

# Stepping Up and Connections to Care: Making the Case with Data

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# Agenda

1. Welcome and Introductions
2. Set, Measure, Achieve (SMA) Recap and Focus on Connections to Care
3. Johnson County, Kansas, Data Overview
4. Questions and Answers

# Speakers

- **Maria Fryer**, Policy Advisor for Substance Abuse and Mental Health, Bureau of Justice Assistance, U.S. Department of Justice
- **Risë Haneberg**, Deputy Division Director, the CSG Justice Center
- **Rob MacDougall**, Director of Emergency Services, Johnson County Mental Health Center
- **Chris Chun-Seeley**, Program Director, American Psychiatric Association Foundation

# THE STEPPINGUP INITIATIVE

**Stepping Up** is a national initiative helping counties to reduce the number of people with mental illnesses and co-occurring substance use disorders in jails.



**Justice Center**

THE COUNCIL OF STATE GOVERNMENTS

AMERICAN  
PSYCHIATRIC  
ASSOCIATION  
**FOUNDATION**



**#StepUp4MentalHealth**  
**[www.StepUpTogether.org](http://www.StepUpTogether.org)**

## Six Years AND COUNTING

More than **530** counties across **45** states have joined Stepping Up to reduce the prevalence of mental illness in jails.



**48%**

of Americans live in a Stepping Up county.



Approximately **2 million** times each year, people who have serious mental illnesses are booked in jails.



**30+** Innovator Counties are blazing the trail in data collection.



**5** states have launched statewide Stepping Up initiatives.



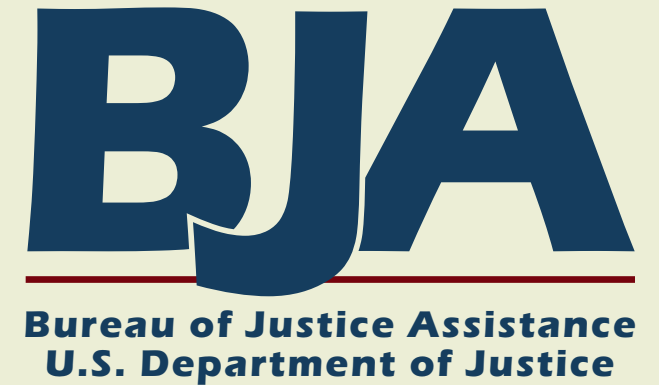




Maria Fryer, Policy  
Advisor, Bureau of  
Justice Assistance, U.S.  
Department of Justice

# The U.S. Department of Justice Bureau of Justice Assistance

**Mission:** BJA provides leadership and assistance to local criminal justice programs that improve and reinforce the nation's criminal justice system. BJA's goals are to reduce and prevent crime, violence, and drug abuse and to improve the way in which the criminal justice system functions. In order to achieve such goals, BJA programs illustrate the coordination and cooperation of local, state, and federal governments. BJA works closely with programs that bolster law enforcement operations, expand drug courts, and provide benefits to safety officers.



Visit the [BJA website](#) to learn more.

# Set, Measure, Achieve Recap

Risë Haneberg, the CSG Justice Center





# Stepping Up Four Key Measures



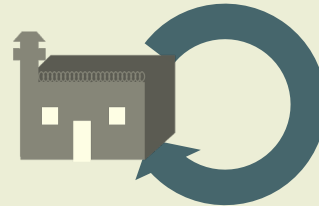
**1. Reduce** the number of people with mental illnesses booked into jails



**2. Shorten** the length of stay in jails for people who have mental illnesses



**3. Increase** connection to treatment for people who have mental illnesses



**4. Reduce** recidivism rates for people who have mental illnesses

# Why Set Baselines, Targets and Track Data

- Baselines tell you where you are starting from
- Defining targets informs which data to track and which strategies to implement to effect change
- Tracking data informs progress and whether any changes are needed
- Demonstrating measurable outcomes provides the basis for program justification, can substantiate expansion needs, and guide sustainability planning

# Setting a baseline and preparing to report

- Questions to Answer
  - When did your county start tracking SMI?
  - When were new policies implemented?
  - What time periods will you use as your baseline period and reporting period?
- Select a baseline period after SMI data collection was started but before efforts to reduce the number of people with SMI in jail.



