

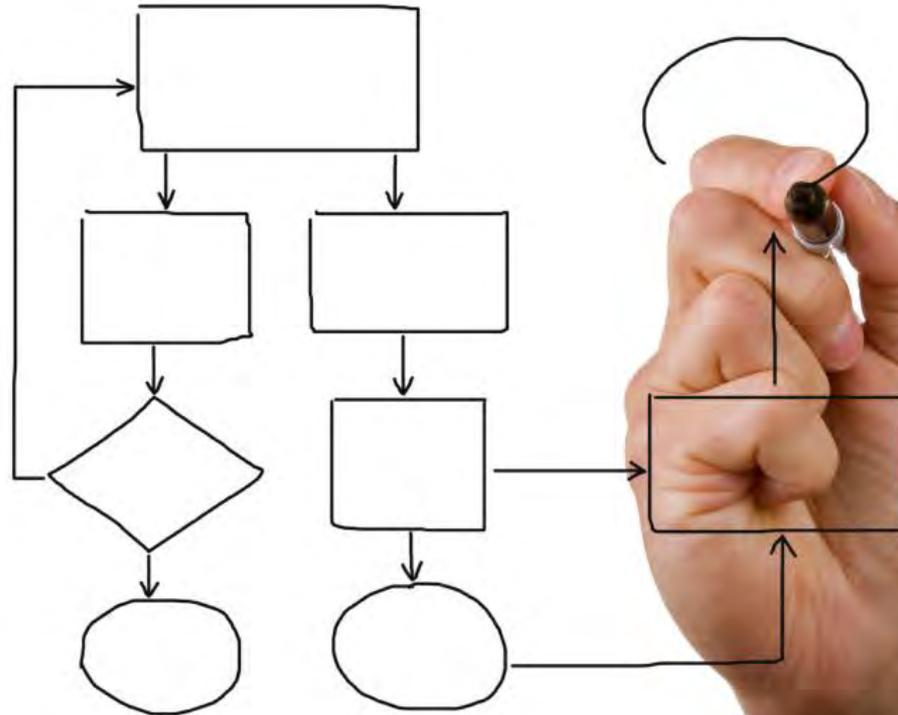
Douglas County

Jail, Diversion, and Community Mental Health Needs Assessment

November 2, 2015

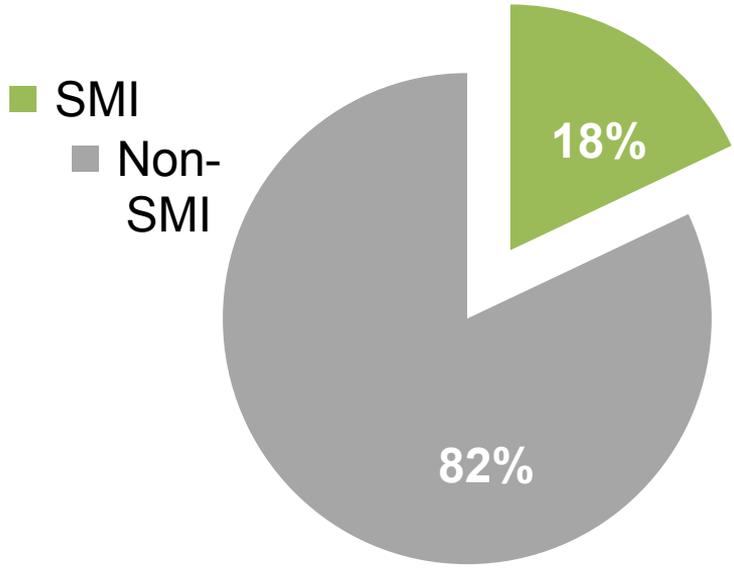
Recap of Process

- Jail need study
- Huskey report
- Diversion programming
- Crisis intervention
- Benchmarking
- Jail needs

