

Douglas County, Kansas, Final Report

Addressing the Crisis of Too Many People with Mental Illnesses in
Our Jails

November 12, 2019 | Lawrence, Kansas

Risë Haneberg

Deputy Division Director, The Council of State Governments Justice Center

Kati Habert

Deputy Program Director, The Council of State Governments Justice Center



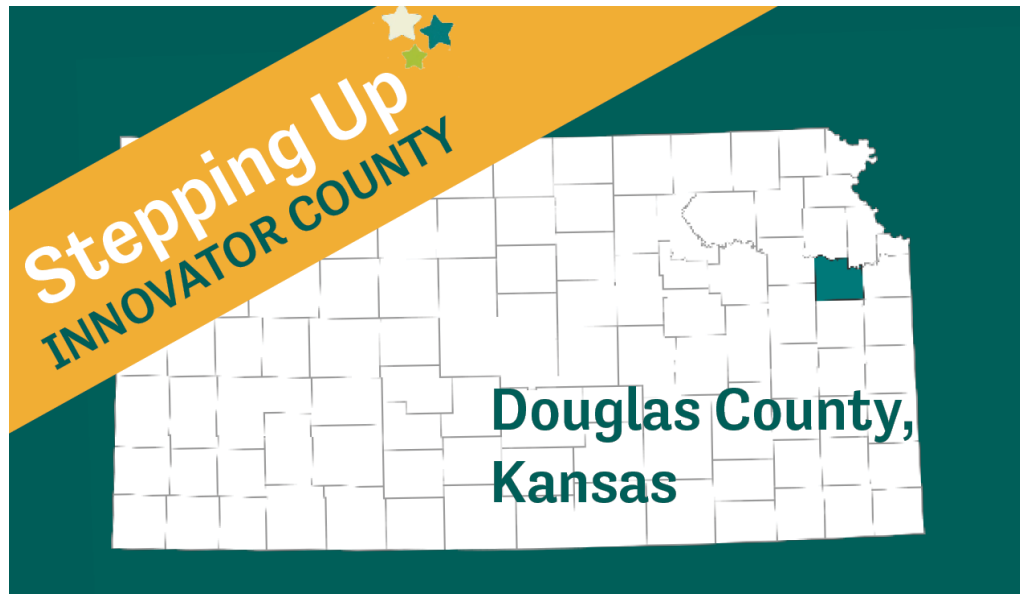
Agenda

- History of Douglas County Stepping Up
- Project Approach and Analysis
- Main Findings and Priority Recommendations
- Key Takeaways

History of Douglas County Stepping Up

THE
STEPPINGUP
INITIATIVE





Population (as of 2018):
121,436 people

County seat:
LAWRENCE

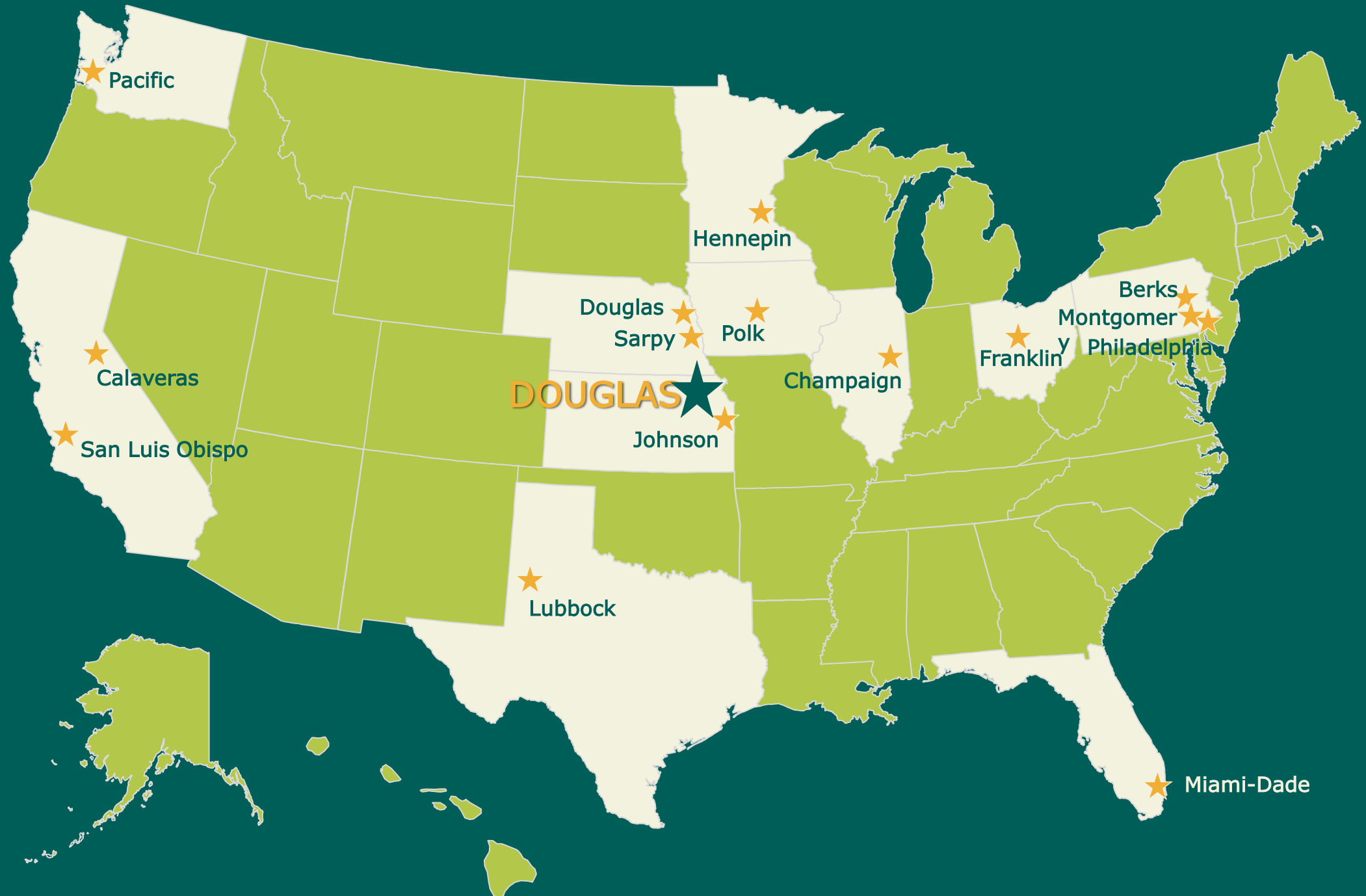
5th
most
populous
county in
Kansas

Law enforcement agencies:

- Baldwin City Police Department
- Douglas County Sheriff's Office
- Eudora Police Department
- Lawrence Police Department
- University of Kansas Public Safety Office

