

# **Set, Measure, Achieve** Stepping Up Guidance to Reach Prevalence Reduction Targets



Stepping Up is a national initiative to reduce the number of people with serious mental illnesses (SMI) in jails. Launched in May 2015, Stepping Up is a partnership between The Council of State Governments Justice Center, the National Association of Counties, and the American Psychiatric Association Foundation. More than 500 counties have joined the initiative over the past five years. During that time, we've seen many successes—but we've also seen how difficult it can be to establish and meet measurable goals to reduce the prevalence of SMI in jails.

Although 4 percent of adults in the U.S. general population experience SMI, studies estimate that 17 percent of people in jails have SMI.<sup>1</sup>

The following guidance supports counties in setting targets for reducing the number of people with SMI in their jails, measuring progress toward meeting these targets, and achieving results.

# **1. Set your targets**

The first step in setting targets is establishing baselines for the goals you want to achieve. Stepping Up recommends that you set baselines for each of the *four key measures*: (1) the number of jail bookings of people with SMI, (2) their length of stay in jail, (3) connections to treatment for this population, and (4) their rates of recidivism.

In addition to these measures, Stepping Up recommends establishing an overall baseline prevalence rate. The baseline prevalence rate is the overall percentage of your jail population<sup>2</sup> that has an SMI. Counties that have implemented Stepping Up's recommended *three-step approach* to having accurate, accessible data on the prevalence of SMI in jail (see text box) and have set a baseline prevalence rate can use this rate to help set their targets. Counties that are still in the process of setting their baseline can use an average daily population (ADP) count and/or point-in-time count of the number and percentage of people with SMI in their jail.

Once your county has a baseline prevalence rate and baselines for some or all of the four key measures, you are ready to set reduction targets. Counties can be as ambitious or conservative with their targets as they choose, and they can set targets for any or all of these measures depending on their local priorities and efforts. Stepping Up suggests the following minimum targets for each measure:

#### Three steps to accurate, accessible data on the prevalence of SMI in jail

### 1.

Establish a shared definition of SMI for your Stepping Up efforts that is used throughout local criminal justice and behavioral health systems;

### 2.

Use a validated mental health screening tool on every person booked into the jail and refer people who screen positive for symptoms of SMI to a follow-up clinical assessment by a licensed mental health professional;

3.

Record clinical assessment results and regularly report on this population.

## Average Daily Population (ADP): 5-percent reduction per year

#### Example:

**Starting measure:** ADP of people with SMI in the jail is 100 in 2020 **Target:** Reduce the ADP of people with SMI to 95 people in 2021

## Key Measure 1. Jail Bookings/Admissions: 10-percent reduction per year

Example:

**Starting measure:** 100 admissions involving people with SMI in 2020 **Target:** Reduce the number of admissions to 90 in 2021

## Key Measure 2. Average Length of Stay (ALOS): 5-percent reduction per year

Example:

**Starting measure:** ALOS for people with SMI in the jail is 40 days in 2020 **Target:** Reduce to an ALOS of 38 days for people with SMI in 2021

## Key Measure 3. Connections to Care: 10-percent increase per year

#### Example:

**Starting measure:** 50 percent of people with SMI in the jail are connected to care in 2020 **Target:** Increase that share to 55 percent in 2021

## Key Measure 4. Recidivism: 5-percent reduction per year

#### Example:

**Starting measure:** Recidivism rate for people with SMI is 50 percent in 2020 **Target:** Reduce the rate to 48 percent in 2021

# 2. Measure your progress

To see how your county is performing in relation to reduction targets, you will need to monitor each measure consistently. The chart below provides detailed guidance for how to calculate your progress.

Calculating Progress				
Measure	Definition	Tips	Formula	
Average daily population (ADP)	The average number of people in the jail over the reporting period. Calculate this figure for people with and without SMI. Also report metrics by race/ethnicity/age/ sex for people with and without SMI.	Use reported measures to calculate ADP.	= (bookings during reporting period * ALOS during reporting period) / (days in reporting period)	
Key Measure 1: Bookings/ admissions	The number of admissions into jail over the reporting period. Calculate this figure for people with and without SMI. Also report metrics by race/ethnicity/ age/sex for people with and without SMI.	Do not count "turn- around admissions," meaning when someone is discharged from the jail to go to court or to the hospital but is still in custody. People who have multiple admissions within the period count multiple times toward the overall admissions number.	= total # of admissions in the reporting period	
			Required data elements	
			Individual ID	
			Booking ID	
			Admission date(s)	
			SMI status	
			Race/ethnicity/age/sex	
			Optional data element	
			Most serious charge per booking	
Average length of stay (ALOS)	The average length of stay (in number of days) for people released from jail over the reporting period. Calculate this figure for people with and without SMI. Also report metrics by race/ethnicity/age/ sex for people with and without SMI.	For people who are booked and released on the same day, the length of stay (LOS) is 1.	= (sum of the total lengths of stay) / (total number of release events during the reporting period)	
		For people who are released during the reporting period, their total LOS is counted in the average. For people with multiple stays during the reporting period, each release is counted as a separate release event.	Required data elements	
			Individual ID	
			Booking ID	
			Admission date(s)	
			Release date(s)	
			SMI status	
			Race/ethnicity/age/sex	

