THE STEPPING UP INITIATIVE

IN FOCUS COLLECTING AND ANALYZING BASELINE DATA

This brief focuses on how counties can collect and analyze baseline data on the prevalence of people in their jails who have serious mental illnesses (SMI),[1] specifically along the recommended four key measures: (1) the number of people booked into jail who have SMI; (2) their average length of stay in jail; (3) the percentage of people with SMI who are connected to treatment; and (4) their recidivism rates. Once collected, these baseline data allow county leaders to identify the system improvements and programs needed to reduce the number of people in jail who have SMI and provide benchmarks against which progress can be measured. Prior to reading this brief, counties are strongly encouraged to review *In Focus: Implementing Mental Health Screening and Assessment* and *The Next Step: Collecting Data to Drive Change*.

Stepping Up is a national initiative to reduce the number of people in jails who have mental illnesses. Counties that have joined Stepping Up are using the initiative's framework document, *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask* (Six Questions), to guide them in creating collaborative partnerships in their jurisdictions, systematically identifying people who have mental illnesses as they enter their jails, and using data to inform strategies and track progress over time. This brief is one of a series of companion products designed to provide counties with further guidance on how to apply the Six Questions framework. For resources related to Stepping Up, including webinars and network calls, visit the Stepping Up Toolkit.

WHY IT'S IMPORTANT

Collecting accurate data on people in jails who have SMI enables counties to get beyond anecdotal information or guesswork and make data-driven decisions on the type and scale of strategies and programs needed to reduce the size of this population.

Collecting and analyzing data on the four measures listed below will establish a baseline for tracking changes, which will help counties identify reasons for increases or decreases in their SMI prevalence rates and determine whether investments in programs, policies, and practices are achieving their intended outcomes.

1. **The number of people booked into jail who have SMI.** Knowing how many people who have SMI are booked into jail helps county leaders determine the scale of the problem they are dealing with, and those booking rates can be compared with the booking rates of people who do not have SMI.
2. **Their average length of stay.** Calculating the average length of stay for people identified as having SMI helps counties determine whether those individuals are more likely to remain in jail longer than people who do not have SMI.

1. This brief focuses on the jail population with SMI because people with these diagnoses tend to have the highest behavioral health and social service needs and therefore utilize the most resources. However, this process can be generalized for any population with mental illnesses as defined and identified by your jurisdiction.

3. **The percentage of people connected to treatment.** Identifying the percentage of people who have SMI and are connected to community-based behavioral health treatment and supports upon release illuminates the extent to which people are getting the services they need to be successful in the community.
4. **Their recidivism rates.** A baseline recidivism rate allows the county to determine if people who have SMI are re-arrested and/or return to jail at similar or higher rates than the general population.

WHY IT'S CHALLENGING

Counties face a number of challenges when trying to consistently collect and analyze accurate data on people with SMI coming in and out of their jails. First, due to the often differing purposes and goals of local criminal justice and behavioral health systems, in many counties these two systems use different definitions of mental illness or SMI. Behavioral health systems often use the same definition of SMI that the state uses to determine who is eligible for services. But in county jails, this definition can vary greatly and may include less serious mental illnesses. Without a consistent definition across these two systems, it is impossible to compare populations between them to see, for example, if there is a higher prevalence of people who have SMI in the jail compared to in the community.

Even when a shared definition of SMI exists, counties still face the challenge of identifying people according to this definition, whether through a consistent mental health screening and assessment process at jail booking, through the sharing of information across systems, or both. Many counties struggle with sharing case-level information across systems for this purpose. For example, the criminal justice and behavioral health systems may use databases or client management systems that are incompatible with each other, making it difficult to identify people across both systems. Or jails may be using spreadsheets to keep track of this information because their client management system does not have the capacity to input or extract this information. Overcoming this challenge can be particularly difficult in counties that do not have a dedicated information technology (IT) team to assist in creating an integrated approach to data collection across the two systems. Even if the technology is in place, agencies may lack the necessary agreements to share information on people who have SMI while maintaining compliance with federal and state privacy laws.

Finally, if all systems and information-sharing agreements are in place to consistently and accurately identify and count people who have SMI according to an agreed-upon definition, many counties—especially smaller and more rural counties—do not have the staff capacity to analyze or track this information across the four key measures, to report aggregate data, or to do so regularly to help inform policy and practice changes.

Privacy Rules and Information Sharing

Federal, state, and local laws determine what individual-level mental and physical health information is allowed to be shared, how, and with whom. At the federal level, this is governed primarily through the basic privacy rules protecting certain health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and substance addiction treatment information under 42 CFR Part 2, a portion of the Code of Federal Regulations addressing public health. State and local laws may add additional restrictions and requirements, so practitioners should seek advice from local or state counsel as well.

WHAT COUNTIES SHOULD DO

Before starting to collect baseline data, agencies across the county should agree on a definition of SMI and a process for identifying people with SMI who are entering and leaving the jail. (Review *In Focus: Implementing Mental Health Screening and Assessment* for strategies to determine accurate SMI prevalence rates in jail.)

Then, in order to establish baseline data on the number of people in jail who have SMI along the recommended four key measures, counties should take the following steps:

- ### Examine systems' capacities to collect and analyze data.

  The county should examine the level of technological capacity for its behavioral health and criminal justice systems, both in terms of the operational sophistication of the different data systems and their ability to collect, analyze, and share information, as well as the skill level of staff to manage and analyze data within these systems. A dedicated IT team can be particularly helpful in integrating system data.

- ### Create information-sharing agreements across criminal justice and behavioral health systems.

