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

The Project Coordinator's Handbook

Choosing a *Stepping Up* Project Coordinator

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

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

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

The Role of the Project Coordinator

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

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

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

THE SIX QUESTIONS COUNTIES NEED TO ASK

The *Six Questions* framework—a foundational document of the *Stepping Up* initiative—details the steps counties should follow to address the prevalence of people who have mental illnesses in their jails. To assess their counties' *Stepping Up* efforts, county leaders should ask themselves 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?**

The *Six Questions* also call for making decisions and tracking progress along the four key measures that factor into prevalence:

1. **The number of people who have mental illnesses who are booked into jail**
2. **Their average length of stay**
3. **The percentage of people who have mental illnesses who are connected to treatment and services**
4. **Their recidivism rates**

Question 1: Is Our Leadership Committed?

County policymakers—such as commissioners, supervisors, executives, and managers—and key leaders from the criminal justice and behavioral health fields must be fully invested in the goal of reducing the number of people who have mental illnesses in jail, which requires a collaborative approach that is guided by a countywide committee or planning team. Strong leadership, including the active involvement of people responsible for the county budget, is essential to rally the various county agencies and authorities involved in this work. As the project coordinator, you will need to continuously communicate with key policymakers and local leaders to maintain their motivation and commitment to the project.

Question 1 Objectives:

1. **Establish a mandate** from the governing body, in the form of a resolution or other formal commitment, to provide a clear directive for behavioral health and criminal justice system administrators to implement the systems-level changes necessary to reduce the number of people with mental illnesses in jail. Many counties have templates in place for resolutions; the [sample resolution](#) on the *Stepping Up* website can also serve as a guide.
2. **Assemble a representative planning team** comprising key leaders from the criminal justice and behavioral health systems, people who have mental illnesses, advocates, and representatives from county, municipal, and state government, as appropriate. These leaders may include sheriffs, police chiefs, jail administrators, judges, prosecutors,

defense attorneys, community supervision officials, directors of county health and behavioral health departments, community-based behavioral health care providers, health care financing experts, private citizens, organizations that represent people who have mental illnesses and their families, representatives from housing and other human and social service agencies, mayors, and county commissioners, supervisors, or managers. The planning team might be part of an existing criminal justice coordinating council or task force.

- 3. Develop a statement of mission, vision, and guiding principles** for the planning team. Formal agreements, such as memoranda of understanding (MOUs), should also be in place to formally establish the planning team's function.
- 4. Name a planning team chairperson** who is a county elected official or other senior-level policymaker and is in routine contact with the people responsible for developing the county budget and administering the criminal justice and behavioral health systems, and who can engage the stakeholders necessary to ensure the success of the initiative. The chairperson is charged with holding agency administrators accountable for the implementation of the plan and providing routine updates to county leaders, often in an open forum such as a commission meeting.

Question 1 Facilitation Tips:

The work of obtaining a resolution; establishing the planning team membership, vision and mission statements, guiding principles, and MOUs; and designating the chairperson lays the foundation for the success of the planning team. The project coordinator needs to oversee the completion of these steps. Even if planning team members are resistant to some of these activities, do not give in to resistance by eliminating, reducing, or minimizing these important steps. It is imperative to work through these challenges and complete all of these steps. As the project coordinator, you should:

- Understand your role as a neutral facilitator who does not inject his or her personal opinions into the planning process. Provide the planning team with research-based data to help inform their decision making. If you are both the project coordinator and a stakeholder in your county—such as a director of probation—it is important to tell the planning team when your comments are based on your role as the stakeholder and not as the project coordinator.
- Meet individually with members of the planning team at the outset of the project to ensure their commitment and to discuss any questions, misconceptions, or underlying reluctance they may have. Establishing personal relationships and trust with decision makers will be beneficial when leadership is needed on a difficult subject. Those relationships will also help you identify and cultivate the champions in your county. If a member of the planning team expresses reluctance, communicate directly with that team member to clarify his or her role and stress the importance of his or her input. The project coordinator, a peer leader, or the planning team chairperson can lead this process.
- Provide a schedule of meeting times and places, create agendas, schedule speakers, provide minutes and relevant presentations after every meeting, and follow up on any unanswered questions or requests for additional information. Prior to each meeting, meet with the planning team chairperson to review the agenda, discuss potential talking points, review deadlines, and establish desired meeting objectives. During the first planning team meeting, it is also helpful to establish ground rules to guide discussions.
- Ensure that the planning team agrees on how decisions will be made. Many planning teams adopt a [consensus model](#), which requires additional dialogue and accommodation of dissenters' points of view. Work with the planning team chairperson to ensure that all voices are heard by engaging less vocal participants and managing those who tend to dominate conversations and disproportionately influence decisions.

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- Take the time to foster relationship building and networking at the planning team meetings. This may be accomplished by including short [team-building exercises](#) in the agenda, at least for the first few meetings. If name cards are used, set the table tents out ahead of the meeting, mixing up the members so they are assigned to sit by other members they may not know as well.
 - Work with the planning team chairperson to determine how best to use subcommittees to accomplish work outside of scheduled meetings. Be sensitive to the time constraints of key players whose input may be needed on multiple subcommittees.

The Structure of the Planning Team

Many jurisdictions have a criminal justice advisory council, planning board, or representative body already in place for making decisions related to the justice system. It is recommended to approach those groups and ask them to include *Stepping Up* as one of their projects. This will save your county the time it takes to assemble such a group, including securing attendance commitments and finding time on calendars for key leaders already burdened with numerous meetings. Additionally, in order to push the planning process forward, subcommittees comprising knowledgeable staff from the agencies involved in the planning process who can conduct detailed process analyses, system inventories, and reviews of best practices will need to be created. It is important to strategically plan the number and structure of, as well as the tasks assigned to, subcommittees to avoid getting overloaded in your subcommittee managing.

Subcommittees should include a mix of planning team members to encourage richer discussion and improve opportunities to identify changes and improvements for both the criminal justice and behavioral health systems. Many jurisdictions create a separate data subcommittee to provide support to all the other subcommittees. Similarly, some jurisdictions create a subcommittee to research best practices that can be considered by other subcommittees as they discuss ways to fill identified gaps. One suggested format for subcommittee work is to divide up tasks according to the four key measures. This will follow the flow of the handbook exercises and provide organizational methodology to ensure that the committee remains on task. Although not a separate subcommittee, the planning team should consider holding a focus group with people who have mental illnesses who are in their jail to include their input in the planning process. Conducting this focus group would be in addition to having a person who has a mental illness and/or a representative of a mental health advocacy group on your county planning team.

Facilitation Exercises for Question 1:

EXERCISE 1: DEVELOPING YOUR PLANNING TEAM

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

Answer:

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

Answer:

3. List the members of your planning team.

Name	Title	Organization	Specific role on planning team	Signed a letter of agreement committing to involvement in project?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

4. Who are the additional stakeholders you would like to join the planning team to ensure that there is system-wide representation?

Answer:

5. Who are the local “champions” for mental health- and criminal justice-related issues? Are they participating in your planning team? If not, do you plan to include them in the planning team?

