

2012 Annual Awards Program

Program Excellence Awards Nomination Form

Deadline for Nominations: March 16, 2012

Complete this form (sections 1 and 2) and submit with your descriptive narrative.

		am		
Community Health and Safety				
Community Partnership				
Community Sustainability				
ic Leadership and G	overnance			
Johnson County, k Intercept Project	S Mental Health	- Criminal Justice		
<u>Johnson County, k</u>	<u>(S</u>			
<u>544,179</u>				
Please indicate the month and year in which the program you are nominating was fully implemented. (Note: All Program Excellence Award nominations must have been fully implemented by or before January 31, 2011, to be eligible. The start date should not include the initial planning phase.)				
December	Year:	2010		
Name(s) and title(s) of individual(s) who should receive recognition for this award at the ICMA Annual Conference in Phoenix, Arizona, October 2012. (Each individualisted MUST be an ICMA member to be recognized.):				
Hannes Zacharias				
County Manager	Jurisdiction:	<u>Johnson County,</u> <u>KS</u>		
Penny Postoak Ferguson				
<u>Assistant County</u> <u>Manager</u>	Jurisdiction:	<u>Johnson County,</u> <u>KS</u>		
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Title:	·	Jurisdiction:			
SECTION 2: Information About the Nominator/Primary Contact					
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INTRODUCTION

In Johnson County, Kansas, as in other communities across the country, the local jail has become the last resort for dealing with individuals living with serious mental illness. Clearly, the management of the mentally ill in our local jail is an issue that impacts not only the budget, but also the daily operations of the facility necessary to provide services and safety for this special population. Furthermore, it is recognized that the jail, under most circumstances, is not a setting designed to meet the needs of the mentally ill. In late 2008, Johnson County justice officials, mental health professionals and community leaders came together to address the mentally ill in the criminal justice system. A planning grant through a local health care foundation was received in the spring of 2009 that allowed for the project to be facilitated by a local not-for profit, United Community Services (UCS), with assistance from the Johnson County Criminal Justice Coordinator and support of the County Manager's Office. The Johnson County Mental Health-Criminal Justice Intercept Project was formed with key leaders serving on a "Leadership Team" and designated staff named to work teams. In addition, the local planning grant provided for consultant services through the Council of State Governments Justice Center, an established leader in the area of the mentally ill in the justice system. The goal of this project was to develop a strategic plan to better serve the mentally ill while maintaining public safety.

PROBLEM ASSESSMENT

An initial assessment of the mentally ill in the Johnson County criminal justice system was completed through the use of the National Gains Center "Sequential Intercept Model." The Sequential Intercept Model allowed for the participants to analyze the system at each of the key decision points, with the goal of intervening at the earliest point possible and not allowing for further penetration into the judicial system. A point in time survey was completed that verified

the scope of those presenting in our justice system at the key intercept points. The data indicated that in 2008, 17% of the 17,637 inmates admitted to the Adult Detention Center were screened as needing mental health services including psychotropic drugs. In addition, mental-illness was indicated as a need of one third of those housed at the Adult Residential Correctional Facility and the probation population under community supervision comprised one third of the referrals to the Johnson County Mental Health Center. Local law enforcement was surveyed and it was found that in 2009, out of 285,000 calls, an estimated 2,760 involved a suicide or mental health related incident. The initial scope of the problem clearly justified the need for strategic planning.

PROGRAM IMPLEMENTATION AND COSTS

The project was implemented through the creation of a leadership team, who delegated staff to participate on a work team and a data team. The leadership team comprised the top executives of 11 key partner organizations. They included: Johnson County Mental Health Center, District Attorney, 10th Judicial District Chief Judge, Corrections Department, Court Services, Sheriff's Department, Public Defender's Office, National Alliance of Mental Illness, two Johnson County Police Departments and the Johnson County Manager's Office. After initial meetings and reaching consensus on "Guiding Principles," the project took off with the designated work team meeting monthly and the leadership team agreeing to quarterly meetings.

