Reducing the Number of Incarcerated Persons with Mental Illness in Local Correctional Facilities:

A Technical Assistance Guide for Persons and Organizations Working with Law Enforcement, Corrections, and Support Services

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Prepared By:

Jackson State University
Mississippi Urban Research Center

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"County jails have become the new community mental health units for many individuals . . . It is truly an injustice . . . a person with mental illness is in a continuous revolving door of community, law enforcement and mental health services." Sheriff Kent Oberkrom, Henry County, MO (NAMI, 2018)

Overview

Mental illness is common: one in five Americans has a mental health condition with 10 million adults experiencing a serious mental illness each year (NAMI, 2018). Often when those with a serious mental illness do not get the necessary treatment, they can become unstable and require the intervention of law enforcement. There have been several lawsuits against the state and counties of Mississippi regarding the treatment, or lack thereof, toward inmates with mental illness. Several examples of this include the death of a Hinds County man experiencing a psychotic episode; the lawsuit against the East Mississippi State Correctional facility (EMCF); and a 2019 lawsuit between the state of Mississippi and the United States Department of Justice for a civil rights violation (Gowdy, 2019; Pauly, 2018; Pittman, 2019). In February 2019, a mentally ill Hinds County man died as a result of injuries sustained from his interaction with Jackson Police Department officers (Harris, 2019) (Pauly, 2018). In June 2019, the state of Mississippi began trial against the United States Department of Justice, who allege that the state is in violation of the 1999 Olmstead v. L.C. Supreme Court ruling. In that ruling the Supreme Court agreed that individuals with mental illness are obliged to the same protections as others included in the Americans with Disabilities Act.

The following facts and statistics help provide a context for understanding problems associated with incarcerated persons with mental illness:

* Individuals with mental illness are arrested and booked into jail more frequently than individuals who are unaffected by the disorder.

* Individuals with mental illness also tend to stay in jail longer, which places a fiscal burden upon county and municipal budgets upwards to $54 per inmate day.

*Upon release, individuals with mental illness have higher rates of re-arrests than the general population resulting in an unending cycle of recidivism.

* Most local law enforcement and government officials do not have the knowledge, training, and experience needed to reduce the number of persons incarcerated with Mental illness in their local correctional system.
(Source: NAMI, 2018)

Purpose and Role

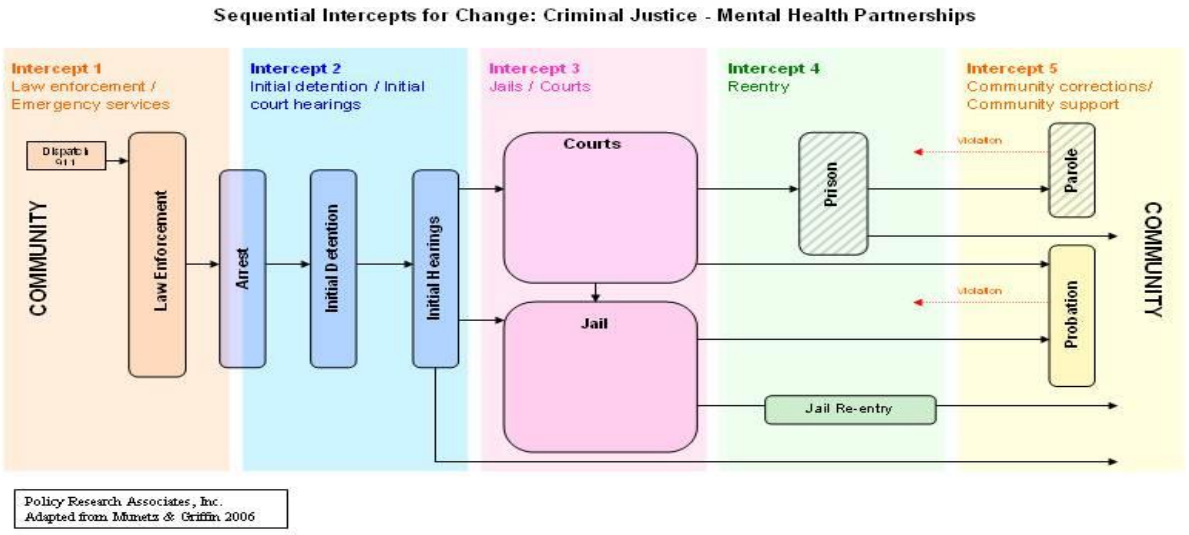
The purpose of this guide is to assist individuals and organizations working with Law Enforcement, Corrections, and Support Services in reducing the number of incarcerated persons with mental illness. This guide sets forth procedures and processes that can help those interested in developing interventions to address local problems associated with reducing the number of incarcerated persons with mental illness at the local level. The role of this guide is not to serve as a stand-alone manual, but to serve as a blueprint and collaborative planning tool that can help multiple types of organizations and individuals working on this issue. Reducing the number of incarcerated persons with mental illness at the local level is a multifaceted problem that requires multifaceted solutions. This technical assistance guide can help bridge that gap between problems and solutions needed.

