

SALT LAKE COUNTY, UTAH: A County Justice and Behavioral Health Systems Improvement Project

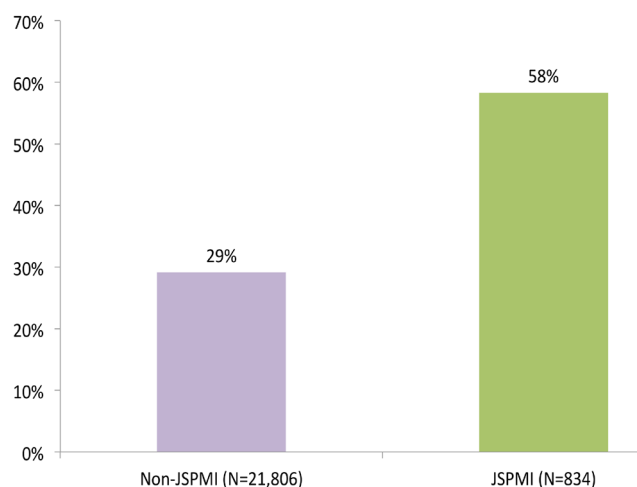
BACKGROUND

- In July 2014, Salt Lake County's political, criminal justice, and behavioral health leadership wrote to The Council of State Governments (CSG) Justice Center to request an in-depth, cross-systems data analysis of the flow of people through the county's criminal justice system. County leaders asked the CSG Justice Center to identify long-term system improvements using data-driven strategies to improve responses to people involved with the criminal justice system, particularly those with behavioral health disorders.
- The year-long project was overseen by Salt Lake County's Criminal Justice Advisory Council (CJAC), whose members include key county leaders and criminal justice and behavioral health stakeholders. This study considered data associated with people released from the Salt Lake County jail between August 1, 2013, and July 31, 2014.
- Over the course of the project, the CSG Justice Center reviewed more than 2.4 million records maintained by the Salt Lake County jail and the jail's medical staff, Utah's Adult Probation & Parole (AP&P), Criminal Justice Services (CJS) pretrial and probation services, the courts, the District Attorney's office, the Salt Lake Legal Defender Association, and the Salt Lake County Division of Behavioral Health Services (BHS), and conducted more than 50 facilitated discussions with stakeholders in the county's justice and behavioral health systems. Based on the findings of this analysis and with guidance from members of CJAC and other senior county and state leaders, the CSG Justice Center identified four key findings, a set of strategic policy recommendations, and an action plan to improve outcomes for people involved with Salt Lake County's criminal justice system, including those with behavioral health disorders.

KEY FINDINGS

- One out of three people on pretrial supervision and one out of two people on county probation do not fulfill the requirements of their supervision.
- Information on risk and needs is not consistently and systematically collected and used to inform decision making.
- People with mental illnesses stay longer in jail and return more frequently than people without mental illnesses. [See Figure 1]
- County officials do not know how many people released from jail have behavioral health disorders and how many are connected to the treatment and services they need in the community.