Answer:

6. Does the planning team include subcommittees or working groups? If so, what are they?

Answer:

7. Have you developed MOUs or letters of agreement (LOAs) for the planning team members’ respective agencies?

Answer:

8. How often will the planning team meet?

Answer:

9. Who coordinates the planning team’s meeting schedule, agenda, and logistics? How is the agenda developed and shared with planning team members? What will the process be for reporting on the team’s progress (internally and externally)?

Answer:

10. What are your planning team’s vision, mission, and guiding principles? If these have not been established, do you plan to do so?

Answer:

Question 2: Do We Conduct Timely Screening and Assessments?

To reduce the number of people who have mental illnesses in jail, counties need to have a clear and accurate understanding of the prevalence of mental illnesses in their jail populations. This requires screening every person booked into jail for mental illnesses, as well as for other behavioral health needs and substance addictions. Then, counties should refer people who screen positive for serious mental illness (SMI) to a follow-up clinical assessment by a licensed mental health professional in a timely manner. The assessment process will also identify people with less disabling mental illnesses who will require treatment while in jail, as well as referrals to appropriate services upon release into the community. Lastly, counties should record clinical assessment results in a database that can be queried, and report regularly on this population.

Additionally, assessing for [criminogenic risk](#) (the likelihood that someone will commit additional offenses) and pretrial risk (the likelihood that someone will fail to appear in court or commit additional offenses during the pretrial stage) further informs release decisions, such as whether to require supervision or services to reduce the person's risk of reoffending. Not having access to this crucial information impacts a county's ability to track whether the number of people who have mental illnesses in their jail is actually being reduced and if people who have mental illnesses and co-occurring substance addictions are getting connected to the right types of interventions.

Question 2 Objectives:

1. **Establish shared definitions of mental illness and SMI.** Recognizing that most counties—and even most agencies within counties—use different definitions of mental illness and SMI, adopting a single definition that is consistently used by local behavioral health systems, as well as the jail, courts, and community corrections agencies, ensures that all systems are using the same measure to identify people who have mental illnesses and SMI.
2. **Establish a shared definition of substance addiction,** which may encompass substance addictions that co-occur with mental illnesses.
3. **Adopt validated screening and assessment tools** for mental illnesses and substance addictions to ensure that the behavioral health needs of everyone booked into jail are accurately identified.
4. **Develop an efficient screening and assessment process** to ensure the timely dissemination of crucial case information to the appropriate decision makers to inform pretrial release decisions and the need for further assessments. The logical time and place for screening for mental illnesses and substance addictions is at booking into the jail.
5. **Adopt a validated pretrial risk assessment** to inform decisions about a person's pretrial release, eligibility for pretrial diversion, and conditions of pretrial supervision. Such screenings must be conducted prior to a person's first appearance/arraignment in order to inform the court of the person's risk of failure to appear and risk of reoffending during the pretrial stage.
6. **Develop information-sharing agreements** between agencies to protect people's privacy and support the need for sharing the results of screenings and assessments so they can be used to inform key decisions related to pretrial release, diversion, discharge planning, and specialized pretrial and post-conviction community supervision. All information-sharing agreements must align with federal and state confidentiality regulations.

Question 2 Facilitation Tips:

Establishing a screening and assessment process to properly identify people who have mental illnesses in your county's jail may be the first thing that you manage as the project coordinator. Once this process is in place, your county can establish a baseline for the prevalence of people who have mental illnesses in your jail and begin tracking progress in reducing that number. As the project coordinator, you should:

- Gather and review the definitions of mental illness, SMI, and substance addiction that have been established by your jurisdiction, by your state, or by other jurisdictions. Ask planning team members what definitions they currently use in their agencies, including in the jail, behavioral health or health department, and probation office. Discuss the information gathered during a planning team meeting and use it as an opportunity to cross-train between the criminal justice and behavioral health systems.
- Task a subcommittee with facilitating the establishment of common definitions for mental illness, SMI, and substance addiction and developing a screening and assessment process. The project coordinator should ensure that the subcommittee includes the necessary representatives from the jail, agencies providing medical and behavioral health services in the jail and the community, and other relevant parties, such as parole and probation or pretrial supervision officers. If a separate data subcommittee is formed, a representative from that group should also be included. The common definitions should be used to identify baseline prevalence data and track progress on the number of people who have mental illnesses in your jail. The definitions should be achievable based on data capacity and reflect the agreed upon target populations of the initiative. If the planning team chooses to target people with SMI for more intensive services, it is recommended to adopt the same definition your state uses to determine eligibility for treatment and other benefits, as well as to secure federal funding. Additionally, it is helpful to utilize the resources in the *Stepping Up* Toolkit or arrange site visits or conference calls with counties that have successfully implemented a screening and assessment process to learn from their experiences.
- If your jurisdiction is not currently using a validated mental health screening tool to screen for mental illness at the time of booking into jail, research validated tools and compare the questions included in those tools with the questions that jail staff or jail medical care providers may already be asking. In many instances, incorporating a validated screening tool replaces the current process for booking and interviewing. As the project coordinator, you should be prepared to brief the planning team on options for screening tools and make recommendations for their consideration.
- Determine how data will be stored and shared if an integrated data-sharing system is not in place. To help accomplish this, reach out to the IT departments of the county, sheriff's office, and behavioral health care provider.

What does it mean to validate a tool?

Whether a jurisdiction is using a tool to screen for mental illnesses, substance addictions, pretrial risk, or criminogenic risk, validation is necessary to ensure that the tool is performing for your jurisdiction as it was intended. In order to validate a screening tool for mental illness, it must be analyzed to confirm that it is accurately screening for the need to conduct an additional assessment. Likewise, validation of a criminogenic risk and needs assessment tool requires analyzing the tool to confirm that it is predicting for the intended result (i.e., risk of reoffending), based on the characteristics of the population being assessed in the jurisdiction. As populations may change over time, it is important to validate tools periodically. A properly validated tool should be predictively accurate across race and gender. *Stepping Up* does not endorse the use of any specific tool, but does identify in resource materials tools that are validated and available in the public domain on the [Toolkit](#). For most jurisdictions, the process of validating a tool is beyond the capacity of staff. In these situations, forming a relationship with a local college or university may be the most efficient way to conduct a validation.

Facilitation Exercises for Question 2:

EXERCISE 2A: JAIL IDENTIFICATION PROCESS AND THE DETERMINATION OF PREVALENCE RATES AND RISK LEVELS

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

- 1. Reduce the number (and percentage) of people who have mental illnesses who are booked into jail**
- 2. Reduce their average length of stay in jail**
- 3. Increase the percentage of people who have mental illnesses who are connected to treatment**
- 4. Reduce their recidivism rates**

This exercise will help you determine whether your existing screening and assessment process is operating effectively and gathering the information necessary to improve outcomes in your criminal justice system.

A. Definitions of Mental Illness and SMI

1. Are there state or county definitions of mental illness and SMI that determine eligibility for publicly funded services in your community? If yes, what are they?

Answer:

2. What are the definitions of mental illness and SMI that your planning team has decided to adopt? Are these definitions of mental illness and SMI currently used in your jail as well? If no, what are they?

