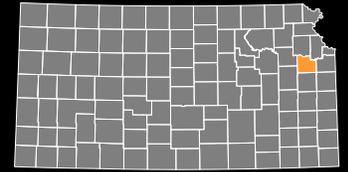


DOUGLAS COUNTY, KAN.

Using Mental Health Screening and Assessment to Serve Individuals with the Most Needs



POPULATION:
110,826

In 2015, recognizing a need to relieve jail overcrowding and identify alternatives to jail for people with mental illnesses, Douglas County leaders sought out policy and practice changes that could be put into place that would lead to better outcomes for their residents. The County Board of Commissioners supported the development of a Criminal Justice Coordinating Council to enhance collaboration among the various agencies and systems (including other municipal law enforcement agencies) needed to work on this issue. All Douglas County law enforcement agencies also committed to training 100 percent of their law enforcement officers in Crisis Intervention Teams (CIT) and all jail staff in Mental Health First Aid.

As part of its initial efforts, Douglas County solicited the assistance of a consulting firm and the University of Kansas to identify individuals with serious mental illness (SMI) in the jail and establish baseline prevalence data. They used the resulting study to inform a grant application to the U.S. Department of Justice's Justice and Mental Health Collaboration Program (JMHCP) to expand the case management and services Douglas County provides to people with mental illnesses in the jail. The Douglas County Sheriff's Office (DCSO) was awarded the grant and worked with the Bert Nash Community Mental Health Center (Bert Nash) and the University of Kansas to develop the Assist-Identify-Divert (AID) Program.

Assist-Identify-Divert (AID) Program

Recognizing that early identification can lead to early interventions and better outcomes, individuals in the jail who are identified as having a potential SMI are then referred to Bert Nash clinicians who are co-located inside the jail to determine their eligibility for the AID Program. An individual is eligible for the AID Program if he or she is a Douglas County resident and is not being held on violent charges. If a person is deemed eligible, an AID clinician conducts a battery of screenings and assessments, including a full mental health assessment, a risk of recidivism assessment (Level of Service Inventory – Revised: Screening Version), substance use disorder screening using the SBIRT approach and a trauma screen (Brief Trauma Questionnaire).¹ In some cases, these individuals will then be referred to intensive outpatient mental health services or for a full substance abuse evaluation.

From these assessments, the clinician will work with the individual to create a strengths-based case plan that focuses on the activities he or she needs and is willing and able to do to be successful. The clinician will then provide community-based case management, including referrals to behavioral health court or linkages to services and supports, depending on a person's needs. The clinician attends all of his or her client's court appearances and helps to coordinate with other agencies around the individual's needs. The program developed a multi-agency consent for release of information form

In collaboration with the **Stepping Up** initiative, the **Data-Driven Justice** initiative and the **One Mind Campaign**, the **Substance Abuse and Mental Health Services Administration (SAMHSA)** convened a **Best Practices Implementation Academy to Reduce the Number of People with Mental Illnesses and Substance Use Disorders in Jails** (the Academy) in June 2017 in Washington, D.C. At the Academy, delegations from 23 jurisdictions involved in one or more of the three initiatives met to showcase best practice strategies and advance implementation efforts to prevent or reduce the jail involvement of individuals with mental illnesses and substance use disorders.

This case study is part of a series highlighting the six counties that constituted the "Best Practices" teams representing the Data-Driven Justice initiative and the Stepping Up initiative at the Academy.



that participants can sign allowing various agencies within the county (e.g., court staff, sheriff's office, treatment and housing programs) to share information about them and their case.

Since the AID Program started in March 2016, clinicians have identified 224 eligible participants, 137 of whom participated in the program. More than 80 percent of participants (112 individuals) successfully completed the program. The DCSO and Bert Nash are working with the University of Kansas to conduct a formal evaluation of the program in early 2018, and the DCSO included full funding for the program in its budget to sustain the efforts.

Brief Jail Mental Health Screen

At the start of the AID Program, clinicians were only screening individuals for mental illnesses who met their grant criteria: all women, all veterans and men referred for mental health assessment. Nine months into the program, grant staff realized that they needed a way to broaden their screening process to identify more individuals in need of mental health diversion and services. In April 2017, the DCSO integrated the Brief Jail Mental Health Screen (BJMHS)² into its jail booking process to more quickly and accurately assess individuals coming into the jail for the possibility of having an SMI. Jail staff now screen every individual at jail booking and refer those who screen positive to Bert Nash clinicians for further mental health assessment and potential inclusion in the AID Program. Data from the BJMHS is stored electronically and with an automatic SMI alert in the jail management system so DCSO staff can query and analyze data on those who are identified as needing further mental health assessment. DCSO staff now use this data to more accurately inform the mental health prevalence rate in the jail and track progress on reducing this rate.

The data captured using the new screening and assessment process also helped the county to prioritize funding for a mental health respite bed for individuals receiving reentry services or who are participating in the behavioral health court, as well as weekly emergency psychiatric appointment slots for individuals who are being immediately released from jail. Leaders are working on processes for formalizing referrals to treatment and services and enhancing communication between the various courts. Timeliness of services, especially substance abuse services, in the county continues to be a challenge due to a lack of resources, but county leaders are hopeful that the data being collected on individuals who come into the justice system will continue to support new and ongoing efforts to divert and better serve county residents with behavioral health treatment needs.

¹ Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. For more information, visit www.samhsa.gov/sbirt.

² The Brief Jail Mental Health Screening is a non-proprietary, validated tool for screening for mental illness in jails. For more information on this tool, visit, www.prainc.com/?product=brief-jail-mental-health-screen.

SAMHSA contracted with Policy Research Associates (PRA), which operates SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, to facilitate the Academy. Additional partners included Optum Health, the National Institute of Corrections (NIC) and the Bureau of Justice Assistance (BJA), as well as the lead organizations of the **Stepping Up initiative** (the National Association of Counties, the American Psychiatric Association Foundation and the Council of State Governments Justice Center), the **Data-Driven Justice initiative** (the National Association of Counties and the Laura and John Arnold Foundation) and the **One Mind Campaign** (the International Association of Chiefs of Police).

For more information on Douglas County's efforts, please contact:

Mike Brouwer
Reentry Director
Douglas County Sheriff's Office
mbrouwer@dgso.org
785.830.1001

National Association of Counties

660 North Capitol Street Northwest • Suite 400
Washington, D.C. 20001 • 202.393.6226 • www.NACo.org

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