# Set, Measure, Achieve

- Step 1: Set Your Targets
  - 5% annual reduction in **average daily jail population**
  - 10% annual reduction in **jail bookings**
  - 5% annual reduction in **average length of stay**
  - 10% annual increase in **post-release connections to care**
  - 5% annual reduction in **recidivism** (rebookings to jail)
- Step 2: Announce Your Participation
- Step 3: Measure and Report Your Progress

# Measuring Progress

## Key Measure 3:

### Connections to care

The percentage of people identified with SMI who are referred to community-based behavioral health treatment at release over the reporting period. Also report metric by race/ethnicity/age/sex for people with and without SMI.

A referral to post-release treatment is the minimum measure constituting a connection to care. Counties may identify and include other measures of connection to care (e.g., scheduling a first post-release appointment, physically driving a person to their first post-release appointment).

= (# identified with SMI who are released and referred to community-based behavioral health treatment at release during the reporting period) / (# of people with SMI released during the reporting period)

#### Required data elements

*Individual ID*

*Booking ID*

*Release date(s)*

*SMI status*

*Referral to care (Y/N)*

*Race/ethnicity/age/sex*

#### Optional data elements

*Other measures of connection to care*



# Interventions Across the Four Key Measures

## Key Measure 1

- Police-Mental Health Collaborations
- CIT training
- Co-responder model
- Crisis diversion centers
- Reducing policing of quality-of-life offenses

## Key Measure 2

- Routine screening and assessment for behavioral health needs
- Pretrial risk screening, release, supervision, and mental health diversion

## Key Measure 3

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

## Key Measure 4

- Risk-Need-Responsivity and the Behavioral Health Recovery Principles
- Specialized probation
- Ongoing program evaluation

# Focus on Connections to Care

**Chris Chun-Seeley**, American Psychiatric Association Foundation



# Two Main Questions to Drive Decision Making Process

1. Did that person make it to their first appointment?
2. Did they like the provider and feel engaged?

# Connection to Care Video Series



Series of videos from the American Psychiatric Association Foundation (APAF) focusing on connections to care

# Connection to Care Video Series

“The use of long-acting antipsychotics and long-acting opioid addiction treatments can have profound impact on your patients staying stable while they're working hard on navigating the system.”— Donna Strugar-Fritsch

“That benefits everybody, not just the individuals who are justice-involved. It prevents crime, it prevents victimization, and helps support the health and well-being of the community as a whole.”— Dr. Hurley



# Johnson County, Kansas, Data Overview

**Rob MacDougall**, Johnson County Mental Health Center



# Focus on Targeting Increasing Connections to Care

- Today will share data from Johnson County, KS
- Implemented practices to increase connections to care
- Tracked and analyzed data
- Demonstrated positive results; established correlation to reduction in jail re-bookings
- Justification of the increased level of services and staff efforts
- Continued support and sustenance of the program

# BJMHS Outreach Project Johnson Co, KS Adult Detention Center

- 2016: Brief Jail Mental Health Screen implemented at booking to flag individuals at risk
- How can we use this tool to decrease recidivism?
- March 2017: Johnson County Mental Health begins outreach efforts
  - Master's level clinicians working in Crisis Line Call Center
  - What can we do to help prevent jail and/or law enforcement contact?
  - Depending on need, refer to JCMHC or a community provider

