

STEPPING UP: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails

THERE WAS A TIME WHEN NEWS OF JAILS serving more people with mental illnesses than in-patient treatment facilities was shocking. Now, it is not surprising to hear that jails across the nation serve an estimated 2 million people with serious mental illnesses each year¹—almost three-quarters of whom also have substance use disorders²—or that the prevalence of people with serious mental illnesses in jails is three to six times higher than for the general population.³ Once incarcerated, they tend to stay longer in jail and upon release are at a higher risk of returning than individuals without these disorders.

The human toll—and its cost to taxpayers—is staggering. Jails spend two to three times more on adults with mental illnesses that require intervention than on people without those needs,⁴ yet often do not see improvements in recidivism or recovery. Despite counties' tremendous efforts to address this problem, they are often thwarted by significant obstacles, such as coordinating multiple systems and operating with minimal resources. Without change, large numbers of people with mental illnesses will continue to cycle through the criminal justice system, often resulting in missed opportunities to link them to treatment, tragic outcomes, inefficient use of funding, and failure to improve public safety.

The National Initiative

Recognizing the critical role local and state officials play in supporting change, the National Association of Counties (NACo), the Council of State Governments (CSG) Justice Center, and the American Psychiatric Association (APA) Foundation have come together to lead a national initiative to help advance counties' efforts to reduce the number of adults with mental and co-occurring substance use disorders in jails. With support from the U.S. Justice Department's Bureau of Justice Assistance, the initiative will build on the many innovative and proven practices being implemented across the country. The initiative engages a diverse group of organizations with expertise on these issues, including those representing sheriffs, jail administrators, judges, community corrections professionals, treatment providers, people with mental illnesses and their families, mental health and substance use program directors, and other stakeholders.

The initiative is about creating a long-term, national movement—not a moment in time—to raise awareness of the factors contributing to the over-representation of people with mental illnesses in jails, and then using practices and strategies that work to drive those numbers down. The initiative has two key components:

- 1. A CALL TO ACTION** demonstrating strong county and state leadership and a shared commitment to a multi-step planning process that can achieve concrete results for jails in counties of all sizes.

The Call to Action is more than a vague promise for reform; it focuses on developing an actionable plan that can be used to achieve county and state system changes. As part of this Call to Action, county elected officials are being asked to pass a resolution and work with other leaders (e.g., the sheriff, district attorney, treatment providers, and state policymakers), people with mental illnesses and their advocates, and other stakeholders on the following six actions:

- **Convene or draw on a diverse team** of leaders and decision makers from multiple agencies committed to safely reducing the number of people with mental illnesses in jails.

- **Collect and review prevalence numbers and assess individuals' needs** to better identify adults entering jails with mental illnesses and their recidivism risk, and use that baseline information to guide decision making at the system, program, and case levels.
- **Examine treatment and service capacity** to determine which programs and services are available in the county for people with mental illnesses and co-occurring substance use disorders, and identify state and local policy and funding barriers to minimizing contact with the justice system and providing treatment and supports in the community.
- **Develop a plan** with measurable outcomes that draws on the jail assessment and prevalence data and the examination of available treatment and service capacity, while considering identified barriers.
- **Implement research-based approaches** that advance the plan.
- **Create a process to track progress** using data and information systems, and to report on successes.

In addition to county leaders, national and state associations, criminal justice and behavioral health professionals, state and local policymakers, others with jail authority, and individuals committed to reducing the number of people with mental illnesses in jails should sign on to the Call to Action. Stepping Up participants will receive an online toolkit keyed to the six actions, with a series of exercises and related distance-learning opportunities, peer-to-peer exchanges, and key resources from initiative partners.⁵ The online toolkit will include self-assessment checklists and information to assist participants working in counties in identifying how much progress they have already made and a planning template to help county teams develop data-driven strategies that are tailored to local needs.

2. **A NATIONAL SUMMIT** to advance county-led plans to reduce the number of people with mental illnesses in jails.

Supported by the American Psychiatric Association (APA) Foundation, a summit will be convened in the spring of 2016 in Washington, DC, that includes counties that have signed on to the Call to Action, as well as state officials and community stakeholders such as criminal justice professionals, treatment providers, people with mental illnesses and their advocates, and other subject-matter experts. The summit will help counties advance their plans and measure progress, and identify a core group of counties that are poised to lead others in their regions. Follow-up assistance will be provided to participants to help refine strategies that can be used in counties across the nation. After the 2016 summit, participants will be notified of potential opportunities for sites to be selected for more intensive assistance through federal and private grant programs.

