



**COUNTY ROLES AND  
OPPORTUNITIES IN REDUCING  
MENTAL ILLNESS IN JAILS**

# COUNTY ROLES AND OPPORTUNITIES IN REDUCING MENTAL ILLNESS IN JAILS

Nearly 11 million people were admitted to county and other local jails in 2015,<sup>1</sup> an estimated 2 million of whom have a serious mental illness. Almost three-quarters of these individuals also have co-occurring substance use disorders. The disparity is clear: about 4 percent of adults in the United States live with a serious mental illness<sup>4</sup> but about 17 percent of adults in U.S. jails have a serious mental illness. The most recent national data from the U.S. Department of Justice indicate that 64 percent of the jail population has a recent history or symptoms of any mental illness.<sup>6</sup> People with mental illnesses tend to stay longer in jail and have higher recidivism rates than individuals without these illnesses.

Counties have been working to reduce the number of people with mental illnesses in jails in an environment that has evolved over the last few decades, putting an increasing burden on counties to assist these individuals. The lack of federal and state funding for mental health treatment and services has led to this epidemic and placed the burden of providing behavioral health services on counties, which are the public health safety net for their residents. After the closure of most state mental health hospitals, the promise of funding for community mental health centers never materialized, making jails the de facto mental health hospitals for individuals with mental illnesses. Federal barriers such as the Institutes of Mental Disease (IMD) exclusion and restrictions on the use of Medicaid dollars make it difficult for counties to appropriately and adequately provide mental health services to those who are most in need. And in many places, state policies on Medicaid expansion and termination of federal benefits for individuals who enter jails restrict counties' abilities provide a continuum of care for those who are most in need of services. More than half of adults in the U.S. with mental illnesses did not receive treatment in the past year.<sup>8</sup>

This document will outline some of the challenges counties face when trying to reduce the number of people with mental illnesses entering jails and highlight key strategies that communities have used to address this issue.

# LEADERSHIP AND COLLABORATION

Reducing the number of people with mental illnesses in jails requires strong county leadership and a cross-systems, collaborative approach. Often, people with mental illnesses have touched or will touch multiple local systems before they become involved with the justice system: schools, health and behavioral health care systems, human services and social services agencies, hospital emergency departments and others. There is no one agency or organization that can meet all of an individual's needs or solve the problem on its own, and the breadth of this challenge can make it difficult to know where to start. Identifying or cultivating a strong leader or champion to take on this issue is a key first step to any effort's success. Many counties have strong leadership but are unsure about how to channel that for their efforts. And once champions are identified, they face the further challenge of getting all of their relevant partners to the table or keeping them engaged. Ongoing collaboration is integral to creating thoughtful and achievable plans for reducing mental illness in their jails and better connecting people to treatment.

**Identify a champion.** Identifying and recruiting a champion is key to any efforts' success. County officials in leadership positions such as elected commissioners or judges can engage other county agencies and organizations in a way that others may not. County officials are also able to hold agency administrators accountable for participating in the meetings as well as implementing the plans the group develops.

**Create or engage criminal justice planning groups.** Many counties have governing bodies that bring together leaders from local systems to discuss criminal justice and/or health-related issues. For criminal justice, these are often called criminal justice

coordinating councils or CJCCs. They are frequently chaired by a county elected official such as a county commissioner or supervisor and may include, but are not limited to, the sheriff and/or jail administrator, judges, prosecutors, defense bar, law enforcement and community supervision leaders, health and behavioral health administrators and providers, human services administrators and providers, community representatives and advocates, county administrators or managers and representatives of municipal governments such as mayors and police chiefs. High-functioning CJCCs will have a staff person who is dedicated to coordinating the meetings and conducting follow up to keep the efforts on the right track. The CJCC members should commit to a common set of goals and guiding principles for the group and work collaboratively to reach those goals. Developing and sustaining these collaborative partnerships is an important step to designing and implementing necessary changes to policy and practice.

**The Mecklenburg County, N.C., Criminal Justice Advisory Group (CJAG)** was established in 2005 as a forum for criminal justice system decision makers to discuss systemic challenges and, where practical, coordinate activity among the various agencies and programs. Members seek to identify common goals and priorities, implement strategies and monitor performance to improve the overall efficiency and effectiveness of public safety in Mecklenburg County. The CJAG meets monthly and is chaired by the County General Manager. Membership is made up of high-level decision makers, including: the Senior Resident Superior Court Judge, Chief District Court Judge, District Attorney, Sheriff, Clerk of Courts, Public Defender, Chiefs of Police (6), Charlotte City Manager, Trial Court Administrator and other stakeholders from the criminal justice system.<sup>9</sup>



To learn more about ways counties can effectively collaborate across agencies and systems to assist justice-involved individuals, please see *County Roles and Opportunities in Advancing Safety and Justice through Collaboration*.

