Conducting Timely Mental Health Screening and Assessment in Jails

April 2017

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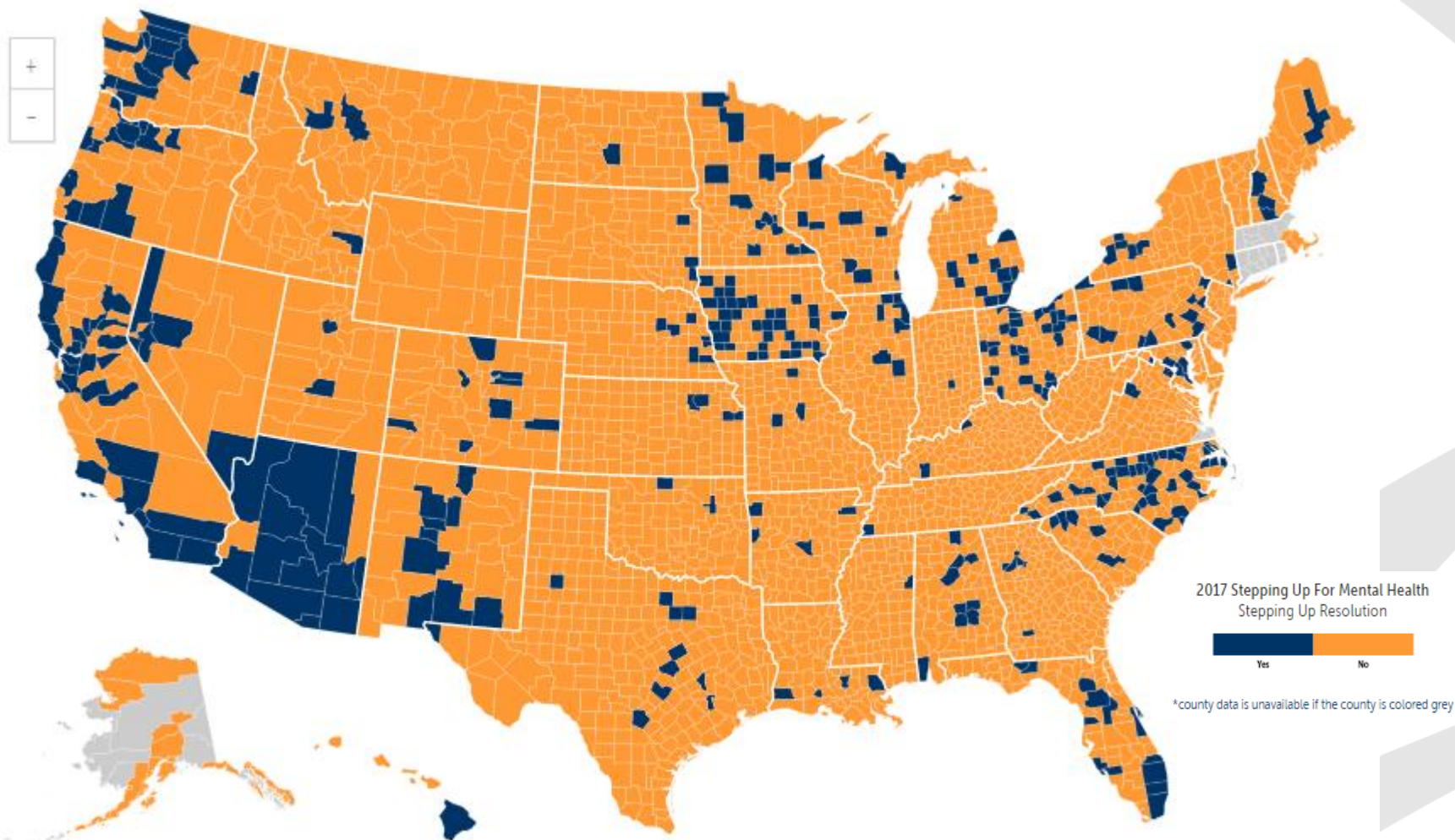
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Poll Questions

Counties are Stepping Up

Stepping Up Resolutions Received as of April 1, 2017

2017 Stepping Up For Mental Health
Stepping Up Resolution

Yes   No

*county data is unavailable if the county is colored grey

Speaker: Carmen Facciolo

Carmen Facciolo
Senior Policy Advisor
Bureau of Justice Assistance
Office of Justice Programs
U.S. Department of Justice

Today's Webinar

- **Sarah Wurzburg**
  Grantee Technical Assistance Manager
  Council of State Governments Justice Center

- **Bruce Barnard**
  Consultant, Reentry Program
  Champaign County, Ill.