Answer:

B. Jail Identification Process for Mental Illness and SMI

1. How does the jail staff determine when a person may have a mental illness or SMI?

Answer:

2. Is there an objective, validated screening tool in place to screen for SMI (e.g., Brief Jail Mental Health Screen)? If yes, what is the tool and who administers it?

Answer:

3. Whom do you screen and at what times (e.g., everyone at booking, everyone who has been in jail for 48 hours)?	
Answer:	
4. Is there a process in place to conduct a full clinical assessment for someone who screens positive for a possible mental illness? If yes, what is it?	
Answer:	
5. Is there a process in place to conduct a substance addiction screening for someone who screens positive for a possible mental illness? If yes, what is it?	
Answer:	
6. Do you track data electronically on how many people are screened and assessed? If yes, how is this data tracked?	
Answer:	
7. Is there a process that determines whether a person meets state/county criteria for serious or persistent mental illness or eligibility for mental health treatment services? If yes, must a social worker, counselor, psychiatrist, or qualified mental health professional make the clinical determination?	
Answer:	
8. For people who meet your planning team's definition of having a mental illness, does your county collect data regarding the following?	
i. Their length of stay in jail	Answer (yes/no):
ii. Their status as pretrial or sentenced	Answer (yes/no):
iii. Their history of prior incarceration in the jail	Answer (yes/no):
iv. Their history of prior community supervision	Answer (yes/no):
v. Their prior contact with mental health care providers in the community	Answer (yes/no):

C. Local Definition of Substance Addiction

1. Is there a state or county definition of substance addiction that determines eligibility for publicly funded services in your community? If yes, what is it?

Answer:

2. What is the definition of substance addiction that your planning team has decided to adopt?

Answer:

D. Jail Identification Process for Co-occurring Substance Addiction Information

1. How does the jail staff determine when a person may have a substance addiction?

Answer:

2. Is there a validated screening tool in place to screen for substance use? If so, what tool do you use? Who administers the tool?

Answer:

3. Whom do you screen and at what times (e.g., everyone at booking, everyone who has been in jail for 48 hours)?

Answer:

4. Is there a process in place to conduct a full substance addiction assessment for people who screen positive for a substance addiction? If yes, what is it?

Answer:

5. Do you track data electronically on how many people are screened and assessed? If yes, how is this data tracked?

Answer:

6. Is there a process that determines whether a person meets state/county eligibility for substance addiction treatment services? If yes, must a social worker, counselor, psychiatrist, or qualified mental health professional make the clinical determination?

Answer:



EXERCISE 2B: EXPANDING SCREENING AND ASSESSMENT

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

Question 3: Do We Have Baseline Data?

In order to reduce the prevalence of mental illnesses in jails, counties must have accurate and accessible data on the number of people with mental illnesses in their jails, and then measure their progress against that benchmark. The *Six Questions* framework identifies four key measures counties should use to determine their baseline data and track progress. Again, if the planning team chooses to target people who have SMI for more intensive services, then knowing the **current number of people who have SMI who are booked into jail** helps county leaders determine the scale of the problem they are working to address. This number can also be used to compare arrest rates of people who have SMI to those of people who do not have SMI. **Calculating the average length of stay** for people who have SMI helps the county recognize whether that population is more likely to remain in jail longer than the population that does not have SMI. Identifying the percentage of people who have SMI who are **connected to community-based behavioral health treatment** and supports upon release from jail illuminates to what extent people are getting the services they need to be successful in the community. Finally, a baseline **recidivism rate** helps the county to determine if people who have SMI are rearrested and/or return to jail at similar or higher rates than the general population. As the project coordinator, you must ensure that the planning team establishes a process to collect accurate and accessible data that is easy to track and report on to stakeholders.

Question 3 Objectives:

1. **Agree on a shared definition of recidivism** that takes into account that rearrest, convictions for new crimes, or the return to custody for violating conditions of release (i.e., technical violations) are each important, but distinct, ways of measuring whether a person has recidivated. Additionally, a consistent time period for reporting recidivism data (e.g., one, two, and/or more years) must be determined.
2. **Electronically capture data that informs key decisions.** To accomplish this, some counties use integrated data management systems, while others use a more “homegrown” data warehouse system, utilizing Microsoft Access or collecting data in spreadsheets. Incorporating an electronic “flagging” process as a way to indicate that a person may have a mental illness and that there may be a need to share this information assists in identifying who may need to be connected to care.
3. **Collect baseline data on the general population in the jail** to compare with the population that has SMI to determine whether disparities between these populations exist in bookings, length of stay, or recidivism rates. This comparison can be especially useful when data on both populations are disaggregated further by risk level, charges, race, or gender. The amount of data that must be collected to establish baselines will vary greatly across jurisdictions depending on what data is accessible. For some sites, establishing a baseline may involve tracking a cohort for a year or six months. For others, it may involve one or more point-in-time counts. Once screenings and assessments are in place, the tracking process should be ongoing and the results should be recorded electronically.
4. **Produce regular reports** containing information about the number of people who have mental illnesses in jail, their lengths of stay in jail, their connections to treatment, and their recidivism rates. The baseline data should be generated with the understanding that it will result in a report that is updated at least annually, using consistent definitions for mental illness, substance addiction, and recidivism to track changes year to year.

Question 3 Facilitation Tips:

It is essential to keep your eye on the “endgame”—reducing the number of people who have mental illnesses in your jail—throughout the planning process. This can only be demonstrated through tracking the progress of the four key measures. Focusing on these measures will ensure that the planning, prioritization of next steps, and ongoing tracking of progress is data driven. As the project coordinator, you should:

- Ensure that your planning team includes a statistician or a technology expert, if you are not one yourself. IT administrators in particular are key to the successful development of the electronic database you’ll need to track the four key measures. If IT staff are not available, your planning team may consider contracting for these services.
- Consider developing a relationship with a local university to assist with the planning process. An interested professor or research team may be willing to help with analyzing data, interpreting current research, recommending best practices, and completing evaluations. The appropriate department to connect with for this partnership will depend on the university; criminal justice, social work, and public administration departments all may be considered. Be upfront in explaining that you may not know where the work is headed—you are simply requesting their guidance and expertise, but may need their help with data analysis once the project is further along.
- Measure outcomes in addition to outputs. How will improving policy, process, and programming ultimately impact public safety and the lives of people who have mental illnesses in jails? Supplement the data from the four key measures with real-life outcomes and testimonials.
- Work with your planning team to gather sample data from point-in-time counts, establish a temporary process for tracking screening results until an electronic data system is available, and/or agree to use national-level data to estimate local prevalence rates if your jurisdiction has little data available to complete the exercises included later in this section. This effort may require multiple follow-up meetings with various planning team members.
- Jointly develop a process for tracking connections to treatment with input from representatives of behavioral health and community supervision agencies to ensure that follow-up services are being provided.
- Have private conversations with planning team members who are hesitant about sharing data that may put their work or staff in an unflattering light, such as revocation rates, case filing information, or use of bed space. Remind team members about the goal of improving outcomes for people in need, which requires an honest look at current practices. It is extremely important when sharing such data with the larger group to do so in a professional manner and to only share what is needed to inform decision making. If sensitive information needs to be shared, it should come directly from the appropriate department head. Finally, it is necessary to ensure that client information is protected at all times.

