

THE
STEPPINGUP
INITIATIVE

Stepping Up Kansas

Audra Goldsmith | April 13, 2022



Speakers

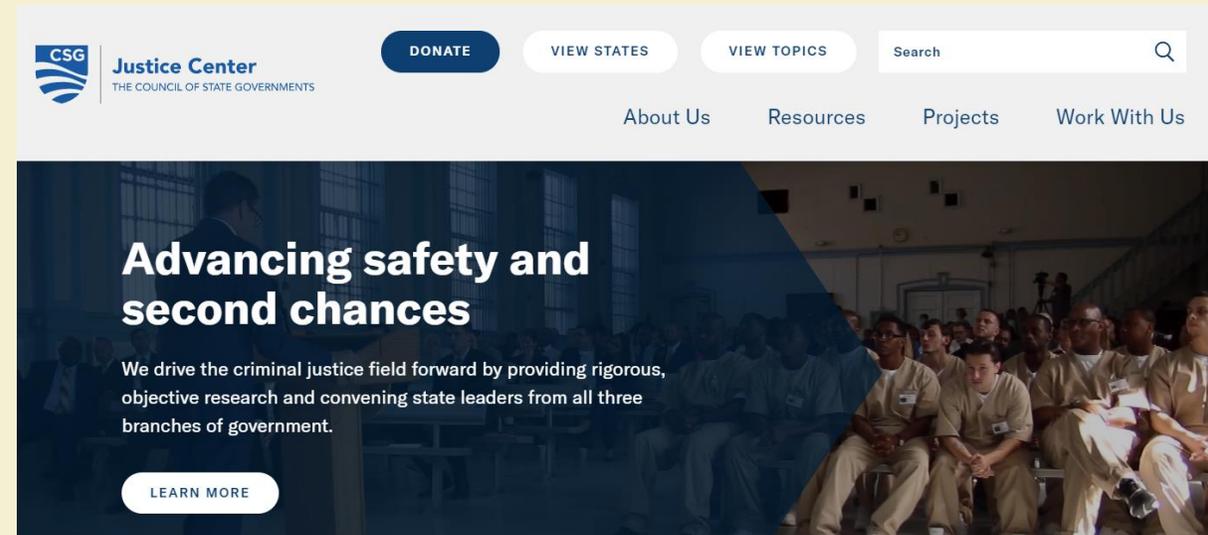
- Audra Goldsmith, Senior Policy Analyst, Behavioral Health, The Council of State Governments Justice Center

Presentation Outline

- Stepping Up Background
- Overrepresentation of SMI in Jails
- The Impact of Data
- Average Length of Stay as Related to Competency to Stand Trial (CST)
Jail Population
- Progress on CST from Other States
- Stepping Up Can Assist

The Council of State Governments Justice Center

- Stepping Up partner along with the National Association of Counties (NACo) and the American Psychiatric Association Foundation (APAF)
- Justice Reinvestment
- Justice and Mental Health Collaboration Program
- Douglas County intensive project



THE STEPPINGUP INITIATIVE

Stepping Up is a national initiative to reduce the number of people with mental illnesses in jails.



Justice Center
THE COUNCIL OF STATE GOVERNMENTS

AMERICAN
PSYCHIATRIC
ASSOCIATION
FOUNDATION



#StepUp4MentalHealth
www.StepUpTogether.org

Six Years AND COUNTING

More than **540** 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.



JANUARY 2017

Reducing the Number of People with Mental Illnesses in Jail

Six Questions County Leaders Need to Ask

Risë Haneberg, Dr. Tony Fabelo, Dr. Fred Osher, and Michael Thompson

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
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INITIATIVE



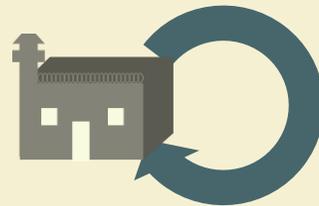
1. Reduce the number of people with mental illnesses booked into jails



