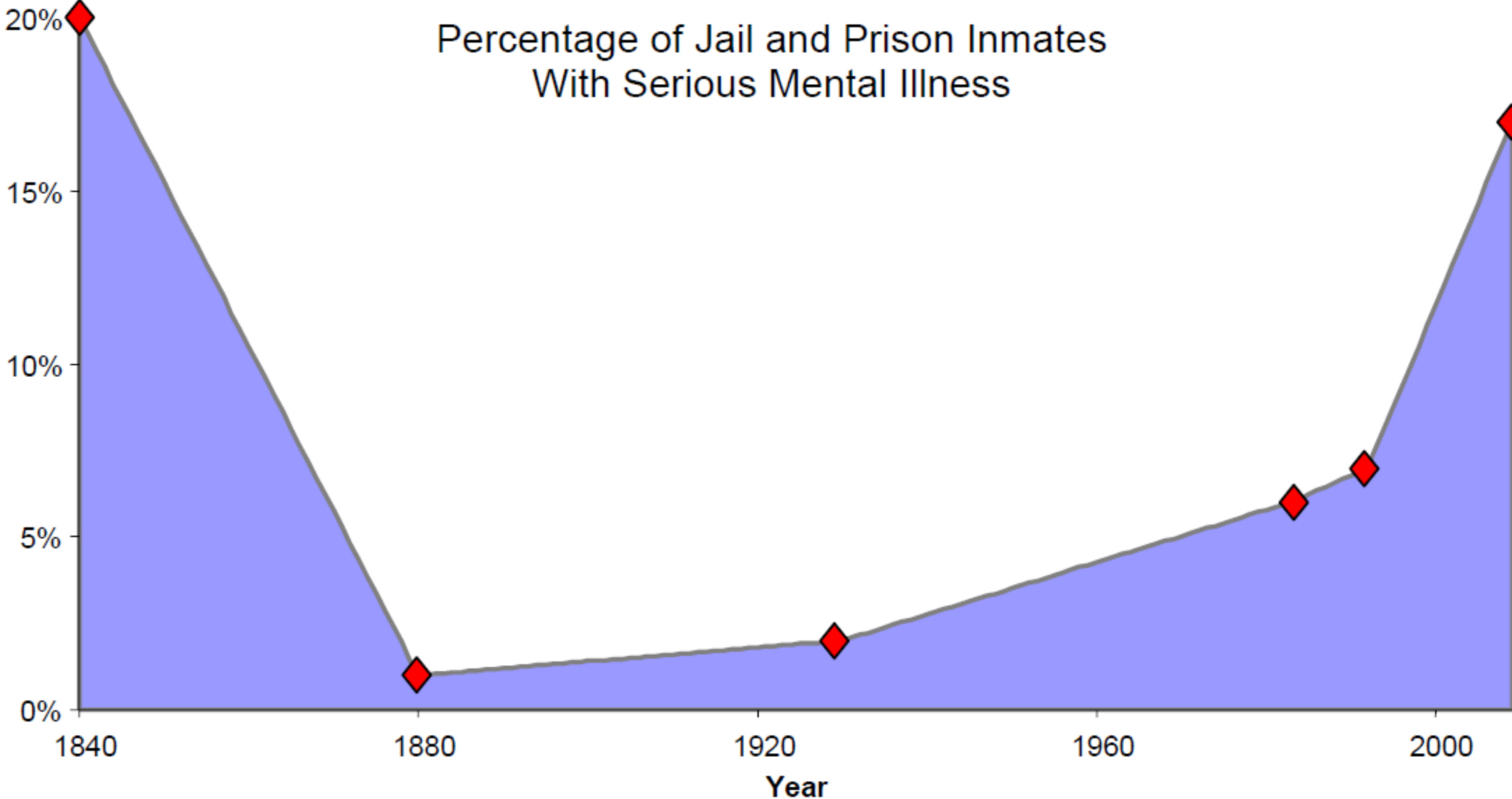# THE STEPPING UP INITIATIVE

The Problem

- Each year, there are an estimated 2 million people with serious mental illnesses admitted to jail across the nation.   Almost three – quarters of these adults also have drug and alcohol use problems.

- Person's with mental illness are usually frequent flyers.

- Once incarcerated, individuals with mental illnesses tend to stay longer in jail and upon release are at higher risk of returning to incarceration than those without illnesses.

- The human toll of this problem – and it's cost to taxpayers- is staggering.