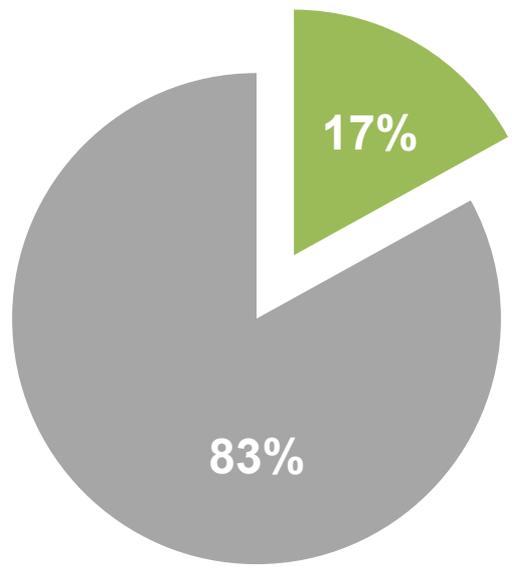


Serious Mentally Ill (SMI)

As a Percent of Total Jail Bookings



Douglas County, KS
N=493

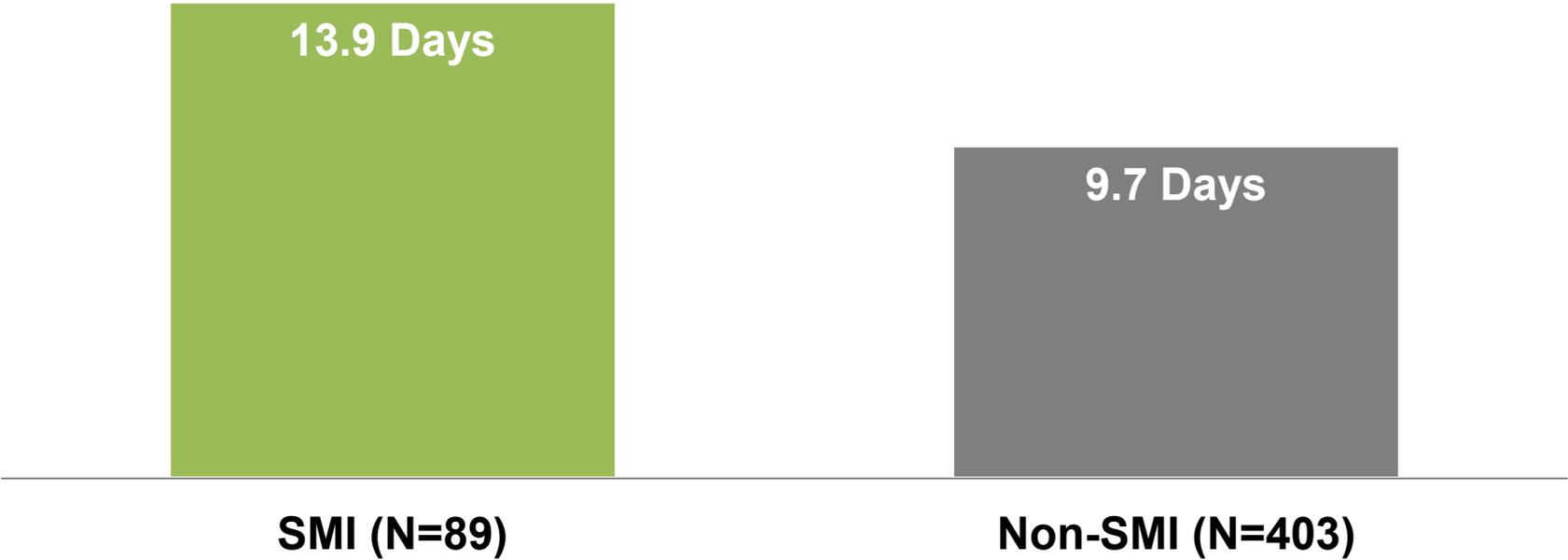


Five Jails in Maryland & New York
N=822

Sources: Douglas County Jail. 2015; Steadman et al

Serious Mentally Ill

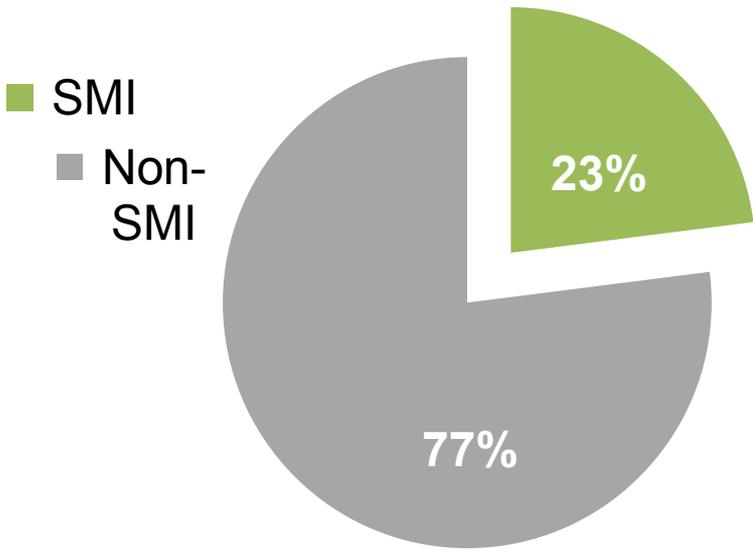
Average Length of Stay in Jail