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



RECOMMENDATIONS

- **Ensure that law enforcement responses to people with behavioral health disorders promote the safety of all involved and allow law enforcement to divert people in crisis away from jail to appropriate behavioral health care services when public safety is not an issue.** Develop concrete goals to increase the capacity of law enforcement officers in their response to those with behavioral health needs, and expand the capacity of Mobile Outreach Teams and the UNI Receiving Center.
- **Ensure that everyone who is booked into jail receives a validated pretrial risk screening and assessment to inform pretrial release and detention decisions.** Require CJS to conduct screening and assessment of every defendant for risk of failure to appear in court and new criminal activity during pretrial status.
- **Use the results of behavioral health screenings to inform decisions about the need for further assessment, jail population management, the delivery of behavioral health care services within the jail, and reentry planning.** Develop a flag for people in jail who have behavioral health disorders, and a screening and assessment process to identify people with behavioral health disorders who qualify for coverage of treatment and services in the community. Match the jail's flag to the databases of BHS and the Legal Defender Association to facilitate continuity of care for people with behavioral health disorders. Prioritize treatment and services for moderate- to high-risk people with behavioral health disorders who most frequently return to jail.
- **Use results of risk and behavioral health screenings and assessments to develop comprehensive community-based treatment and supervision plans.** Use results of risk and behavioral health screening and assessments to inform release decisions, intensity of supervision, and connection to treatment and other services during the pretrial stage, and to determine the intensity of supervision, treatment, and other services during the post-conviction stage.
- **Develop a plan to improve pretrial and probation supervision completion rates.** Ensure the use of evidence-based practices by CJS staff. Improve training on the use of risk screenings and assessments. Increase use of cognitive-based therapy during supervision, frontload programming during pretrial and probation supervision, and establish specialized supervision caseloads for people with behavioral health disorders. Provide intensive supervision and connect moderate- to high-risk people with substance use disorders and/or lower levels of mental illness to services they need. Develop a “sanction and incentive” matrix to respond to probation violations.
- **Enhance the mechanisms that connect people in jail who have behavioral health disorders to community-based behavioral health care services upon their release.** Enhance jail in-reach services and reentry planning to facilitate connection to services in the community. Ensure that people released from jail who have behavioral health disorders and are eligible and willing to be connected to services in the community are transported directly to a treatment provider.
- **Track the implementation of the CSG Justice Center's recommendations, and develop a process for ongoing system analysis and outcome measurement for key criminal justice system indicators, including the number of people with behavioral health disorders in the criminal justice system.** Implement a data dashboard to track key performance measures of the county's criminal justice system, as well as to track progress of efforts to identify and improve outcomes for people with behavioral health disorders in jail.

Momentum for Change in Salt Lake County

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

These efforts include:

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

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

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

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

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

ACTION PLAN

To implement the recommendations described above, county leaders should be focused on the following outcomes:

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

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

TARGETS		
Screening	Connection to Services	Community Supervision
<ul style="list-style-type: none"> ■ 100 percent of people who enter jail are screened at booking for mental illness. ■ 100 percent of people who enter jail are screened at booking for substance use disorders. ■ 100 percent of people who enter jail receive a pretrial risk screening and assessment. 	<ul style="list-style-type: none"> ■ 100 percent of people who screen positive for a behavioral health disorder receive an assessment either in jail or in the community. ■ 95 percent of people who have a behavioral health disorder and a prior connection to BHS reestablish services with their treatment providers within four weeks of release from jail. ■ 75 percent of people who have a behavioral health disorder and no prior connection to BHS will be connected to services within four weeks of release from jail. ■ 100 percent of people in jail who have a behavioral health disorder and are eligible for and willing to be connected to services in the community are transported directly to a treatment provider through the ATI transport system or other methods upon release. 	<ul style="list-style-type: none"> ■ Reduce by 50 percent the supervision failure rate for people assigned to CJS pretrial and probation supervision by prioritizing supervision resources for the moderate- and high-risk people with a Serious and Persistent Mental Illness. ■ Reduce by 50 percent the supervision failure rate for people assigned to CJS pretrial and probation supervision by prioritizing supervision resources for moderate- to high-risk people who do not have a Serious and Persistent Mental Illness, but who may have other behavioral health needs, such as lower levels of mental illness and/or substance use disorders.



Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails, which is sponsored by the National Association of Counties, the American Psychiatric Foundation Association, and The Council of State Governments Justice Center, calls on counties across the country to reduce the prevalence of people with mental illnesses being held in county jails. The work being done in Salt Lake County, the leadership that Salt Lake County’s Criminal

Justice Advisory Council has demonstrated, and the findings emerging from the data analysis presented in this report are instructive for counties everywhere that are “stepping up” to reduce the numbers of people with mental illnesses in their jails.