The Problem

- Jails spend two to three time more money on adults with mental illnesses that require intervention than those without, yet often do not see improvements to public safety or these individuals' health.

- Some counties have made tremendous effort but are faced with significant obstacles, including operating with minimal resources and needing better coordination between criminal justice, mental health, substance use treatment and other agencies.

- Without change the cycle continues.

Percentage of Jail and Prison Inmates
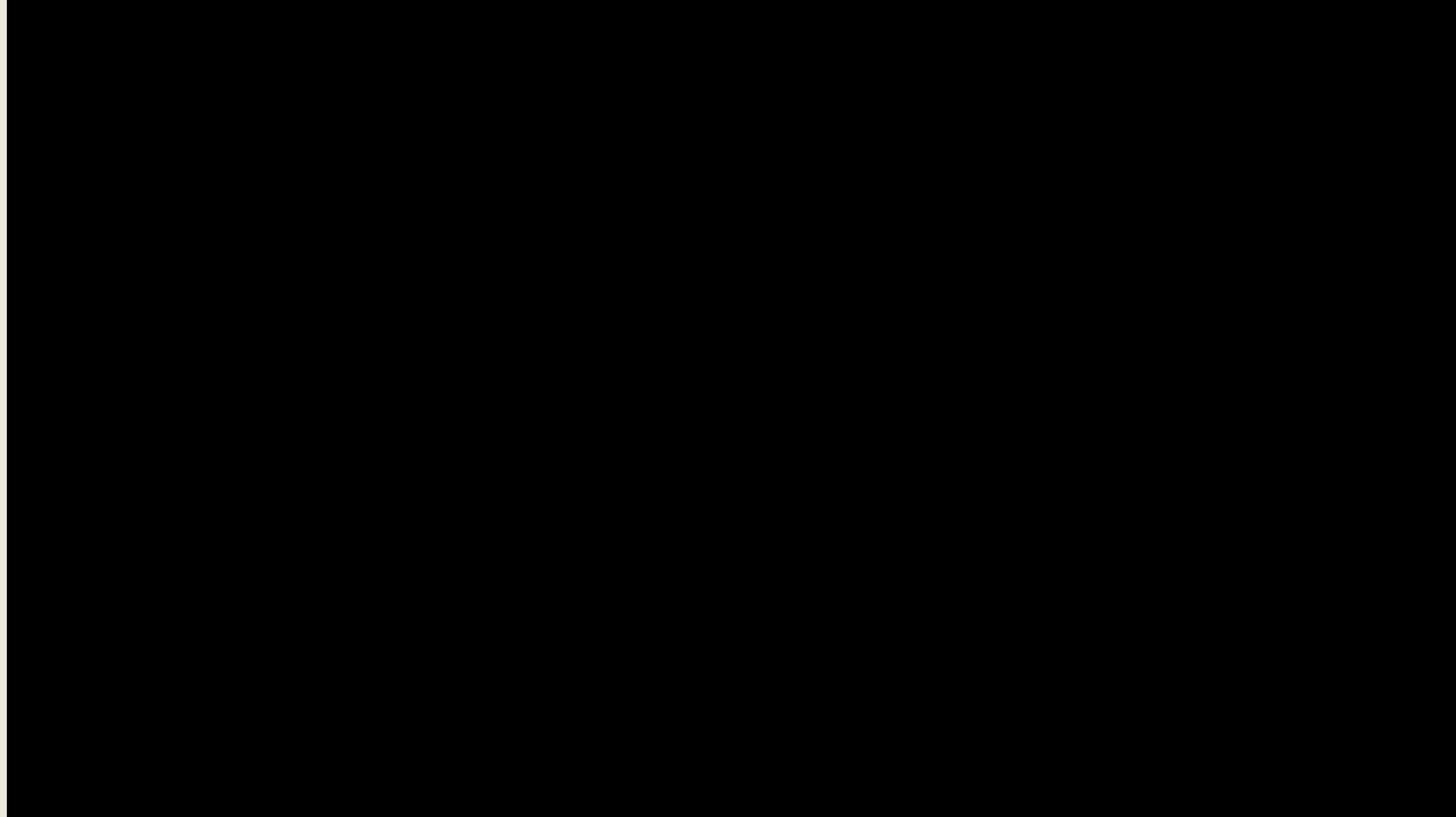With Serious Mental Illness

*1840 estimate based on qualitative reports from that time

THE STEPPING UP INITIATIVE

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 with mental illnesses being held in county jails.

What is the Stepping Up Initiative?

WHAT CAN YOU DO?