Facilitation Exercises for Question 3:

EXERCISE 3A: DEFINITION OF RECIDIVISM

A. Definition of Recidivism

1. What is your state or county's definition of recidivism (e.g., reincarceration within a year of release for reoffending or violating conditions of supervision)?

Answer:

B. Risk and Needs Identification Process

1. Do you use a validated assessment tool to assess for risk at the following points?

i. Pretrial detention (assessing for likelihood of failing to appear in court or commit a new crime during the pretrial period)

Answer (yes/no):

ii. Post conviction (assessing for risk of recidivism)

Answer (yes/no):

2. Can you determine how many people who have mental illnesses in your jail are at a high, medium, and low risk for recidivating?

Answer:

C. Connection to Community Supervision

1. Do you have a process for tracking people on community supervision to identify recidivism rates for those who have mental illnesses? If yes, what is that process?

Answer:

2. Is there a process for alerting the appropriate community supervision officer that a person on supervision has been booked into jail? If yes, does the supervision officer connect with the person prior to release from jail?

Answer:

D. Connection to Community-Based Services

1. How does your county define “connections to treatment” (e.g., contact with a community-based behavioral health provider prior to release from jail)?

Answer:

2. Do you have a process for tracking how many people who have mental illnesses receive services from community-based treatment providers after release from jail? If yes, what is this process?

Answer:

3. Is there a process to notify community-based treatment providers when a person who has screened positive for mental illness or has previously used their services has been booked into jail? If yes, what is this process?

Answer:

EXERCISE 3B: TRACKING THE FOUR KEY MEASURES

The following questions relate to the data your county collects within the four key measures for people who have mental illnesses.

Key Measures	Data Questions
Reduce the number (and percentage) of people who have mental illnesses who are booked into jail	Is there a way to flag people identified through screening and assessment as having mental illnesses in a searchable electronic database? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reduce their average length of stay in jail	Does your county track length of stay for pretrial and sentenced populations? <input type="checkbox"/> YES <input type="checkbox"/> NO
Increase the percentage of people released from jail who are connected to treatment	Does your county match every person booked into jail to the local behavioral health authority’s database to establish whether connections to treatment are being made? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reduce their recidivism rates	Does your county track recidivism, according to your identified definition, for people at both the pretrial and post-conviction stages? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your county assess criminogenic risk levels of people booked into jail and on community supervision? <input type="checkbox"/> YES <input type="checkbox"/> NO

EXERCISE 3C: COLLECTING DATA AND KEY FINDINGS

A. Recording, tracking, and analyzing accurate data:

To determine the capacity of a jurisdiction to record, track, and analyze accurate data, the following questions should be considered by your county. A plan should be developed to address any identified capacity gaps.

1. Is there a process for identifying the prevalence of people who have SMI in jail? If so, what is it?

Answer:

2. Is there an effective information management system in place to collect criminal justice data? If so, what is it?

Answer:

3. Is there an effective information management system in place to collect behavioral health data? If so, what is it?

Answer:

4. Is there a systematic process in place for criminal justice and behavioral health agencies to share data and information? If so, what is it?

Answer:

5. Are staff available to effectively query, interpret, and analyze data and develop reports based on jail and behavioral health data?

Answer:

B. Tracking Sub-measures of the Four Key Measures

In addition to the broader measures addressed in Exercise 3B, below is a list of sub-measures that counties may want to track to demonstrate progress toward achieving the four key measures. These sub-measures will provide more detailed data analysis to inform your key findings and determine where to target interventions. The chart below provides information on the sub-measures and general recommendations on which agencies would have this data, although this may vary by jurisdiction.

1. To track the number of people who have SMI that are booked into jail, the following sub-measures are collected and analyzed:			
Sub-measures	How to Obtain Data	Has data been collected? If so, by which agency?	Data and Related Findings
The number of mental health calls for service received by 911 dispatch	Request data from 911 the dispatch or police departments		
The number of people who screened positive for SMI according to a validated mental health screening conducted when booked into jail	Request data from the jail and/or jail's mental health provider		
The number of people who were confirmed as having SMI through a clinical assessment at the jail or as a result of data matching with state or local behavioral health systems	Request data from the jail and/or jail's mental health provider		
A comparison of the three sub-measures above to equivalent data for the general population, including demographic and criminogenic information (age, gender, race/ethnicity, offense type/level, etc.)	Request data from the jail		

2. To track the average length of stay for people who have SMI in jail, the following sub-measures are collected and analyzed:

Sub-measures	How to Obtain Data	Has data been collected? If so, by which agency?	Data and Related Findings
The number of people who have SMI and screened as low, medium, and high for pretrial risk	Request data from the jail or outside agency performing screenings		
The average length of stay for people who have SMI by classification and release type (including pretrial population, sentenced, population, surety bond release, federal holds, etc.)	Request data from the jail		
A comparison of the two sub-measures above to equivalent data for the general population, including demographic and criminogenic information (age, gender, race/ethnicity, offense type/level, etc.)	Request data from the jail and the agency that collects pretrial risk information		

3. To track the percentage of people released from jail who are connected to community-based behavioral health services and supports, the following sub-measures are collected and analyzed:

Sub-measures	How to Obtain Data	Has data been collected? If so, by which agency?	Data and Related Findings
The percentage of people who have SMI who are connected to community-based behavioral health services upon release by release type	Request data from the jail and the community behavioral health provider to perform a data match (additional information may come from community supervision)		
The percentage of people who have SMI on community supervision by release type	Request data from the community supervision provider (i.e., probation)		
A comparison of the two sub-measures above to equivalent data for the general population, including demographic and criminogenic information (age, gender, race/ethnicity, offense type/level, etc.)	Request data from the jail, community supervision provider, and community-based behavioral health provider		

4. To track the number of people who have SMI returning to jail, the following sub-measures are collected and analyzed:

Sub-measures	How to Obtain Data	Has data been collected? If so, by which agency?	Data and Related Findings
The percentage of people who have SMI who failed to appear in court and/or were rearrested while on pretrial release	People identified with mental illnesses, and their release dates should be matched to a request from the state criminal history repository. Most counties do not record failures to appear in a way that can be extracted for analysis.		

Sub-measures	How to Obtain Data	Has data been collected? If so, by which agency?	Data and Related Findings
The percentage of people who have SMI who were rearrested after serving a jail sentence	People identified with mental illnesses, and their release dates should be matched to a request from the state criminal history repository		
The percentage of people who have SMI who receive technical violations while serving a sentence to community supervision	Request data from the community supervision provider		
The percentage of people who have SMI who are charged with a new criminal offense while serving a sentence to community supervision	Request data from the community supervision provider		
The total number of people who have SMIs and who have prior jail admissions (with or without a conviction to follow)	If the jail can't calculate this variable, a longitudinal review of past bookings at the jail would be required		
A comparison of the five sub-measures above to the equivalent data for the general population, including demographic and criminogenic information (age, gender, race/ethnicity, offense type/level, etc.)	Request data from the criminal history repository, community supervision provider, and jail		

C. Key Findings

Use this chart to identify the key findings that can be reported to your planning team and stakeholders in the community.