**Douglas County Correctional Facility
average daily population (as of 2018):**

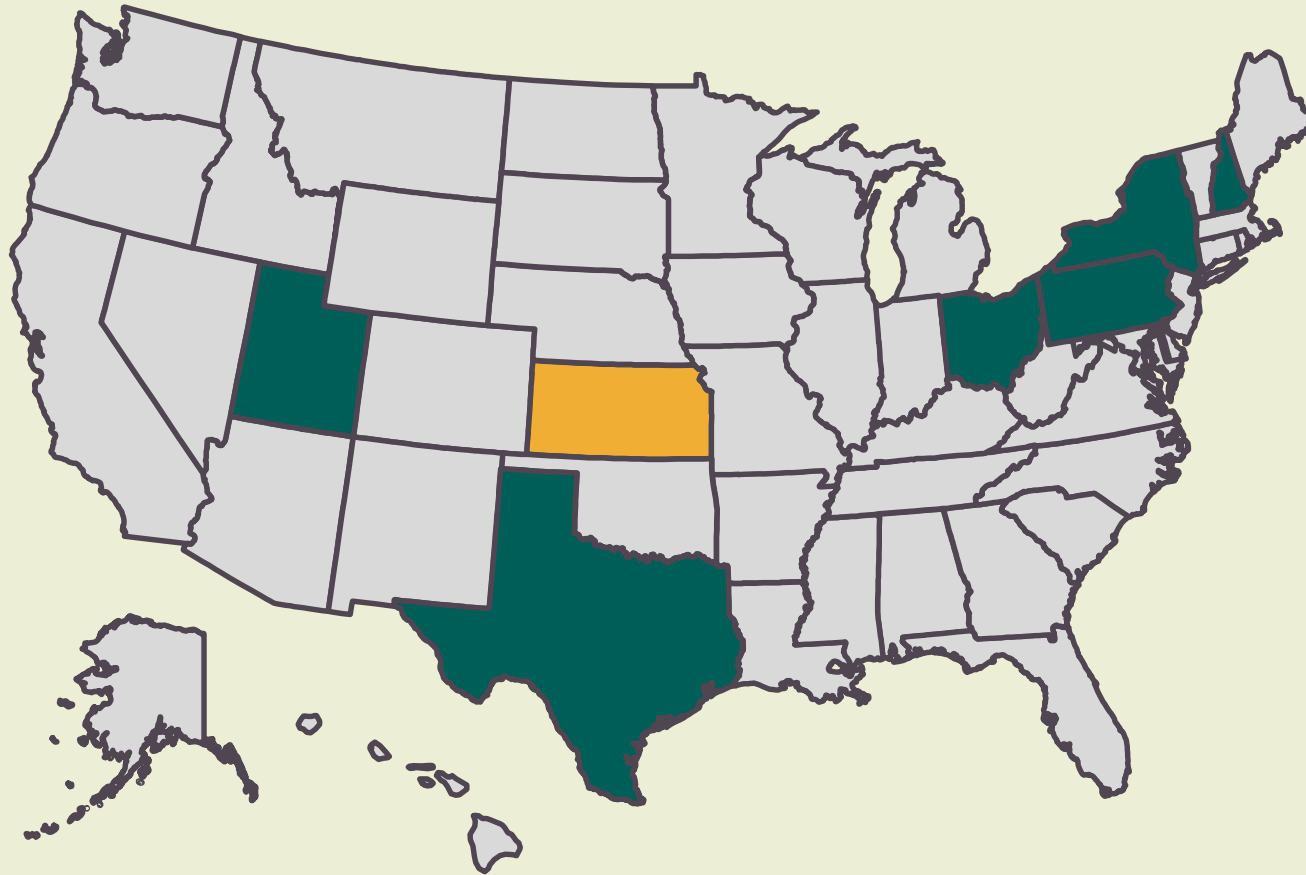
235 PEOPLE



Douglas County Stepping Up

Officially launched the Stepping Up county systems flow analysis project on June 12, 2018, with presentations to the Criminal Justice Coordinating Committee (CJCC) and Stepping Up subcommittee

County Justice and Behavioral Health Improvement Projects



❖ Hillsborough Co, NH

❖ New York City, NY

❖ Johnson Co, KS

❖ Bexar Co, TX

❖ Franklin Co, OH

❖ Salt Lake Co, UT

❖ Dauphin Co, PA

❖ Douglas Co, KS

Project Approach and Analysis

THE
STEPPINGUP
INITIATIVE



Action-Oriented Technical Assistance Approach

Committed
Leadership

Data-Driven
Analysis

Comprehensive
Process Analysis

Findings and
Recommendations

Actionable Targets

Progress Tracking

Quantitative Analysis

- **Level of Services Inventory–Revised (LSI-R) data** from the **Community Corrections department** within Douglas County Criminal Justice Services, October 2017–December 2018
- **LSI-R data** from the **district court**, January 2017–December 2017
- **SMI diagnosis confirmations** from Douglas County Correctional Facility (DCCF), January 2017–December 2018
- DCCF **mental health record indications of a positive score on the Brief Jail Mental Health Screen (BJMHS)**, all records recorded
- DCCF **substance use record indications of a positive score on the CAGE Adapted to Include Drugs (CAGE-AID)**, January 2017–December 2018
- **Booking report** from DCCF, January 2015–December 2018

Quantitative Analysis: Mental Health and Substance Use Data

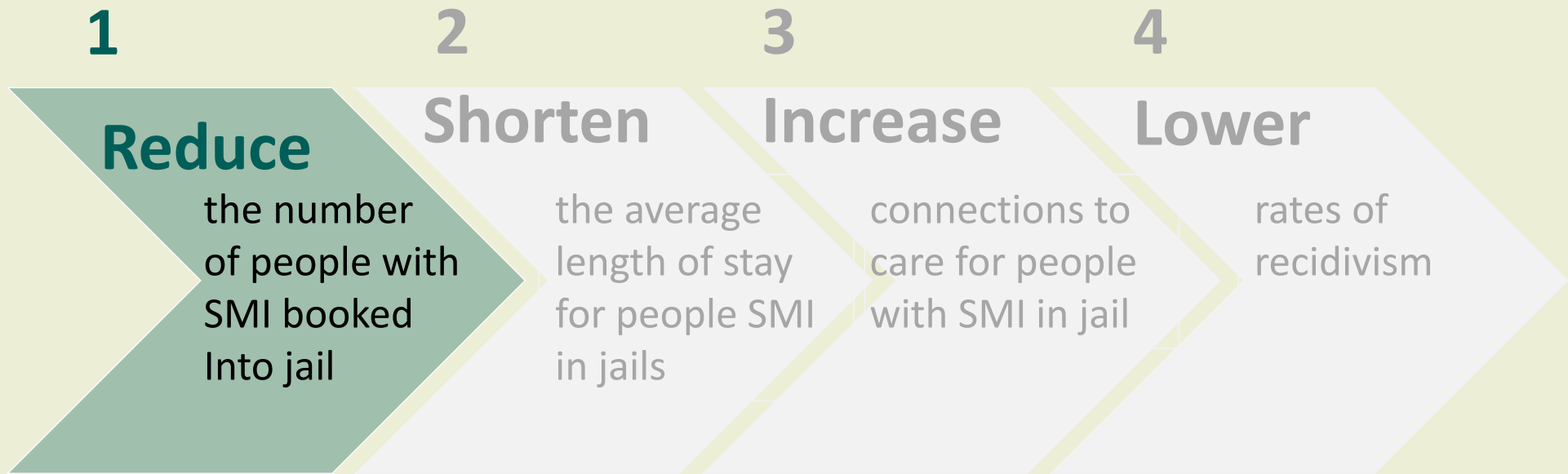
For this report, behavioral health data were collected according to the following categories for mental health:

- People without a serious mental illness (SMI) flag or a mental health (MH) flag (i.e., those who did not score positive on the BJMHS and never received an SMI diagnosis)
- People who scored positive on the BJMHS but did not receive a diagnosis of SMI, who are referenced in this report as having an MH flag in keeping with how they are flagged in the Spillman Jail Management System (JMS)
- People who are diagnosed as having an SMI and are flagged as such in the JMS
- DCCCA and DCCF match