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

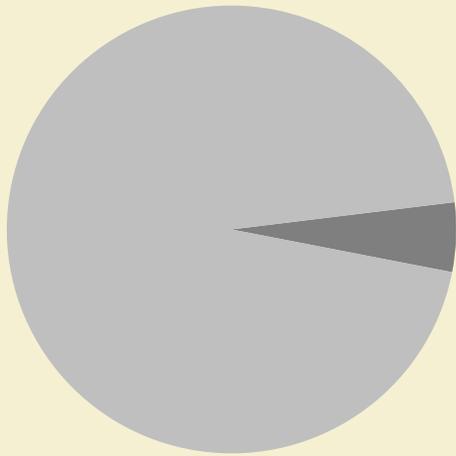


4. Reduce recidivism rates for people who have mental illnesses

Overrepresentation of SMI in Jails

General Population

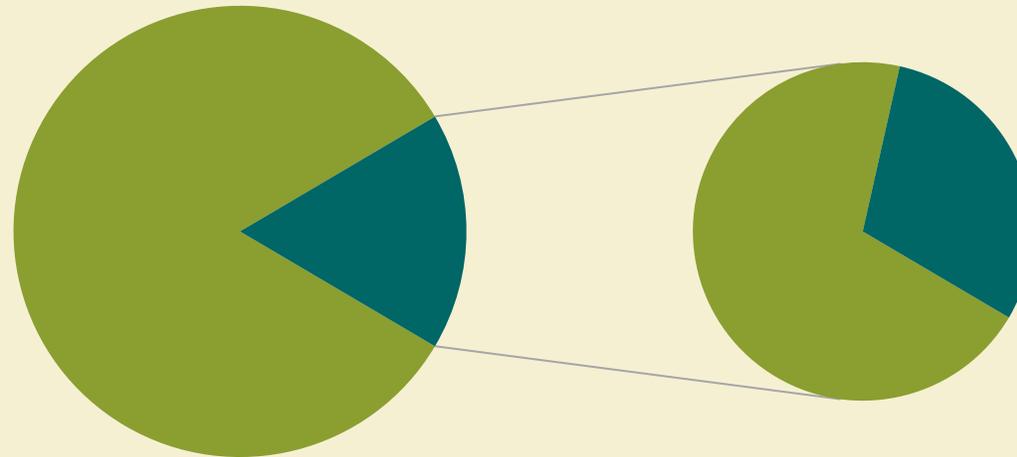
4% Serious Mental Illness



Jail Population

17% Serious Mental Illness

72% Co-occurring Substance Use Disorder



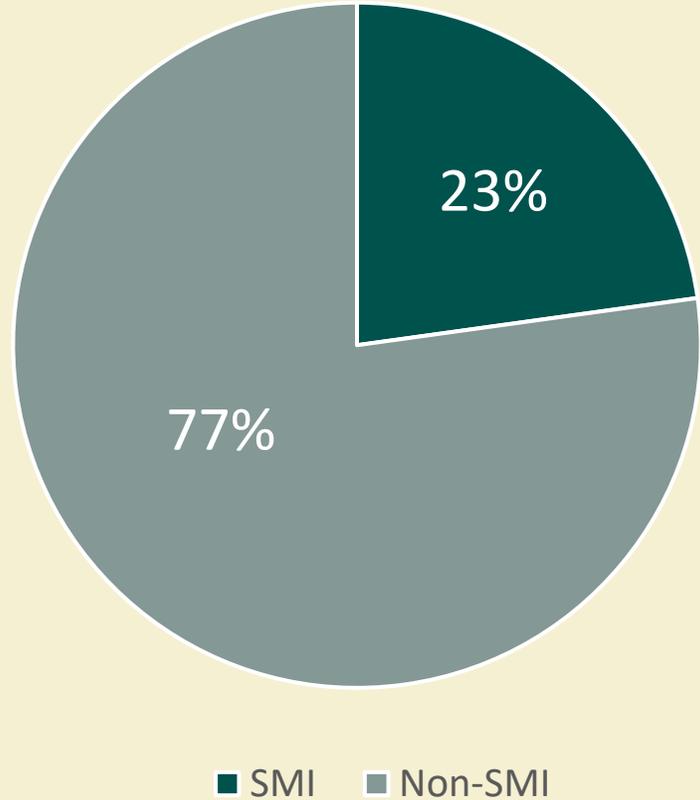
Henry J. Steadman et al., "Prevalence of Serious Mental Illness among Jail Inmates," *Psychiatric Services* 6, no. 60 (2009): 761–765; Center for Behavioral Health Statistics and Quality, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (Washington, DC: U.S. Department of Health and Human Services, 2019), <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>; Karen M. Abram and Linda A. Teplin, "Co-occurring Disorders among Mentally Ill Jail Detainees," *American Psychologist* 46, no. 10 (1991): 1036–1045.

Douglas County Correctional Facility Statistics for 8.24.2021

Population

Facility Population	Frequency	Percentage
SMI	36	23%
Non-SMI	122	77%
Total	158	100%