Analysis Questions	Answers/Data
What is the prevalence of SMI in your jail?	
Is the average length of stay in jail for people who have SMI longer than people who do not have SMI? How much longer?	
What is the percentage of people identified as having SMI in jail who are connected to care in the community according to your team's definition?	
What is the recidivism rate for people identified as having SMI in jail and then released to the community according to your team's definition?	
Do you have any additional findings? If yes, what are they?	
What, if any, missing data would you still like to collect?	

Question 4: Do We Conduct a Comprehensive Process Analysis and Inventory of Services?

Without completing a comprehensive process analysis, opportunities to improve services are often not identified and thus are missed. Timely information to inform case decision making is often not generated or shared appropriately, or perhaps a defense attorney, judge, or probation officer receives the information but does not use it to inform his or her decisions. A detailed, point-by-point system review helps county leaders determine where these breakdowns in process occur and where improvements can be made. Recognizing that successful implementation of a plan hinges on the accessibility of community-based treatment and services, it is also important to conduct an inventory of available services and supports. In facilitating the planning team discussions on process analysis and inventory of services, the project coordinator should request detailed information—including data that specifies capacity needs—from all planning team members to inform the planning process and the prioritization of needs.

Question 4 Objectives:

1. **Complete a detailed process analysis** that traces the steps of a person's involvement in the justice system—from the moment 911 receives a mental health call for service, to a person's admission to jail, to their release and connection to community-based treatment, services, and supervision.
2. **Identify service capacity and gaps** at each decision point, including crisis services, diversion opportunities, and community-based treatment, services, and supervision. It is important that the planning team identify what services are not available, as well as what services exist but do not meet capacity needs. Likewise, it is important that the planning team finds ways to make processes more efficient and expand access to appropriate services by reducing any bottlenecks.
3. **Identify existing evidence-based programs and practices in your county.** The planning team should provide county leaders with a detailed description of these services, as well as the gaps in needed services that still exist. This scan of services should also capture the capacity level for the identified programs as a way to indicate if programs should be expanded to meet the demand for the service.

Question 4 Facilitation Tips:

In order to fully assess your system's process and service capacity, you may ask planning team members to designate knowledgeable frontline staff to participate in a subcommittee to complete this task. Their work should be presented to the planning team for discussion and approval. Facilitating a process analysis and inventory of services is more efficiently done by charting responses that capture the current state of your criminal justice and behavioral health systems and identify needed improvements. As the project coordinator, you should:

- Have the subcommittee complete a process flow analysis that charts how a person moves through the system from the time of first contact with law enforcement to final case disposition. A walkthrough of the jail booking process by the subcommittee members can help inform the planning discussion. Subcommittee members may ask each of the participating departments to submit information and/or data to inform the subcommittee of relevant policies or practices, as well as to identify redundancies and opportunities to address improvements that can be made with little time and effort. As this part of the work can be time consuming and involve multiple meetings, it is important for you to hold firm to requiring attendance and participation in this process to keep the project on schedule.

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- Use data to illustrate current capacity as compared to need, if the planning team has completed a [Sequential Intercept Map \(SIM\)](#).
 - If discussions do not support an improvement that aligns with one of the four key measures, refocus the planning team by emphasizing the needs supported by your data.
 - If you work in a smaller or more rural jurisdiction, seek out other [rural sites](#) to learn how they have addressed specific challenges. The gaps you identify might include a lack of behavioral health resources and few, if any, non-judicial system alternatives for law enforcement contact with individuals during non-traditional working hours. Learn how other sites have addressed these challenges and consider connecting with nearby jurisdictions to discuss creating shared or regionalized services.
 - Use timelines to establish goals and expectations for subcommittee work.

Timelines and Tracking Accomplishments

The project coordinator must be the ultimate task master, guiding and gently forcing the completion of subcommittee work, keeping track of leadership decisions, and shepherding final recommendations to the county board. It may be advantageous to time the completion of final recommendations with the local budget process, grant solicitation periods, or other potential funding opportunities. The project coordinator should supervise work assignments to include clear expectations of the assignment, who is to complete the work, and in what timeframe.

Additionally, the project coordinator may want to organize the planning team and subcommittee work around short-term, mid-term, and long-term goals. As short-term tasks are completed, “low-hanging fruit” items are addressed, and strides toward longer-term goals are made, it is important to capture those successes and relay them back to the planning team.

Facilitation Exercises for Question 4:

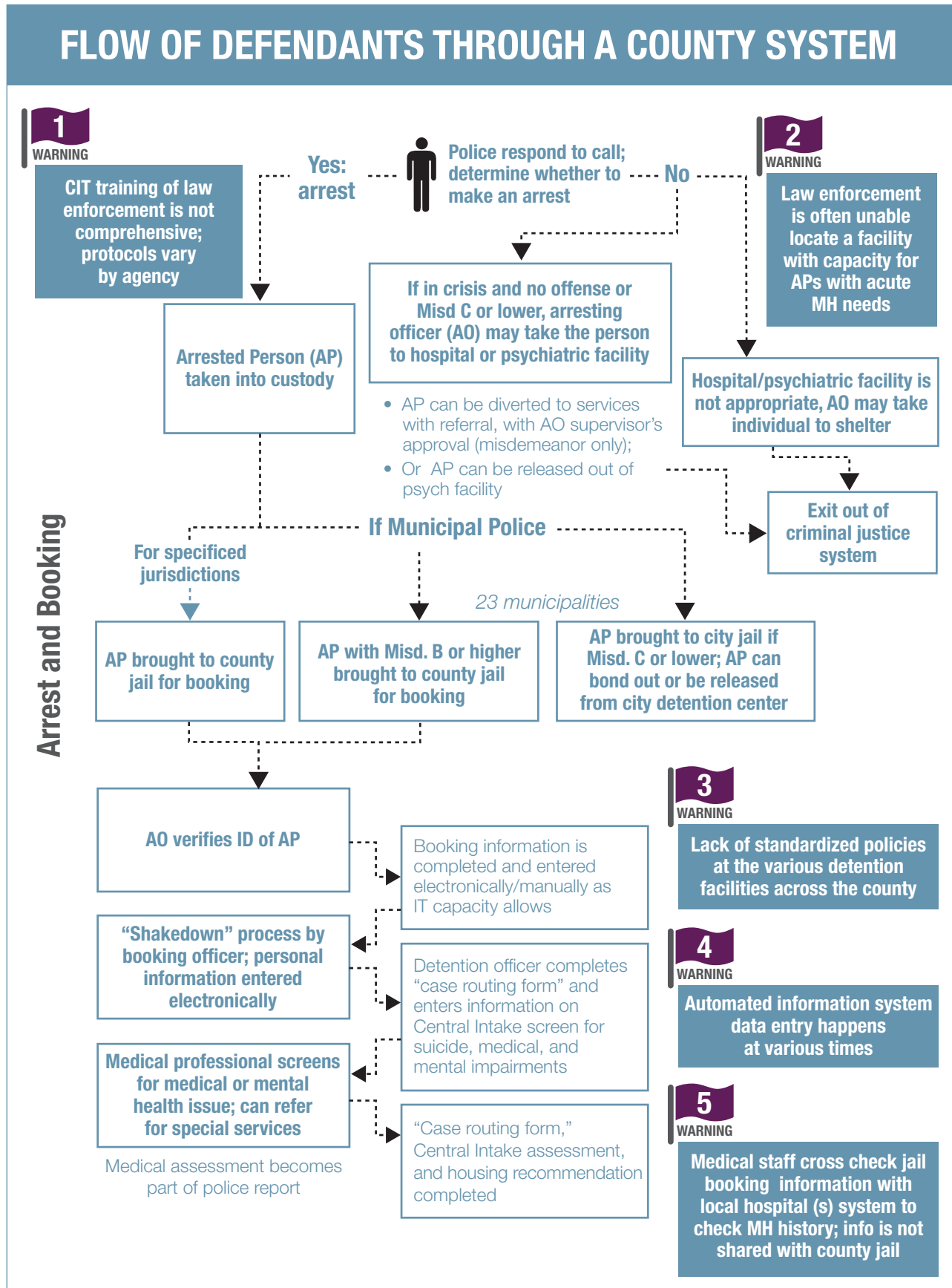
EXERCISE 4: PROCESS ANALYSIS AND INVENTORY OF SERVICES

A. System Mapping through a Process Analysis

The following flow chart is an example of how a county planning team, or perhaps a subcommittee of the planning team, traces each step of a person’s involvement in the justice system—from the moment 911 receives a mental health call for service, to the person’s admission to jail, to his or her release from jail and connection to community-based treatment, services, and supervision. At each decision point, the planning team should ask:

- What is the process associated with the decision?
- Is the process timely and efficient?
- What information is collected at that point in the process?
- How is that information shared and with whom?
- How is that information acted upon?
- Are the people involved in each decision point trained in their role?

This flow chart illustrates one county's process, but does not show the county's entire criminal justice and behavioral health systems.



B. Inventorying Services by the Four Key Measures

Use the following four tables to identify current policies, practices, programs, and treatment options in your county that address each of the four key measures described in Question 3.

Measure 1: Reduce the number (and percentage) of people with mental illnesses who are booked into jail			
Instructions	Pre-arrest Identification of Mental Illnesses and Co-occurring Substance Addictions	Law Enforcement Responses	
List the relevant policies, practices, evidence-based programs, and treatment options <u>that currently exist in your system</u> and include a brief description of each.	1. EXAMPLE: Mental health crisis identified on 911 call <ul style="list-style-type: none"> Process for identifying whether a 911 call requires a response by the mobile crisis outreach team 	1. EXAMPLE: Crisis Intervention Team (CIT) <ul style="list-style-type: none"> All law enforcement in the county are required to be trained in CIT 	
	2.	2.	
	3.	3.	
	4.	4.	
	5.	5.	
	Screening for Mental Illnesses, Co-occurring Substance Addictions, and Risk at Jail Booking to Inform Pretrial Release Decisions		Jail Diversion Opportunities
	1. EXAMPLE: The Brief Jail Mental Health Screen is administered to people at booking into jail <ul style="list-style-type: none"> Everyone booked into jail receives the screen, and results are shared with the appropriate parties while maintaining confidentiality 	1. EXAMPLE: Crisis Center <ul style="list-style-type: none"> Provides short-term mental health crisis stabilization in a secure unit 	
	2.	2.	
	3.	3.	
	4.	4.	
	5.	5.	

Measure 2: Reduce their average length of stay in jail		
Instructions	Screening for Mental Illnesses, Co-occurring Substance Addictions, and Risk in Jail	Pretrial Release Decision Making
List the relevant policies, practices, evidence-based programs, and treatment options that currently exist in your system and include a brief description of each.	1. EXAMPLE: A pretrial risk assessment tool is administered <ul style="list-style-type: none"> Everyone booked into jail receives the screen, with the results shared appropriately 	1. EXAMPLE: Pretrial risk information is made available to inform the court regarding release at the first appearance <ul style="list-style-type: none"> The information is submitted to the judge, prosecutor, and defense lawyer
	2.	2.
	3.	3.
	4.	4.
	5.	5.
	Pretrial Treatment Programs	Pretrial Community Supervision
	1. EXAMPLE: Referral to treatment included in pretrial release order <ul style="list-style-type: none"> All who are screened and/or assessed as needing treatment receive an appointment for follow-up care upon release 	1. EXAMPLE: Pretrial supervision ordered for people identified as moderate to high risk <ul style="list-style-type: none"> People assigned to pretrial supervision and identified as needing mental health services are connected to care
	2.	2.
	3.	3.
	4.	4.
	5.	5.

Measure 3: Increase the percentage of people who have mental illnesses released from jail who are connected to treatment

Instructions	Assessments for Mental Illnesses and Co-occurring Substance Addictions in Jail/Community	Information-Sharing Policies
<p>List the relevant policies, practices, evidence-based programs, and treatment options that currently exist in your system and include a brief description of each.</p>	<p>1. EXAMPLE: People who screen positive for mental illness receive a full assessment</p> <ul style="list-style-type: none"> • There is a process in place for both in-jail and community-based assessments 	<p>1. EXAMPLE: Release of information policies are in place to allow for information sharing</p> <ul style="list-style-type: none"> • The sheriff's office shares relevant information with the local behavioral health authority
	2.	2.
	3.	3.
	4.	4.
	5.	5.
	<p>Case Management/Supervision</p>	<p>Mental Health and Substance Addiction Treatment</p>
	<p>1. EXAMPLE: A community supervision officer and behavioral health clinician provide collaborative case management</p> <ul style="list-style-type: none"> • Roles and responsibilities are clearly defined to increase consistency in care and supervision expectations 	<p>1. EXAMPLE: The local behavioral health agency administers an in-reach program in the jail</p> <ul style="list-style-type: none"> • The local behavioral health agency provides jail-based services and ensures connection to care upon release
	2.	2.
	3.	3.
	4.	4.
5.	5.	

Measure 4: Reduce their recidivism rates

Instructions	Assessments for Risk in Jail/Community	Risk-Reduction Policies
<p>List the relevant policies, practices, evidence-based programs, and treatment options that currently exist in your system and include a brief description of each</p>	<p>1. EXAMPLE: A post-conviction risk and needs assessment tool is administered</p> <ul style="list-style-type: none"> Everyone assigned to community supervision receives a risk and needs assessment and a case management plan, which is developed based on risk and needs 	<p>1. EXAMPLE: The community supervision provider implements evidence-based practices that are proven to reduce recidivism</p> <ul style="list-style-type: none"> Interventions such as cognitive behavioral therapy (CBT) are in place to address criminal thinking
	2.	2.
	3.	3.
	4.	4.
	5.	5.
	<p>Community Supervision Focused on Risk Reduction</p>	<p>Behavioral Health Services Focused on Risk Reduction</p>
	<p>1. EXAMPLE: Community supervision follows the principles of Risk, Needs, and Responsivity</p> <ul style="list-style-type: none"> More intense supervision is provided to moderate- to high-risk people 	<p>1. EXAMPLE: Treatment plans follow the principles of Risk, Needs, and Responsivity</p> <ul style="list-style-type: none"> For people who are assessed as having a moderate to high risk of recidivism and have mental health needs, treatment includes interventions based on CBT
	2.	2.
	3.	3.
	4.	4.
	5.	5.