## RESOURCES

Counties spend almost \$26 billion on correction facilities annually. When combined with fire protection activities, county courts and legal services and police and sheriff's departments, counties invest a total of nearly \$93 billion on justice and public safety services every year. Counties also invest about \$83 billion in community health and hospitals and more than \$58 billion in human services annually. Despite these high numbers, in many counties, cuts to state and federal mental health spending has made it difficult to provide the level of treatment and services needed to adequately and appropriately serve all the individuals who need it.

**Develop or identify pre-arrest and pre-bookings diversion alternatives.** Counties across the country are identifying innovative strategies for implementing and funding policies, practices and programs to help reduce the number of people entering jails in the first place and connecting them to treatment and other resources when they do encounter the justice system. They are partnering with community-based organizations and advocacy groups to provide Crisis Intervention Team (CIT) training to law enforcement officers.<sup>10</sup> Behavioral health departments and providers are partnering with law enforcement agencies to staff mental health co-responders or jail mental health coordinators to help divert people from jails and connect them to treatment. Counties in more rural parts of the country have developed regional partnerships for mobile crisis, CIT

teams, crisis centers and more. They have also implemented telemedicine and telepsychiatry to help expand the reach of psychiatry in areas where this is lacking, and have created programs to incentivize mental health professionals to serve their residents. In **Trinity County, Calif.**, for example, the county behavioral health services department offers hybrid or distance-based learning opportunities and certificate programs with the state university systems, as well as student loan forgiveness, to recruit and retain practitioners.

**Identify diverse funding strategies.** Funding these efforts can come from diverse and often blended sources. Some counties, like **Lake County, Ill.**, have been able to leverage federal grants to help support their efforts. In 2016, Lake County received a Justice and Mental Health Collaboration Program grant from the U.S. Department of Justice to launch a two-year pilot for a Mobile Crisis Response Service to divert people with mental illnesses from jails and into treatment. Others leverage state funds, as was the case in **Harris County, Texas**, where the state passed Senate Bill 1185, which provides the county \$5 million annually to pilot a jail diversion program. In other counties, voters have agreed to help foot the bill for these efforts. In 2014, 69 percent of **Bernalillo County, N.M.**, voters approved a 1/8 percent gross receipts tax to expand behavioral health programs. The resulting Behavioral Health Initiative has plans to implement a reentry housing program, mobile crisis teams, transition planning, community engagement teams and more. Similarly, in 2006, two bond packages were approved by



more than 60 percent of **Pima County, Ariz.**, voters, totaling \$54 million for two new facilities: the Crisis Response Center (CRC) and the Behavioral Health Pavilion. The CRC opened in August 2011 and is the “one-stop” hub of a comprehensive, coordinated crisis-care network offering a range of recovery-focused services for adults and children experiencing a mental-health or substance-use crisis. In addition, the CRC was developed with a special sally port to facilitate quick law enforcement transfers in a secure-access area.<sup>11</sup> While originally developed through county bonding initiatives, it is now funded by the local Regional Behavioral Health Authority that administers publicly funded mental health and substance use services in Pima County.

“Are you in favor of the **Bernalillo County** Commission establishing a one-eighth percent gross receipts tax to be used for the purpose of providing more mental health and behavioral health services for children in the Albuquerque and Bernalillo County Area, to provide a safety net system that develops a continuum of care not otherwise funded in New Mexico?”

– *Bernalillo County, N.M., 2014 Ballot Question*

**Enroll individuals into health coverage and connect them with care.** Many counties are enrolling individuals with mental illnesses into Medicaid or other health care coverage whenever possible. Particularly in states that have expanded Medicaid, many justice-involved individuals with mental illnesses will qualify for coverage. Medicaid coverage can connect individuals to the care they need once they are in the community and can help lower health care costs, hospitalizations and emergency department visits, as well as decrease mortality and recidivism for justice-involved individuals.<sup>12</sup> In **Monterey County, Calif.**, for example, a study found that individuals who received treatment for behavioral health disorders after release from the county jail spent an average of 51.74 fewer days in jail per year than those who did not receive treatment.

If an eligible individual with a mental illness is held in jail, staff can work to enroll him or her into coverage and make connections to treatment in the community. The professionals working to make these connections and ensure warm hand-offs can be dedicated correctional staff, employees from local health or social services agencies or staff from community providers.