- **Mike Brouwer**
  Reentry Director
  Douglas County Sheriff's Office
  Douglas County, Kan.

Speaker: Sarah Wurzburg

Sarah Wurzburg
Grantee Technical Assistance Manager
Council of State Governments Justice Center

JUSTICE ★ CENTER
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

Stepping Up:

Conducting Timely Mental Health Screening & Assessment in Jails

Sarah Wurzburg, Grantee Technical Assistance Manager, CSG Justice Center

April 6, 2017

JUSTICE ★ CENTER

THE COUNCIL OF STATE GOVERNMENTS

Collaborative Approaches to Public Safety

Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails

Released in January 2017

To read the full report, please visit:
https://stepuptogether.org/updates/stepping_up_releases_foundational_report

Six Key Questions

1. Is your leadership committed?

2. **Do you have timely screening and assessment?**

3. Do you have baseline data?

4. Have you conducted a comprehensive process analysis and service inventory?

5. Have you prioritized policy, practice, and funding?

6. Do you track progress?

Reminder: Four Key Measures To Track Progress of Stepping Up Efforts

1. Reduce
the number of people with mental illness booked into jail

2. Shorten
the average length of stay for people with mental illnesses in jails

3. Increase
the percentage of people with mental illnesses in jail connected to the right services and supports

4. Lower
rates of recidivism

People with Mental Illnesses May Have Many "Central 8" Dynamic Risk Factors

Static Factors

Criminal History
- Number of arrests
- Number of convictions
- Type of Offenses

Current Charges

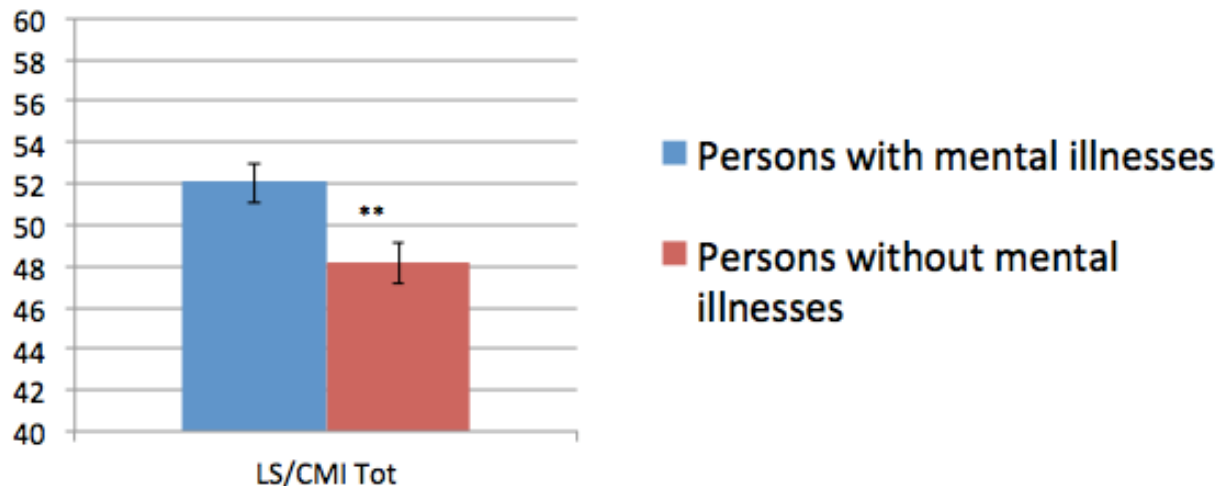Age at first arrest

Current age

Gender

"Central 8" Dynamic Factors*

1. History of antisocial behavior
2. Antisocial personality pattern
3. Antisocial cognition
4. Antisocial associates
5. Family and/or martial discord
6. Poor school and/or work performance
7. Few leisure/recreation outlets
8. Substance Use

*Dynamic factors predict recidivism more strongly than mental illness

Sources: Skeem, Nicholson, and Kregg (2008); Andrews and Bonta, *The Psychology of Criminal Conduct* (2010)

Question 2: Do You Have Timely Screening and Assessment?

