



Stepping Up California Update

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Council on Mentally Ill Offenders

May 19, 2016

Board of State and Community
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Collaborative Approaches to Public Safety

Council of State Governments Justice Center

Corrections



Courts



Justice Reinvestment



Law Enforcement



Mental Health



Reentry



Substance Abuse



Youth

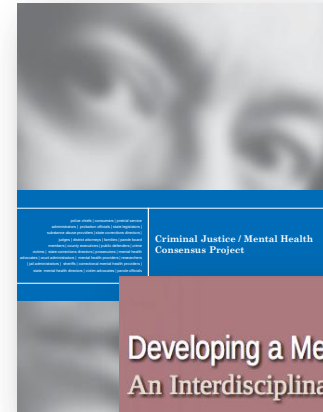
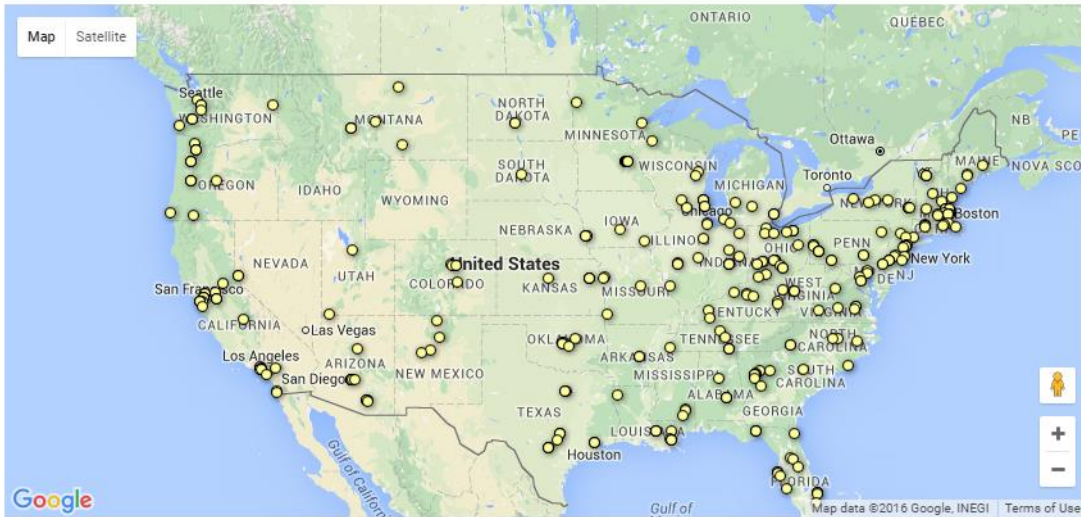


National nonprofit,
nonpartisan membership
association of state
government officials

Represents all
three branches of
state government

Provides **practical**
advice informed by the
best available evidence

Our Behavioral Health Work



Criminal Justice / Mental Health Consensus Project

Developing a Mental Health Court:
An Interdisciplinary Curriculum

learning.csjusticecenter.org

THE BUREAU OF JUSTICE ASSISTANCE
JUSTICE & MENTAL HEALTH
COLLABORATION PROGRAM

the NATIONAL REENTRY
RESOURCE CENTER

A project of the CSG Justice Center

Statewide Law Enforcement/
Mental Health Efforts

Strategies to Support and Sustain
Local Initiatives

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COMMUNITY COLLEGE OF PENNSYLVANIA

February 2013

Implications of
The Affordable Care Act on
People Involved with the
Criminal Justice System

In March 2010, President Barack Obama signed into law the Patient Protection and Affordable Care Act (ACA). Following the Supreme Court's June 2012 decision upholding the constitutionality of the most critical components of the law, states have been focused on efforts to implement health care reform, including deciding whether to adopt the expansion of Medicaid to nonelderly adults earning at or below 138 percent of the federal poverty level (FPL). This brief provides an overview of the implications of the ACA for adults involved with the criminal justice system, as well as information about how professionals in the criminal justice field can help this population access the services now available to them.

The Opportunity

The implementation of the ACA represents an important opportunity to increase access to community health care for people involved with the criminal justice system by ensuring financial barriers to obtaining health insurance, the majority of this population is currently uninsured, are removed, and to help states of chronic and severe mental illness, as well as mental health and substance use disorders. Under the provisions of the ACA, more than half of the 78,000 federal and state prisoners nationwide are eligible for Medicaid or other public coverage to help pay health insurance costs under health insurance exchange (HIE). Large numbers of individuals in jail and on probation and parole will also be newly eligible for health insurance.

There is a clear opportunity for court and correction administrators to be actively involved in connecting this population with the health care services now available to them through the ACA. Pre-arrest or pre-release transition planning that includes assistance in determining eligibility and enrolling newly eligible individuals for Medicaid or another health plan in the HIE, as well as a "linking" or "warm handoff" to local health care providers, should be critical to the success of many jurisdictions.

Court and correction agencies also have a role in the design and decision-making related to the implementation of the ACA in the state and local level. By involving government's largest and poorest of the health-insured population in their planning, correction system professionals will have a direct stake in the law's success. The effective implementation of the ACA has the potential to improve the overall health status of the population, health care costs, and public safety. Health care reform, including access, expansion, and the social costs associated with severe mental health and substance abuse needs.