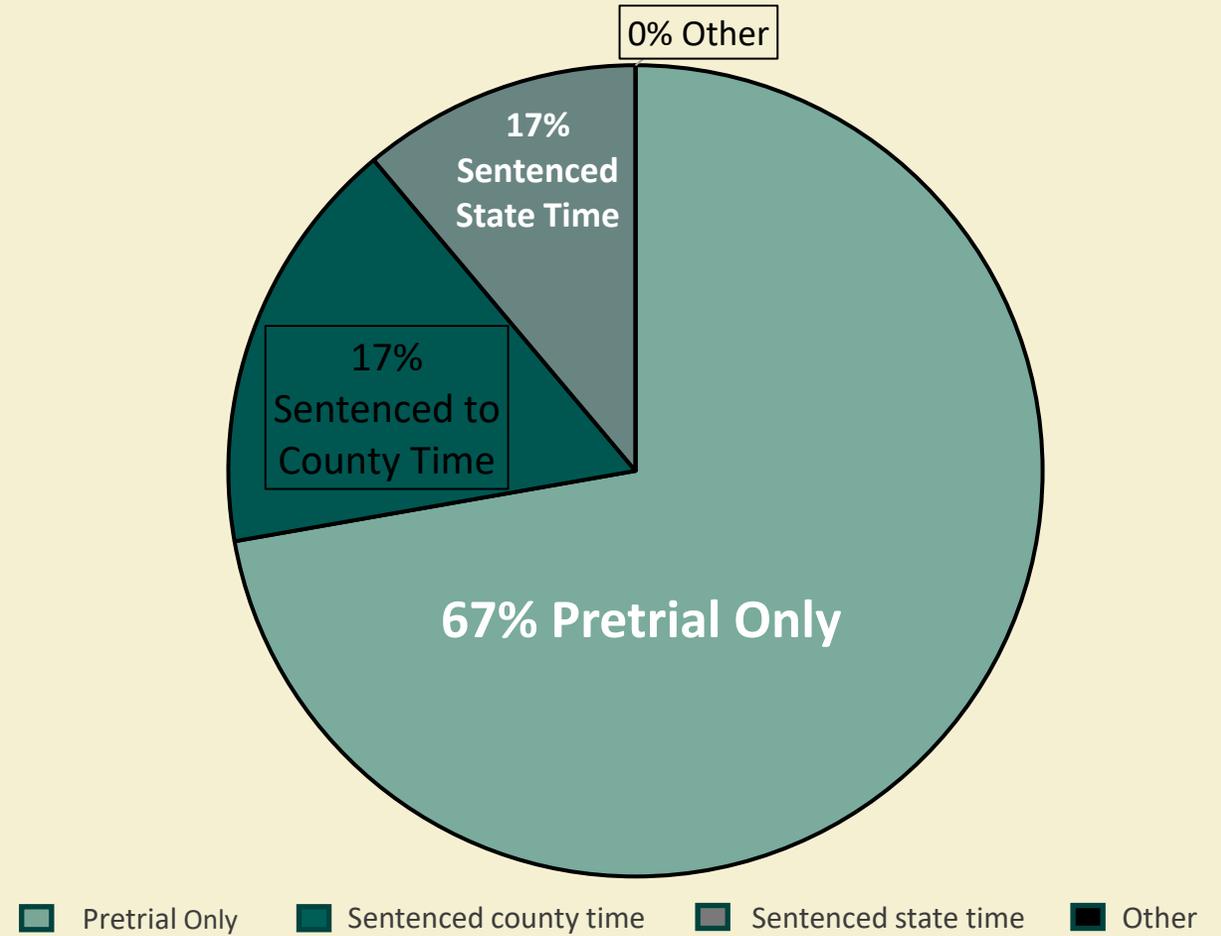
Facility Population on 8.24.2021



Douglas County Correctional Facility Statistics for 8.24.21 Population

Judicial Status	SMI		Non-SMI		All	
	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.
Pretrial only	24	67%	72	59%	96	61%
Sentenced county time	6	17%	34	28%	40	25%
Sentenced state time	6	17%	12	10%	18	11%
Other	0	0%	4	3%	4	3%
Total	36	100%	122	100%	158	100%

Judicial Status for SMI Population on 8.24.2021



Shawnee County Department of Corrections ADC Facility Population Statistics for 8.27.21

SNCO ADC Population	Total	Population %	ALOS
SNCO ADC Total Population	536	100%	180
SMI Population	164	31%	276
NON-SMI Population	372	69%	137

SNCO ADC Population by Incarceration Type	Total	Population %	ALOS
Pretrial	424	79%	201
SMI Population	132	31%	305
NON-SMI Population	292	69%	154
Sentenced County/City	68	13%	74
SMI Population	19	28%	97
NON-SMI Population	49	72%	65
Sentenced State Prison	27	5%	163
SMI Population	8	30%	317
NON-SMI Population	19	70%	99
Other (Federal Hold, ICE Hold, Courtesy Hold, etc.)	17	3%	94
SMI Population	5	29%	128
NON-SMI Population	12	71%	79

Detrimental Effects of Incarceration

Research indicates harmful impacts of pretrial detention. . .



Costs



MH Decompensation



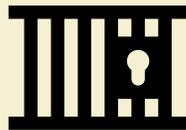
Lack of Connection to Supports



. . . And detention separates people with behavioral health needs from community treatment and supports

Addressing ALOS in Relation to CST

Policy strategies identified so far:



- Restrict which cases are referred for competency evaluations.
- Develop alternative evaluation sites.
- Develop alternative restoration sites.
- Set time limits or parameters for different steps.
- Address operational inefficiencies.
- **Develop robust community-based treatment and supports for diversion.**

Parts of the Competency Elephant

Due process

Clinical considerations with location relevance (jail, community, hospital)

Civil commitment standards



State vs. local responsibilities and costs

Time limits

Data

Working toward restoration or recovery

https://commons.wikimedia.org/wiki/File:African_bush_elephant_in_San_Diego_Zoo.jpg

ELIMINATE the WAIT

The Texas Toolkit for Rightsizing Competency Restoration Services

October 2021



TEXAS
Health and Human
Services™

ELIMINATE the WAIT

What's My Role to Eliminate the Wait for Competency Restoration Services?

JUDGES AND COURT STAFF

Judges play an essential role in helping eliminate the wait for competency restoration (CR) services. By leading and facilitating the collaboration of parties, courts can connect people with the appropriate mental health treatment and services. Furthermore, Judges ensure the legal system is more just, compassionate, and fair by promoting practices that help those with mental illness (MI) and Intellectual and Developmental Disabilities (IDD) receive the necessary treatment to prevent recidivism, thus balancing community needs and judicial economy.