Jackson State University's Mississippi Urban Research Center (MURC) has extensive experience working as a technical assistance provider (TAP) and collaborative partner addressing the problem of inmates with mental health and substance use disorders in the local jail system. MURC assisted Hinds County (MS) in addressing issues it was facing regarding reducing the number of incarcerated mentally ill persons in the local system. For example, Hinds County with MURC's assistance recorded a near 10% reduction in mental illness prevalence among offenders at the Hinds County-Raymond Detention Center. Providing this type of assistance to local jails and municipalities allows them to maximize and maintain resources as well as direct those most in need to the necessary services that they are unlikely to get while incarcerated. This guidebook can help individuals and organizations review current operations, practices, and procedures in order to identify policies and procedures that influence incarceration rates. Utilizing this technical assistance guide and MURC's technical assistance capabilities can help individuals and organizations effectively address incarceration issues, and decrease the probability of adverse actions and potential lawsuits.

Sequential Intercept Mapping Model

The processes, procedures, and services referenced in this guide are dependent upon an accurate assessment of a jurisdiction's current system addressing incarcerated mentally ill persons. This technical assistance guide utilizes the "Intercept Mapping Model" to analyze local systems and processes, identify gaps in service delivery, and provide recommendations designed to reduce the number of persons incarcerated with mental illness at the local level. Figure 1 below provides a description of the Intercept Mapping Model.

Figure 1



The major advantage of using the "Intercept Mapping Model" is its ability to provide a comprehensive analysis of local justice and mental health systems that include pre-arrest; booking; court appearances; and release and follow-up referral services. The model proposes five intercept levels for the adult criminal justice system:

1. *Emergency services and law enforcement*

Initial contact with emergency services such as mobile crisis and friendly law enforcement staff offer an opportunity to intercept individuals experiencing a mental health crisis, and divert them to treatment prior to arrest.

2. *Initial hearings and initial detention*

Non-clinical staff at the court administrator's level who provide screening for mental health and/or substance use disorder prior to first appearance. Screenings results provide information to court administration and Judges, which may result in diversion from long-term jail sentences.

3. *Jail and courts*

Utilization of drug court and behavioral health court to divert mentally ill persons to treatment or reduce their length of stay in jail.

4. *Reentry from jails, prisons, and hospitals*

Discharge planning that begins with the offender's incarceration, and includes a mental health referral to a local behavioral health provider thus increasing the person's connection to treatment upon his or her discharge from jail.

5. *Community corrections and community support*

Provision of specialized supervision in the community aimed at monitoring and compliance with release orders. Community support provided by mental health case manager or outreach worker to link individuals released from jail with housing and other community resources needed to reduce the likelihood of recidivism. See Appendix 1 for sequential intercept mapping.

Technical Assistance Process

This guide utilizes seven action steps to help a local jurisdiction analyze its current systems and then develop interventions and actions based upon that analysis. Those seven action steps include:

* Forming a Collaborative Team
* Analysis of Systems
* Data Collection
* Inventory of Community Services
* Preparing Strategic Plan
* Implementing Strategic Plan
* Evaluation and Feedback

The following sections provide guidance and instructions for operationalizing each of the 7 action steps identified above.

Step #1 --- Forming Collaborative Team to Address Problem

The problem of high prevalence of mental illness at the jail is rooted in a fragmented system of agencies that provide services to the mentally ill. Many agencies operate in silos with little collaboration or coordination of services with other agencies in a manner that will not benefit individuals with disabilities or special needs. This practice creates gaps in service delivery in which people with mental illness become trapped, going without services they need to function independently in their chosen community. One of the first steps a county may take to address the issue is to form a collaboration team of stakeholders composed of staff from various county service providers.