THE
STEPPING UP
INITIATIVE

THE STEPPING UP INITIATIVE

California



Chief Probation Officers
of California

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- Launch in Sacramento May 2015



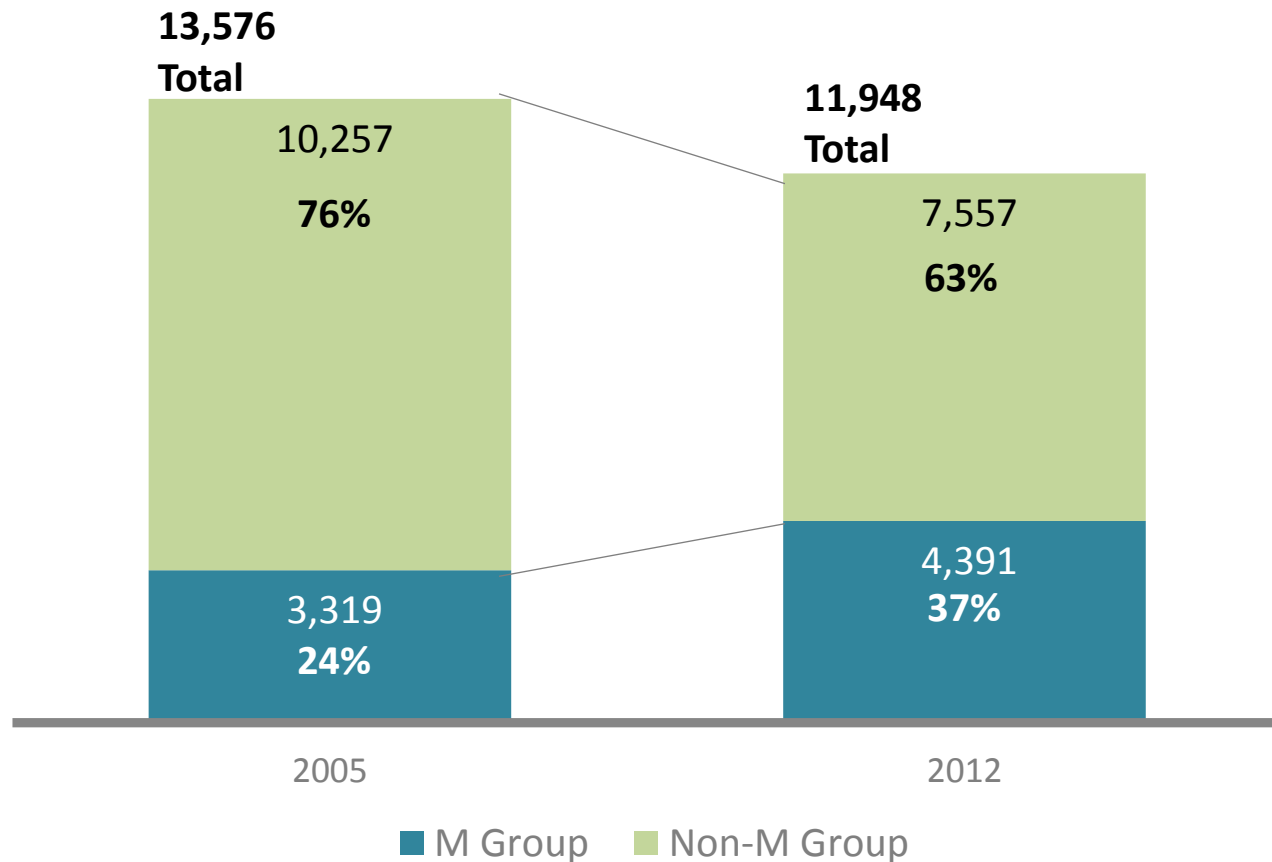
Counties Step Up but Face Key Challenges: Why is it so hard to fix?



Jails Report Increases in the Numbers of People Mental with Illnesses

NYC Jail Population (2005-2012)

Average Daily Jail Population (ADP) and ADP with Mental Health Diagnoses



Key Challenges Counties Face: Observations from the Field

1.

Being data driven

2.

Using best practices

3.

