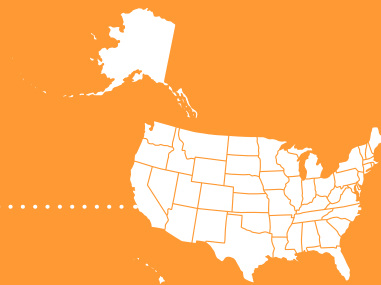


ADDRESSING MENTAL ILLNESS AND MEDICAL CONDITIONS IN COUNTY JAILS



NACo WHY COUNTIES MATTER SERIES • ISSUE 3 • SEPTEMBER 2015 • www.NACo.org

MONTGOMERY COUNTY, MARYLAND

THE OPPORTUNITY FOR CHANGE

In Montgomery County, a lack of community resources coupled with overall reductions in state and local mental health funding has resulted in the jail becoming the default response for individuals requiring mental health residential placement and treatment services. While overall jail intakes have been declining, the number of people assessed for mental health has increased over the years. In addition, the number of mentally and physically ill individuals, and the severity of their illnesses, within jail facilities is growing. The Montgomery County Department of Correction and Rehabilitation (DOCR) estimates that serious and persistent mental illness impacts at least 20 percent of the jail population.

In an effort to seek out and implement needed changes to how people with mental illnesses are treated within the justice setting, a Criminal Justice Behavioral Initiative was founded by the County Council in 2001. This initiative, a joint effort of the County Police Department, the County Department of Correction and Rehabilitation (DOCR) and the County Department of Health and Human Services (HHS), addresses the specific needs of people with mental illnesses both in the community and within correctional settings through the following:

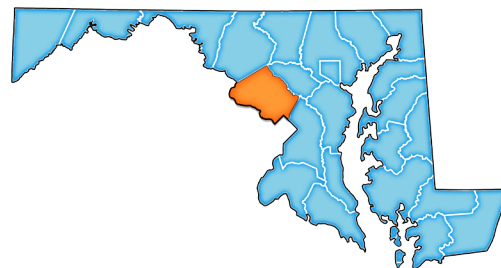
- A Police Crisis Intervention Team (CIT) and a Health and Human Services Mobile Crisis Team
- Clinical Assessment and Triage Services (CATS)
- A Crisis Intervention Unit within the jail, and
- Community re-entry case management and discharge planning.

MONTGOMERY COUNTY'S MODEL

Over 13,000 people annually arrive at the Montgomery County Detention Center's Central Processing Unit. All individuals are first seen by jail intake and medical staff, where they administer three different assessments that gather mental health and other important medical information: the Initial Medical Screening form, the Inmate Past Medical History Report and a Suicide Screening form. The latter form is completed three times during different points of processing. If any mental health item is endorsed or anyone suspects symptoms reflective of a mental illness, a mental health referral is submitted. In addition, all juveniles, sex offenders, self-referrals and people with a known mental illness, as well as anyone with a high bond (\$100,000) or who is high profile, are assessed for mental health treatment needs. Lawyers, family members, law enforcement and correctional officers and others also may refer an individual to mental health services at any time during a person's incarceration.

MONTGOMERY COUNTY, MARYLAND

POPULATION:	1,030,447 ¹
JAIL CAPACITY:	1,229 ²
AVERAGE DAILY JAIL POPULATION:	652 ³



¹ "Montgomery County, Md." <http://quickfacts.census.gov/qfd/states/24/24031.html>

² This encompasses the 200-bed capacity of the MCDC and the 1,029-bed capacity of the MCCF.

³ FY14. This includes both populations at MCDC and MCCF. <https://reports.data.montgomerycountymd.gov/countystat/department/docr>

For the key terms used in this report, the companion case studies and to learn about the 2015 NACo survey of county jails, visit: www.NACo.org/JailHealthServices

County HHS staffs Clinical Assessment and Triage Services (CATS) therapists who conduct a full comprehensive assessment on individuals referred to them, including a crisis and suicide screening and a full psychosocial evaluation, medication and treatment history, screening for traumatic brain injury and more. This assessment helps therapists make recommendations for diversion as well as initial decisions on treatment levels, medication, further evaluation needs and classification for those who are not diverted. Individuals are screened and assessed throughout their jail time as their mental health status and service needs change, and they also are assessed in preparation for their release.

In addition to conducting their own assessments, CATS therapists and other mental health professionals in the jail have access to a shared database that is accessible via a log-in requirement. The database was developed by County HHS as a way to share information between community behavioral health and the jail. Individuals sign a release form to have their information shared in this database.

Following an initial intake at the Detention Center, people are transferred to the Correctional Facility, usually within 72 hours. Individualized and intensive services are tailored for acute or chronic individuals whose condition is so impaired that it precludes them from general population housing. These individuals require stabilization and treatment in the jail's Crisis Intervention Unit (CIU).

The CIU is made up of male and female units, and correctional officers on the unit have received specialized training in working with people with mental illnesses. The unit is also staffed with four master's level therapists for 12 hours a day, Monday through Friday and on Sundays. Everyone on the unit is assigned an individual therapist who meets with them at least once per week with the goal of stabilizing the person so they can be held in the least restrictive environment within the jail.

Jail Mental Health Services developed the first jail-based Dialectical Behavior Therapy Program (DBT) for people with mental illnesses in the nation. This program was the jail's primary treatment modality and it has proven very successful in reducing impulsive and high-risk behaviors such as self-injury, violence and suicide gestures and attempts. While the program was discontinued as a result of funding cuts, the jail has recently re-introduced this component of its mental health services.

The Mental Health Services staff works in collaboration with County HHS who provides additional therapeutic services for people in the jail, such as Jail Addictions Services, Community Re-entry Services, and Project Assisting Transition from Homelessness.

SUCCESSES AND OUTCOMES

Montgomery County has seen a significant increase in the number of people with mental illnesses identified and treated in the jail. The Department of Correction and Rehabilitation saw the following outcomes from July 2013 to June 2015, as compared to the time period from July 2011 to June 2013:

- The number of institution-wide mental health assessments completed increased 7.5 percent.
- The number of people who were admitted to and received intensive and comprehensive mental health treatment on the Crisis Intervention Unit (CIU) increased 6.5 percent.
- The number of CIU groups held increased 143 percent.
- The number of people who participated in CIU group therapy sessions increased 159 percent.

LESSONS LEARNED

DON'T SKIMP ON QUALIFIED STAFF AND QUALITY PROGRAMS: Sufficient quality licensed mental health staff is critical to meet the needs of the increasing numbers of people with chronic and acute mental illnesses in the jail. In addition, implementing evidence-based programs can effectively stabilize people with mental illnesses and help to reduce recidivism.

COLLABORATION IS KEY: Multiple systems, levels of government and community agencies need to work together toward the common goal of diverting people with mental illnesses away from the criminal justice system. In Montgomery County, law enforcement, human services, corrections, mental health, community reentry and other partners work hand in hand toward realizing a shared vision of keeping people out of the criminal justice system.

FOR MORE INFORMATION, CONTACT:

Nastassia Walsh, MA
NACo Program Manager
nwalsh@naco.org

For the key terms used in this report, the companion case studies and to learn about the 2015 NACo survey of county jails, visit:

www.NACo.org/JailHealthServices



fb.com/NACoDC | twitter.com/NACoTWEETS
youtube.com/NACoVIDEO | linkedin.com/in/NACoDC



25 MASSACHUSETTS AVENUE, NW | SUITE 500 | WASHINGTON, DC 20001 | 202.393.6226 | www.NACo.org