The collaboration team will champion the cause of the mentally ill, those presently incarcerated as well as those that frequently cycle in and out of the criminal justice system of your county. The Collaboration team will be responsible for the overall goal of developing a plan to reduce the number of individuals booked into the jail, reduce their length of stay in jail, increase the number of individuals connected to treatment, and reduce their recidivism rate. The collaboration team will also be responsible for overseeing the county systems analysis, jail identification and data collection activities, inventory of existing county service providers, and implementing the strategic plan. The collaboration team typically consists of individuals from the courts, jail, mental health agency, and police or sheriff's departments, and community service providers. This results in a coordinated response that has wider reach than a single agency approach. Appendix 2 provides additional information on forming and operating a Collaborative team.

Step #2 --- Analysis of Systems

The deinstitutionalization movement has resulted in a greater number of individuals with mental illness residing in the community. Unfortunately, agencies that provide services to the general public have not made the necessary adjustment to accommodate the increased number of

people with mental illness. An analysis of the systems that provide services in your county examines the existing policies, and practices of county agencies to determine if such processes are effective at diverting people with mental illness away from the criminal justice system, to treatment providers for appropriate care. Your county's planning team will be responsible for performing a systems analysis to identify policies and practices that may need revision. The planning team may also identify the need to develop new policies and practices to facilitate collaboration, coordination among service providers, and address the needs of a growing population of mentally ill people involved your criminal justice system. Appendix 3 provides additional information on conducting Systems Analysis activities.

Step #3 --- Data Collection

Frequently local jails have no standard screening for mental illness or use screenings instruments that are inadequate. However, data collection is vital for counties interested in reducing the prevalence of mental illness at the local jail. County personnel need to know how many individuals entering and leaving their facility have a mental illness or an issue with substance abuse. In order to obtain this information, it will be required that your planning team select validated instruments to screen for mental illness, and substance use disorder. See appendix 4 for additional information.

Selected instruments serve to help screen all individuals entering the jail at booking, and to identify people who may have a mental illness or substance use disorder. This process of screening and data collection provides the Sheriff and jail administrator with not only numerical data, but properly identifies individuals who need referring for an assessment, and possibly treatment for mental illness and/or substance use disorder. Furthermore, screenings provide data that your planning team will use to establish baseline measures. Obtaining baseline measures provide a means for comparing outcomes of individuals that screen positive for mental illness with the screening results of the general population over a period of 3 to 6 months. The four keys measures listed below can help establish baseline goals for implementing activities:

1. **Reduce the number (and percentage) of people who have mental illnesses who are booked into jail**
2. **Reduce their average length of stay in jail**
3. **Increase the percentage of people who have mental illness who are connected to treatment**
4. **Reduce their recidivism rates**

Appendix 5 provides additional information on conducting data collection activities.

Step #4 --- Inventory of Community Services

The planning team performs an inventory of all service providers in your county. This includes mental health and substance abuse providers, housing, transportation, and job training programs. After reviewing and compiling a listing of these services, planning team representatives conduct an assessment to determine the capacity of identified community services to address the needs of mentally ill people who are involved in the criminal justice system. The listing of available community resources can serve as the basis for requesting expanded community programming to meet the needs of people affected by a mental illness and/or substance abuse disorder.

Step #5 --- Preparing Strategic Plan

The planning team will utilize information gained from intercept mapping, systems analysis of current policies and practices of various service providers in your county, as well as baseline data measures obtained from booking reports over a 3 to 6 month period. The planning team will prioritize interventions, and develop a plan to reduce the number of individuals booked into the county jail, reduce their average length of stay in jail, increase the percentage of people who have mental illness connected to treatment, and reduce recidivism rates. Once completed, implementation of some strategic plan elements not requiring funding can occur. The prioritized list of identified services describes in detail the number and qualifications of required staff; proposed salary; recommended equipment; and estimated programmatic cost. The funding sources will also be included in the strategic plan. The strategic plan provides information for developing a planning grant application for submission to appropriate funding agency. Appendix 6 provides additional information on preparing strategic plan activities.

Step #6 --- Implementing Strategic Plan

County or city representatives (for example, Board of Supervisors; Mayors; Sheriffs; Chiefs) decide if the planning team will also serve as the team that will implement the strategic plan. Once this has been determined, the implementation process may begin. The implementation team will develop a mission and vision statement to guide their efforts. It would be beneficial to select a work group to address various details of program development and implementation. The implementation team will identify target population, develop criteria for service, and select validated assessment instruments for mental illness and substance use disorder. It is essential that data collection methods be in place to help gauge implementation progress. The implementation team will also arrange appropriate training for selected staff to ensure effective service delivery.