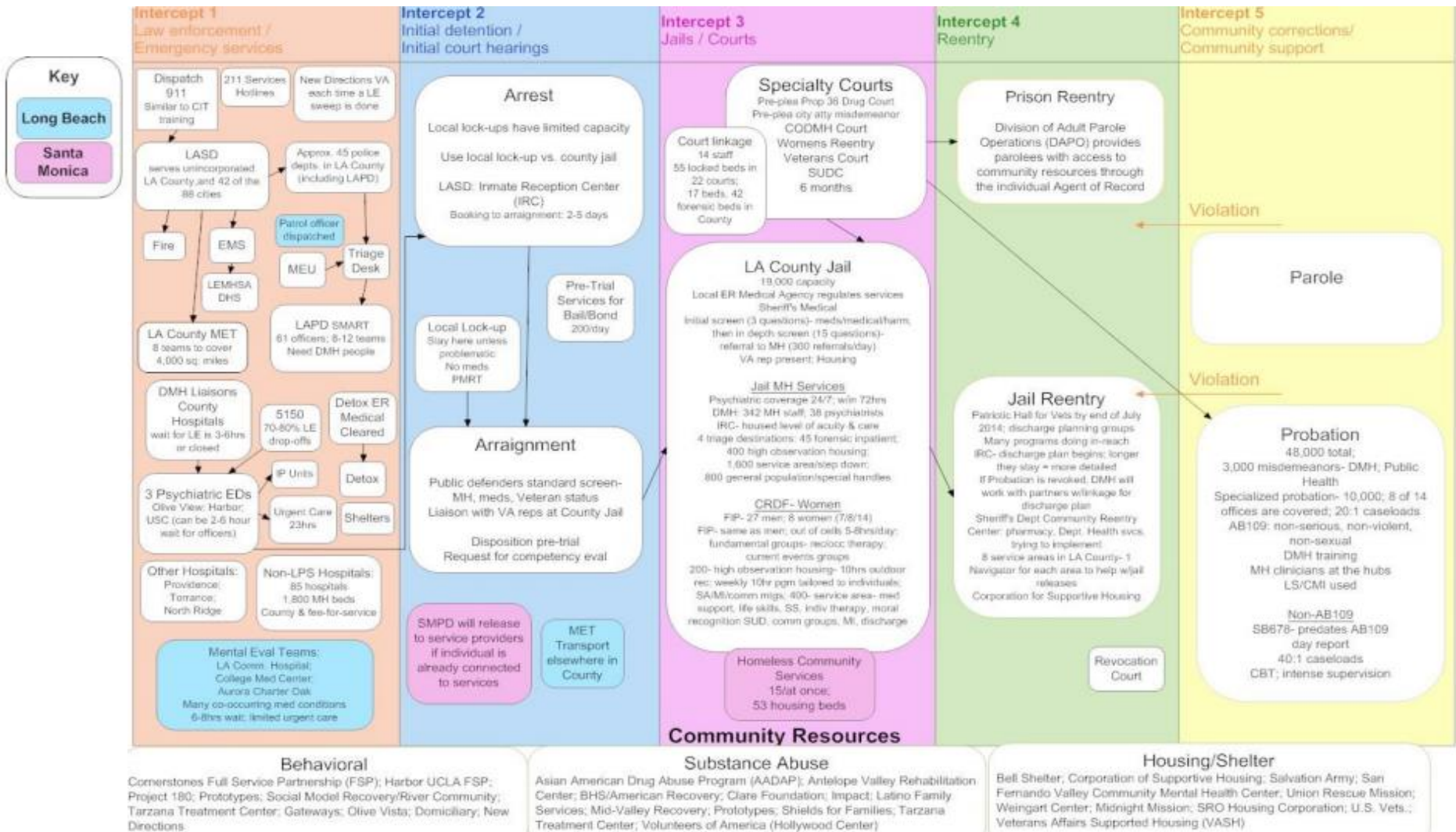
Continuity of care

4.

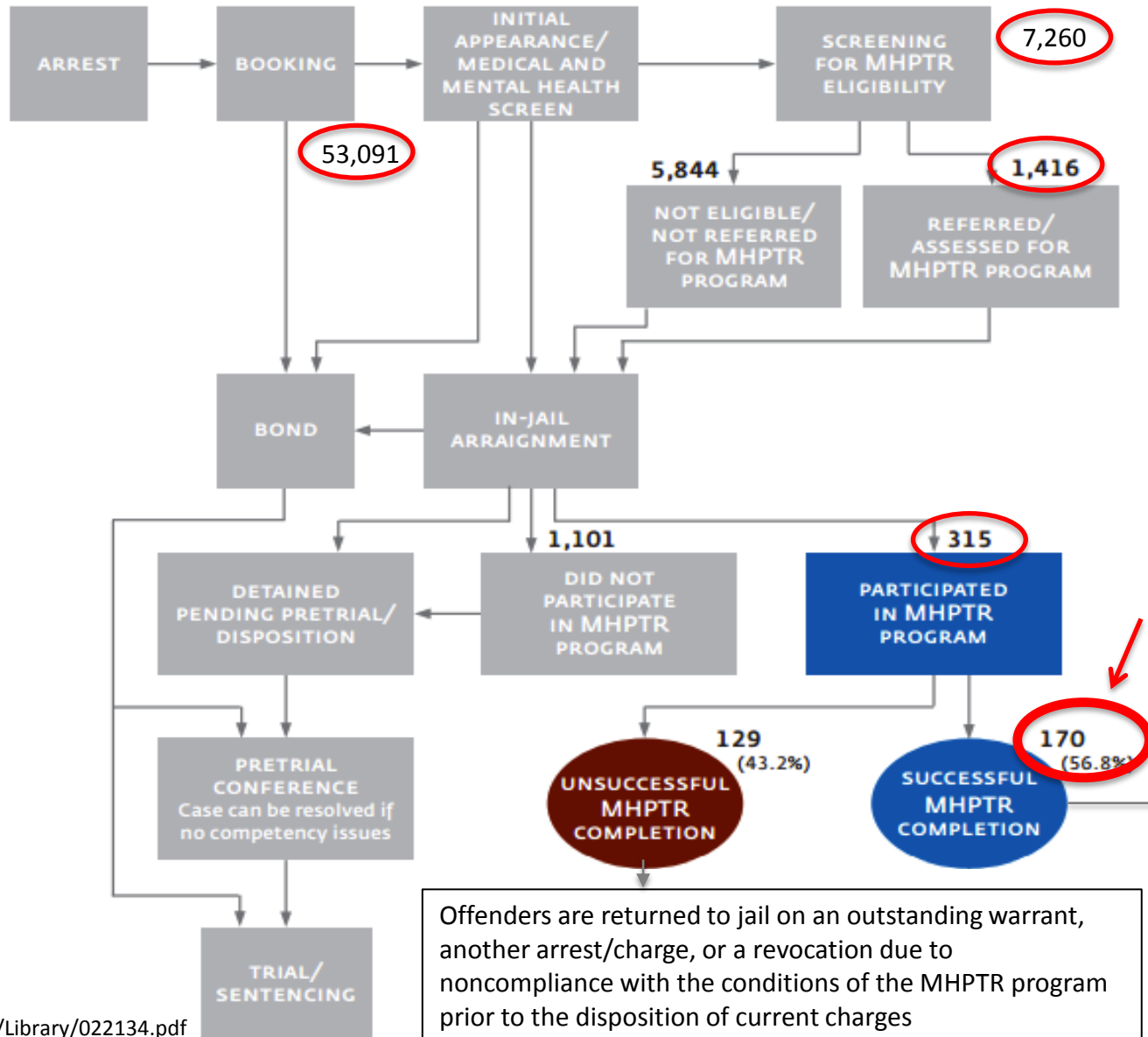
Measuring results

Challenge 1 - Being data driven:

Policymakers Face Complex Systems with Limited Information



Completion of Mental Health Pretrial Release Program



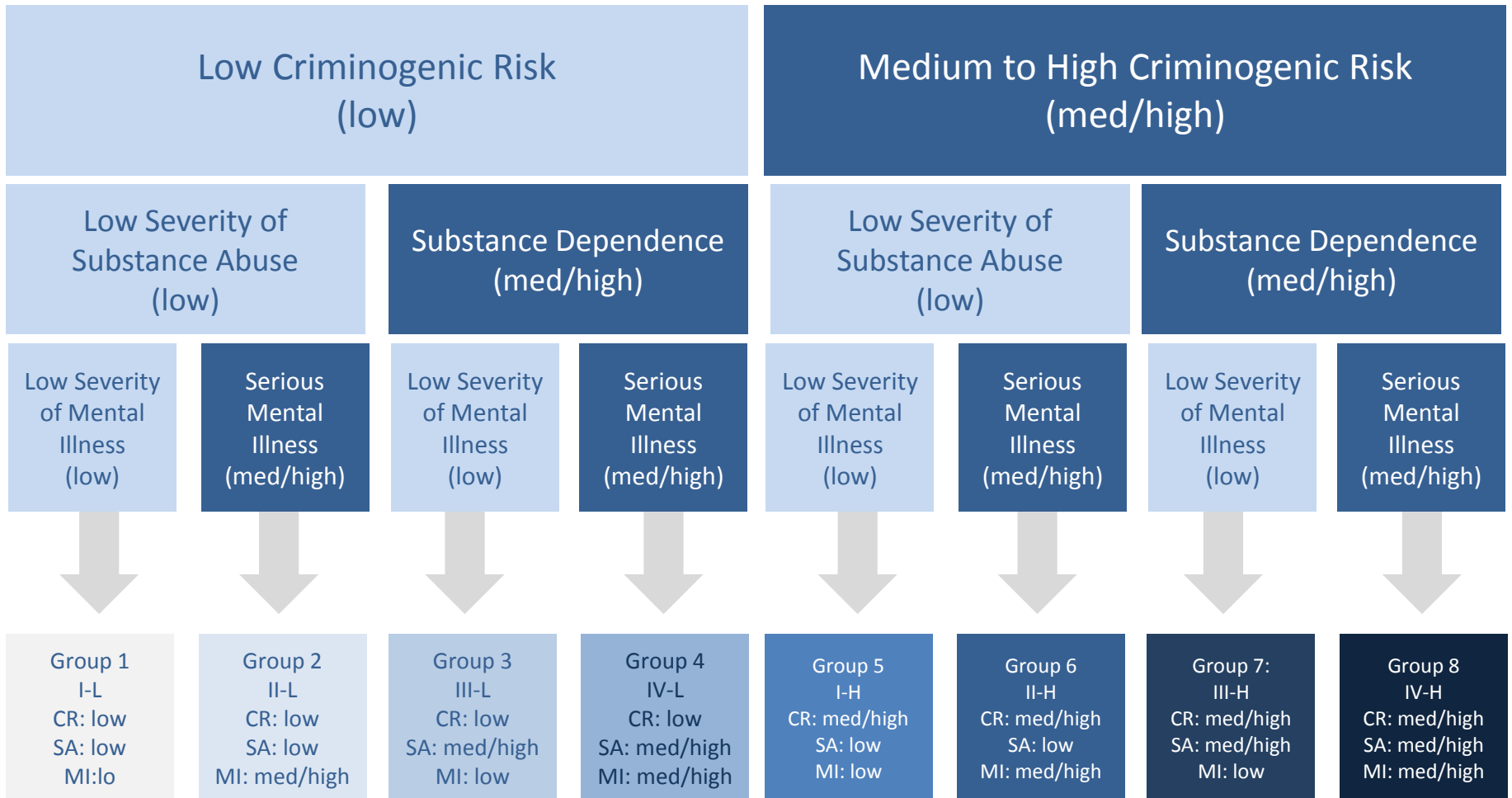
Offenders have satisfied their charges with the court system without further arrests. Time in program for successful participants varies depending on when participants satisfy their charges without further arrests

Offenders are returned to jail on an outstanding warrant, another arrest/charge, or a revocation due to noncompliance with the conditions of the MHPTR program prior to the disposition of current charges

Challenge 2 – Using Best Practices: Not Knowing the Target Population

	County A	County B	County C	County D
Mental Health Assessment	✓	○	✓	✓ -
Substance Abuse Assessment	○	○	✓ -	○
Risk Assessment	✓ -	○	○	○

Challenge 2 – Using Best Practices: A Framework for Prioritizing Target Population