C. Addressing Gaps In the System

Use the following four tables to identify the policies, practices, programs, and treatment options across all four key measures that do not currently exist in your system. Later in this guide, you will be asked to prioritize these responses, so this exercise can be used as a “wish list.” Refer to the previous charts in this exercise to identify gaps in services and practices.

Measure 1: Reduce the number (and percentage) of people who have mental illnesses who are booked into jail		
Instructions	Pre-arrest Identification of Mental Illnesses and Co-occurring Substance Addictions	Law Enforcement Responses
List the relevant policies, practices, evidence-based programs, and treatment options that <u>do not currently exist in your system</u> but would improve your system’s outcomes, and include a brief description of each.	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
	Screening for Mental Illnesses, Co-occurring Substance Addictions, and Risk at Jail Booking to Inform Pretrial Release Decisions	Jail Diversion Opportunities
	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.

Measure 2: Reduce their average length of stay in jail

Instructions	Screening for Mental Illnesses, Co-occurring Substance Addictions, and Risk in Jail	Pretrial Release Decision Making
<p>List the relevant policies, practices, evidence-based programs, and treatment options that <u>do not currently exist in your system</u> but would improve your system's outcomes, and include a brief description of each.</p>	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
	<p>Pretrial Treatment Programs</p>	<p>Pretrial Community Supervision</p>
	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.

Measure 3: Increase the percentage of people who have mental illnesses released from jail who are connected to treatment

Instructions	Assessments for Mental Illnesses and Co-occurring Substance Addictions in Jail/Community	Information-Sharing Policies
<p>List the relevant policies, practices, evidence-based programs, and treatment options that <u>do not currently exist in your system</u> but would improve your system's outcomes, and include a brief description of each.</p>	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
	<p>Case Management/Supervision</p>	<p>Mental Health and Substance Addiction Treatment</p>
	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.

Measure 4: Reduce their recidivism rates

Instructions	Assessments for Risk in Jail/Community	Risk-Reduction Policies
<p>List the relevant policies, practices, evidence-based programs, and treatment options that do not currently exist in your system but would improve your system’s outcomes, and include a brief description of each.</p>	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
	<p>Community Supervision Focused on Risk Reduction</p>	<p>Behavioral Health Services Focused on Risk Reduction</p>
	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.

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

Upon gathering the data and completing the process analysis and inventory of services, the planning team will be ready to prioritize next steps. The project coordinator plays a key role in shepherding the planning team as they develop policy recommendations and budget requests that are practical, concrete, and aligned with the fiscal realities of the county. Additionally, keeping the planning team focused on the four key measures will ensure that the prioritized actions steps are intended to impact one or more of the measures. Routinely communicating with the people responsible for the county budget (e.g., county commissioners and other officials) about the planning team's ongoing efforts will increase the likelihood that the recommendations will be received favorably.

Most jurisdictions will have multiple funding streams they can leverage for this work (e.g., federal, state, county, or private funding sources), each with distinct limitations and opportunities. The project coordinator needs to gather and manage information about potential funding sources and provide it to the planning team as needed. The planning team's budget proposal should identify external funding streams—including Medicaid and other federal programs, federal grant opportunities, and state block grants—as the first source for funding. Opportunities for local philanthropic support should also be considered. The final gaps in funding will represent new county investments or shifts in existing resources that may be necessary. The project coordinator needs to ensure that all these options are considered and included as appropriate.

Question 5 Objectives:

- 1. Develop a list of prioritized strategies.** To make a meaningful impact in reducing the prevalence of mental illness in jail, one or more of the four key measures should be accomplished. The planning team will need to determine which measure(s) they plan to impact and what strategies your county will implement to accomplish this goal.
- 2. Complete a detailed description of needs.** The planning team's proposal should include a comprehensive account of all funding needs, from personnel to programming to technical infrastructure needed to undertake these strategies. The proposal should be based on data-informed decisions and should include evidenced-based approaches that will impact the identified gaps in services or policy needs. Multiple funding sources may be included in the plan.
- 3. Provide estimates/projections of the impact of new strategies.** At a minimum, the plan should project the number of people that would be served and explain to what extent new or reallocated investments will affect one or more of the four key measures and potentially create savings or better allocations of funding.
- 4. Account for external funding streams in estimates/projections.** The plan should describe to what extent external funding streams can be leveraged to fund new staff, treatment and services, and one-time costs. These external funding sources may include:
 - Federal program funding, including Medicaid, veterans' benefits, and housing assistance;
 - State funding, including grants for mental health and substance addiction treatment services;
 - Federal and state discretionary grants; and
 - Local resources including support from philanthropies, hospitals, and United Way.
- 5. Identify gaps in funding best met through county investment.** County dollars typically have greater flexibility than federal dollars administered through Medicaid or state block grants. It is vital that budget requests made to county officials articulate how their dollars are uniquely effective in meeting a particular need, or fill a gap that no other funding source can, such as ongoing administrative support or additional probation officers.

Question 5 Facilitation Tips:

At this point in the process, the planning team should be gaining momentum and finalizing their recommendations for accomplishing their *Stepping Up* goals. The project coordinator should capitalize on this momentum by building consensus and support for the plan the team develops. The planning team needs to stay focused on the data that has been gathered and the process and system improvements that have been identified to ensure that the priorities are based on the demonstrated needs. As the project coordinator, you should:

- Complete the “Current Policies, Practices, and Programs” sections of Exercise 5 with information already gathered by the planning team. These rows can be filled out by assigning activities to planning team members, developing a cost analysis, and identifying funding streams. Prior to this planning team meeting, the project coordinator and the planning team chairperson should meet to discuss the chart and how to best facilitate the prioritization process. This meeting should also include a discussion of the priorities the planning team has identified, along with the necessary data for the chairperson to guide the discussion.
- Research the cost of implementing identified programs and potential funding streams to help build the case for having the planning team’s recommendations accepted by the county board. This research will demonstrate to county officials that the planning team has done its due diligence and is only bringing items before the county board that have no alternative funding sources.
- Complete the “Planning for Implementation of Policies, Practices, and Programs” sections of Exercise 5 to help the planning team as they discuss which action steps to prioritize. The planning team chairperson may start the discussion by reviewing identified gaps, such as whether screenings and assessments are in place, or asking which of the four key measures the planning team most wants to impact. Generally, the largest potential for impact is at the first point of contact, if not before, and Measure 1 is often identified for initial efforts. In some communities other issues, such as high recidivism rates, may be where initial efforts are focused.
- Prioritize the planning team’s action steps based on the output from the completed chart, which will show the service gaps and needs that have been identified under each of the four key measures. In most jurisdictions, however, competing needs will most likely be identified and more discussions will need to be held to achieve consensus. Another approach that the project coordinator can use is a “dot voting” exercise where planning team members are given sticky dots to place their votes on the list of recommended next steps. This initial round of voting can provide a starting point for the consensus discussion.
- Work with each of the planning team members to reach consensus once the prioritization process has been completed. The project coordinator should help ensure that the planning team’s decision-making process is transparent and based on the full participation of the planning team members.