Step #7 --- Evaluation and Feedback

Once implemented services have been in operation, consideration now shifts to the selection of an organization to provide an evaluation. Data collected will help to evaluate specific performance measures, and to determine if the program is performing as intended. The results form the basis for a report by the evaluator that provides feedback to your county on areas of operation where improvement can help your program to operate more efficiently. Appendix 7 provides additional information on evaluation and feedback.

Anticipated Challenges

NOTE: The following section excerpted from the U.S. Department of Justice "Technical Assistance Planning Guide" (DOJ, 2018) **See Appendix's "Special Note" section for more information on the planning guide and the groups responsible for its development and dissemination.**

Excerpted Section/Language

As with all projects, there will be challenges, but there are several specific challenges agencies may encounter when evaluating their agency and planning interventions (DOJ, 2018). Agencies need be aware of issues related to creating a collaboration team, receiving funding from the affiliate agencies, and the appropriate collection of data. In creating a collaboration team, agencies may run into roadblocks of getting representatives of other agencies to commit to the team and the process that it will undertake. The collaboration team, as mentioned in a previous section, consists of representatives from different agencies within a county and typically represent, the courts, jails, arresting authority in that jurisdiction, a county representative, and a local mental health service provider. The challenges faced in creating and operating the collaboration team may include agencies functioning "in silos" separated and individual from their corresponding agencies, entities feeling as though the issue is not "their agencies" problem to resolve, and barriers due to agency policy restrictions.

Receiving investment from affiliate agencies can also come with its respective challenges, mainly during the aforementioned separatism between various agencies. As previously stated, differing agencies may feel as though the issues regarding inmate treatment is not the responsibility of all agencies. However, investment in the evaluation and adaptation of the plan is crucial to the success of the potential implementations. For example, if the mental health agency is not invested in working with and within the jail to assist in screening inmates for mental illness, then implementing a prescreening measure for mental illness may not be very successful.

Funding is another crucial element to successful implementation. Finding and securing a funding source is a challenge that can seem insurmountable but there is funding widely available regardless to specific needs and aims of counties. The first step in overcoming this challenge is properly defining what the specific aims of the collaborative planning agency are, and what classification those aims fall under, such as inmate health, diversion opportunities, or re-entry programs. Strategically targeting the most appropriate funding source increases the likelihood of receiving the necessary funds to support your team's initiatives. This Technical Assistance Guide includes information about funding and what resources are available. Appendix 8 provides additional information on program funding.

One of the other major challenges likely faced during is data collection. Record keeping is an important element in any agency's functioning, but unfortunately, this process is not always streamlined. Information collected and maintained by an agency may not be kept in one place, may not be digitized, or may be inaccurate and missing records.

Similar to other challenges, data collection has implications that can either enhance or derail the overall process. In order to mitigate this issue, training prior to data collection by agency staff

can help with properly using the selected screening instrument. Moreover, the planning team should develop a data sharing agreement with the agency collecting and holding pertinent data.

Conclusions

The previous sections and accompanying tools provide guidance to those individuals and organizations interested in reducing the number of incarcerated persons with mental illness. This guide can help with a review of current operations, practices, and resources addressing the problem of incarcerated mentally ill persons. As mentioned earlier, the intent of this guide is not to serve as a stand-alone manual, but to serve as a blueprint and collaborative planning tool for many types of organizations and individuals working in this area. By applying, where applicable, the guidelines and tools presented in this technical assistance guide, local jurisdictions can begin to experience significant reductions in the number of incarcerated mentally ill persons cycling through their systems.

Contact Information:

If your jurisdiction would like more information on this technical assistance guide and/or available technical assistance services, please contact Frederick O'Quinn, Director Justice Mental Health Project, Mississippi Urban Research Center, at frederick.a.oquinn@jsums.edu or (601) 979-1169.

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Appendix Sections

Special Note Regarding the Documentation

The following sections contain excerpts from the *FY17-18 Planning & Implementation Guided* prepared by The Council of State Governments' Justice Center for recipients of the U.S. Department of Justice, Bureau of Justice Assistance, Justice and Mental Health Collaboration Program (JMHCP) Grantees.

The inclusion of these sections serve as examples only for the types of processes and documentation that may be required. As stated in the guide's introduction section, its purpose includes serving as a tool to present best practices, promote discussion, identify key issues, and to help grantees monitor their progress. For more specific information and guidance regarding the *Planning & Implementation Guide's* content, please contact The Council of State Governments' Justice Center and/or the U.S. Department of Justice's Bureau of Justice Assistance.

