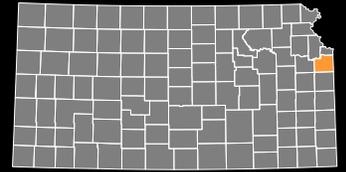# Using Mental Health Screening and Assessment to Serve Individuals with the Most Needs

POPULATION: 580,159

Through a culture of collaboration, Johnson County has developed numerous systems and processes to help collect, share and use data on individuals who come into contact with their county's justice and human services systems, including those with behavioral health needs. The county uses these systems and processes to inform policy and funding priorities to better identify individuals with mental health treatment needs and connect them to services.

Justice Information Management System (JIMS)

Johnson County's Justice Information Management System (JIMS) was developed in 1993 as a single database, with a two-person staff, to track an individual from booking into the county jail, through the entire court process, and into community supervision. JIMS is now staffed by 24 IT professionals, is governed by a board of four individuals – the county manager, sheriff, district attorney and chief judge – and includes not only county law enforcement and court systems data, but has expanded to include 17 law enforcement agencies' data through the Johnson County Regional Interagency Operating Network. JIMS is consistently being updated to include new data and reflect policy and practice changes, such as adding notes from the mental health co-responder program or integration of the Brief Jail Mental Health Screen (BJMHS). With more than 28 years of jail data, JIMS has been a vital tool for helping Johnson County track and analyze information on individuals involved in the justice system.

My Resource Connection (MyRC)

Recognizing the need for a similar system for its human services agencies, Johnson County created the My Resource Connection (MyRC) web-based application. Since health, public health, behavioral health, MED-ACT emergency response and other human services in Johnson County are county functions, these various agencies are legally permitted to share information. Before the county developed MyRC, these agencies lacked an effective mechanism to do so.

MyRC takes all Johnson County human services client data and de-identifies it to allow for cross-agency sharing and input of information. Each client in the application is assigned a system identification number to protect their privacy, and staff from each agency can input information about contacts and case notes into the system without accessing each other's notes. So, if a case manager looks up her client, she will be able to see the other agencies her client has interacted with and when, but not details about that contact. For example, if a MED-ACT team responds to a call for service for an individual, they can include notes on that contact in MyRC. If the individual is already in the system and has a

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.

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case manager, that case manager will receive an email the next day to let him or her know that the person was seen by MED-ACT, but it will not provide the reason for the contact in accordance with HIPAA regulations. While MyRC is set up as a resource for human services agencies, an individual's probation officer can receive a notification of contact with another agency if the individual has signed a release of information, but otherwise cannot see any information about the person they are supervising, including whether they are a mental health client. In this way, MyRC helps to identify mutual clients between the various agencies with access to the system while protecting their personal information.

MyRC also has a service side. **Johnson County integrated United Way 211 resource information from nine surrounding counties, so if a case manager is looking to connect his client to resources like food pantries or shelters, this information is available through the application.** It also allows case managers and service providers to easily access maps, transportation information and other resources directly from the site to allow for better service to the client.

MyRC has been a valuable tool for helping Johnson County to not only better serve individuals within the human services system, but also to collect data to inform policy and funding priorities. Leaders hope to eventually provide the application statewide to allow for better connections to services in Kansas.

Brief Jail Mental Health Screen

Johnson County realizes that one of the most important steps for being data-driven is to have accurate and accessible data on people with mental illnesses so, in November 2016, the Johnson County Sheriff's Office implemented the Brief Jail Mental Health Screen (BJMHS).[1] Before the jail started using the BJMHS, the only way staff could identify individuals with a mental illness in their jail was through a one-way match from the JIMS to the Johnson County Mental Health Center (MHC) for people on psychotropic medications or who were referred by jail staff to mental health services. The challenges with this system were that it only captured the most vulnerable population and it sometimes took too long to conduct mental health assessments. The contractor who conducted the mental health assessments in the jail was required to complete these assessments within 24 business hours, which could sometimes mean three days, but 65 percent of individuals booked

into the jail were released within 48 hours so they were not being captured by this method. Without a validated mental health screen at booking, many individuals were being released without being identified or connected to services. Using the old method, the Johnson County jail had an estimated mental health prevalence rate of about 17 percent.

Implementing the BJMHS was a challenge, as jail administrators felt that it was an additional burden being put on the jail booking staff and was duplicative of the services their mental health contractor was providing. After more than a year of conversations between the sheriff and MHC leadership, the jail adopted the BJMHS and integrated it into the JIMS. But getting staff buy-in for the tool was still a challenge and at one point nearly half of all people booked into the jail refused to be screened. Using the data collected within JIMS on the refusals, leaders isolated which shifts had the most refusals and spoke with the jail administrator about the issue, which was then quickly resolved.