Urge your county officials to "Step Up" and pass a resolution…. 453 Counties!

- Alabama – 15
- Arizona - 15
- Arkansas - 4
- California - 34
- Colorado - 9
- Florida - 15
- Georgia - 8
- Hawaii - 1
- Idaho - 1
- Illinois - 7
- Indiana - 2
- Iowa – 55
- Kansas – 6
- Kentucky – 3
- Louisiana – 4
- Maine – 1
- Maryland – 5
- Massachusetts – 1
- Michigan – 18
- Minnesota – 17
- Mississippi – 2
- Missouri – 4

- Montana – 2
- Nebraska – 7
- Nevada – 5
- New Hampshire – 3
- New Mexico – 11
- New York - 7
- North Carolina – 46
- North Dakota – 1
- Ohio – 37
- Oklahoma – 2
- Oregon – 21
- Pennsylvania – 31
- South Carolina – 6
- South Dakota – 4
- Tennessee – 1
- Texas – 12
- Utah – 2
- Virginia – 4
- Washington – 13
- West Virginia – 1
- Wisconsin - 11

The Stepping Up Toolkit

- 1. Is your leadership committed?

- 2. Do you have timely screening and assessment?

- 3. Do you have baseline data?

- 4. Have you conducted a comprehensive process analysis and service inventory?

- 5. Have you prioritized policy, practice and funding?
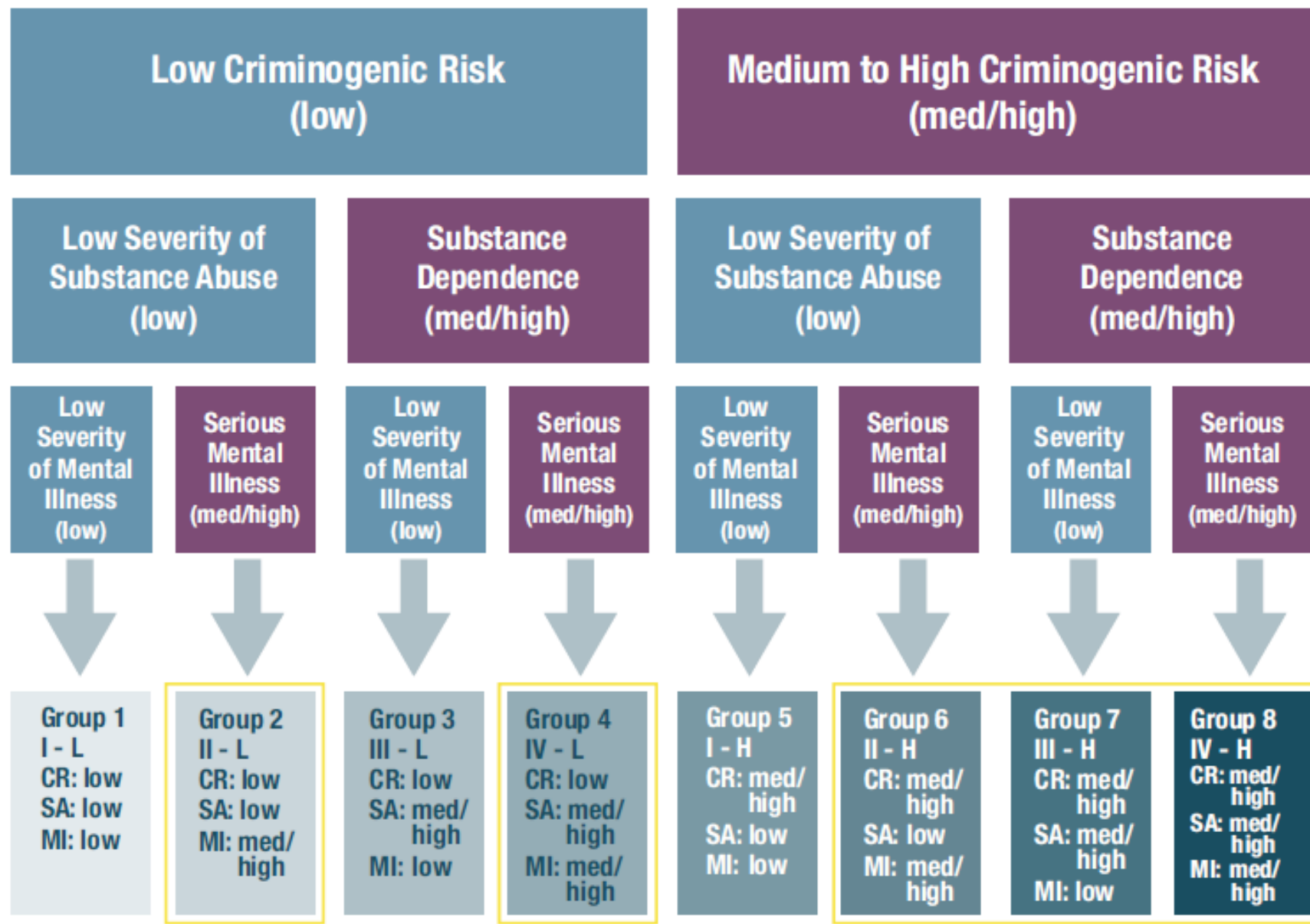
- 6. Do you track progress?