Appendix 1 --- Sequential Intercept Mapping

Sequential Intercept Mapping is an interactive tool for developing criminal justice-mental health partnerships used by communities to assess their resources, gaps and opportunities at each of six "intercept points." The mapping aims to identify potential opportunities for diversion, or alternative justice and behavioral health interventions for persons with mental illness and co-occurring disorders.

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5

In the space provided detail the steps that can be taken to reduce the prevalence of mental illness in jails and/or seek alternative resources.

Appendix 2 --- Collaborative Planning Team

1. Will an existing decision-making entity guide direction of this project? If not will a new planning team be developed as part of this initiative?				
Answer:				
2. How will the planning team communicate/coordinate with other entities that are presently engaged in criminal justice mental health planning in your county?				
Answer:				
3. List the members of your collaborative planning team.				
Name:	**Title:**	**Organization:**	**Specific role on collaborative planning team:**	**Signed letter of agreement committing to involvement in project:**
				Yes **No**
				Yes **No**
				Yes **No**
				Yes **No**
				Yes **No**
				Yes **No**
				Yes **No**
				Yes **No**

4. Who are the additional stakeholders you would like to join the planning team to achieve system wide representation?
Answer:
5. Who are the local Champions for mental health? Do you plan to include them in the planning team?
Answer:
6. Does the planning include working groups or subcommittees? If so what are they?
Answer:
7. How often will your planning team meet?
Answer:
8. Who will schedule the planning team's meeting, develop meeting agenda, and coordinate planning team activities?
Answer:
9. What are your planning team's mission, vision, and guiding principles? If you have not established these do you plan to do so?

Appendix 3 --- Analysis of System

County System Mapping By Key Outcomes

Use the table to list to identify current policies, practices, programs, and treatment options in your county that address the four key measures.

Measure 1: Reduce the number (and percentage) of people with mental illnesses who are booked into jail		
Instructions	**Prearrest Identification of Mental illnesses and Co-occurring Substance Use Disorders**	**Law Enforcement Responses**
List the policies, practices, programs and treatment options <u>that presently exist in your system</u> and provide a description of each.		
	Screening for Mental Illnesses, Co-Occurring Substance Use Disorders, and Risk at Booking to Inform Pretrial Release Decisions	**Jail Diversion Opportunities**

Measure 2: Reduce the average length of stay in jail		
Instructions	**Screening for Mental illnesses and Co-occurring Substance Use Disorders**	**Pretrial Release Decision Making**
List the policies, practices, programs and treatment options <u>that presently exist in your system</u> and provide a description of each.		
	Pretrial Treatment Programs	**Pretrial Community Supervision**

Measure 3: Increase the percentage of people who have mental illnesses released from jail who are connected to treatment		
Instructions	**Assessment for Mental illnesses and Co-occurring Substance Use Disorders in jail/Community**	**Information Sharing Policies**
List the policies, practices, programs and treatment options <u>that presently exist in your system</u> and provide a description of each.		
	Case Management/Supervision	**Mental Health and Substance Use Treatment**

Measure 4: Reduce their recidivism rates		
Instructions	**Assessment for Risk in Jail/Community**	**Risk Reduction Policies**
List the policies, practices, programs and treatment options <u>that presently exist in your county</u> and provide a description of each.		
	Community Supervision Focused on Risk Reduction	**Behavioral Health Services Focused on Risk Reduction**

Addressing Gaps in the System

The following tables help identify policies practices, programs, and treatment options across the four key measures. These responses will be used in the development of prioritized responses to identified gaps in service delivery system.

Measure 1: Reduce the number (and percentage) of people with mental illnesses who are booked into jail		
Instructions	**Prearrest Identification of Mental illnesses and Co-occurring Substance Use Disorders**	**Law Enforcement Responses**
List the policies, practices, programs, and treatment options <u>that currently do not exist in you system</u> and provide a description of each.		
	Screening for Mental Illnesses, Co-Occurring Substance Use Disorders, and Risk at Booking to Inform Pretrial Release Decisions	**Jail Diversion Opportunities**