Main Findings and Priority Recommendations



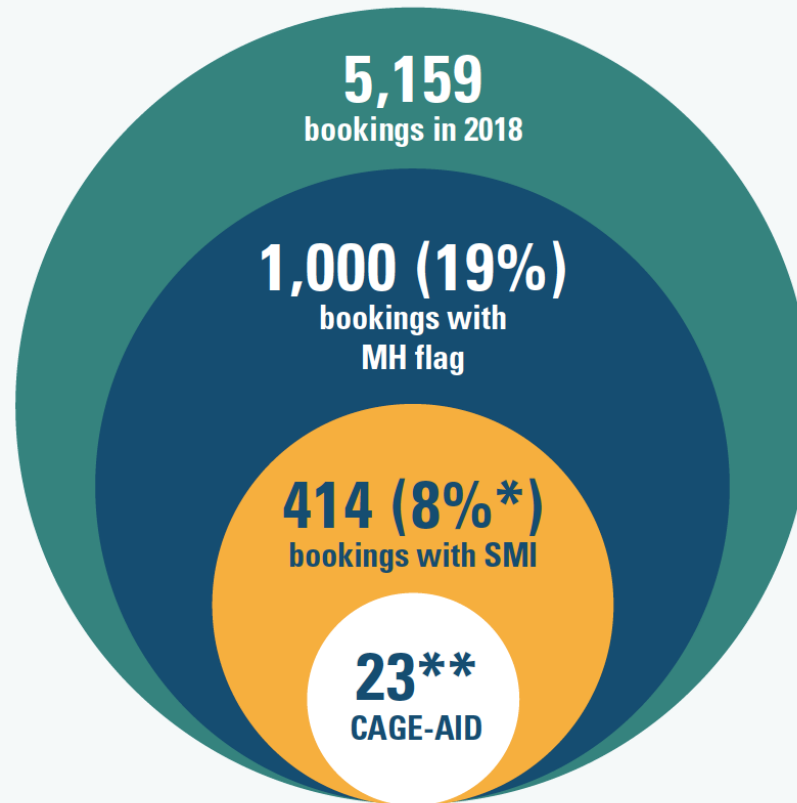
Key Measure 1



Key Measure 1: Main Findings

1. A slightly higher percentage of people booked into DCCF had SMI as compared to the general U.S. population, but the prevalence of SMI in DCCF at booking was lower than the national jail average.
2. There was some overlap between DCCCA and DCCF populations, but the number of people with co-occurring SMI and substance addictions booked into DCCF is unknown.
3. Failure to appear in court was the top charge for people with SMI booked into jail.
4. People booked into DCCF who have SMI experienced homelessness more often than those without SMI.

Douglas County's SMI prevalence at booking was 8 percent



27% of all bookings led to jail stays of 3 hours or less, which means that, due to time constraints, the Brief Jail Mental Health Screen was not administered for these bookings.

*As a percentage of the total bookings, not of the MH flag cases

**The 23 CAGE-AID cases are only those who also had an SMI.
A total of 87 CAGE-AIDs were administered.

Failure to appear is the top charge for people booked into jail

Top Charges – SMI Flag	N = 414
Failure to Appear	116
Probation Violation*	35
Domestic Battery	34
Remand	31
Criminal Trespassing	26

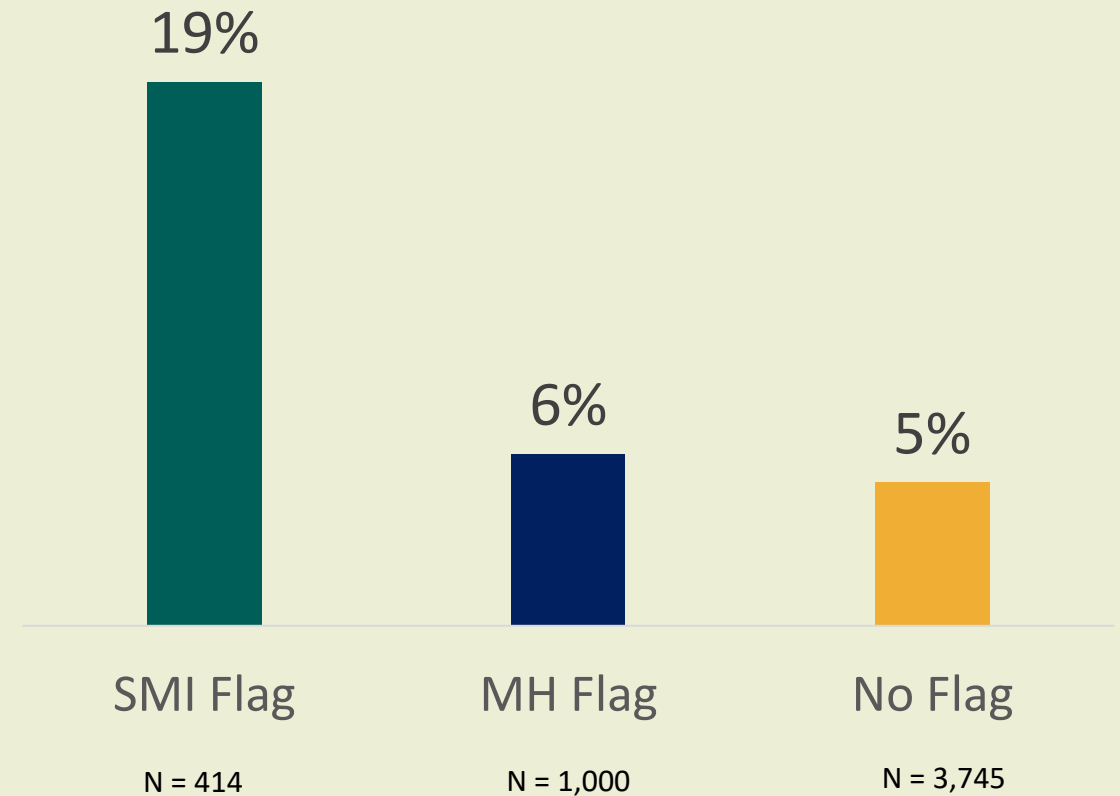
Top Charges – MH Flag	N = 1,000
Failure to Appear	277
Domestic Battery	107
Municipal/County Violation – Other Offense	93
Probation Violation	76
Remand	49

Top Charges – No Flag	N = 3,745
Failure to Appear	967
Driving under the Influence	562
Municipal/County Violation – Other Offense	313
Domestic Battery	239
Probation Violation	160

*Probation violations without other charges are thought to be technical violations.

People with SMI booked into DCCF experienced homelessness more often than those without SMI

Percentage of Bookings with Homeless Flag by SMI or MH Flag



Key Measure 1: Priority Recommendations

- 1. Develop mobile crisis response teams.**
- 2. Expand the co-responder program to include Baldwin/Eudora PDs and expand coverage hours.**
- 3. Fund a program coordinator for expanded co-responder, mobile crisis, and other alternative services.**