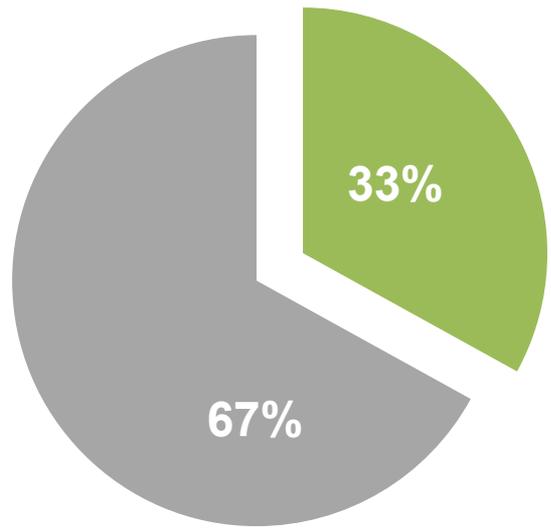
Sources: Douglas County Jail. 2015; Note - average LOS taken for April, July & September 2015

Serious Mentally Ill

Average Percentage SMI Housed in Jail by Gender



Males
N=135



Females
N=33

Options

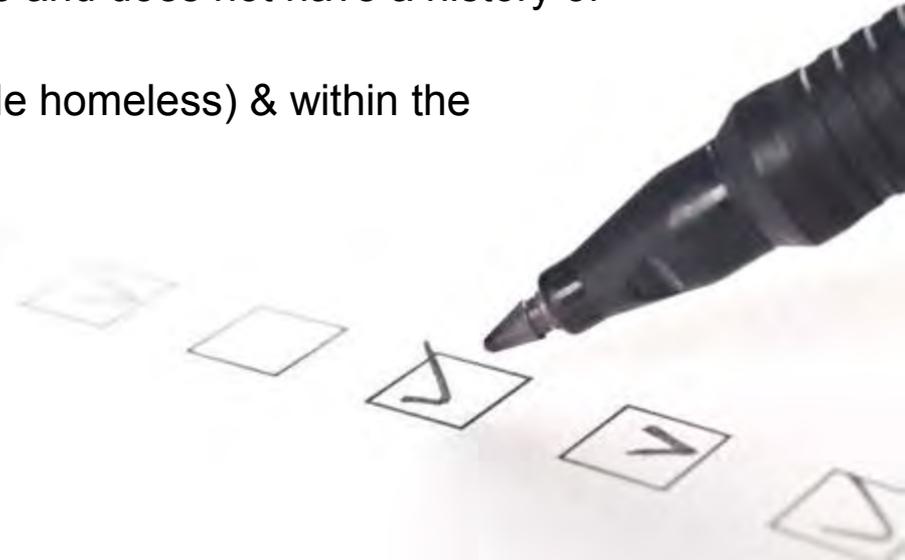
Reducing Percentages of People with SMI in Jail