Step 1—System Mapping—the first step of the work team was to complete a system map of the justice system using the Gains Intercept Model as the guide, focusing on the six intercept points:

Intercept 1--Contact with Law Enforcement

Intercept 2--Pre-trial and Adjudication

Intercept 3--Sentencing and Supervised Release

Intercept 4--Adult Detention Center

Intercept 5--Residential Center

Intercept 6--Prison and Reentry

The system map process provided the opportunity for the work team to learn all of the procedures involving the many agencies at each decision point. It provided an organized method to gather data to reflect numbers served at each intercept and it also allowed for the team to identify existing services and gaps. At this point, consultants from the Council of State Governments Justice Center (CSG) made a site visit. Impressed with the work the group had accomplished, CSG advocated for the Johnson County Project to be named a national learning site which was approved by the Department of Justice Bureau of Justice Assistance. The advantage of being named a learning site allowed for CSG to provide extra technical assistance, particularly in data analysis and assisting in identifying best practice programs.

Step 2—Data Analysis –Johnson County is fortunate to have the Justice Information Management System (JIMS), an integrated data management system for all the users of the county justice departments. Through the creation of a "mental health flag," inmates who were booked into the jail and screened as having a mental health condition were flagged in JIMS. This allowed for a cohort population to be identified and followed. CSG assisted in a three month and six month analysis of the Johnson County population. Key findings were identified about the mentally ill population in our justice system. Particularly, it was seen that offenders identified with mental illness comprised 17% of the adult detention population, mirroring national statistics. In addition:

- •Out of 1,411 bookings, 101 flagged cases were charged, 29 released on pre-trial supervision and 4 approved for diversion.
- •21% of Johnson County residents jailed for misdemeanor or felony offenses were referred to mental health services. The average length of stay for a misdemeanant with a mental health referral was twice that of misdemeanants without a referral.

ICMA Application—Community Partnership Johnson County, Kansas Mental Health-Criminal Justice Intercept Project

- •Nearly one-third of bookings were females presenting with mental illness.
- •First time bookings made up 25% of the flagged population.
- •Frequent fliers: those with 10 or more lifetime bookings made up 25% and 20 or more lifetime bookings made up 45% of the flagged population.

Step 3—Forming Recommendations—the data pointed the leadership team to the early intercepts in the process: law enforcement contact with the mentally ill, looking at ways to reduce the number of the mentally ill booked into our jail and, if booked, assigned to a diversion program if possible. Staff from the Johnson County Mental Health Center identified "Co-Responder" programs implemented in sites across the nation as demonstrating success in reducing numbers of those entering the justice system. The project involves a trained mental health professional responding with law enforcement to the scene when mental illness is identified as a reason for the call. Also, the addition of a trained mental health professional to oversee a caseload of diversion defendants with a lower level diagnosis of mental illness was identified as a way to increase offering diversion to those individuals who required the attention of the justice system. The work team addressed all six intercept points, forming recommendations to improve services to the mentally ill throughout the justice process. In December 2010, the work of the project was completed and a formal release of the full report was made in January 2011 through a community press conference.

Costs—The costs of the project were the allocation of \$49,915 for a local planning grant through the Health Care Foundation of Greater Kansas City and an additional \$7,960 in United Way Funding provided to United Community Services, for a total of \$57,878. In addition, the partner organizations contributed in-kind staff time by participating in over 500 hours of leadership and work team meetings and completing follow-up assignments at a value of \$37,289.

TANGIBLE RESULTS -OUTCOMES OF THE PROJECT

The planning project spanned over 18 months and involved the dedication and commitment of all the partner agencies. The most tangible result of the project is the strategic plan for improvements to our justice system to better serve the mentally ill, which can be accessed at http://cmo.jocogov.org/CJAC/TF_Intercept.htm. The project better positioned Johnson County to be successful in competitive grant applications due to the ability to demonstrate data analysis and prepare a strong grant application. In the fall of 2010, Johnson County was awarded a Justice and Mental Health Collaboration Program grant through the Department of Justice, which has provided for the implementation of a pilot Co-Responder project. Additionally, Johnson County received Second Chance Act funding to implement a reentry program which also incorporates recommendations to better serve the mentally ill.

The leadership and work teams agreed to continue meeting once the project was completed. Accomplishments in 2011 included the addition of a "premise alert form," alerting law enforcement that a mentally ill person resides at the residence and improved protocol for probation officers working with a mentally ill offender. Goals for 2012 include efforts to broaden the pilot co-responder project to county-wide, as early results show that out of 210 calls to date, only three have resulted in an admission to our adult detention center.

LESSONS LEARNED

- •The value of true collaboration; 11 partner agencies came to the table willing to show up for meetings, complete work, share resources and improve our system;
- •Facilitation by a neutral agency reduces turf issues and promotes success for all;
- •When possible draw upon the many resources for expert criminal justice consulting;
- •The power of data to justify program and funding decisions.