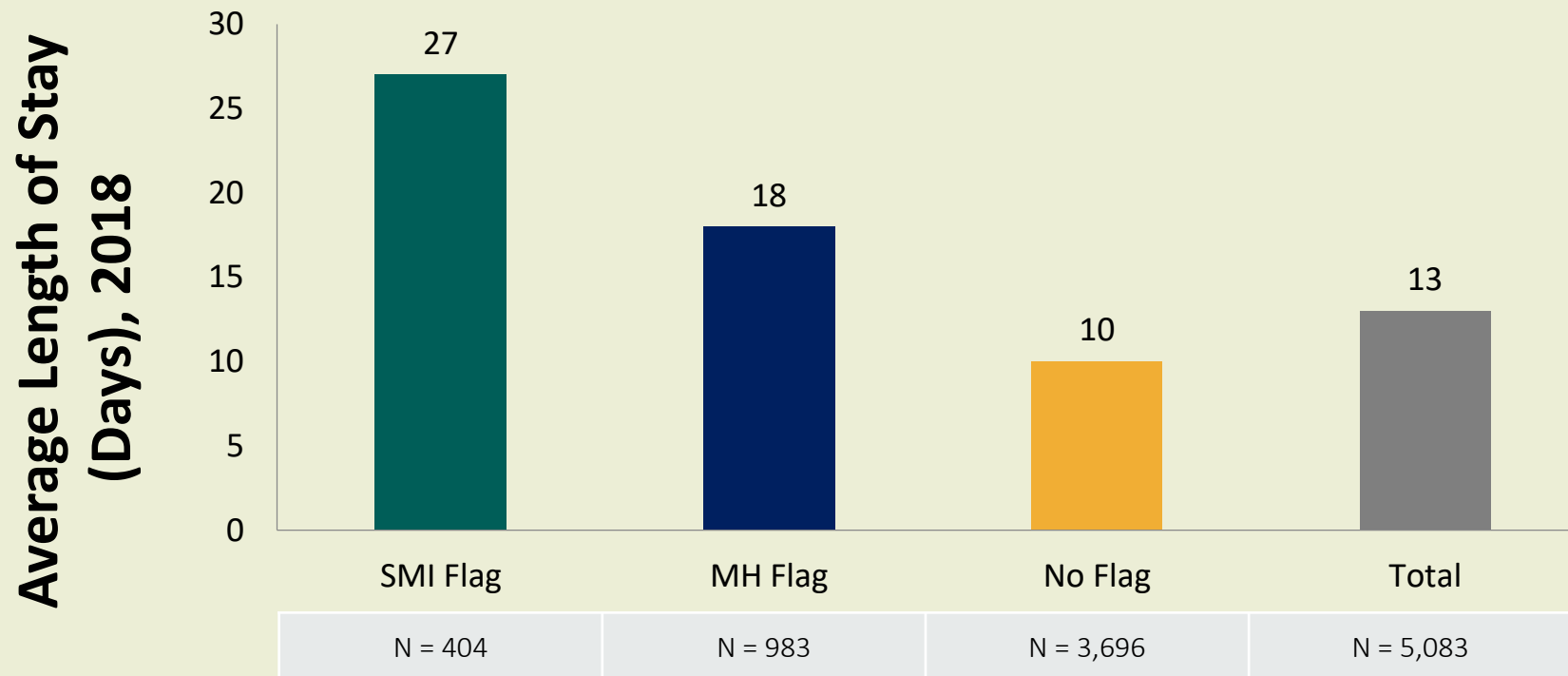
Key Measure 2



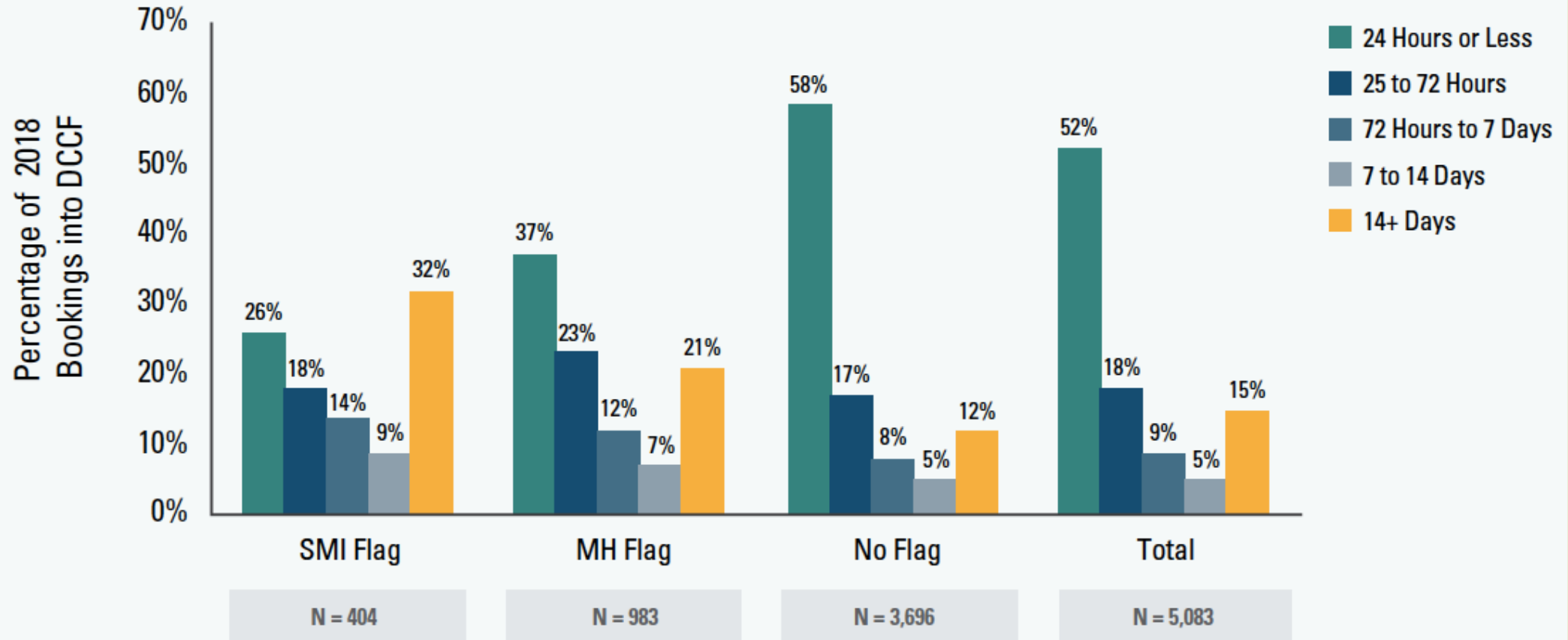
Key Measure 2: Main Findings

- 1. People with SMI booked into DCCF tended to have longer jail stays than people without SMI.**
- 2. People with SMI released on bond had longer average lengths of stay, regardless of the charge.**
- 3. Across all risk levels, people with SMI stayed longer in jail than people without an MH flag or SMI diagnosis.**
- 4. Supervision decisions vary in the degree to which they are informed by risk screening and assessment at the pretrial stage.**