In April 2013, **Cook County, Ill.**, established a Medicaid enrollment process through a partnership with Cook County Health & Hospitals System (CCHHS), the jail and Treatment Alternatives for Safe Communities (TASC), which is a local provider of case management services for people with histories of substance use disorders, health conditions and involvement in the justice system. TASC staff is stationed in the jail intake area for eight hours a day, seven days a week. They meet with individuals to complete a brief screening to determine Medicaid eligibility as they wait for their health and mental health assessments, and enroll them into Medicaid if they are eligible. In addition to enrollment services, Cook County is now providing immediate pre-release services for people with serious mental illness in the jail’s “discharge lounge.” Here, TASC staff works with them to set up connections to housing, doctors’ appointments, prescription pickup and more. A local foundation provided seed funding to TASC, in partnership with the jail, to establish this program, and CCHHS is now providing funding and other infrastructure support to add a second shift of discharge workers and expand the program.<sup>13</sup>

To learn more about ways counties can assist individuals who are returning home from jail, please see *County Roles and Opportunities in Reentry Planning*.

## DATA AND INFORMATION SHARING

One of the biggest challenges counties face when trying to develop or enhance an initiative or plan to reduce the number of people with mental illnesses in their jails is collecting, sharing and using data. At an individual level, counties can use and share data to appropriately and effectively respond to a person's needs. For planning purposes, effective use of data can help counties to understand who is in their jail and trends in jail population, identify potential policy or practice changes and track progress with their efforts to address their needs.

**Work with what you have.** Counties vary greatly in their sophistication when it comes to data collection. Some counties have established comprehensive electronic case management systems to track individuals who come into their jails. Others may use a spreadsheet or other system to do such tracking, and still others do not have the ability to track anything beyond basic information about their jail. Data collection is important for analyzing both point-in-time data as well as to track progress on any reform efforts. For example, using a validated mental health screening tool at booking, and including the results in a format that allows them to later be analyzed in an electronic case

In the early 1990s, **Johnson County, Kan.**, developed the Justice Information Management System (JIMS) to connect data from the courts, law enforcement and corrections agencies. It also provides limited access to city police departments, attorneys and the public. In 2010, the county added a mental health referral flag to JIMS that indicates the individual needs ongoing mental health services upon discharge from jail. The flag is used to determine the number of people entering the jail who are referred to the mental health team at the jail and also serves as an indicator for probation officers and others to connect individuals to treatment.<sup>14</sup> Johnson County is currently working to implement a mental health screening tool into this identification process.



management system, will help counties to identify and count the number of people with mental illnesses coming into their jail. Without knowing this basic baseline information about a jail population, it can be difficult to help pinpoint the source of the problem. Collecting and analyzing this data over time will help to show progress – or lack thereof – with initiative activities.

**Collect data on multiple system touch points.** To get a complete picture of the justice system's impact on people with mental illnesses, counties would ideally collect data for arrests, filing of charges, pretrial release decisions, case processing, disposition and community supervision. In addition, incorporating data on diversion and linkages to treatment and other social services such as employment and housing supports can help to show the impact of these services on individual outcomes, including recidivism. It is important that this data be collected for individuals with mental illnesses and those without to provide a point of comparison for identifying disparities at each of these points. Counties may also consider collecting key demographics such as self-identified race, ethnicity and gender for both populations to identify further disparities. Having this data at each touch point will not only help to identify disparities and gaps in the systems, but will also help to track people as they move through the system.

**Agree on what can and should be shared.** As the sources of these data will vary, key stakeholders from each agency must understand the legal framework for information sharing to design and implement effective criminal justice, health and human service collaborations. It is critical that counties work collaboratively with system partners to come to consensus on what data can and will be shared across agencies and systems. Counties may choose to develop MOUs or other information-sharing agreements, as well as universal release of information forms, to be used across agencies.

For citations, visit the electronic version of this document at [www.naco.org](http://www.naco.org)

## STEPPING UP: A NATIONAL INITIATIVE TO REDUCE MENTAL ILLNESS IN JAILS

Recognizing the key role that counties play in helping to reduce the number of people with mental illnesses in jails, the National Association of Counties, the American Psychiatric Association Foundation and The Council of State Governments Justice Center launched the Stepping Up initiative in May 2015. Stepping Up was started to raise awareness of the factors contributing to the over-representation of people with mental illnesses in jails and to assist counties with developing and implementing a systems-level, data-driven plan that can lead to measurable reductions in the number of people with mental illnesses in local jails.

Stepping Up is supported by the U.S. Department of Justice's Bureau of Justice Assistance, the John D. and Catherine T. MacArthur Foundation and other private partners.

Find out more and join the initiative at [www.StepUpTogether.org](http://www.StepUpTogether.org)



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