1. Identify and Meet Mental Health and IDD Needs at the Earliest Point

- Do I receive timely notice of credible information from jail administration that may establish reasonable cause to believe that an individual is a person with MI or IDD? *Tex. Code Crim. Proc. (CCP) art. 16.22(a)(1).*
- Do I (or the Magistrate Judge) order the 16.22 Interview if reasonable cause is found (from the jail admin or from an alternative source)?
- Do I send copies of the Collection of Information Report (16.22 Report) from the Interview to the defense counsel, prosecutor, trial court with jurisdiction, sheriff, and personal bond office/pretrial supervision office? *CCP art. 16.22(b-1).*
- Have I, or has my county, developed a process for effective and efficient ordering, collecting, distributing, and consideration of 16.22 requests, interviews, and reports?
- Is this process written in a procedure manual for others to follow in the future?
- Do I (or the magistrate judge) appoint an attorney (if applicable) as soon as possible?
- If MI or IDD is evident, am I appointing someone with training and experience on mental health (MH) and IDD and related legal issues?
- Am I in communication with my Sheriff about the issues that arise in my court if the jail does not ensure individuals in custody:
 - Have access to 24/7 telemental health and telehealth? *Tex. Gov't Code § 511.009(a)(19).*
 - Are being provided their prescription MH medications as required by law? *Tex. Gov't Code § 511.009(d).*
- Have I considered utilizing a MH liaison position in the courts to connect with the jails and treatment providers, and to coordinate between courts with criminal jurisdiction and those with probate jurisdiction over civil commitments?
- Does my Local Mental Health Authority (LMHA) or Local Behavioral Health Authority (LBHA) have a MH liaison already? Is my court able to communicate with this person effectively and quickly regarding specific cases and dockets?
- Have I developed a specialty court as required under *Tex. Gov't Code § 125.005?*

14

2. Create a Culture of Diversion First

- Are the 16.22 Reports and risk assessments being used for decisions about bail, appointment of counsel, treatment, specialty courts, & community supervision conditions? *CCP art. 16.22(c)(1) - (5).*
- On misdemeanor cases, am I considering treatment or diversion alternatives first, and using competency evaluations only as a last resort when alternatives are not available or appropriate?
- Are diversion alternatives being considered for individuals when appropriate?
- Have I considered outpatient or inpatient MH treatment instead of competency restoration? Has the option for Outpatient Competency Restoration (OCR) been discussed with Defense and State?
- If the offense charged does not involve an act, attempt, or threat of serious bodily injury to another person, have I considered *CCP art. 16.22(c)(5)* to release the defendant (D) on bail with charges pending, enter an order transferring D to the appropriate court for court-ordered outpatient mental health services under *Tex. Health & Safety Code Ch. 574? CCP art. 16.22(c)(5); HSC 574.0345.*

3. Consider Alternatives to State Hospital if CR is Necessary

- Am I aware that competency restoration services (CRS) are not comprehensive mental health treatment?
 - The goal of CR is to return the client to a competent state that would allow resumption of the adjudication process. While symptoms of mental illness may be reduced during the client's time in CR services, CR is not a substitute for comprehensive MH treatment.
- Have I considered Outpatient Competency Restoration or Jail-Based Competency Restoration in lieu of inpatient CR? *CCP art. 46B.071.*
- I am aware if OCR and JBCR is available in my community. If not available, am I aware of what I can do to advocate for the creation of one or both in my community?
- Upon an indication of restoration, have I approved funding for the defendant to be re-evaluated after stabilization to see if Ds still incompetent *CCP art. 46B.0755?*

Texas Toolkit: What Role Do Judges and Court Staff Play?

- Identify and meet mental health and IDD needs at the earliest point
- Create a culture of diversion first
- Consider alternatives to state hospital if CR is necessary
- Create efficient court policies for people who receive inpatient CR services at the state hospital (SH)
- Leading through partnerships
- Education and awareness

Texas Judicial Commission on Mental Health & Texas Health and Human Services Commission, “Eliminate the Wait: The Texas Toolkit for Rightsizing Competency Restoration Services,” (1st ed. 2021).

California Incompetent to Stand Trial Solutions Workgroup: 2021 Recommendations

Short-Term Strategies:

- a. Provide immediate solutions for 1700+ individuals currently found incompetent to stand trial on felony charges and waiting in jail for access to a treatment program.
- b. Provide quick access to treatment in jail, the community, or a diversion program.
- c. Identify those who have already restored.
- d. Reduce new IST referrals.

Medium-Term Strategies:

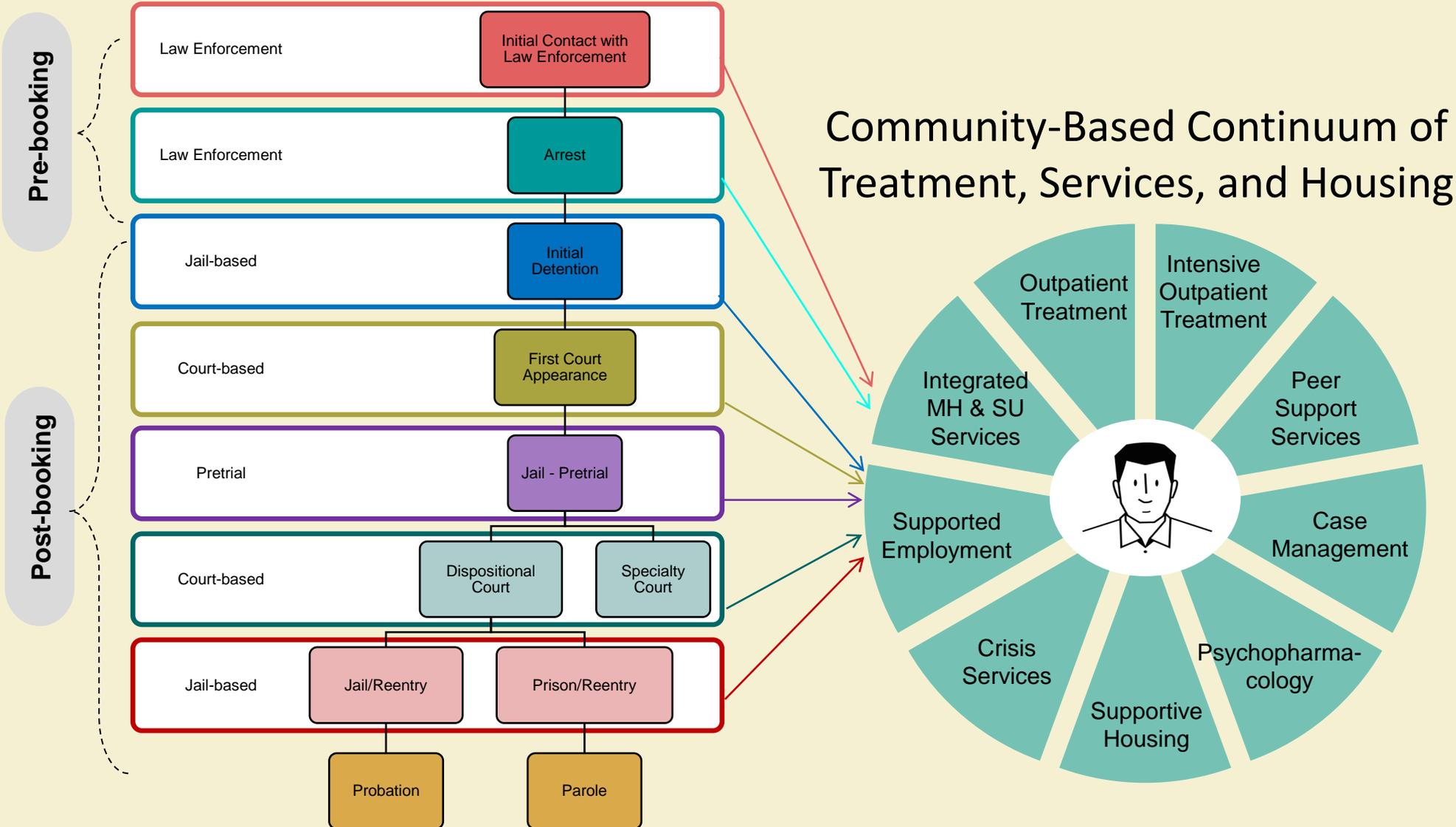
- a. Continue to provide timely access to treatment.
- b. Begin to implement other changes that address broader goals of reducing the number of ISTs.
- c. Increase IST treatment alternatives.

Long-Term Strategies:

- a. Break the cycle of criminalization.
- b. Reduce the number of individuals found incompetent to stand trial on felony charges.
- c. Provide bridge funding or strategies until broader behavioral health transformation initiatives are fully implemented.

California Health & Human Services Agency and the Department of State Hospitals, "INCOMPETENT TO STAND TRIAL SOLUTIONS WORKGROUP Report of Recommended Solutions," (2021), https://www.chhs.ca.gov/wp-content/uploads/2021/12/IST_Solutions_Report_Final_v2.pdf.

Goal: A System of Diversion to a System of Care



At-A-Glance: Planning and Implementing Effective Responses for People with SMI

Using system data to identify drivers

Planning scaled-up approaches across the justice system...

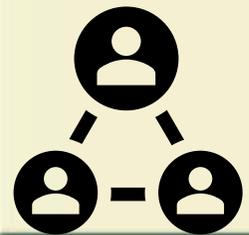
That are based on best available knowledge, including

- Interagency planning
- Screening, assessment
- Appropriate treatment and supervision
- Trained personnel
- Data collection/analysis
- Quality assurance

Strategically leveraging different funding streams

What Does It Take?

- Conduct universal mental health screening pre-arraignment
- Holistic approach that includes social workers and peer support specialists in the forensic setting
- Limit use of CST processes when applicable
- Offer appropriate level of care based on need for those found incompetent
- Support data collection and analysis of specific court-system metrics
- Jail liaisons
- Forensic social workers
- Forensic peer support specialists
- Diversion programs
- Specialty courts
- Trauma informed therapy
- Supportive housing enhancements
- Harm reduction philosophy
- Helping reconnect with family
- Instill hope, motivation, self-compassion



Megan Quattlebaum, “National Judicial Task Force to Examine State Courts’ Response to Mental Illness Request for Policy and Best-Practice Suggestions and Recommendations Responses” (New York: The Council of State Governments Justice Center, 2022).