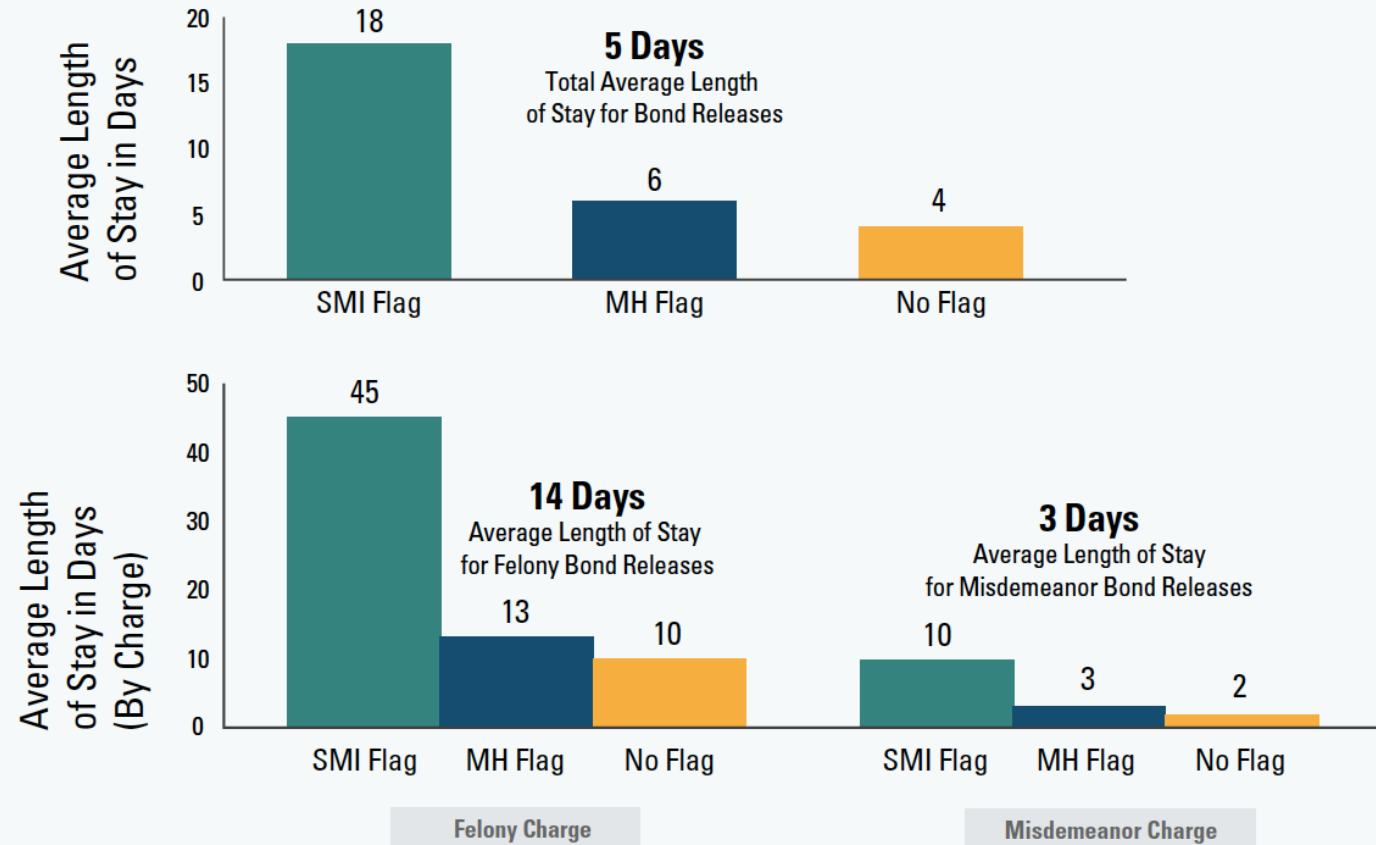
Average length of stay (ALOS) for bookings of people with an SMI Flag was 17 days longer than for people with no SMI or MH Flag



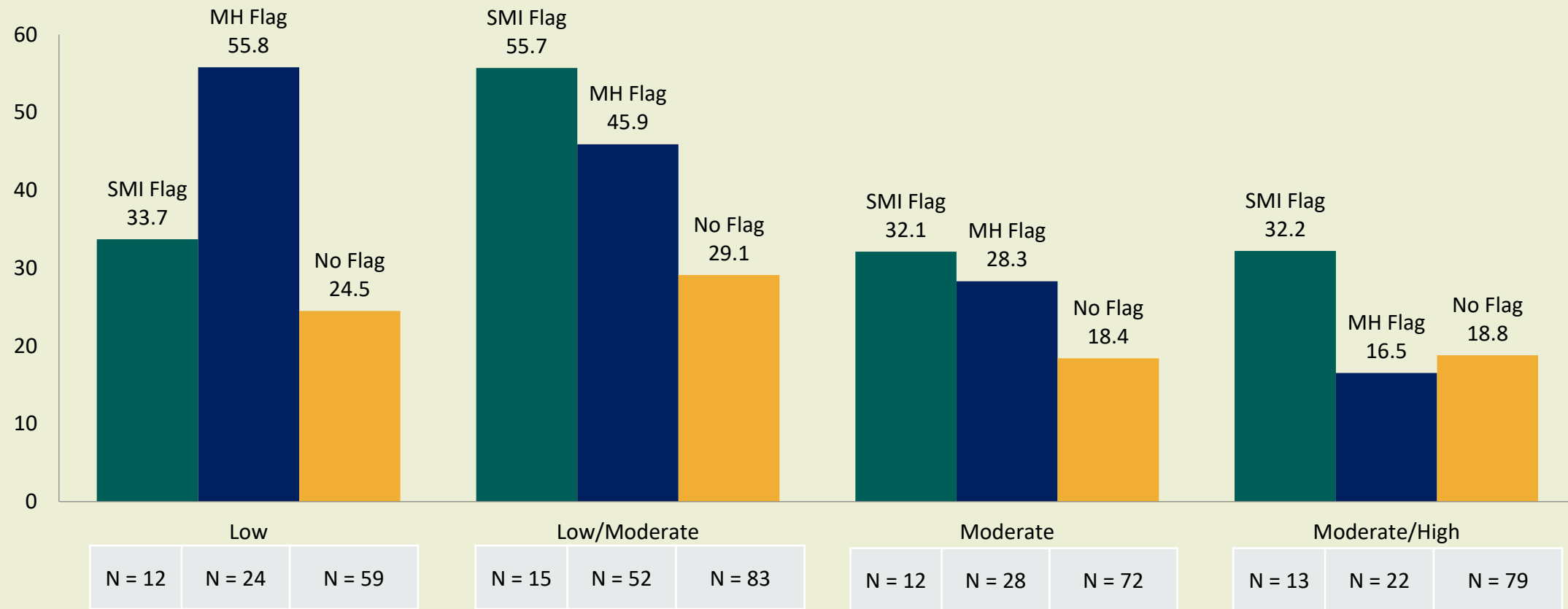
32% of 2018 bookings for people with an SMI flag resulted in a length of stay of 14+ days



People with MH flags released on bond have longer ALOS across charges



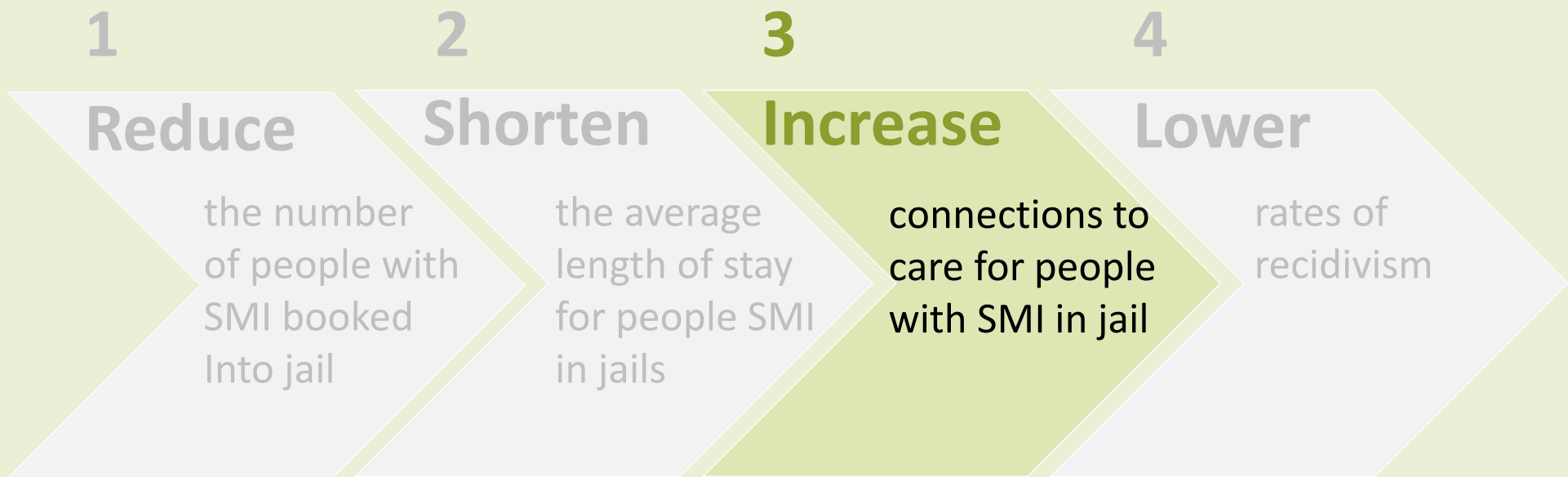
ALOS for low-moderate risk bookings with the SMI flag is nearly twice that of bookings with no flag