☑ System-wide definition of mental illness

☑ System-wide definition of substance use disorders

☑ Validated screening and assessment tools for mental illness and substance use

☑ Efficient screening and assessment process

☑ Validated assessment for pretrial risk

☑ Mechanisms for information sharing

System-Wide Definition of Serious Mental Illness

Work with county partners in **behavioral health and corrections** to obtain consensus on the definition of whom should be included

Range of criteria for counties' definition, including:

- The need for psychotropic medication
- Service utilization data, such as data matching
- Specific diagnoses or "flags"
- State or county definitions for "serious" and/or "persistent" mental illnesses
- Do **NOT** include acuity of symptoms, such as suicidality
- Do **NOT** include people posing behavioral challenges within jail

Questions to ask when choosing a definition:

- What will the definition(s) be used for?
- How does the definition(s) relate to your Stepping Up objectives?
- How practical is obtaining the information needed to establish your definition(s)?
- What resources are available/needed to establish your definition(s)?
- How soon can you start using your definition(s)?

System-Wide Definition of Substance Use Disorders

Substance Use Disorders:

Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.

Severity of Substance Use Disorder:
Mild presence of 2-3 symptoms
Moderate 4-5 symptoms
Severe 6 or more symptoms

Diagnoses associated with substance class:
Alcohol Use Disorder
Cannabis Use Disorder
Hallucinogen Use Disorder
Opioid Use Disorder
Stimulant Use Disorder
Tobacco Use Disorder

Co-occurring Substance Use and Mental Disorders: Clients are said to have co-occurring disorders when at least one disorder of each type can be established independently of the other and is not simply a cluster of symptoms resulting from a single disorder.

Validated Screening and Assessment Tools for Mental illness and Substance Use

Screening Tools

- Short in duration
- Can use information routinely available, such as demographics and charges
- Can be self-administered (if appropriate)
- Can be administered by properly trained jail, behavioral health, or community provider staff
- Does not identify the nature or severity of the problem, but determines whether a full assessment is warranted

Example Screening Tools*
Brief Jail Mental Health Screen
Texas Christian University Drug Screen V (TCUDS V)
Correctional Mental Health Screen
Mental Health Screening Form III

Assessment Tools

- A longer process that collects more comprehensive information from multiple sources to confirm screens, such as:
  - Pathways to criminal involvement, criminogenic needs, clinical needs, strengths and protective factors, and social and community needs
- Conducted by appropriately trained professionals
- Should take place as people proceed through criminal justice settings and as new issues emerge

*Stepping Up does not endorse the use of any specific screening and assessment tools

Efficient Screening and Assessment Process

Conduct universal screening as early as booking and throughout the criminal justice continuum, and confirm positive screenings by conducting a full clinical assessment by a licensed mental health professional

Law Enforcement → Diversion Programs → Pre-Trial → Courts → Community Supervision

Initial Screenings/Assessments Inform:
-Immediate treatment needs
-Diversion decisions
-Pre-trial decisions (FTA, risk of new crime, risk of violence, release conditions)
-Jail management
-Criminogenic risk

Subsequent Screenings/Assessments Inform:
-Sentencing
-Criminogenic risk and needs
-Community supervision case planning
-Programming and treatment needs
-Reentry strategy
-Programming effectiveness

Validated Assessment for Pretrial Risk

Research shows that **detaining low-risk defendants**, even just for a few days, is strongly correlated with **higher rates of new criminal activity,** both during the pretrial period and years after case disposition