The Four Key Measures and Potential System Improvements

1. Reduce # of Bookings for SMI

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



2. Shorten ALOS

- Routine screening and assessment
- Pretrial risk screening, release, supervision, and diversion
- Improve/shorten processes for competency proceedings



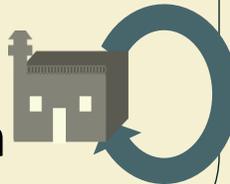
3. Increase Connections to Care

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



4. Reduce Recidivism

- Apply Risk-Need-Responsivity and the Behavioral Health Framework
- Specialized probation
- Ongoing program evaluation



Checklist for Criminal Justice-Behavioral Health Partnerships

Checklist for Building and Maintaining a Data Warehouse
July 2021

Integrating Criminal Justice and Behavioral Health Data

People in the criminal justice system frequently interact with other service systems, including behavioral health and housing. Because of this, collecting and analyzing data across multiple systems is crucial to better understand these individuals' needs and whether interventions in place are achieving the desired outcomes. Data warehouses, which are central repositories used to house information from multiple sources, can consolidate individual- and system-level data and allow for data tracking to identify relationships and trends. In turn, this information can guide decision-making for criminal justice-behavioral health partnerships—built to help minimize justice involvement among people with mental illnesses and substance use disorders—and pinpoint where to target resources and interventions.

The checklist below will help agencies involved in the criminal justice-behavioral health partnership assess their current information technology (IT) infrastructure and guide the development of a cross-system data warehouse. It is intended to be completed in three phases as communities work to create their data warehouse: during planning, development, and implementation/maintenance. Once each phase is completed, the governance group overseeing the warehouse should assess progress and agree on next steps before moving on to the next phase. The checklist should be completed by people in charge of criminal justice-behavioral health partnership efforts, and should also include input from the IT staff of the participating agencies if they are not already in the governance group. See the appendix for a graphic that describes the relationship between the criminal justice-behavioral health partnership, the governance group, IT, and all other entities needed to build the warehouse.

Use the following key to guide your response selection for each item:

- ✓
Yes
Practices or policies already exist.
- ✓
Underway
There has been some movement beyond conversations, and implementation has started.
- ✓
Planned
There has been focused discussion, but no actions have taken place beyond planning.
- ✓
No
There are no policies or practices in place and none have been planned.

Justice Center
FOR COURTS AND CORRECTIONS

This project was supported by Grant No. 2016-MJ-68-0307 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Prisons, the Federal Institute of Justice, the Office of Justice Information and Delinquency Prevention, the Office of Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

July 2021

Selecting a Data Warehouse Vendor for Criminal Justice-Behavioral Health Partnerships

Across the U.S., communities are building local criminal justice-behavioral health partnerships to help minimize justice involvement among people with mental illnesses and substance use disorders. These partnerships need accurate, accessible data across multiple sources including law enforcement, jails, and community-based providers to support people with frequent justice and health system contact. Many partnerships choose to create a data warehouse to store and integrate this information in order to conduct detailed analyses¹ and create actionable reports.

Designing and building a centralized data warehouse can be quite complex and requires a great deal of time and expertise. To guide this process, criminal justice-behavioral health partnerships often turn to external vendors to supplement their internal information technology (IT) capacity. This brief provides key considerations for understanding your partnership's readiness to approach such a vendor, selecting the most appropriate vendor to meet your needs, and working with the selected vendor to build an integrated data warehouse. See the companion checklist, [Integrating Criminal Justice and Behavioral Health Data](#), for key steps to building and maintaining a data warehouse.

through this exercise at the outset will help the governance group identify the types of support they may need from a vendor and set realistic and clear parameters for the vendor's scope of work. It is also likely that the goals and objectives may be refined over time as the criminal justice-behavioral health partnership examines more robust data.

If the governance group determines—based on the inventory and goals—that an external vendor is needed for the data warehouse, it should establish guidelines for work with the vendor early on. The group should specify system requirements and desired functionality for the warehouse, including what reports should be generated and how staff will access the warehouse.² They should also identify priorities and set realistic expectations about what the warehouse can accomplish in various stages of implementation. For example, the group might decide that the data warehouse will initially start by integrating behavioral health and criminal justice data to identify people who frequently use these systems. However, in the future they may want to expand the warehouse to integrate data from other partners, such as housing providers. These kinds of short- and long-term goals should be included in the vendor solicitation and ultimately in the selected vendor's contract. Having this understanding prior to approaching a vendor better positions the governance group to select the right vendor and develop a well-planned data warehouse to meet their needs.