Key Measure 2: Priority Recommendations

- 1. Implement a text messaging service to remind people of court appointments.**
- 2. Implement a validated pretrial risk screening tool.**
- 3. Implement system-wide training on the pretrial risk screening tool.**
- 4. Develop a pretrial decision matrix to guide judicial decision-making.**

Key Measure 3



Key Measure 3: Main Findings

- 1. Although Douglas County has a robust reentry planning process with strong working relationships among criminal justice and behavioral health entities, county officials identified that they do not have a definition(s) of connection to care in place.**
- 2. Douglas County does not currently have capacity to track connections to care in a way that allows for quantitative analysis.**

Key Measure 3: Priority Recommendations

1. **Develop definition(s) of connection to care.**
2. **Continuously assess capacity needs of Bert Nash and DCCCA staff embedded at the DCCF.**
3. **Ensure connection to care by establishing a process to inform service providers and supervision staff of release from DCCF.**
4. **Implement a plan for transportation to services upon release.**
5. **Collaborate with the Douglas County Behavioral Health Leadership Coalition to ensure that the criminal justice population is included in planning for crisis triage teams and services at the new campus.**

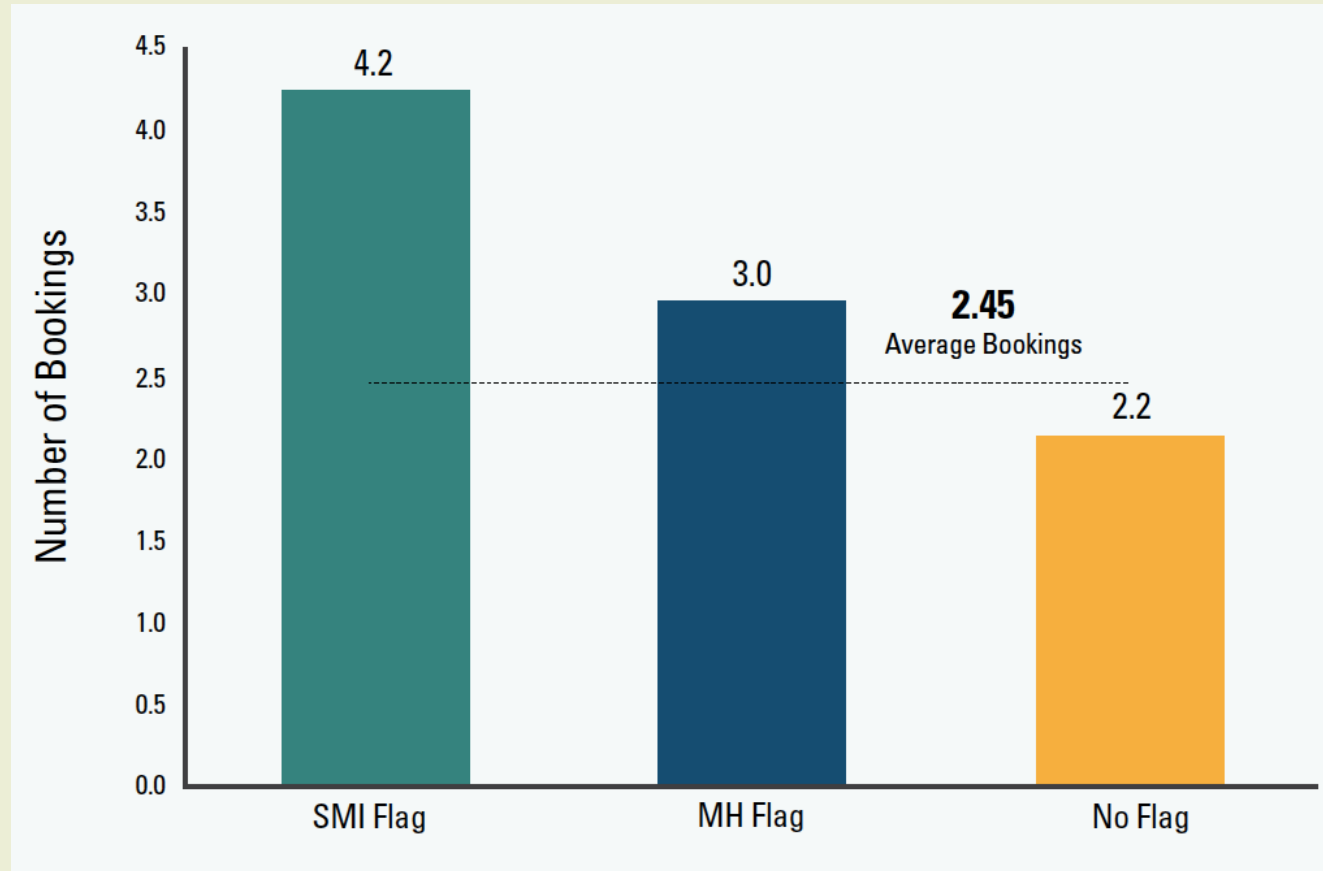
Key Measure 4



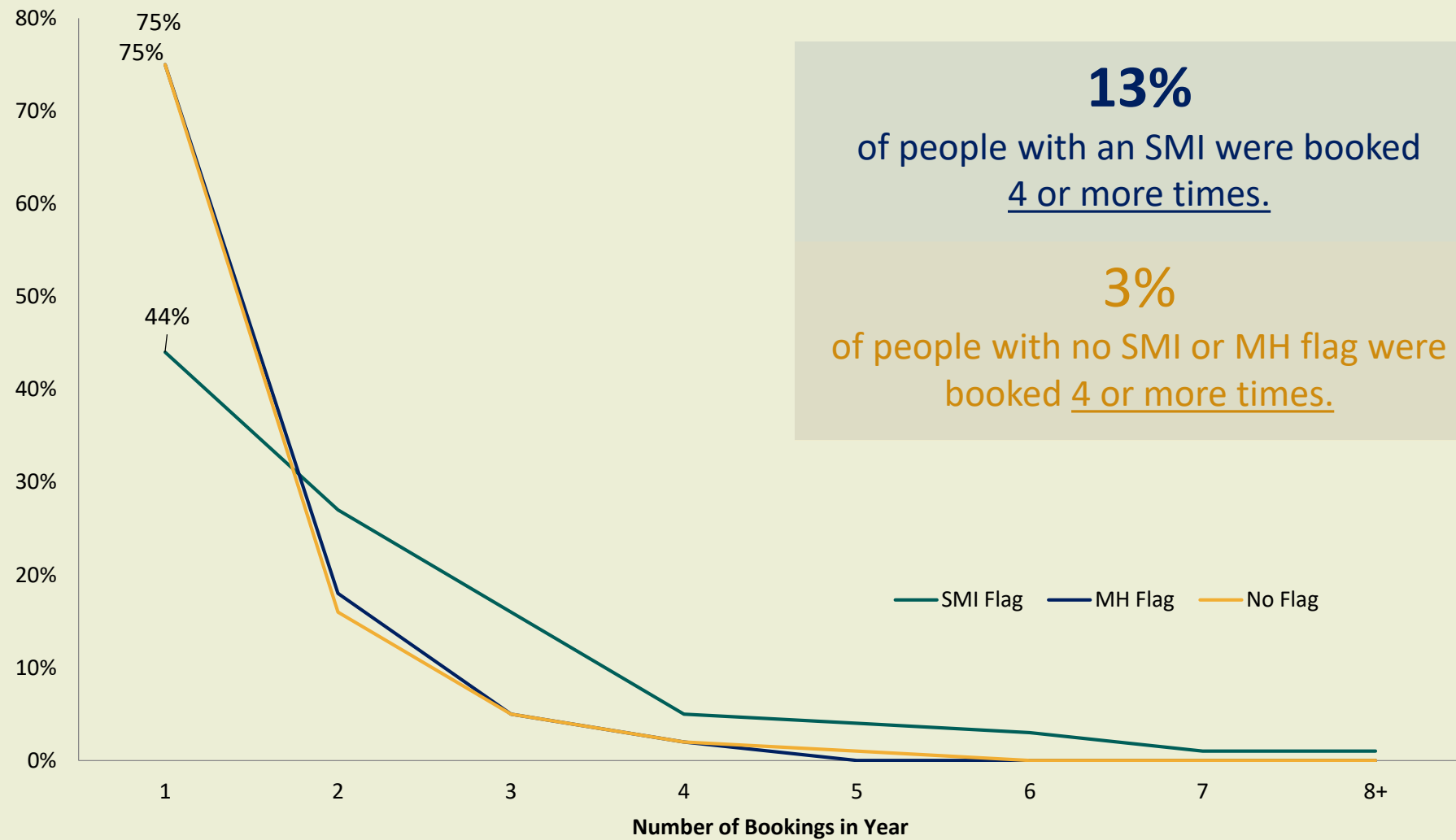
Key Measure 4: Main Findings

- 1. People with SMI returned to DCCF more often than people without SMI.**
- 2. Probation violation was the second most frequent top charge for people with SMI booked into jail.**
- 3. Half of people with SMI in Community Corrections were assessed as having low or low/moderate risk of reoffending.**

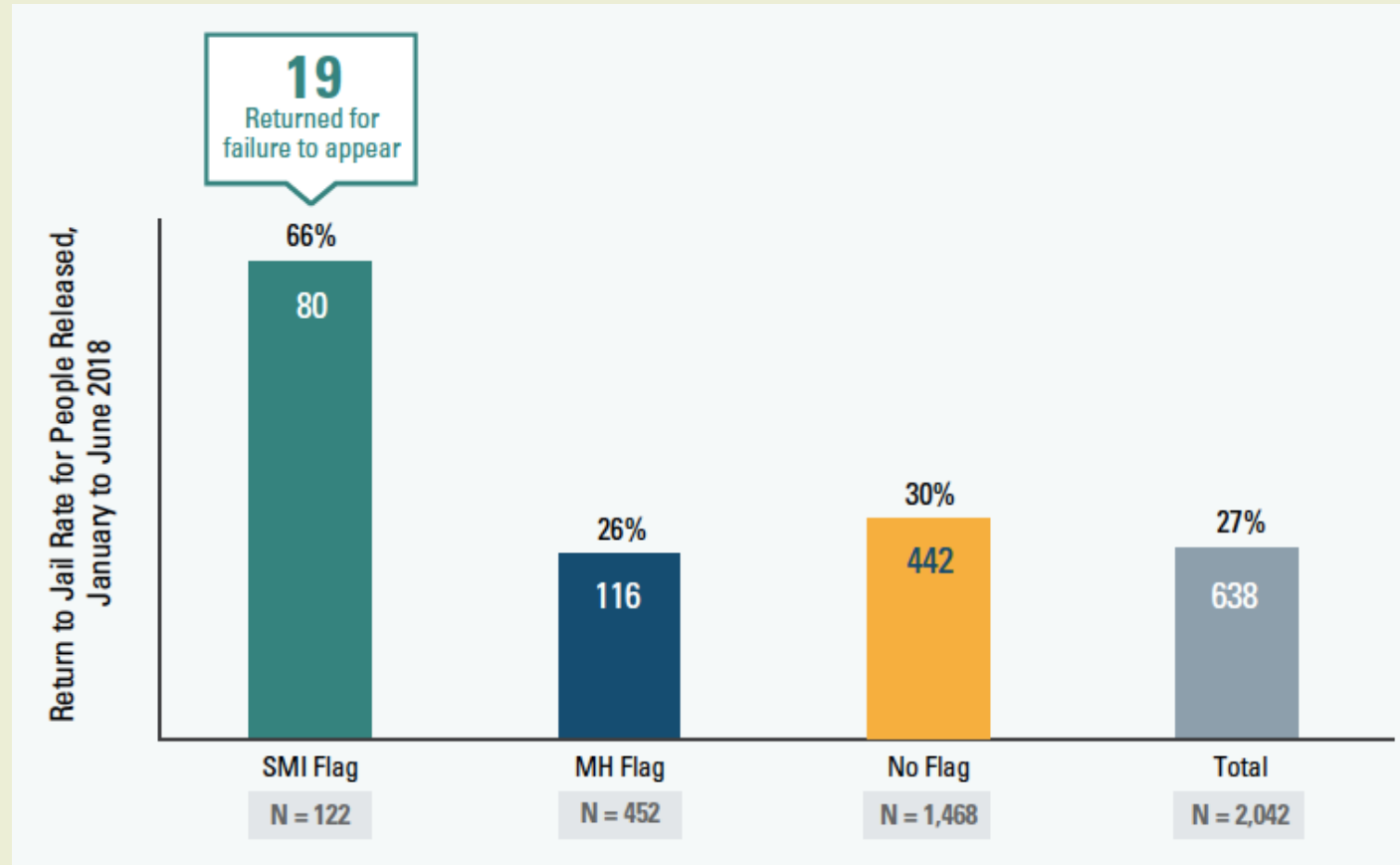
People with SMI were booked more frequently between 2015 and 2018



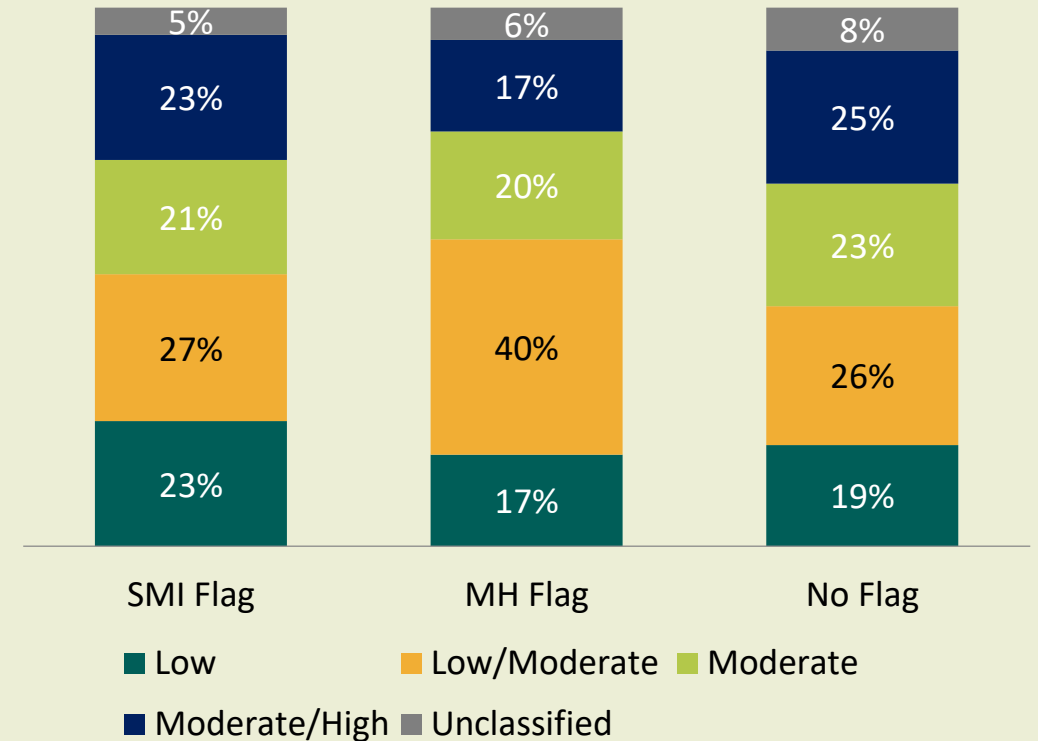
In 2018,
people
with SMI
were
booked
more
frequently
than
people
without
SMI