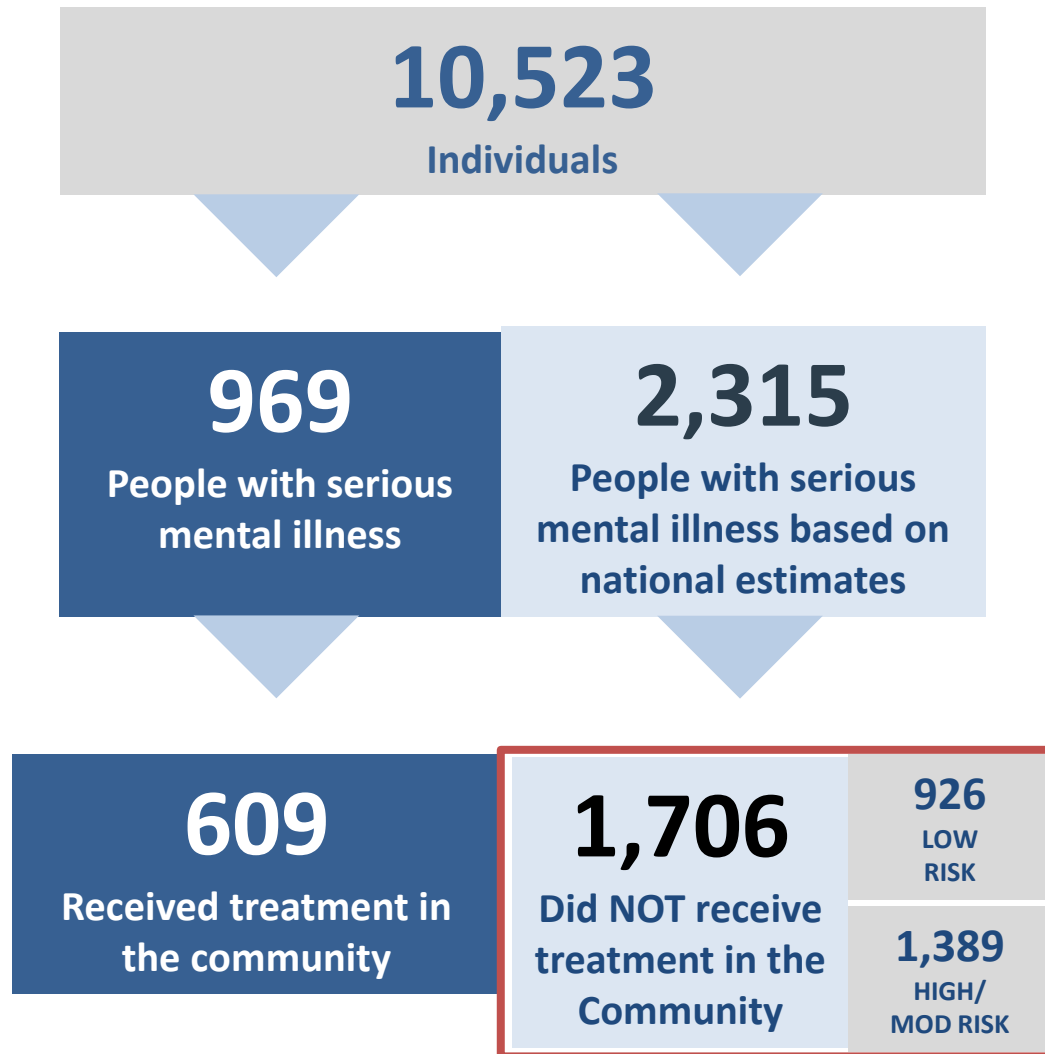


Challenge 2 – Using Best Practices: Addressing Dynamic Needs

Dynamic Risk Factor	Need
History of antisocial behavior	Build alternative behaviors
Antisocial personality pattern	Problem solving skills, anger management
Antisocial cognition	Develop less risky thinking
Antisocial associates	Reduce association with criminal others
Family and/or marital discord	Reduce conflict, build positive relationships
Poor school and/or work performance	Enhance performance, rewards
Few leisure or recreation activities	Enhance outside involvement
Substance abuse	Reduce use through integrated treatment

Challenge 3 – Continuity of Care

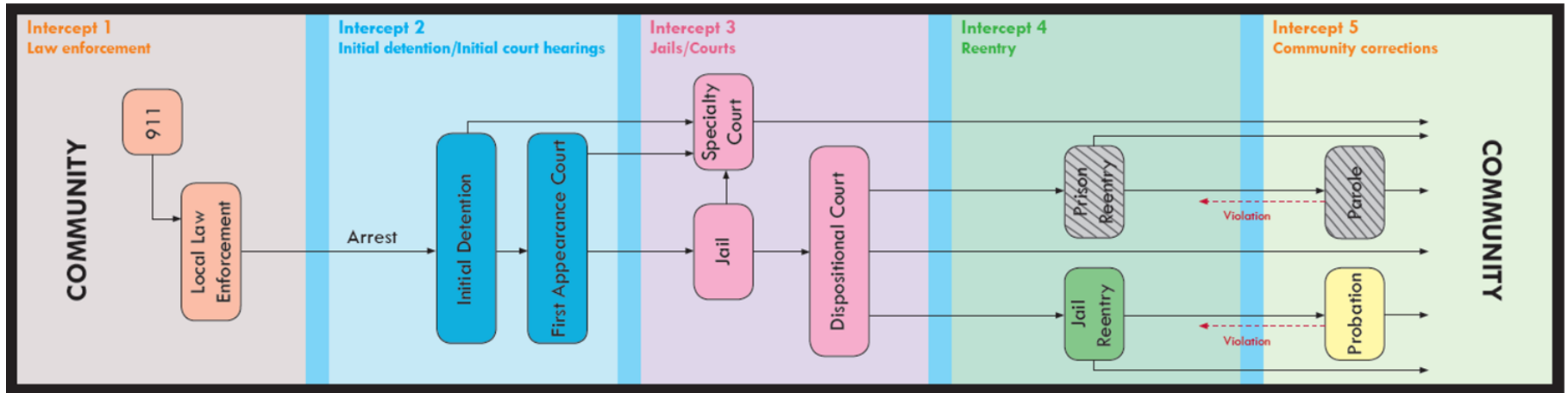
Existing Services Only Reach a Small Fraction of Those in Need



Example from Franklin County, OH

Challenge 4 – Tracking Progress:

Focusing County Leaders on Key Outcomes Measures



Outcome measures needed to evaluate impact and prioritize scarce resources

1.