Measure 2: Reduce the average length of stay in jail

Instructions	**Screening for Mental illnesses and Co-occurring Substance Use Disorders**	**Pretrial Release Decision Making**
List the policies and practices, programs, and treatment options <u>that presently do not exist in your in your system</u> and include a description of each.		
	Pretrial Treatment Programs	**Pretrial Community Supervision**
Measure 3: Increase the percentage of people who have mental illnesses released from jail who are connected to treatment		
Instructions	**Assessment for Mental illnesses and Co-occurring Substance Use Disorders in jail/Community**	**Information Sharing Policies**
List the policies, practices, programs and treatment options <u>that presently do not exist in your system</u>		

and provide a description of each.	**Case Management/Supervision**	**Mental Health and Substance Use Treatment**
Measure 4: Reduce their recidivism rates		
Instructions	**Assessment for Risk in Jail/Community**	**Risk Reduction Policies**
List the policies, practices, programs and treatment options <u>that presently do not exist in your system</u> and provide a description of each.		
	Community Supervision Focused on Risk Reduction	**Behavioral Health Services Focused on Risk Reduction**

Local Definitions of Mental Illness and Serious Mental Illness (SMI)

1. Are there state or county definitions of mental illness and SMI that determine eligibility for public funded services in Your community? If yes what are they?	
Answer:	

2. What are the current definitions of mental illness and SMI that your planning team has adopted? Are these definitions of mental illness currently used in your jail as well?	
Answer:	

Jail Identification Process for Mental Illness and SMI

1. How does the jail staff determine when a person may have a mental illness or SMI?	
Answer:	
2. Is there an objective validated screening tool in place to screen for SMI? **(<u>Mental Health Screening form III)?</u>**	
Answer:	
3. Whom do you screen and at what times (e.g., everyone at booking, everyone who has been in jail for 24 hours)?	

Answer:	
4. Is there a process in place to conduct a full clinical assessment for someone who screens positive for a possible mental illness? If yes, what is it?	
Answer:	
5. Is there a process in place to conduct a substance use disorder screening for someone who screens positive for a possible mental illness? If yes, what is it?	
Answer:	
6. do you track data electronically on how many people are screened and assessed? If yes, how is this data tracked?	
Answer:	
7. Is there a process that determines whether a person meets state/county criteria for serious or persistent mental illnesses or eligibility for mental health treatment services? If yes, must a social worker, counselor, psychiatrist, or qualified mental health professional make the clinical determination?	
Answer:	

8. For people who meet your planning team's definition of having a mental illness, does your jail collect data regarding The following:	
A. Their length of stay	**Answer:**
B. Their status as pretrial or sentenced	**Answer:**
C. Their history of prior incarceration at the jail	**Answer:**
D. Their history of prior community supervision	**Answer:**
E. Their prior contact with mental health care Providers in the community	**Answer:**

Definition of Substance Abuse Disorder

1. Is there a state or county definition of substance use disorder that determines eligibility for services in your community? If yes, what is it?	
Answer:	
2. What is the definition of substance use disorder selected by your planning team?	
Answer:	

Jail Identification Process for Co-occurring Substance Use Disorder Information

How does the jail staff determine when a person may have a substance use disorder?	
Answer:	
2. Is there a validated screening instrument utilized to screen for substance abuse disorder? If yes, who administers the tool?	
Answer:	
3. Whom do you screen and at what times (e.g., everyone at booking, everyone who has been in jail for 24 hours)?	
Answer:	
4. Is there a process in place to conduct a full substance use disorder assessment for people who screen positive for a substance use disorder? If yes, what is it?	
Answer:	
5. Do you track data electronically on how many people are screened and assessed? If yes, how is data tracked?	
Answer:	

Local Definition of Recidivism

1. What is you counties definition of recidivism (e.g., re-incarceration within a year of release for reoffending, violating Conditions of supervision.

Answer:	

Connection to Community Supervision

1. Do you have a process for tracking people on community supervision to identify recidivism rates for individuals who have mental illness? If yes, what is the process?

Answer:	

2. Does you county have a process for alerting appropriate community supervision officer that a person on supervision has been booked into jail? If yes, does the assigned supervision officer connect with the person prior to release from jail?

Answer:	

Connection to Community Treatment Provider

1. How does your county define “connection to treatment” (e.g.., contact with a community-based behavioral health service Provider prior to release from Jail)?