1. Is Our Leadership Committed?

■ Are county policymakers – such as commissioners, supervisors, or managers – and key leaders from criminal justice and behavioral health fields fully invested in the goal of reducing the number of people with mental illnesses in jail?

■ Why does it matter?

■ What it looks like:

    a. *Mandate from leaders responsible for the county budget.*

    b. *Representative planning team.*

    c. *Commitment to vision, mission, and guiding principles.*

    d. *Designated planning team chairperson.*

    e. *Designated project coordinator.*

2. Do We Conduct Timely Screening and Assessments?

- Is screening for mental illness and substance use conducted for everyone booked into jail, along with follow-up assessments, for people who screen positive for these conditions?

- Why it matters?

- What it looks like:

- a. System-wide definition of mental illness

- b. system-wide definition of substance use

- c. validated screening and assessment tools

- d. Efficient screening and assessment process

- e. Validated assessment for pretrial risk

- f. Mechanisms for information sharing – key considerations

FIGURE 1. THE CRIMINOGENIC RISK AND BEHAVIORAL HEALTH NEEDS FRAMEWORK

Low Criminogenic Risk (low)				Medium to High Criminogenic Risk (med/high)			
Low Severity of Substance Abuse (low)		Substance Dependence (med/high)		Low Severity of Substance Abuse (low)		Substance Dependence (med/high)	
Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)
↓	↓	↓	↓	↓	↓	↓	↓
Group 1 I - L CR: low SA: low MI: low	Group 2 II - L CR: low SA: low MI: med/ high	Group 3 III - L CR: low SA: med/ high MI: low	Group 4 IV - L CR: low SA: med/ high MI: med/ high	Group 5 I - H CR: med/ high SA: low MI: low	Group 6 II - H CR: med/ high SA: low MI: med/ high	Group 7 III - H CR: med/ high SA: med/ high MI: low	Group 8 IV - H CR: med/ high SA: med/ high MI: med/ high

3. Do We Have Baseline Data?

■ Has the county established baseline measures of:

     - The number of people with mental illnesses booked into jail

     - Their average length of stay

     - The percentage of people connected to treatment

     - The recidivism rates

3. Do We Have Baseline Data.. Cont.

- Why it matters?

- What it looks like?

- a. System-wide definition of recidivism

- b. Electronically collected data

- c. Baseline data on the general population of the jail.

- d. Routine reports generated by a county agency, state agency, or outside contractor

- Involving IT

- In Practice: How Baseline Data Inform Planning

4. Have We Conducted a Comprehensive Process Analysis and Inventory of Services?

- Has the planning team completed an exhaustive, end-to-end analysis of the system's processes from the point of law enforcement's contact with the person through the final case discharge?

- Why it matters?

- What it looks like?

  a. Detailed process analysis

  b. Service capacity and gaps identified

  c. Evidence-based programs and practices identified

Flow of Defendants Through a County System

5. Have We Prioritized Policy, Practice, and Funding Improvements?

■ Do key findings from the system analysis inform the development of action items?

■ Why it matters?

■ What it looks like?

   a. Prioritizing strategies

   b. Detailed description of needs

   c. Estimates/projections of impact of new strategies

   d. Estimates/projections account for external funding streams

   e. Description of gaps in funding best met through county investment

In Practice: How Process Analysis Informs Planning

6. Do We Track Progress?

- Is there an established process for tracking the impact of the plan on the four key outcomes?

- Why it matters?