# Overview

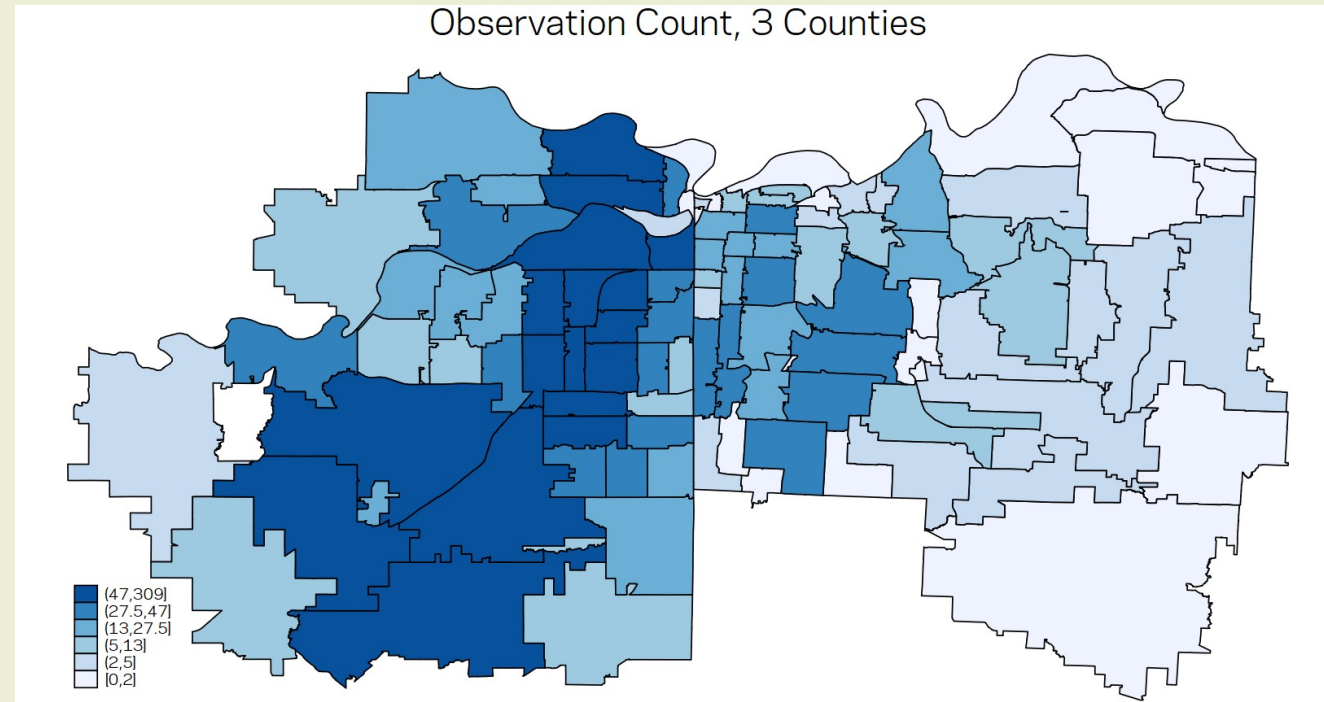
- What did we hope to learn?
  - Measuring the impact of mental health outreach
  - Comparison of Johnson County residents to non-residents
- What have we added recently?
  - Recidivism data from three counties: Johnson, Jackson, Wyandotte
- Results
  - Outreach can successfully connect people with services
  - Recidivism falls
  - Greater confidence we are measuring the right outcome

# Research Design

Hypothesis: Mental health outreach targeted to people in jail upon release will connect them with services and reduce recidivism.

## Research strategy

- Compare by residence, release cohort
- Program only provided to Johnson County residents
- Screen started in late 2016; outreach in early 2017





# Research Design Challenges and Solutions

**Challenge:** recidivism outside Johnson County

**Solution:** gather more data

- July 2019: most recent law enforcement officer update to Johnson County
- Dec 2019: data added from Wyandotte County
- July 2020: data added from Jackson County
- Fall 2020: state corrections data challenging
- Winter 2020: move to analysis

# Telephone Contact Rates

- Two call attempts within 72 hours of release
- Total of 5,818 referred
- 44% contact rate of those eligible for outreach
- 28% of those eligible for outreach were connected to services

# Recidivism Rates

- 60 Days - 12 percent reduction in recidivism
- 180 Days – 10 percent reduction in recidivism
- 360 days – 9 percent reduction in recidivism

# Effects of Prior Mental Health Treatment on Recidivism

Outreach decreases 60-day recidivism...

- All: 12 percentage points
- Prior mental health care: 11 percentage points
- No prior mental health care: 23 percentage points

# Moving Forward: Embedded Services in the Johnson County, KS Adult Detention Center

- Beginning in January of 2020
- Staff includes clinicians, case managers, a prescriber and nurses
- Case managers now engage those at-risk **face to face** and **prior to release**
- Seeking to expand services to include a Re-entry team and Medication Assisted Treatment



# Next Steps

## **Jail mental health outreach...**

- Connects people to services
  - Contacts about half of intended targets
  - Connects about one-quarter with mental health services
- Reduces recidivism
  - Persists through one year
  - Particularly for those without prior treatment

## **Next steps**

- Two-page policy brief; completion of academic paper, March 2021

# Questions and Answers



# Contact Information

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