Reduce

the number of people with mental illness booked into jail

2.

Shorten

the length of stay for people with mental illnesses in jails

3.

Increase

the percentage of people with mental illnesses in jail connected to the right services and supports

4.

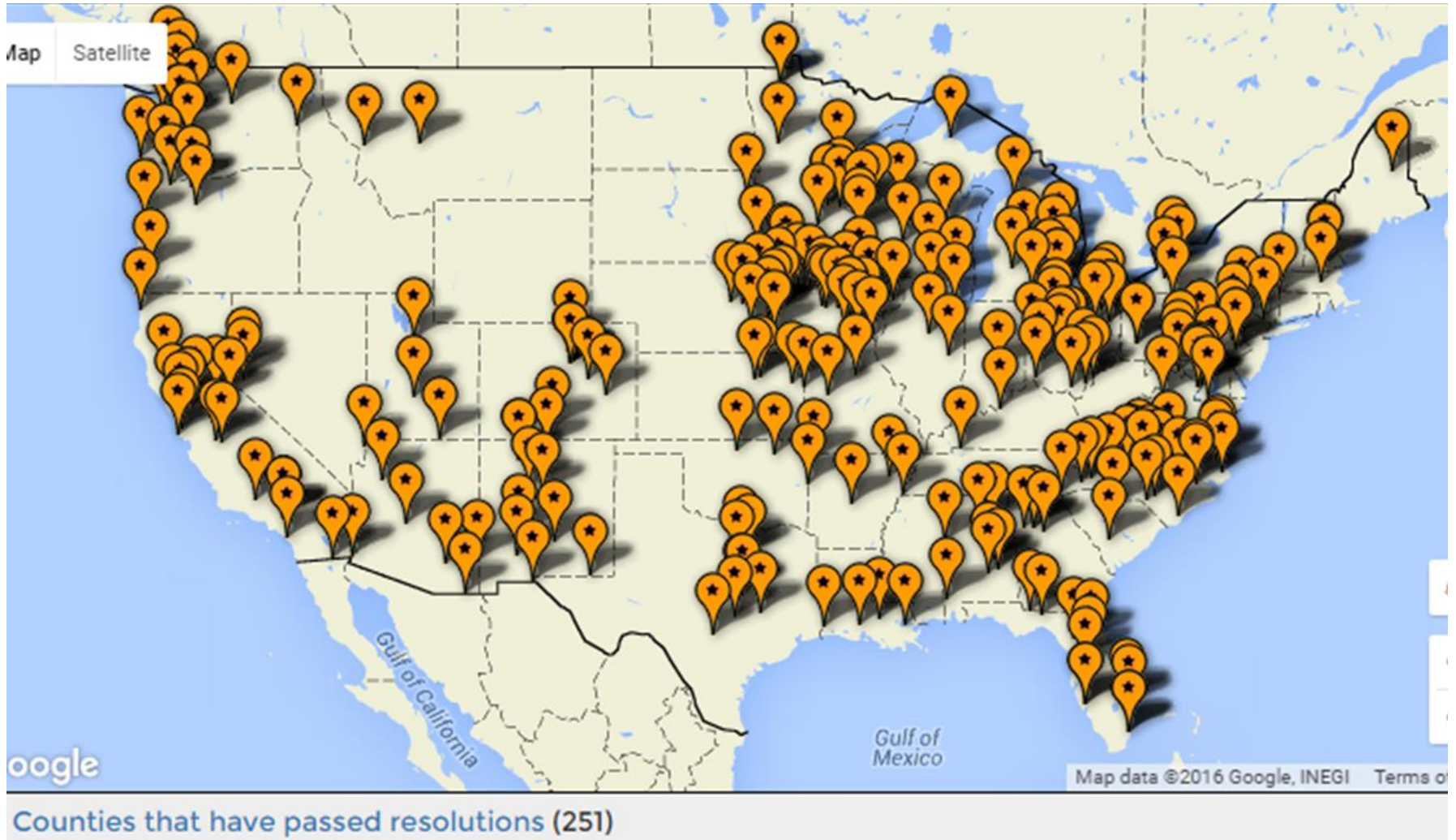
Lower

rates of recidivism

Effective Strategic Plans: How do we move forward?