  The criminal justice and behavioral health agencies within a county should work together to identify ways they can confidentially and accurately share individual and/or aggregate data on the people they serve.

  Following the advice of counsel, jurisdictions are often able to share this information through the development of a memorandum of understanding (MOU) or memorandum of agreement (MOA). County agencies may also consider establishing a business associate agreement—a mechanism that ensures HIPAA compliance—as a means of sharing information. Others rely heavily on release of information and consent forms. Counties with more elaborate data capabilities are able to establish baseline data, share information, and track progress in an integrated system that allows multiple agencies to enter as well as access the data in line with federal and state privacy laws.

- ### Implement mechanisms to share information.

  Some counties have developed data warehouses that allow for all relevant information to be stored in one place with different access levels for each agency. This makes it easier to collect information across agencies and to share which cases are "flagged" for connection to care, such as collaborative case management approaches between pretrial services and behavioral health agencies. If counties have the capacity to implement these types of systems, then the various agencies will need to designate a host system for the shared data and establish information-sharing agreements.

  Other counties have developed more simplistic processes, such as one-way sharing where jail staff shares information on people booked into or supervised in jail with behavioral health providers who can intervene with identified clients. This can be as simple as designating a person at the jail to email a list or spreadsheet with minimal information on individuals (e.g., name, date of birth, address) to the behavioral health agency, whose staff can then check their electronic health records or client management systems for existing or historical clients. These lists may be shared daily or as frequently as agreed upon by the agencies.

- ### Identify staff or university partners to analyze and report data.

  Once the information has been collected and shared between agencies, the county should work on developing the staff capacity to analyze these data in a way that can be reported accurately and accessibly. Because

this work can be time consuming and require a special skillset, many jurisdictions have partnered with a local university or college to provide this service.

If your county has a Stepping Up project coordinator, the individual in that role should take the lead in ensuring that the data tracking process is established and runs smoothly. This includes meeting with the necessary county IT staff, jail administrators, and behavioral health agency leaders to develop technology solutions to track the data from multiple systems, identify and work with staff and/or consultants to analyze the data, develop a reporting system that includes measuring progress along the four key measures, and evaluate if policy and program improvements are having the intended results.

SUB-MEASURES OF THE FOUR KEY MEASURES

In addition to the broader measures listed above, below is a list of sub-measures that counties may want to track to demonstrate progress toward achieving the four key measures. These sub-measures will provide more detailed data analysis to inform findings and determine where to target interventions.

Key Measure 1: The number of people booked into jail who have SMI	
Sub-measures	**How to obtain data**
The number of mental health calls for service received by 911 dispatch	Request data from 911 dispatch or police departments.
The number of people who screened positive for SMI according to a validated mental health screening conducted at jail booking	Request data from the jail and/or the jail's mental health provider.
The number of people who were confirmed as having SMI through a clinical assessment at the jail or as a result of data matching with state or local behavioral health systems	Request data from the jail and/or the jail's mental health provider.
A comparison of the three sub-measures above to equivalent data for the general population, including demographic and criminogenic information (age, gender, race/ethnicity, offense type/level, etc.)	Request data from the jail.
Key Measure 2: Their average length of stay	
Sub-measures	**How to obtain data**
The number of people who have SMI and screened as low, medium, and high for pretrial risk	Request data from the jail or outside agency performing screenings.
The average length of stay for people who have SMI by classification and release type (including pretrial population, sentenced population, surety bond release, federal holds, etc.)	Request data from the jail.
A comparison of the two sub-measures above to equivalent data for people without SMI, including demographic and criminogenic information (age, gender, race/ethnicity, offense type/level, etc.)	Request data from the jail and the agency that collects pretrial risk information.

Key Measure 3: The percentage of people connected to treatment	
Sub-measures	**How to obtain data**
The percentage of people who have SMI and are connected to community-based behavioral health services upon release by release type	Request data from the jail and the community behavioral health provider to perform a data match. (Additional information may come from the community supervision agency.)
The percentage of people who have SMI on community supervision by release type	Request data from the community supervision agency (e.g., the probation department).
A comparison of the two sub-measures above to equivalent data for people without SMI, including demographic and criminogenic information (age, gender, race/ethnicity, offense type/level, etc.)	Request data from the jail, community supervision agency, and community-based behavioral health provider.
Key Measure 4: Their recidivism rates	
Sub-measures	**How to obtain data**
The percentage of people with SMI who failed to appear in court and/or were rearrested while on pretrial release	People identified as having mental illnesses and their release dates should be matched to a request from the state criminal history repository. Most counties do not record failures to appear in a way that can be extracted for analysis.
The percentage of people with SMI who were rearrested after serving a jail sentence	People identified as having mental illnesses and their release dates should be matched to a request from the state criminal history repository.
The percentage of people with SMI who receive technical violations while serving a sentence to community supervision	Request data from the community supervision agency.
The percentage of people with SMI who are charged with a new criminal offense while serving a sentence to community supervision	Request data from the community supervision agency.
The total number of people who have SMIs and prior jail admissions	If the jail can't calculate this variable, a longitudinal review of past bookings at the jail would be required.
A comparison of the five sub-measures above to the equivalent data for people without SMI, including demographic and criminogenic information (age, gender, race/ethnicity, offense type/level, etc.)	Request data from the criminal history repository, community supervision agency, and jail.

For more on tracking the sub-measures, review the Stepping Up *Project Coordinator's Handbook* or sign up to take the *Stepping Up County Self-Assessment*.

To learn more about counties that have collected and analyzed baseline data, read the National Association of Counties' Athens-Clarke County, Georgia, and Wake County, North Carolina, case studies.