

Six Questions Case Studies



Stepping Up is a national initiative to reduce the number of people with mental illnesses in jails. In January 2017, the Stepping Up partners released *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask (Six Questions)*, a report outlining a framework for counties to assess their existing efforts to reduce the number of people with mental illnesses in jails. With the release of the report, the initiative hosted a series of webinars and network calls to outline some of the key strategies within the report and feature counties that have been working through the *Six Questions* process. The Stepping Up *Six Questions* Case Studies serve as a quick reference to the counties highlighted in this series. More information on the *Six Questions* and the webinar recording featuring this county are available on the **Stepping Up Resources Toolkit**.



Question 2

Do We Conduct Timely Screening and Assessments?

Counties should have a clear and accurate process for identifying people with mental illnesses coming into the jail. This requires conducting a screening for symptoms of mental illness on every person booked into jail, as well as for other behavioral health needs such as substance use disorders. Jails should also screen individuals for pretrial and criminogenic risks to help determine release and supervision strategies. People who screen positive for symptoms of mental illness should be referred to a follow-up clinical assessment by a licensed mental health professional. Ideally, these clinical assessment results will be recorded in a database or spreadsheet that can be queried. Having accurate information on individuals' risk and needs will assist with referrals to mental health treatment while they are in the jail and connections to services when they are released. Having the ability to store and query this information using system-wide definitions of mental illness and serious mental illness will assist with county planning efforts.

QUESTION 2 IN ACTION

CHAMPAIGN COUNTY, ILL.

POPULATION: **201,081**



In 2012, Champaign County was faced with jail capacity issues, and a task force made up of behavioral health treatment providers, representatives from the Sheriff's Office and community stakeholders prepared recommendations to the County Board on better responding to the needs of individuals with mental illnesses to reduce jail bookings, length of stay and recidivism. The County Board also commissioned a study from the Institute for Law and Policy Planning to develop recommendations to address this challenge. The task force and consultants suggested bringing community mental health workers into the jail and to enroll people in health benefits while in jail.

The sheriff agreed to allow community behavioral health providers into the jail to conduct mental health assessments and engage people with mental illnesses to start establishing relationships that would allow for a smoother transition from jail to the community. At the time, jail clinicians were also identifying people with mental illnesses through review of jail rosters and comparing them to health records and corrections staff were referring individuals for mental health assessments based on observed behavior. The sheriff and the county mental health board also started a process to enroll eligible individuals in the jail in Medicaid. But despite these advancements, the county still lacked a systematic way of identifying people with mental illnesses who were coming into the jail.

In 2015, Champaign County received a Justice and Mental Health Collaboration Program grant from the U.S. Department of Justice's Bureau of Justice Assistance, which helped the county prioritize the development of a new screening and assessment process for people with mental illnesses and/or co-occurring substance use disorders coming into the jail.

Now, correctional staff screen every person booked into the jail for symptoms of serious mental illness using the Brief Jail Mental Health Screen and for substance use disorders using the Texas Christian University Drug Screen. Those who screen positive for symptoms of one or both disorders are referred to on-site clinicians who conduct a secondary screen that includes trauma, eligibility for programming and health care enrollment. Clinicians use motivational interviewing techniques to try to engage the individual and determine if he or she meets criteria for a full assessment. Those who are deemed eligible receive a full clinical assessment from a licensed clinician in the jail or in the community, depending on when they are released.

The two screening tools were selected based on their compatibility with the existing intake process to reduce the impact on corrections staff and community providers working in the jail. While the screens were initially completed on paper, results of the screens are now stored in a database that makes it easier to collect and analyze information. The county is working on using this screening data to provide a proxy baseline prevalence number for people with mental illnesses in the jails that will allow county leaders to track progress against the Stepping Up four key measures (reducing bookings, shortening length of stay, increasing connections to treatment and reducing recidivism). County leaders anticipate that being able to document progress will lead to additional support for their efforts to reduce the number of people with mental illnesses in their jail.

Douglas County, Kan., was also highlighted on this webinar. An updated case study on its screening and assessment process is available on the Stepping Up Toolkit.

Stepping Up is a national initiative to reduce the number of people with mental illnesses in jails and is the result of a partnership between the National Association of Counties, The Council of State Governments Justice Center and the American Psychiatric Association Foundation. For more information, visit www.stepuptogether.org.



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