Facilitation Exercises for Question 5:

EXERCISE 5: PLANNING AND PRIORITIZING

Complete the following chart with your planning team knowing this will take multiple meetings or need to be accomplished at a “planning retreat.” Each of the four sections of the chart for “Current Policies, Practices, and Programs” addresses one of the four key measures. Once that is completed, the planning team should identify prioritized responses for planning implementation for each of the key measures and develop consensus around an action plan that is based on data, is cost effective, and provides the most potential for reducing the prevalence of people who have mental illnesses in your jail.

Measure 1. Reduce the number (and percentage) of people who have mental illnesses who are booked into jail

Current Policies, Practices, and Programs

Key data (e.g., mental illness prevalence, recidivism)

List of effective policies, practices, and programs

Identified gaps in policies, practices, and programs

Planning for Implementation of Policies, Practices, and Programs

Policies and evidence-based responses to be implemented

Projected number of people to be served

Projected cost/
funding source

List of evidence-based responses for implementation in order of highest priority

Timeline for implementation

Measure 2. Reduce their average length of stay in jail

Current Policies, Practices, and Programs

Key data (e.g., mental illness prevalence, recidivism)

List of effective policies, practices, and programs

Identified gaps in policies, practices, and programs

Planning for Implementation of Policies, Practices, and Programs

Policies and evidenced-based responses to be implemented

Projected number of people to be served

Projected cost/
funding source

List of evidence-based responses for implementation in order of highest priority

Timeline for implementation

Measure 3. Increase the percentage of people who have mental illnesses released from jail who are connected to treatment

Current Policies, Practices, and Programs

Key data (e.g., mental illness prevalence, recidivism)

List of effective policies, practices, and programs

Identified gaps in policies, practices, and programs

Planning for Implementation of Policies, Practices, and Programs

Policies and evidence-based responses to be implemented

Projected number of people to be served

Projected cost/
funding source

List of evidence-based responses for implementation in order of highest priority

Timeline for implementation

Measure 4. Reduce their recidivism rates

Current Policies, Practices, and Programs

Key data (e.g., mental illness prevalence, recidivism)

List of effective policies, practices, and programs

Identified gaps in policies, practices, and programs

Planning for Implementation of Policies, Practices, and Programs

Policies and evidence-based responses to be implemented

Projected number of people to be served

Projected cost/
funding source

List of evidence-based responses for implementation in order of highest priority

Timeline for implementation

Question 6: Do We Track Progress?

Once planning is completed and the prioritized strategies are implemented, progress tracking and ongoing evaluation begin. The project coordinator plays a key role in the continuing work of the planning team by developing and overseeing the reporting process. To maintain momentum, the planning team should remain intact and the project coordinator should continue to manage the implementation of the new strategies. Monitoring the completion of short-term, intermediate, and long-term goals is important, as it may take years to demonstrate measurable changes in prevalence rates. The project coordinator should identify other measures of success, including the implementation of new procedures, policies, and evidence-based practices. It is crucial for the project coordinator to continue to communicate accomplishments to the planning team to maintain the momentum and commitment necessary to ensure that this is a permanent initiative. Tracking outcome data also gives the planning team the justification necessary to secure continued funding and/or additional implementation funding.

Question 6 Objectives:

1. **Report on the four key measures** to provide county leaders with ongoing information that includes the data that has been tracked, as well as progress updates on process improvement and program implementation.
2. **Establish a process for progress reporting.** The planning team should continue to meet regularly to monitor progress on implementing the plan. The project coordinator should remain the designated facilitator of this process and continue to coordinate subcommittees involved in implementing the policy, practice, and program changes, in addition to managing unforeseen challenges.
3. **Implement ongoing evaluation of programming.** The evidence-based programs adopted by the county should be implemented with fidelity to the program model to ensure the highest likelihood that these interventions will achieve the anticipated outcomes.
4. **Monitor ongoing evaluation of programming impact.** Particularly for curriculum-based programming and screening and risk assessment, it is important to assess whether the activity is achieving what was intended. Many counties establish a relationship with a local university to assist with research and evaluation, as well as with validating screening and risk tools.

Question 6 Facilitation Tips:

The work of the project coordinator is not yet done. Bringing a plan to fruition requires ongoing meetings of the planning team and subcommittees, as well as continuous nurturing of relationships with key leaders. You should continue to facilitate meetings, guiding the planning team in analyzing data to measure progress along the four key measures and evaluating if policy and program improvements demonstrate the intended results. As the project coordinator, you should:

- Prioritize tracking data and measuring progress. To make this easier, enlist the help of staff from your IT department, the sheriff's office, law enforcement, and the county behavioral health agency, among others.
- Work with the heads of the various departments and agencies to develop a structure for the reporting process—which, even in the most advanced counties, can be difficult to achieve because most counties have multiple data systems. For reporting purposes, it is vitally important that the data needed to measure progress on the four key measures is accessible and able to be queried. The reporting structure should lay out timelines for reports, who receives the reports, and how the reports are designed. Be sure to provide decision makers with ongoing opportunities to provide input.

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- Work with the departments that utilize evidence-based programs to ensure that the programs are being implemented with fidelity to the model. This might include developing a checklist for ongoing tracking of training, certifications, and observations of staff practicing the required skills.
 - Remain abreast of ongoing research and development of new best practices in the field and relay that information to the planning team for consideration. Resources include the *Stepping Up* website and other websites hosted by agencies such as The Council of State Governments Justice Center, the National Association of Counties, the National Institute of Corrections, and the Substance Abuse and Mental Health Services Administration.
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Facilitation Exercises for Question 6:

EXERCISE 6: TRACKING PROGRESS

A. Using Data to Track Progress

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

Answer:

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

Answer:

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

Answer:

B. Other Sustainability Strategies

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

Answer:

C. Tracking Progress from Start to Finish

Organized by the four key measures, this chart will help you keep track of what you had in place prior to beginning your *Stepping Up* efforts, what initiatives are currently underway as a result of your planning process, and what you would like to achieve moving forward.

Measure 1: Reduce the number (and percentage) of people who have mental illnesses booked into jail		
Current Number (and Percentage):		
Year 2 Number (and Percentage):		
Year 3 Number (and Percentage):		
Prior to Project	Implementation	Future Implementation
Measure 2: Shorten the average length of stay		
Current Average Length (in days):		
Year 2 Average Length:		
Year 3 Average Length:		
Prior to Project	Implementation	Future Implementation
Measure 3: Increase the percentage of people who have mental illnesses connected to treatment in the community		
Current Percentage:		
Year 2 Percentage:		
Year 3 Percentage:		
Prior to Project	Implementation	Future Implementation

Measure 4: Lower recidivism rates		
Current Rate:		
Year 2 Rate:		
Year 3 Rate:		
Prior to Project	Implementation	Future Implementation

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

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 Association Foundation, and The Council of State Governments Justice Center, in partnership with the U.S. Department of Justice’s Bureau of Justice Assistance—calls on counties across the country to reduce the prevalence of people who have mental illnesses being held in county jails.



Justice
Center



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