Counties Nationwide are Stepping Up



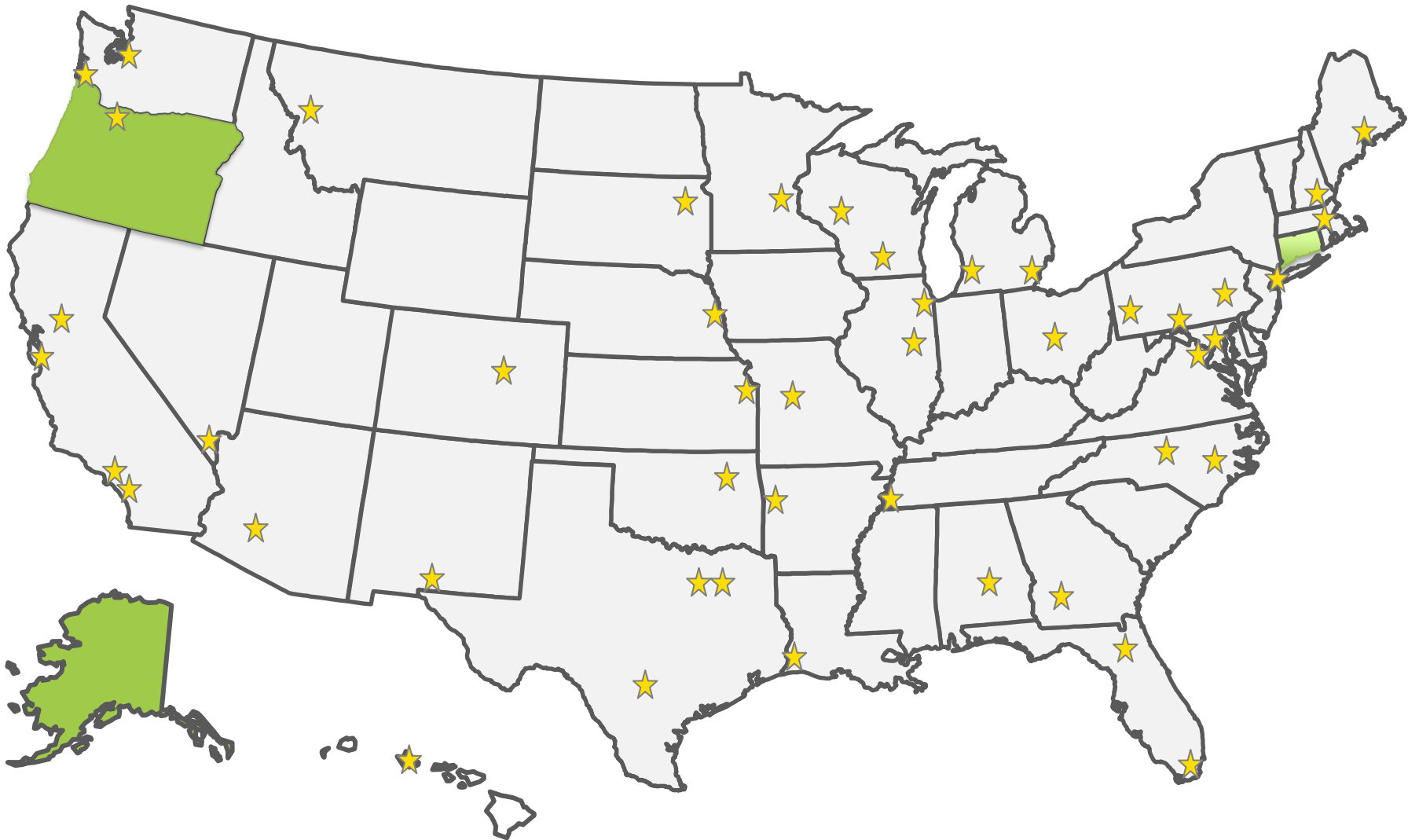
How do We Know if a County is Positioned to Reduce Number of People with Mental Illness in Jail?



Six Key Questions

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?

50 Counties Attend the National Stepping Up Summit



California sent the most teams of any state

Overarching Goal



*There will be fewer
people with mental
illnesses in our jails
tomorrow
than there are today.*

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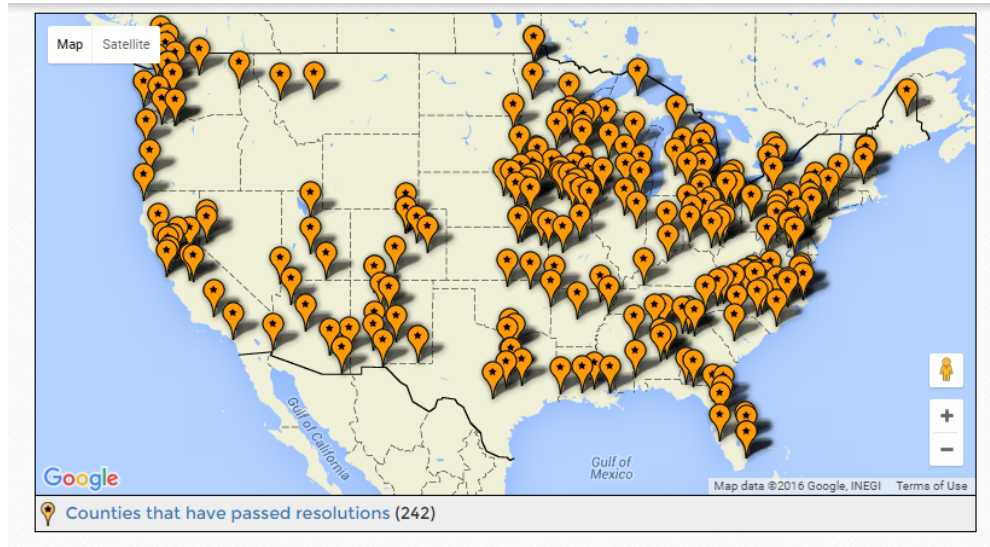
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- Launch in Sacramento May 2015
- 19 Counties have passed Resolutions
- 4 Counties at National Summit
- 58 County survey of practices



19 California Counties Have Stepped Up; More Engaged



- | | | | |
|---------------------|--------------------|--------------------|-------------------|
| Alameda | El Dorado | Mendocino | Santa Cruz |
| Calaveras | Imperial | Merced | Solano |
| Contra Costa | Kern | Orange | Sonoma |
| Del Norte | Los Angeles | Riverside | Yolo |
| | Madera | Santa Clara | Yuba |