Answer:	

2. Is there a process in place for tracking how many people who have mental illnesses receive service from a community

based treatment providers after release from jail? If yes, what is the process?	
Answer:	
3. Does your county have a process to notify a treatment provider when a person who has screened positive for a mental illness or has previously used their services has been booked into jail? If yes, what is the process?	
Answer:	

Appendix 4 --- Screening and Assessment

Expanding Screening and Assessment

The chart below will help you develop a plan to implement screening and assessments that address gaps in the service delivery system

	What tool or process would you like to implement? Who would administer and when would it take place?	How will the information be recorded (e.g., entered into a database)?	What agencies would be able to access this information?
Pretrial Risk Screen			
Mental Illness Screen			
Substance Abuse Screen			

Mental Illness Assessment			
Substance Use Disorder Assessment			

Appendix 5 --- Data Collection

COLLECTING DATA AND KEY FINDINGS
A. Tracking Sub-measures of the Four Key Measures

In addition to the broader measures addressed earlier, counties should use the sub-measures listed below to demonstrate progress towards achieving the four key measures: reducing the number of people with mental illnesses and co-occurring substance use disorders booked into the jail and shortening their average length of stay in jail, increasing the percentage of people connected to treatment in the community, and lowering their recidivism rates. These sub-measures will provide more detailed analysis to inform your key findings and determine target interventions. The chart below provides information on the sub-measures and general recommendations on which agencies would have this data. This may vary by jurisdiction. It is recommended that data be collected for a minimum period of three months to establish baseline estimates.

1. Reduce the number (and percentage) of people who have Serious Mental illness SMI) who are booked into jail.			
Sub-measures	**How to Obtain Data**	**Has data been collected? If so, by what agency?**	**Data and related findings**

Number of calls to 911 dispatch identified as mental health crisis	Request data from 911 dispatch or police departments		
Number of individuals who screened positive for SMI according to a validated mental health screening conducted at the jail	Request data from the jail and/or jail's metal health provider		
Number of people who were confirmed as having SMI through a clinical assessment at the jail	Request data from the jail and/or jail's mental health provider		
Comparison of the above data to bookings for the general population, including demographic (e.g., age, sex/gender, race ethnicity offense type level, etc.)	Request data from the jail		
2. Reduce their average length of stay in jail			
Sub-measures	**How to Obtain Data**	**Has data been collected? If so, by what agency?**	**Data and Related Findings**
Number of individuals who have screened as low, medium, and high for pretrial risk (including risk for failure to appear, new criminal activity, and/or dangerousness during pretrial period)	Request data from the jail or outside agency performing screenings		
Average length of stay for people who have SMI by release type (including	Request data from the jail		

pretrial population, sentenced population, surety bond release, federal holds, etc.)			
Comparison of the above data to bookings for the general population, including demographic information (e.g., age, sex/gender, race/ethnicity, offense level/type etc.)	Request data from the jail or outside agency that collects pretrial risk information		

3. Increase the percentage of people who have SMI connected to treatment in the community			
Sub-measures	**How to Obtain Data**	**Has data been collected? If so, by what agency?**	**Data and Related Findings**
Percentage of people who have SMI connected to community based behavioral health services upon release (by release type)	Request data from the jail and community behavioral health provider to perform a data match		
Percentage of people who have SMI connected to community supervision (by release type)	Request data from community supervision provider		
Comparison of the above data to bookings for the general population, including demographic information (e.g., age, sex/gender, race/ethnicity, offense level/type etc.)	Request data from the jail community behavioral health provider, and community supervision provider		

4. Reduce their recidivism rate

Sub-measures	**How to Obtain Data**	**Has data been collected? If so, by what agency?**	**Data and Related Findings**
Percentage of rearrests for people who have SMI released pre-adjudication	Request data from the jail and community behavioral health provider to perform a data match		
Percentage of people who have SMI connected to community supervision (by release type)	Request data from community supervision provider		
Comparison of the above data to bookings for the general population, including demographic information (e.g., age, sex/gender, race/ethnicity, offense level/type etc.)	Request data from the jail community behavioral health provider, and community supervision provider		

B. Key Findings

Use the chart below to identify key findings that can be reported to your planning team and stakeholder community.

Analysis Questions	Answers/Data
Indicate the prevalence of people with SMI in your jail.	
Is the average length of stay in jail for people with SMI longer than for people without SMI? Please provide the data in you explanation.	
What is the percentage of people identified with a SMI in jail who are connected to care in the community?	

What is the recidivism rate for people identified with a SMI in jail and then released to the community?	
Please describe any additional findings.	
Please identify missing data that you would still like to collect.	

EXERCISE 9: Tracking Progress

It is important to identify essential data and track the four key measures to determine the effectiveness of implemented interventions and achievement of project objects. This will provide your collaborative planning team with clear indicators of progress, and accurate data to allow for fine tuning when outcomes are less than desirable.

A. Using data to track progress
1. Is data available to share on a consistent basis with key stakeholders?
Answer:
2. How often will the key measures be reported to or discussed with key stakeholders?
Answer:
3. How will you communicate the four key measures to stakeholders?