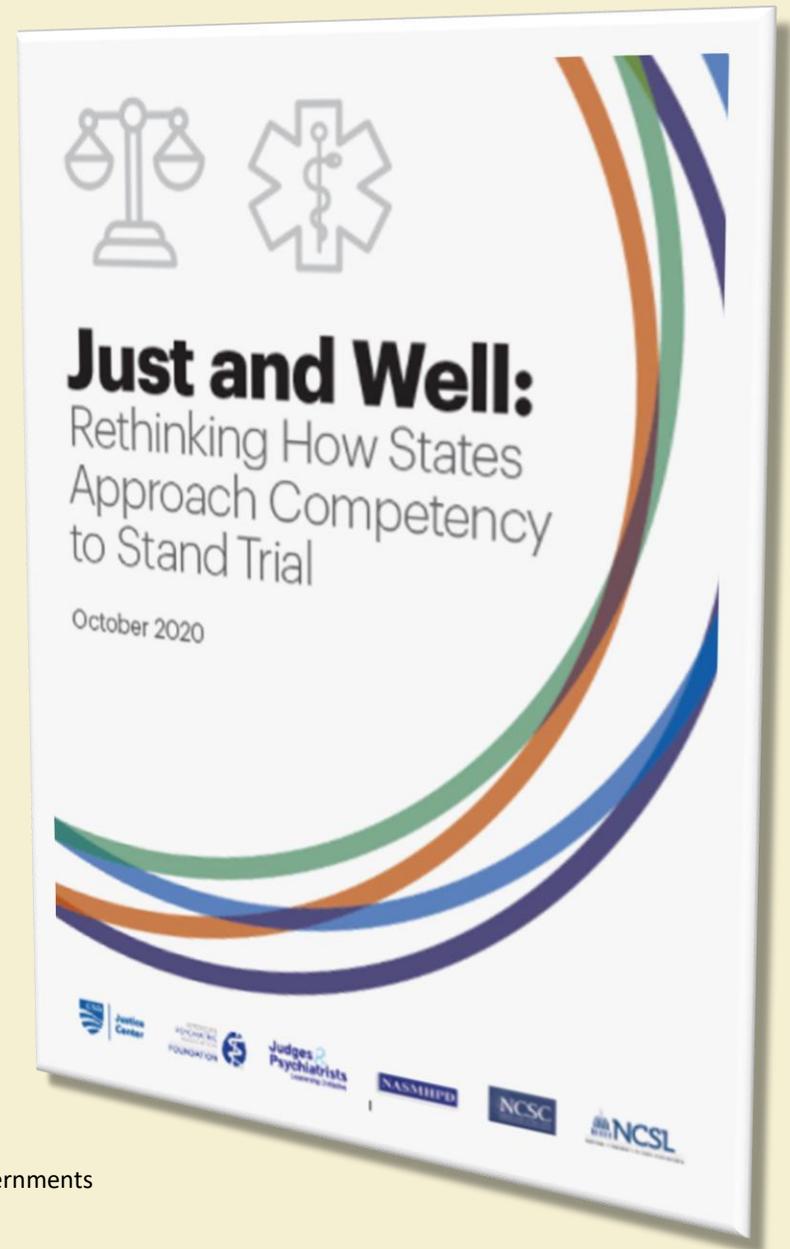
Readiness to Approach a Data Warehouse Vendor

Before approaching a vendor, the criminal justice-behavioral health partnership should establish a governance group that oversees the development, execution, and management of the data warehouse. This governance group should conduct an inventory of expertise, technology assets (e.g., existing software and hardware), capacity, and resources among the agencies in the partnership to determine if a contractor is needed and can be adequately funded. In tandem with the inventory, the governance group should clearly define their overarching vision, goals, and objectives for the data warehouse. Going

1. These analyses are often done by adding middleware to the data warehouse—software that provides capabilities to applications beyond the operating system's functionality. It can be developed by IT staff provided to the data warehouse vendor, or may be supplied by a separate contractor.
 2. Note that any desired warehouse features will need to comply with federal and state privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA), and all applicable privacy requirements and standards requirements for data coming from disparate systems.

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“The most tragic aspect of this crisis is that the massive efforts to admit and restore patients are ultimately a waste of expensive clinical resources without improving the trajectory of a person’s life. After returning to jail and standing trial, they are most likely worse off: either released without resources to the same circumstances that precipitated arrest or incarcerated.” DR. KATHERINE WARBURTON, MEDICAL DIRECTOR, CALIFORNIA STATE HOSPITALS



Hallie Fader-Towe and Ethan Kelly, *Just and Well: Rethinking How States Approach Competency to Stand Trial* (New York: The Council of State Governments Justice Center, 2020).

NCSC draft report	Just & Well
1) Divert cases from the criminal justice system	Strategy 5: Expand opportunities for diversion to treatment at all points in the criminal justice system, including after competency has been raised.
2) Restrict which cases are referred for competency evaluations	Strategy 6: Limit the use of the CST process to cases that are inappropriate for dismissal or diversion.
3) Develop alternative evaluation sites	Strategy 9: Conduct evaluations and restoration in the community, when possible.
4) Develop alternative restoration sites	Strategy 9: Conduct evaluations and restoration in the community, when possible.
5) Revise restoration protocols	
6) Develop and impose rational timelines	Strategy 8: Improve efficiency at each step of the CST process.
7) Address operational inefficiencies	Strategy 10: Provide high-quality and equitable evaluations and restoration services, and ensure continuity of clinical care before, during, and after restoration and upon release.
8) Address training, recruitment and retention of staff	<p>Strategy 3: Provide training for professionals working at the intersection of criminal justice and behavioral health.</p> <p>Strategy 4: Create and fund a robust system of community-based care and supports that is accessible for all before, during, and after criminal justice contact.</p>
9) Coordinate and use data	Strategy 2: Examine system data and information to pinpoint areas for improvement. (Similar idea around the topic of data, but not necessarily to use in the same manner)
10) Develop robust community-based treatment and supports for diversion and for re-entry	Strategy 4: Create and fund a robust system of community-based care and supports that is accessible for all before, during, and after criminal justice contact.
	Strategy 1: Convene diverse stakeholders to develop a shared understanding of the current CST process.
	Strategy 7: Promote responsibility and accountability across systems

Objectives of the Stepping Up Kansas TA Center

1. Establish and implement data-driven plans to reduce the number of people with mental illnesses in local jails.
2. Identify best practice sites.
3. Create a central information bank for counties across KS.
4. Work with the Kansas Stepping Up Leadership Team to determine state-level policies that can be adjusted or implemented to improve local-level efforts to reduce the number of people with SMI in jails.

