



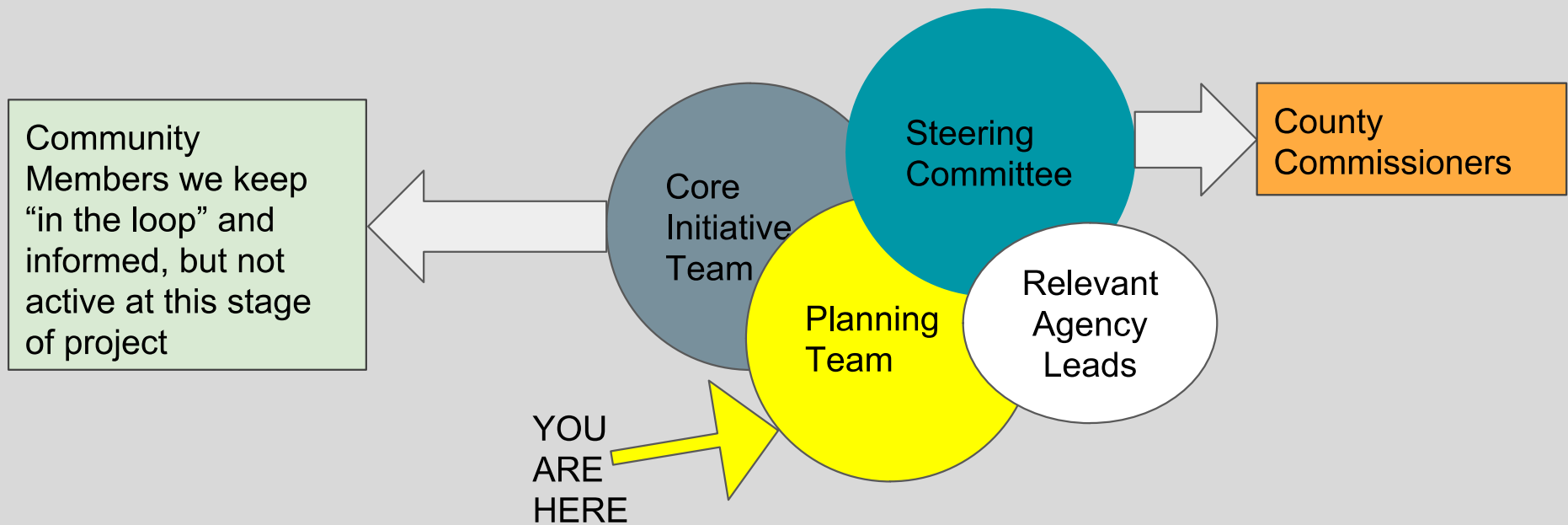
THE
STEPPING UP
I N I T I A T I V E

March 4, 2016

Planning Team Meeting: Session II

BEHAVIORAL HEALTH AND JUSTICE INVOLVED POPULATIONS

WELCOME: WE ARE GLAD YOU ARE HERE



Stepping Up Planning Team

a **coalition** of a

diverse team of **leaders**

and **decision-makers**

from **multiple agencies**

committed to **safely**

reducing the number of people with mental illnesses in jail.

SAMHSA PRINCIPLES

People - NOT Money

People's Lives - NOT Diseases

People come with MULTIPLE:



- diseases/conditions
- social determinants
- cultural attitudes

THE TYPES OF “NUMBERS”: PREVALENCE VS. INCIDENCE

Prevalence: "How many people have this disorder at a given point in time?"

- The proportion of a population found to have a condition (typically a disease or a risk factor).
- It is arrived at by comparing the number of people found to have the condition with the total number of people studied, and is usually expressed as a fraction, as a percentage or as the number of cases per 10,000 or 100,000 people.
- **Point prevalence:** The proportion of a population that has the condition at a specific point in time.
- **Period prevalence:** The proportion of a population that has the condition at some time during a given period (e.g., 12 month prevalence), and includes people who already have the condition at the start of the study period as well as those who acquire it during that period.
- **Lifetime prevalence (LTP):** The proportion of a population that at some point in their life (up to the time of assessment) have experienced the condition.

Incidence: "How many people per year newly diagnosed/treated for disorder?"

- A measure of *new* cases arising in a population over a given period (month, year, etc.).

PROS & CONS OF PREVALENCE/INCIDENCE STUDIES

PROS

1. Shows burden of disorder.
2. More objective way to prioritize care, prevention and policy strategies.
3. Can help with figuring out the “Bang for the Buck” of an intervention before its implementation.
4. Gives you a baseline to see if what you did worked.

CONS

1. No data set or method is perfect. .
2. You will miss qualitative (subjective).

PREVALENCE/INCIDENCE X GROUPS

Psychiatric Disorders Among Incarcerated Men

- National
- North Carolina
- Forsyth County

Psychiatric Disorders Among Incarcerated Women

- National
- North Carolina
- Forsyth County

Juveniles

- National
- North Carolina
- Forsyth County

Adult Correction & Juvenile Justice

- National
- North Carolina
- Forsyth County

Guardianship

- National
- North Carolina
- Forsyth County

Interventions/Treatment

- National
- North Carolina
- Forsyth County

Ethnicity/Race

- National
- North Carolina
- Forsyth County

Mental Health Court

Detention Center

Probation & Parole

Probation & Parole

Forsyth County DSS- Guardianship Services (adults)

| LEVEL | COUNT | WITH MH/SA | OFFENDER+ MH/SA |
|--------------------|-------|------------|-----------------|
| NC* | 5295 | ? | |
| FORSYTH | 209 | 60 | 10 |
| FORSYTH AS PERCENT | | | |
| OF STATE TOTAL | 3.94% | 28.70% | 4.78% |

*Guardian is Public Agency; Does NOT accounty for individual guadians (e.g., family member)

EMS Data

So what do we know?