Perception of Current Practices: Statewide Survey



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California State
Sheriffs' Association
Serving Law Enforcement Since 1894



- **124 Responses** from Sheriffs, Behavioral Health Directors, Chief Probation Officers and designees
- Representing **all 58 counties**
- Responses to be grouped by: Region, Size, Profession
- **Perceptions** not “Proof”
- Questions follow themes from national Stepping Up initiative, including “*6 Questions County Leaders Need to Ask*”

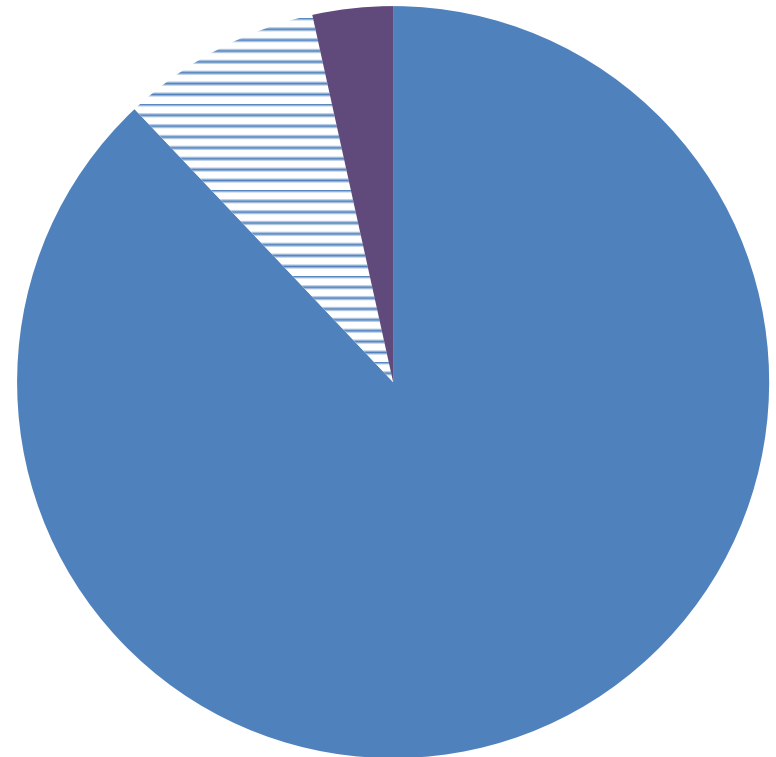
<http://www.counties.org/general-information/california-county-map>

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A significant issue across the state

Question 1: Is the number of people with mental illnesses who are involved with the criminal justice system a significant issue in your county?

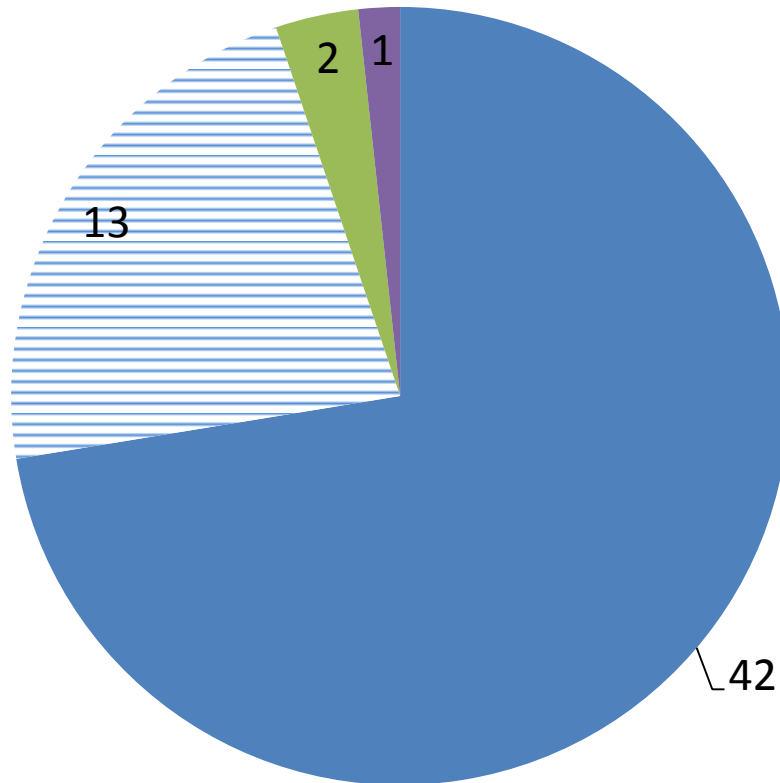
- **51 counties report “Yes”**
- 2 counties report “No”
- 5 counties had different responses from different respondents



■ Yes ≡ Mixed ■ No

Most Counties Report Increased # of People with Mental Illness in Jail

Question 2: What is your impression of the number of people with mental illnesses in your county's jails over the past five years?



- 100% responding Sheriffs said “It has gotten bigger.”

- It has gotten bigger
- ▨ Different responses (Grown/Same)
- It is about the same
- It has gotten smaller

Perception of Current Practices: *Coming Soon*

Additional analyses will cover

- Current efforts underway
- Current screening/assessment practices for mental health, substance use, and criminogenic risk
- Capacity to measure prevalence and its drivers:
 - Admissions
 - Average length of stay
 - Connections to community-based care
 - Returns to jail
- Barriers: Needed treatment capacity, Other needs
- Innovative approaches

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- **58 County survey of practices**
- **Stepping Up CA Summit**
- **Resources and support for counties**



THANK YOU

For more information, contact:

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