## **Calculating Progress (continued)**

Measure	Definition	Tips	Formula
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).	<ul> <li>= (# 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)</li> <li>Required data elements</li> <li>Individual ID</li> <li>Booking ID</li> <li>Release date(s)</li> <li>SMI status</li> <li>Referral to care (Y/N)</li> <li>Race/ethnicity/age/sex</li> <li>Optional data elements</li> <li>Other measures of connection to care</li> </ul>
Key Measure 4: Recidivism	The percentage of people admitted to jail during the reporting period who have a prior jail admission in the past year. Calculate this figure for people with and without SMI. Also report metrics by race/ethnicity/age/ sex for people with and without SMI.	If possible, account for the different pathways to re-booking, such as pretrial, sentence, and revocation bookings.	<ul> <li>= (# admitted who have a prior jail admission in your county jail in the past year) / (total admissions during the reporting period)</li> <li>Required data elements</li> <li>Individual ID</li> <li>Booking ID</li> <li>Admission date(s)</li> <li>SMI status</li> <li>Race/ethnicity/age/sex</li> <li>Optional data elements</li> <li>Admission type or reason</li> </ul>

#### **Notes on Reporting Data**

**Reporting by Diagnosis:** Some counties may not be able to distinguish between people with only SMI and people with both SMI and co-occurring substance use disorders. While recent studies show as low as 24–34 percent of women and 12 to 15 percent of men in the criminal justice system have both mental illnesses and substance use disorders, others indicate that as high as 60–87 percent of people with SMI have a co-occurring disorder as well.<sup>3</sup>

**Analyzing Demographics:** Counties should disaggregate data on each of the measures by self-identified race, ethnicity, age, and sex. Other demographic data to consider collecting and analyzing include sexual orientation and gender identity. Having this information will allow counties to identify if particular populations are overrepresented in the jail's SMI population. If the data do reveal overrepresentation of a specific group(s), the planning team should identify possible causes for the disproportionality and determine policy and program responses specific to the population(s).

# **3. Achieve results**

By setting targets and measuring progress, counties will be better positioned to identify high-impact strategies they can implement or expand to reach reduction goals. It will also allow county leaders to prepare specific, data-driven requests for local, state, federal, and philanthropic support. More broadly, setting prevalence reduction targets will amplify counties' transparency efforts and ensure coordinated cross-systems work toward common goals. The Stepping Up website offers webinars, case studies, reports, assessment tools, and other resources to help counties identify strategies to reach their targets. Stepping Up understands that being able to show meaningful reductions in the prevalence of SMI in jails can take time. We will continue to share ways to measure interim progress and celebrate your successes along the way to achieving results.

#### Endnotes

1 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 III Jail Detainees," *American Psychologist* 46, no. 10 (1991): 1036–1045.

2 Counties should track the jail population for which their county is "responsible" (i.e., excluding federal holds; people detained on behalf of other jurisdictions, including municipal holds; and cases that will be transferred to other jurisdictions for case processing/supervision via change of venue/ interstate compact). Counties should track cases that are held for civil case processing, including incompetency proceedings, and are encouraged to track the average length of stay for this population separately, if possible, to inform case processing decisions and capacity needs.

3 Substance Abuse and Mental Health Services Administration, Screening and Assessment of Co-occurring Disorders in the Justice System (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015), 6, https://store.samhsa.gov/product/ Screening-and-Assessment-of-Co-Occurring-Disorders-in-the-Justice-System/PEP19-SCREEN-CODJS.

**Stepping Up** is a national initiative to reduce the number of people with mental illnesses in jails and is the result of a partnership between The Council of State Governments Justice Center, the National Association of Counties, and the American Psychiatric Association Foundation. For more information, visit <u>StepUpTogether.org</u> or contact us at info@stepuptogether.org. This project was supported by Grant No. 2019-MO-BX-K002 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 Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for 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.