Purpose of Validated Pretrial Risk Assessments:

1. To inform judges on which defendants are low or high risk for failure to appear in court, committing a new crime if released, and likelihood of violence
2. To help judges decide if a defendant should be released to the community or detained in jail during the pretrial stage
3. To help judges set appropriate pretrial conditions for the defendant, if released
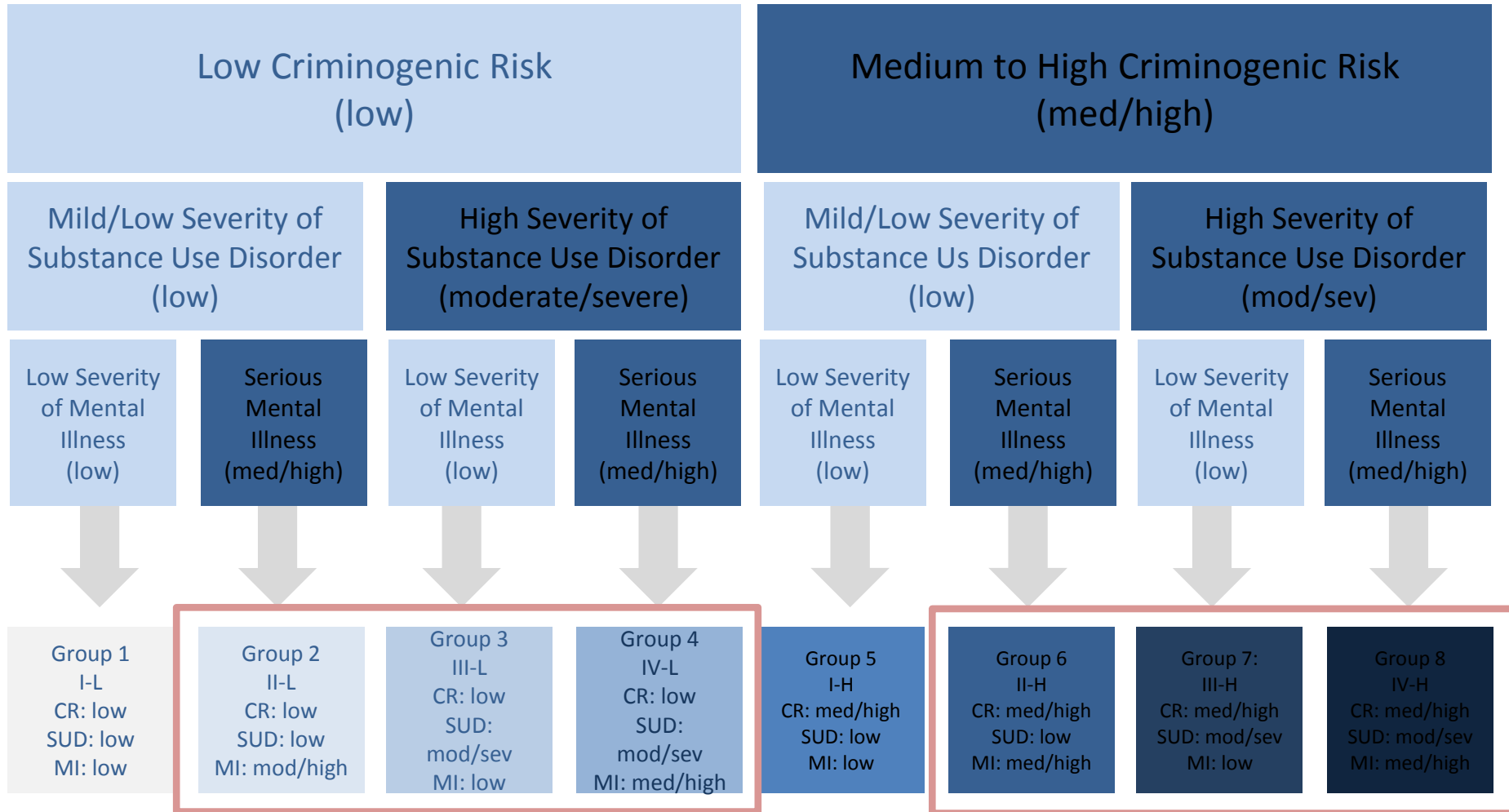
Detained Defendants