Answer:

B. Other sustainability strategies
1. Identify any policy (internal, local, state, federal) challenges that need to be addressed in order to achieve your program goals.
Answer:

Appendix 6 --- Preparing Strategic Plan

STRATEGIC PLAN

Complete the table listed below with your planning team. It may take multiple meeting or need to be completed during a "planning retreat." Each of the four sections of the chart addresses one of the four key measures. Upon completion of all four sections, the planning team should identify prioritized responses for each outcome and develop consensus around a plan of action that is data-based, cost effective, and provides the most potential for reducing prevalence of people with mental illness in your jail. Use the following four tables to identify the policies, practices, programs, and treatment options across all four key measures that do not currently exist in your system. Please refer to the previous charts in this handbook to identify gaps in services and practices.

Measure 1. Reduce the number (and percentage) of people who have mental illness and are booked into the jail	
Current policies, practices, and programs	
Key data (e.g., mental illness prevalence, recidivism)	
List of effective policies, practices , and programs	
Identified gaps in policies, practices, and programs	

Planning for Implementation of policies, practices, and programs	
Policies and evidence-based responses to be implemented	
Projected number of people to be served	
Projected cost/funding source	
List of evidence-based responses for implementation in order of highest priority	
Timeline for implementation	

Measure 2. Reduce their average length of stay in jail	
Current policies, practices, and programs	
Key data (e.g., mental illness prevalence, recidivism)	
List of effective policies, practices , and programs	
Identified gaps in policies, practices, and programs	
Planning for Implementation of policies, practices, and programs	

Policies and evidence-based responses to be implemented	
Projected number of people to be served	
Projected cost/funding source	
List of evidence-based responses for implementation in order of highest priority	
Timeline for implementation	
Measure 3. Increase the percentage of people who have mental illness released from jail who are connected to treatment	
Current policies, practices, and programs	
Key data (e.g., mental illness prevalence, recidivism)	
List of effective policies, practices , and programs	
Identified gaps in policies, practices, and programs	
Planning for Implementation of policies, practices, and programs	
Policies and evidence-based responses to be implemented	
Projected number of people to be served	
Projected cost/funding source	
List of evidence-based responses for implementation in order of highest priority	

Timeline for implementation	
Measure 4. Reduce their recidivism rates	
Current policies, practices, and programs	
Key data (e.g., mental illness prevalence, recidivism)	
List of effective policies, practices , and programs	
Identified gaps in policies, practices, and programs	
Planning for Implementation of policies, practices, and programs	
Policies and evidence-based responses to be implemented	
Projected number of people to be served	
Projected cost/funding source	
List of evidence-based responses for implementation in order of highest priority	
Timeline for implementation	

Appendix 7 --- Evaluation & Feedback

MEASURING OUTCOMES

Use the chart below to answer the following questions about data your county collects to measure progress towards achieving key outcomes.

Outcomes	Measures
Reduce the number and percentage of people who have mental illness and who are booked into jail	Is there a way to flag people identified though screening and assessment as having mental illnesses in a searchable electronic database? ☐ Yes ☐ No
Reduce the average length of stay in jail	Does your county track lengths of stay for pretrial and sentenced populations? ☐ Yes ☐ No
Increase the percentage of people release from jail who are connected to treatment	Does you county match every person booked into the jail to the local behavioral health system's database to determine whether connections to care are being made? ☐ Yes ☐ No
Reduce their recidivism rates	Does your county track recidivism, in accordance with your identified definition, for people who are pretrial as well post-conviction? ☐ Yes ☐ No

Appendix 8 --- Funding

Funding Sources

Some questions that need to be addressed before selecting a funding source are: which entity will receive the funding, what is the aim of the implementation selected, and how long the funding is needed for. Based on the answers to these questions there are a series of avenues that could be taken to secure financial support. The most popular form of funding is grants provided by both the federal government and various agencies and foundations. Grant funding is money that the recipient is not required to pay back as long as they adhere to the specified uses of the grant. It is crucial to seek out grants that specifically align with your needs and plan of action. Some popular grants, for justice systems, from the federal government are issued from the United States Department of Justice, United States Department of Agriculture, and the Substance Abuse and Mental Health Services Administration. Other funding agencies include the W.K. Kellogg Foundation and the Ford Foundation.

Funding Sources		
Instructions	**In the spaces below, answer the respective questions to the best of your knowledge.**	**In the space provided, list out the potential funding options that have been identified.**
Amount of funding needed		
Duration of needed funding		
Direct purpose of funding		

Primary agency applying for grant		