More than half of people with SMI returned to DCCCF within 6 months of release



Among the 10% of 2018 bookings for which risk assessment data was available, half of SMI cases were assessed as low or low/moderate



	Low	Low/Moderate	Moderate	Moderate/High	Unclassified
SMI Flag	13	15	12	13	3
MH Flag	24	55	28	23	8
No Flag	62	84	75	82	26

Addressing Technical Violations – Probation Isn't What It Used To Be!

Traditional Approach

Supervise everyone
the same way

Assign programs that feel or seem
effective

Deliver programs the same way to
every offender

Spend supervision visits
monitoring compliance with
conditions

Respond to noncompliance with a
“hammer”

Evidence-Based Approach

Focus supervision on the highest-risk offenders

Prioritize programs addressing the needs most
associated with recidivism

Deliver programs based on person's learning
style, motivation, etc.

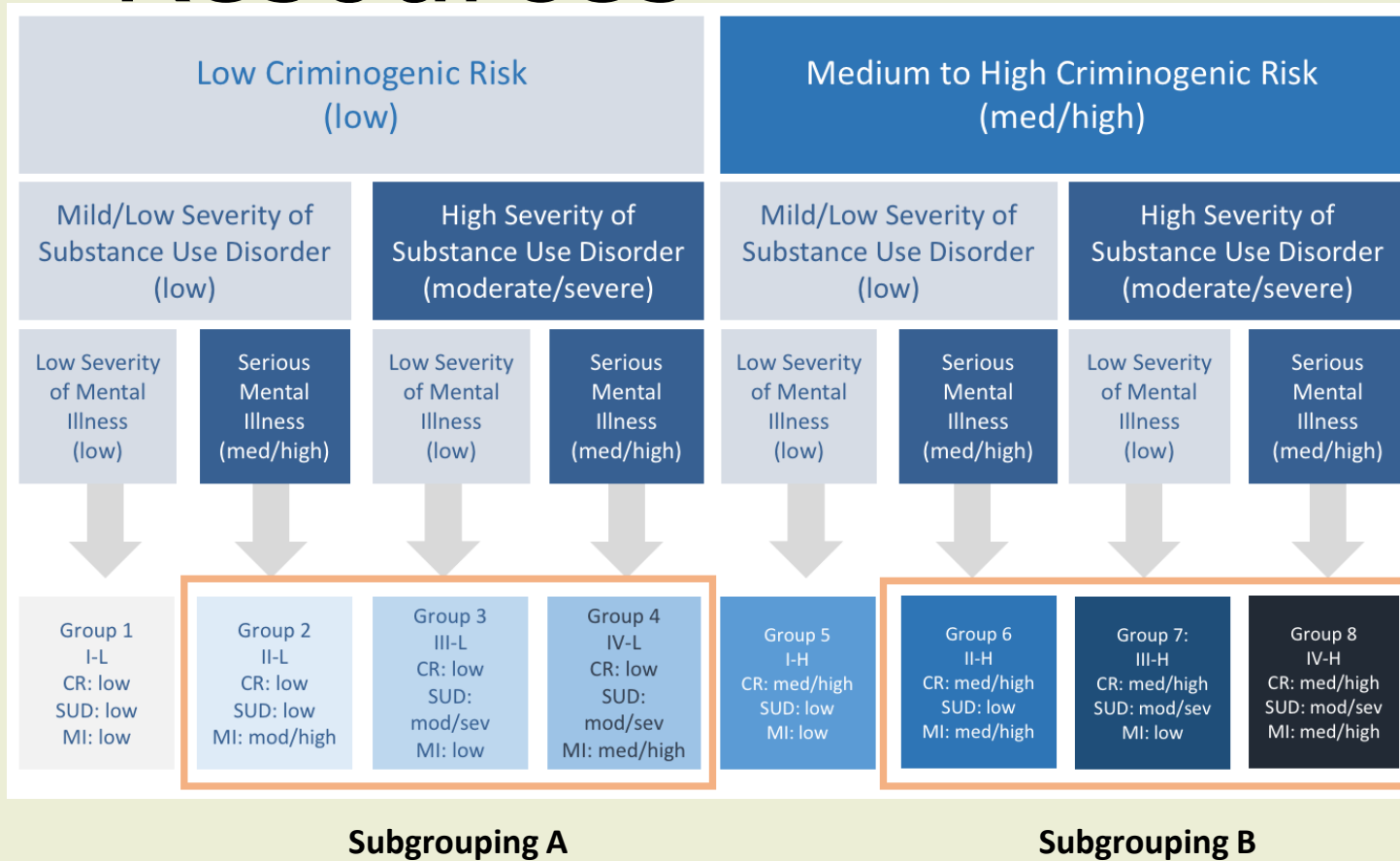
Use contacts to model new skills and help
problem solve

Individualize responses and use variety of tools

Key Measure 4: Priority Recommendations

1. **Implement a plan in Court Services and Community Corrections to identify the population with moderate to high criminogenic risk, SMI, and substance addictions for targeted placement in programming.**
2. **Complete the BJMHS on people assigned to pretrial and probation supervision who did not receive screening at the DCCF.**
3. **Develop a specialized caseload for people assigned to probation who have SMI.**
4. **Embed a care coordinator within Court Services/Community Corrections (new position).**
5. **Develop a response grid to consistently address probation violations with the lowest level of response needed.**

A Framework for Prioritizing Resources



Low criminogenic risk/some significant BH treatment needs

Subgrouping A

Group 2 II-L CR: low SUD: low MI: mod/high	Group 3 III-L CR: low SUD: mod/sev MI: low	Group 4 IV-L CR: low SUD: mod/sev MI: med/high
--	--	--

Divert from criminal justice system without intensive community supervision if connected to appropriate treatment and supports

High criminogenic risk/some significant BH treatment needs

Subgrouping B

Group 6 II-H CR: med/high SUD: low MI: med/high	Group 7: III-H CR: med/high SUD: mod/sev MI: low	Group 8 IV-H CR: med/high SUD: mod/sev MI: med/high
---	--	---

Prioritize for intensive supervision (in lieu of incarceration or as condition of release) coordinated with appropriate treatment and supports

Key Takeaways



Lots of Great Work to Build On

- Sustained CJCC with coordinator
- Implementation of key evidence-based practices over the past 5 years
- Commitment to accurate data collection, analysis, and data-driven decision-making
- Integrated Crisis Team Model
- Douglas County Recovery Campus

Thank you!

Join our distribution list to receive
CSG Justice Center updates and announcements!

www.csgjusticecenter.org/subscribe

For more information, contact Kati Habert at khbert@csg.org.

The presentation was developed by members of The Council of State Governments Justice Center staff. The statements made reflect the views of the authors, and should not be considered the official position of The Council of State Governments Justice Center, the members of The Council of State Governments, or the funding agency supporting the work.