- What it looks like?

  a. Reporting timeline on four key measures

  b. Process for progress reporting

  c. Ongoing evaluation of programming implementation

The People

Judge Steve Leifman – Eleventh Judicial Circuit Florida
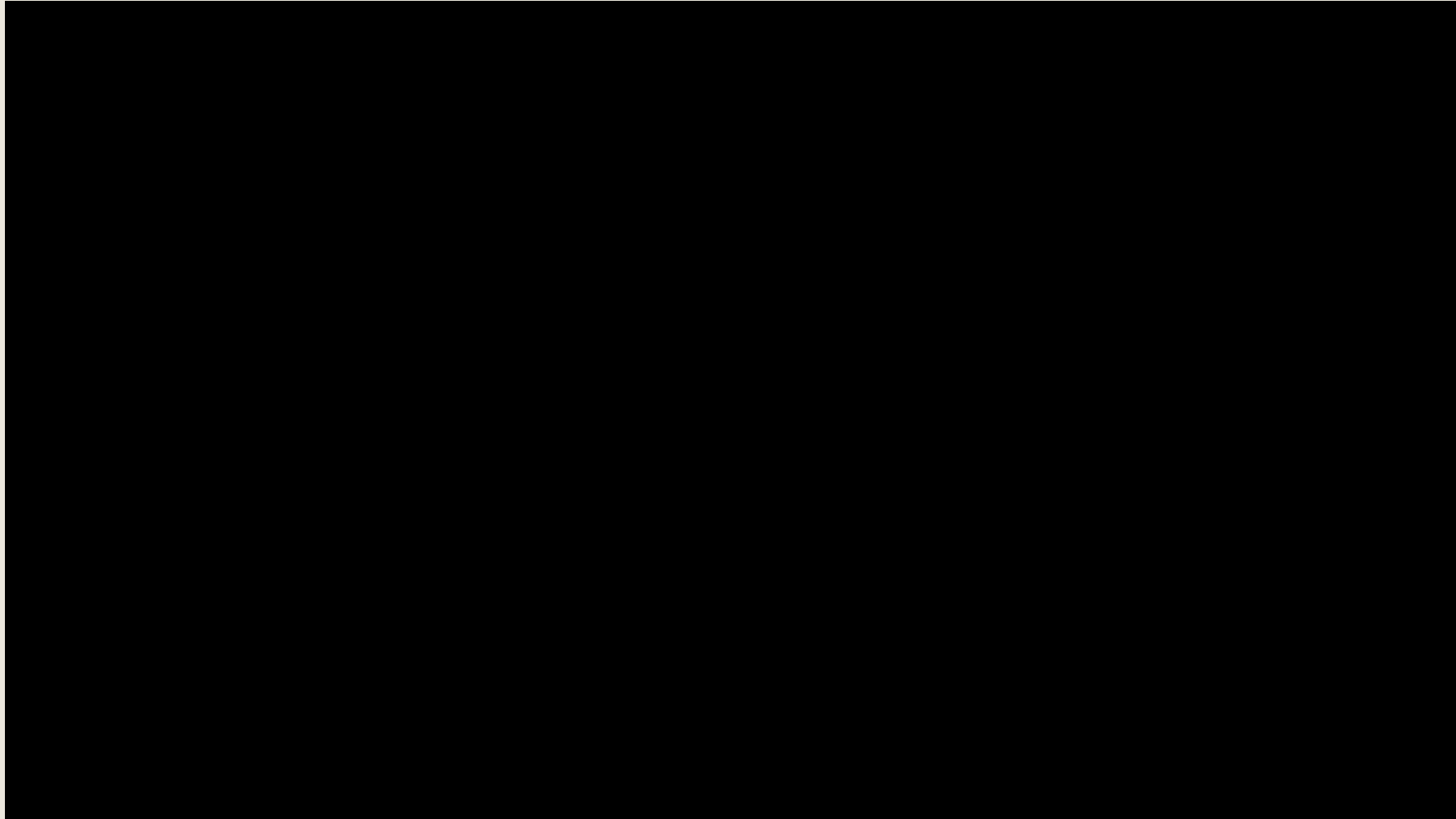
Major Brad Barber and Chief Linda Stump-Kurnick – University of Florida Police Department – Gainesville, Florida

Terry Taggart – CIT and NAMI volunteer Pinellas County – Clearwater, Florida

The National Stepping Up Summit

Alachua County Stepping Up

National Day of Action May 16ᵗʰ Alachua County Florida

Justice and Mental Health Collaboration Program

- Supports innovative cross-system collaboration to improve responses for individuals with mental illness or co-occurring mental health and substance use disorders who come into contact with the criminal justice system.

Questions?

Thank You!!

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