engelby, Public Protection & Community Services Team Lead County, Executive Office, telephone call with Hallie Fader-Towe, The Council of State Governments Justice Center, September 19, 2017.

[14] For more information, see Sandra Hutchens and Todd Spitzer, *The Stepping Up Initiative: Orange County, California* (Santa Ana, CA: California Department of Corrections and Rehabilitation, 2017), https://sites.cdcr.ca.gov/ccjbh/wp-content/uploads/sites/4/2018/01/STEP-UP-FINAL-REPORT-120417-FINAL-COPY_9851142.pdf.

[15] Presentation by Karen Larsen, Yolo County Behavioral Health Director, to the California Council on Mentally Ill Offenders in September 2017.

[16] For more information, see Yolo County Health and Human Services Agency, *Bridge to Housing Pilot Project After Action and Outcomes Report* (Woodland, CA: Yolo County Health and Human Services Agency, 2015), http://www.yolocounty.org/home/showdocument?id=34616.

[17] Presentation by Karen Larsen, Yolo County Behavioral Health Director, to the California Council on Mentally Ill Offenders in September 2017.

[18] Dawan Utecht , County of Fresno Director of Behavioral Health, and Susan Holt, County of Fresno Department of Behavioral Health Clinical Deputy, correspondence with Deanna Adams, The Council of State Governments Justice Center, August 7, 2018.

[19] Garry Herceg, Deputy County Executive, County of Santa Clara, telephone call with Hallie Fader-Towe, The Council of State Governments Justice Center, October 5, 2017.

[20] Garry Herceg, Deputy County Executive, County of Santa Clara, correspondence with Deanna Adams, The Council of State Governments Justice Center, August 22, 2018.

[21] Garry Herceg, Deputy County Executive, County of Santa Clara, in discussion with The Council of State Governments Justice Center, May 31, 2018.

[22] Samuel Leach, Calaveras County Probation Department, correspondence with Deanna Adams, The Council of State Governments Justice Center, October 13, 2017, and July 23, 2018.

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