With the BJMHS up and running and about a 90 percent screening rate at booking, Johnson County estimated a 28 percent prevalence rate of people with serious mental illnesses in their jail. By integrating the BJMHS into JIMS, leaders and staff can extract data on demand and break it down by arresting jurisdiction, peak booking and release times, booking types, charge descriptions and length of stay so they can compare those who screen positive with those in the general jail population.

With about 40 bookings per day, about 10 of them screen positive for a serious mental illness. The BJMHS and associated data analysis and reporting capacity provide a realistic assessment of Johnson County's capacity to serve this population and inform county stakeholders about what resources are needed in the community to make connections and help this population.

Community Connections and Outreach

Johnson County recognized the importance of implementing the BJMHS not only to identify the number of people in its jail with mental illnesses, but also to connect individuals to services once they are identified. The BJMHS created new opportunities to identify county residents who struggle with mental health symptoms or are most at risk of being involved in the justice system and who are not already engaged in mental health services,

while also improving coordination of care for existing mental health clients. In March 2017, Johnson County started a new process to target its outreach efforts for those with serious mental illnesses, who leaders feel are the most underserved and most in need of resources.

To support outreach efforts and connections to mental health services, JIMS emails a nightly spreadsheet with the names of everyone booked into the jail to the Johnson County Mental Health Center (MHC). The spreadsheet includes an individual's name, BJMHS score, demographic information and his or her criminal charges. MHC staff work overnight to look up each person who screens positive for a possible mental illness on the BJMHS – about five to seven people per day – in their electronic health record to identify existing clients. If an individual on the list is an existing client, staff will send client medication information to the jail medical provider to continue treatment while in custody. Staff will also notify individuals' community treatment teams to begin a care coordination process as early as possible while the person is still in jail. They will also enter information on clients who screen positive on the BJMHS but who are not known or existing MHC clients into their system to start care coordination.

When a person is released from jail, JIMS sends an automated, real-time email to the MHC to begin the outreach process. Staff conducts initial phone outreach to those released within 24 hours with the goal of reaching everyone within 72 hours. If the person is identified as having significant risk factors using MHC's record matching system or MyRC, staff will try to do face-to-face contact, but this can be challenging due to limited staff capacity.

Other initial challenges have been making this outreach process work without additional funding and helping staff to be comfortable doing cold outreach to individuals released from jail, but the county is seeing some initial impact. From March to May 2017, the MHC had 372 referrals. About 15 percent were current MHC clients and 52 percent had some previous contact with the MHC. About 32 percent were unknown to the MHC. During this period, about half of these individuals were contacted within 72 hours, but this percentage is increasing each month. Leaders are hoping to use this data to help justify new resources and to more effectively use county dollars.

In addition to MHC outreach for those being released from the jail, Johnson County has a robust Crisis

Johnson County is collecting the following outcome data on its community mental health outreach:

- **MHC status**
- **Number of people contacted within 72 hours**
- **Number of people linked to a specific service**
- **Number refusing service; and**
- **Number returning to jail.**

Intervention Team (CIT) training program and has trained more than 1,000 county and municipal law enforcement officers so far. The county is also working through the One Mind Campaign to provide Mental Health First Aid training to officers who are not yet CIT-trained and has a mental health co-responder program that was started in 2013 using grant from the U.S. Department of Justice's Justice and Mental Health Collaboration Program. With this program, a mental health professional accompanies a law enforcement officer on calls for service involving a person experiencing a mental health crisis. This program has been formally evaluated through a partnership with a university and expanded to five co-responders across various local law enforcement agencies within Johnson County and is now supported by local dollars.

Predictive Analytics

Johnson County is also investigating ways to more proactively identify and serve people who are at risk of becoming involved in the justice system. Through their Stepping Up and Data-Driven Justice efforts, Johnson County partnered with the University of Chicago's Data Science for Social Good program to develop a predictive analytics model to identify people who are most likely to have a police encounter resulting in a jail booking. They brought together jail, emergency medical and mental health data to identify overlapping individuals over a six-year period, then assigned those individuals risk scores to identify the 200 highest-risk individuals.

Of those 200 people, 104 did indeed have a police encounter that resulted in at least one jail booking in 2016, yielding a 52 percent precision rate. The data also showed that these individuals had an average jail stay that was twice the general jail population and on average had not been connected to mental health services in the previous 28 months. The data showed that those who were not currently connected to services – even if they had been connected in the past – are more likely to end up in jail.

With the success of the initial analysis using just the first three data sets, Johnson County established more data agreements with police departments, area hospitals, MED-ACT, the Kansas Department of Corrections and others to enhance the predictions. Leaders are continuously enhancing the model to be able to perform additional calculations and predictions. They plan to next scale the analysis down to predict those who are most likely to have a law enforcement encounter within the next 30 days to help target direct outreach. They also anticipate being able to use this type of modeling to predict other models such as a person's risk for dropping out of service and to help inform future policy and funding strategies.

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 Johnson County's efforts, please contact:

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[1] 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.