Benefits of a State Stepping Up TA Center

- Connections with sites across Kansas and nationally to facilitate peer learning and provide concrete examples of successful strategies and policies
- Access to national experts and a central information bank on best practices
- Guidance on the high-impact strategies and policies that achieve lasting results

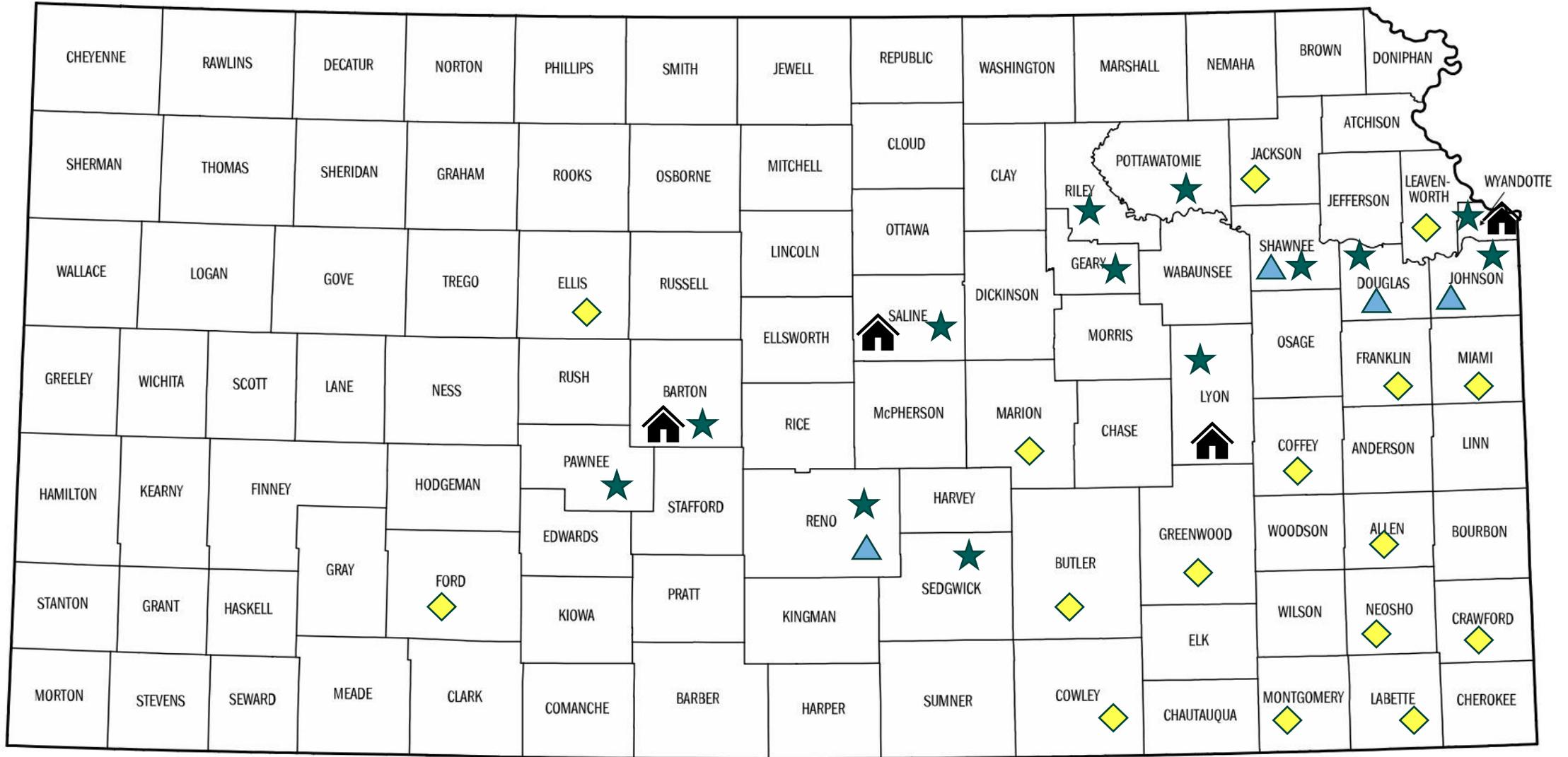
Stepping Up Kansas TA Center Resources

- Dedicated staff point of contact based in Kansas
- CSG Justice Center staff available for consultation
- Office hours
- Virtual site visits

Key Stepping Up Accomplishments

Accomplishment	Nationally	In Kansas
Counties that have passed a Stepping Up resolution to demonstrate leadership commitment	540	13
Innovator Counties with access to accurate baseline data on SMI in jail	35	3
Counties committed to Set, Measure, Achieve to make meaningful progress on the Stepping Up four key measures	1	2

KANSAS



<https://suncatcherstudio.com/image-editor/>

Kansas Stepping Up Technical Assistance Center

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KANSAS

- Audra Goldsmith, agoldsmith@csg.org
- Be added to the center's distribution list:
KansasSteppingUp@csg.org
- www.stepuptogether.org/ta/kansas



**Justice
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