Although much of the initiative focuses on county efforts, states will be engaged at every step to ensure that their legislative mandates, policies, and resource-allocation decisions do not create barriers to plan implementation.

To learn more about the initiative or to join the Call to Action, go to StepUpTogether.org.

Endnotes

1. Steadman, Henry, et al., "Prevalence of Serious Mental Illness among Jail Inmates." *Psychiatric Services* 60, no. 6 (2009): 761–765. These numbers refer to jail admissions. Even greater numbers of individuals have mental illnesses that are not "serious" mental illnesses, but still require resource-intensive responses.
2. Abram, Karen M., and Linda A. Teplin, "Co-occurring Disorders Among Mentally Ill Jail Detainees," *American Psychologist* 46, no. 10 (1991): 1036–1045.
3. Steadman, Henry, et al., "Prevalence of Serious Mental Illness among Jail Inmates."
4. See, e.g., Swanson, Jeffery, et al., *Costs of Criminal Justice Involvement in Connecticut: Final Report* (Durham: Duke University School of Medicine, 2011).
5. Among the key partners are the [National Alliance on Mental Illness](#); [Major County Sheriffs' Association](#); [National Association of County Behavioral Health & Developmental Disability Directors](#); [National Association of State Alcohol and Drug Abuse Directors](#); [National Association of State Mental Health Program Directors](#); [National Council for Behavioral Health](#); [National Sheriffs' Association](#); and [Policy Research Associates](#).

Stepping Up Initiative Resolution TEMPLATE

“Stepping Up Initiative to Reduce the Number of People with Mental Illnesses in Jails” – Date

WHEREAS, counties routinely provide treatment services to the estimated 2 million people with serious mental illnesses booked into jail each year; and

WHEREAS, prevalence rates of serious mental illnesses in jails are three to six times higher than for the general population; and

WHEREAS, almost three-quarters of adults with serious mental illnesses in jails have co-occurring substance use disorders; and

WHEREAS, adults with mental illnesses tend to stay longer in jail and upon release are at a higher risk of recidivism than people without these disorders; and

WHEREAS, county jails spend two to three times more on adults with mental illnesses that require interventions compared to those without these treatment needs; and

WHEREAS, without the appropriate treatment and services, people with mental illnesses continue to cycle through the criminal justice system, often resulting in tragic outcomes for these individuals and their families; and

WHEREAS, [INSERT YOUR COUNTY’S NAME] and all counties take pride in their responsibility to protect and enhance the health, welfare and safety of its residents in efficient and cost-effective ways; and

WHEREAS, [INSERT COUNTY SPECIFIC INFO/DATA TO HIGHLIGHT e.g. Bexar County has developed its Restoration Center which helps people stay out of jail by offering mental health and substance use disorder treatment]; and

WHEREAS, through *Stepping Up*, the National Association of Counties, the Council of State Governments Justice Center and the American Psychiatric Association Foundation are encouraging public, private and nonprofit partners to reduce the number of people with mental illnesses in jails;

NOW, THEREFORE, LET IT BE RESOLVED, THAT I [INSERT NAME & TITLE OF CHIEF ELECTED OFFICIAL], do hereby sign on to the Call to Action to reduce the number of people with mental illnesses in our county jail, commit to sharing lessons learned with other counties in my state and across the country to support a national initiative and encourage all county officials, employees and residents to participate in *Stepping Up*. We resolve to utilize the comprehensive resources available through *Stepping Up* to:

- Convene or draw on a diverse team of leaders and decision makers from multiple agencies committed to safely reducing the number of people with mental illnesses in jails.

- Collect and review prevalence numbers and assess individuals' needs to better identify adults entering jails with mental illnesses and their recidivism risk, and use that baseline information to guide decision making at the system, program, and case levels.
- Examine treatment and service capacity to determine which programs and services are available in the county for people with mental illnesses and co-occurring substance use disorders, and identify state and local policy and funding barriers to minimizing contact with the justice system and providing treatment and supports in the community.
- Develop a plan with measurable outcomes that draws on the jail assessment and prevalence data and the examination of available treatment and service capacity, while considering identified barriers.
- Implement research-based approaches that advance the plan.
- Create a process to track progress using data and information systems, and to report on successes.

PASSED AND APPROVED in this _____ day of _____, 2015.