Released Defendants

LJAF 2013 report shows:

1) Low-risk defendants had a **40% higher chance of committing new crime before trial** when held 2-3 days compared to those held one day or less and
2) Low-risk defendants had a **51% higher chance of committing new crime** in the next two years when held 8-14 days compared to one day or less

Sources: Laura and John Arnold Foundation, *The Hidden Costs of Pretrial Detention,* www.arnoldfoundation.org/initiatives/case-studies/performing-foundational-research/;
CSG Justice Center, *Improving Responses to People with Mental Illnesses at the Pretrial Stage*, https://csgjusticecenter.org/wp-content/uploads/2015/09/Improving_Responses_to_People_with_Mental_Illnesses_at_the_Pretrial_Stage_Essential_Elements.pdf

The Criminogenic and Behavioral Health Needs Framework

Low Criminogenic Risk (low)				Medium to High Criminogenic Risk (med/high)			
Mild/Low Severity of Substance Use Disorder (low)		High Severity of Substance Use Disorder (moderate/severe)		Mild/Low Severity of Substance Us Disorder (low)		High Severity of Substance Use Disorder (mod/sev)	
Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Low Severity of Mental Illness (low)	Serious Mental Illness (med/high)
Group 1 I-L CR: low SUD: low MI: low	Group 2 II-L CR: low SUD: low MI: mod/high	Group 3 III-L CR: low SUD: mod/sev MI: low	Group 4 IV-L CR: low SUD: mod/sev MI: med/high	Group 5 I-H CR: med/high SUD: low MI: low	Group 6 II-H CR: med/high SUD: low MI: med/high	Group 7: III-H CR: med/high SUD: mod/sev MI: low	Group 8 IV-H CR: med/high SUD: mod/sev MI: med/high

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Mechanisms for Information Sharing

What can the planning committee do?

- Meet on a regular basis and get IT staff involved
- Form partnerships through contractual arrangements
- Develop uniform authorization or consent forms where clients can give advance permission for sharing information among multiple agencies
- Create a flag process that serves as an indicator of the need to connect people to services
- Ongoing training and regular reviews to improve information-sharing processes

What is the gold standard for information sharing?

An Integrated Data System

- Allows multiple agencies to enter and access data
- Also important to collect baseline data (Question 3) and to track progress (Question 6)

The **Health Insurance Portability and Accountability Act (HIPAA)** allows a mental health care clinician to share the name of a current patient and the day and time of the most recent treatment with a law enforcement officer who needs the information to locate a suspect.

42 CFR Part 2 is the federal legislation regarding the sharing of information on substance use disorders and is more restrictive.

THANK YOU

For more information, please contact:

Sarah Wurzburg, Grantee Technical Assistance Manager, Behavioral Health,

CSG Justice Center swurzburg@csg.org

Speaker: Bruce Barnard

Bruce Barnard
Consultant, Reentry Program
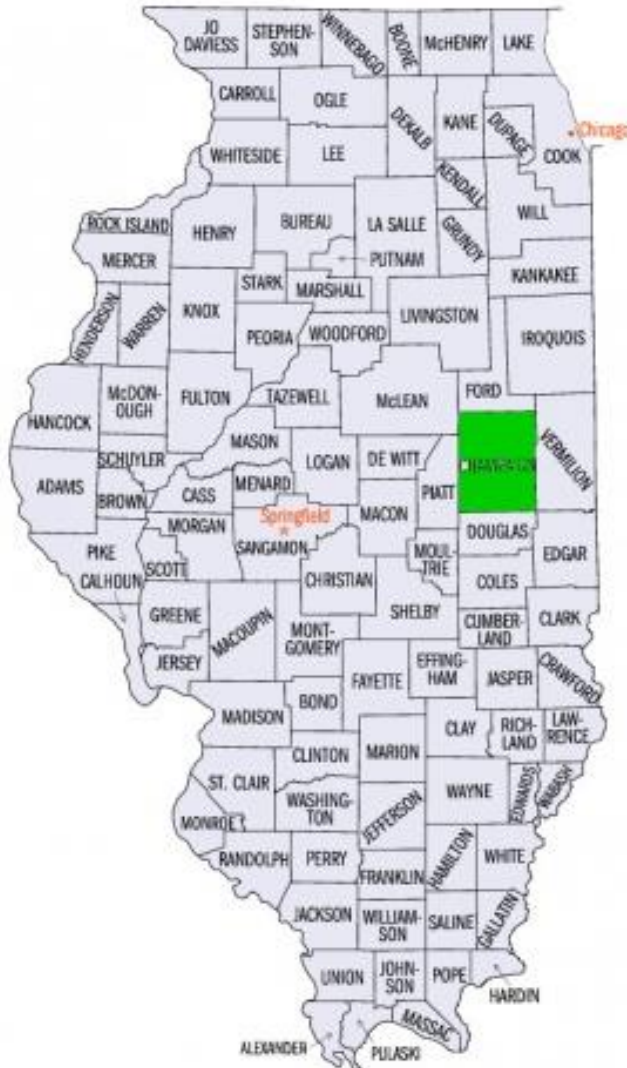Champaign County, Ill.

Justice and Mental Health Collaboration

Champaign County, Illinois

Bruce K. Barnard

Consultant

Background

- Total County Population 208,861

- Champaign-Urbana 132,857

- University of Illinois 44,880

  73.1% White, not of Hispanic origin; 13.1% Black or African American; 10.6% Asian; 5.7% of Hispanic or Latino origin; 2.8% of two or more races; .3% American Indian or Native Alaskan; and .1% Hawaiian or Pacific Islander.

County Criminal Justice System

- Champaign County operates two jails: capacity 313.
- A partnership between the Sheriff's office and a community behavioral health provider seeks to improve system outcomes related to mental health and justice.
- Champaign County is served by numerous law enforcement agencies, the largest of which are:
  - Champaign County Sheriff
  - City of Champaign
  - City of Urbana
  - University of Illinois

History of the Initiative

- In 2012, a Community Justice Taskforce with representatives from behavioral health treatment providers and community stakeholders prepared recommendations regarding the adult system of care within the criminal justice system to reduce bookings, bed days, and recidivism.

- The County Mental Health Board prioritized funding for programs consistent with the recommendations and coordinated with criminal justice authorities.

- Faced with capacity issues in the jail, the County Board commissioned architectural surveys and a study from the Institute for Law and Policy Planning

Recommendations

- Task Force and consultant recommendations were to build on the existing initiatives of:
    - Crisis Intervention Team trained officers
    - bond court 7-days per week
    - community mental health workers in the jail
    - health benefits enrollment in the jail
    - drug court
- A county funded reentry program was established to serve those completing sentences in state and county facilities.

Internal Challenges

- In 2015 we received a Justice and Mental Health Collaboration Program grant to continue our work; the planning group identified two key challenges related to data and system planning.
  - No system-wide outcome measures and data collection.
  - Lack of system-wide, standardized, evidence-based screening and assessment tools and practices.

Internal Challenges

While many positive initiatives were underway it was difficult for us to answer some essential questions.

1. How many persons with mental illness or co-occurring disorders were being incarcerated?

2. What was the length of incarceration compared to the general population?

3. How many were effectively linked to community services?

External Challenges

- A state-level budget crisis that has placed significant strain on social services and caused the elimination or reduction of core community services; resulting in increased competition for local funding.

- Uncertainty regarding the continued availability of Medicaid funded services we rely on for community options.

Solutions

- Mental health and addictions screening of every person booked into the county jail.

- Data on screenings used to facilitate referrals to community providers and track outcomes.

- Correctional Officers administer the instruments at booking.
  - Brief Jail Mental Health Screen
  - Texas Christian University Drug Screen

Solutions

- Initial screen triggers a referral to on-site clinical providers – but is not the only mechanism for referral.

- On-site providers conduct a secondary screen which includes program eligibility, funding, trauma screen, and criteria for referral to full clinical assessment.