By: _____
 Name:
 Title:

By: _____
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**JEFFERSON COUNTY ALCOHOL TREATMENT COURT PROGRAM
WISCONSIN COMMUNITY SERVICES, INC.**

December 2016-3rd, 4th, 5th + offense

Active Participants

	Month	YTD	PTD
<u>Staffing Review</u>			
Accepted	1	20	50
Denied	0	2	3
<u>Waitlist</u>	0	0	0
<u>Case Resolved</u>	0	1	1

Participants YTD: 35

Participants PTD: 41

Current caseload: 17

New Participants: 0

Program Phase Levels:

	Month
Phase 1:	3
Phase 2:	7
Phase 3:	4
Phase 4:	3

	Month	YTD	PTD
<u>SCRAM CAM</u>			
Completions	2	24	56
Violations	2	3	5
Alcohol	0	0	0
Tamper	2	3	5

Demographics

	Month	YTD	PTD
<u>Ethnicity</u>			
Caucasian	16	34	39
African American	0	0	0
Asian	0	0	0
Hispanic	1	1	2
Native American	0	0	0
Other	0	0	0
<u>Gender</u>			
Male	13	27	31
Female	4	8	10
<u>Age</u>			
18 – 25	1	1	1
26 – 32	4	7	8
33 – 40	2	7	8
41 – 50	7	13	16
51+	3	7	8
<u>Veterans</u>	2	4	6

Post Discharge Recidivism

	Month	YTD	PTD
<u>Graduates</u>			
Alcohol	0	0	0
Drugs	0	1	1
<u>Discharge</u>			
Alcohol	0	0	0
Drugs	0	1	1

Other ATC Program Components

Discharges from Program:

	Month	YTD	PTD
Re-offended	0	0	0
Voluntary	0	2	2
Team Decision	0	0	2
Other	0	2	2

Incentives: 18 237 318

Sanctions: 5 38 73

Positive Tests:

PBT's	0	1	4
UA's	0	0	4
Dilutions	0	0	0
Refusals	0	0	0

Community Service: 0 0 1

Program Donations: 0 0 0

Alcohol Treatment Court Graduate Stats

	Month	YTD	PTD
<u>Graduations</u>	1	15	18
Jail Days Saved	959	3988	5287
Self-help Groups	164	2090	2491
PBTs	139	2344	2728
Positives	0	0	0
Drug Tests	6	241	272
Positives	0	0	0
Face to Face Contacts	29	465	565
Court Sessions	15	260	331
Average Length of Stay	324	397	458

Graduates & Discharge Demographics

	<u>Graduates</u>			<u>Discharges</u>		
	MO	YTD	PTD	MO	YTD	PTD
<u>Ethnicity</u>						
Caucasian	1	15	18	0	4	5
African American	0	0	0	0	0	0
Asian	0	0	0	0	0	0
Hispanic	0	0	0	0	0	1
Native American	0	0	0	0	0	0
Other	0	0	0	0	0	0
<u>Gender</u>						
Male	1	12	15	0	2	3
Female	0	3	3	0	2	3
<u>Age</u>						
18 – 25	0	0	0	0	0	0
26 – 32	0	2	2	0	1	2
33 – 40	0	5	6	0	0	0
41 – 50	0	5	6	0	2	3
51+	1	3	4	0	1	1



Compliance Summary for 1/01/2017- 1/23/2017



Agency	Total Clients Monitored	# of Compliant Clients	% of Compliant Clients	# of Clients with Confirmed	% of Non-Compliant Clients	# of Confirmed Alerts
Jefferson	44	44	100%	0	0%	0
Jefferson (Remote Breath)	1	1	100%	0	0%	0
Jefferson ATC (SCRAM)	2	2	100%	0	0%	0
Jefferson ATC (Remcte Breath)	0	0	0%	0	0%	0
Totals:	47	47	100%	0	0%	0

Client Type	# of Clients with Confirmed	# of Confirmed Alerts
Pre-Trial	0	0
Jefferson ATC	0	0
Totals:	0	0

Alert Type	% of Non-Compliant Clients	# of Confirmed Alerts
Alcohol Detected	0%	0
Potential Tamper	0%	0
Missed Test (Remote Breath)	0%	0
Totals:	0%	0

Active Clients	Pretrial	ATC
Homicide by Intoxicated Use of Vehicle		
OWI 6th or +	2	
OWI 5th	9	
OWI 4th	8	1
OWI 3rd	14	1
OWI 2nd	3	
OWI 1st	2	
Disorderly Conduct	3	
Assault		
Bail-Jumping	1	
Family Court	1	
Battery	1	
Strangulation	1	
Total	45	2

Clients Year to Date	Pretrial	ATC
Homicide by Intoxicated Use of Vehicle		
OWI 6th or +	2	
OWI 5th	9	
OWI 4th	8	1
OWI 3rd	14	1
OWI 2nd	3	
OWI 1st	2	
Disorderly Conduct	3	
Assault		
Bail-Jumping	1	
Family Court	1	
Battery	1	
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Total	45	2