- Assessment can be completed on-site or in the community.

Decision Considerations

- Instruments were chosen that complimented already existing screening and engagement activities by community providers in the jail.

- Time was a significant factor, as correctional staff have many duties to perform at booking.

- The screening process needed to provide information for service tracking while ensuring compliance with applicable confidentiality regulations.

- A process map was developed to track the flow of information and identify decision points.

Decision Considerations

- Process map was populated with existing data to determine capacity need
- In the future, screening data will provide the baseline for tracking our key goals to reduce jail admissions, reduce length of incarceration, increase connection to care, and reduce recidivism.
- Being able to state documented progress on those goals is the key to seeking additional support.

Observations

1. Build on your system's unique strengths. Doing so will set you up to benefit from "easy wins" and build the momentum necessary for more difficult challenges.

2. While an external consultant may be able to provide you with valuable information about your system, stakeholders going through a mapping process consistent with shared goals is far more valuable. It builds commitment and shared language.

3. Involve as many stakeholders as possible. While it may seem to slow you down at the time, you are building support you will need down the road.

Observations

4. Beware of those things that "everyone knows" as they are often conclusions based on self-interest, anxiety about change, incomplete information, and assumptions.

5. Insist on evidence based practices and data-driven decision making. Decisions made with incomplete information or unproven approaches will stall progress and momentum.

6. Remember that resistance is the fear of losing something important to me; when you encounter resistance, always ask yourself what they stand to lose.

Speaker: Mike Brouwer

Mike Brouwer, M.Ed.
Reentry Director
Douglas County Sheriff's Office
Douglas County, Kan.

Early Screening and Assessment in Jail

Douglas County Corrections Facility
Lawrence, Kansas

Mike Brouwer, Reentry Director

Douglas County Kansas

The Need

- Growing Jail Population
- Decreasing Access to State Hospitals
- Decreasing Funding to Community Mental Health Centers
- Community is Engaged

Goal

- **Assess** Individuals Early in the Criminal Justice System
- **Identify** Needs that can be Addressed Safely in the Community
- **Divert** Individuals from the CJ System and Specifically the Jail

A-I-D Program

Partners

- Douglas County Sheriff's Office
- Bert Nash Community Mental Health Center
- University of Kansas School of Social Welfare

- Justice Mental Health Collaboration Program Grant, 2015-MO-BX-0012; FY15-16

Target Population

- Individuals believed to have a Serious Mental Illness (SMI) or Co-Occurring Mental Health Disorder
- Women
- Veterans

- Exclude:
  - Violent Offenders (Grant Requirement)
  - Non-county Residents

Screening and Assessment

Screenings Administered at Jail Booking and Follow Up Assessments in Douglas County, KS

Recommended Uses for Informing Decision-Making

Brief Jail Mental Health Screen

Level of Service Inventory: Screening Version

AUDIT-C and DAST-10

Brief Trauma Questionnaire

Bond Risk Assessment

Information Sharing Agreements between Agencies is Recommended

Jail Management

Pretrial Release

Non-Charge

Mental Health Court

Link to Treatment

Bond Supervision

Diverting Options

- Community Mental Health Center
- Domestic Violence Shelter
- Behavioral Health Court
- MH Respite Housing
- Pretrial Release
- Substance Abuse Treatment

Early Outcomes

- Mental Health Screening for all Bookings
  - Brief Jail Mental Health Screen
  - Automated MH Referral
- New Partnerships for Trauma Services:
  - Domestic Violence Shelter
  - Sexual Trauma & Abuse Center

Contact

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Questions?

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Upcoming Stepping Up TA Resources

Monthly Webinars and Networking Calls

- Stepping Up Network Call: Conducting Mental Health Screening and Assessment in Jails (April 12 at 2pm ET)
- Next Webinar: Establishing Baseline Data for Mental Illness in Jails (May 11 at 2pm ET)
- Register at www.StepUpTogether.org/Toolkit

Quarterly Small-Group Networking and TA Calls

- Next calls in June. Stepping Up counties will receive an email to register.

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