- Enhanced community mental health services that avoid the need for Law Enforcement response (e.g., crisis center)
- When possible, diversion to services when Law Enforcement does become involved (e.g., Crisis Intervention Training)
- Post-booking diversion (e.g., a mental health court)

Screening Criteria

for Potential Mental Health Court

- 1) Any pre-trial defendant or convicted offender age 18 and older
- 2) Must be found or suspected of having a serious mental illness (SMI)
- 3) Not charged/convicted with a violent felony or violent misdemeanor offense
- 4) Not charged/convicted with an escape charge and does not have a history of escape
- 5) Resident in Douglas County (does not exclude homeless) & within the Court's jurisdiction



Screening Criteria

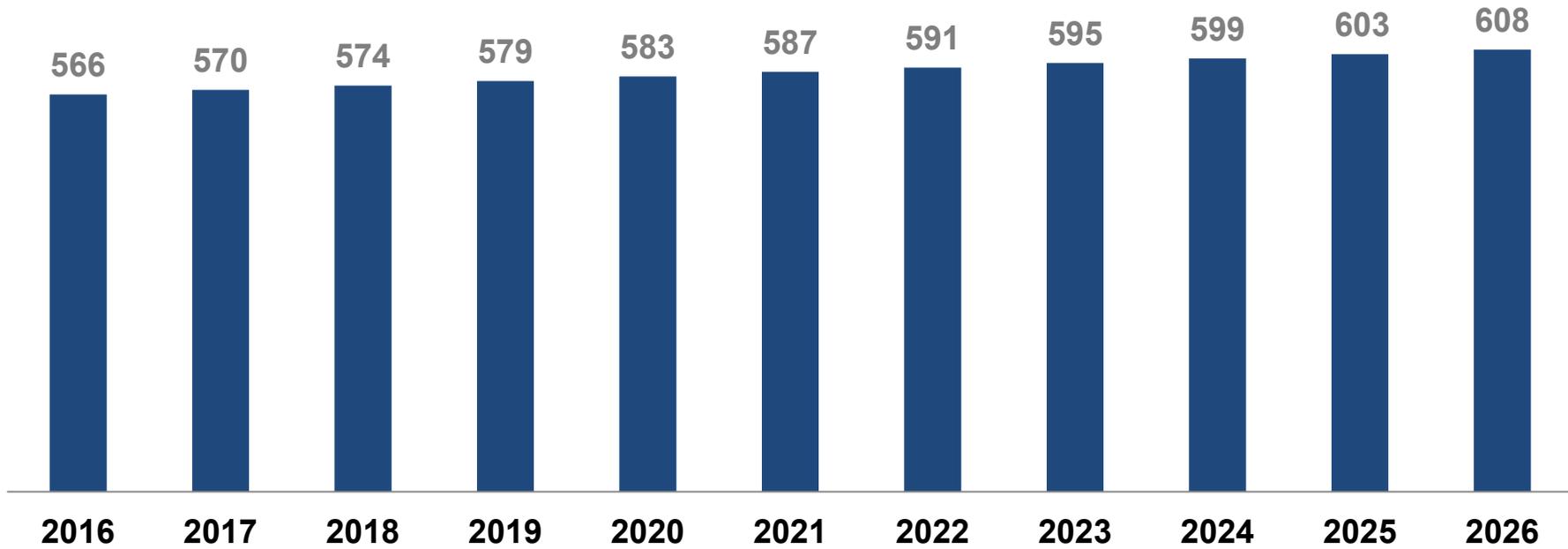
Number of Douglas County Inmates Who Met Criteria

Male (N=366)		Female (N=127)		Total (N=493)	
N	% of Total	N	% of Total	N	% of Total
41	11.2%	22	17.3%	63	12.8%

Douglas County, KS

The Huskey Findings

Projected Number - SMI Individuals Eligible for Alternatives Annually 2016-2026

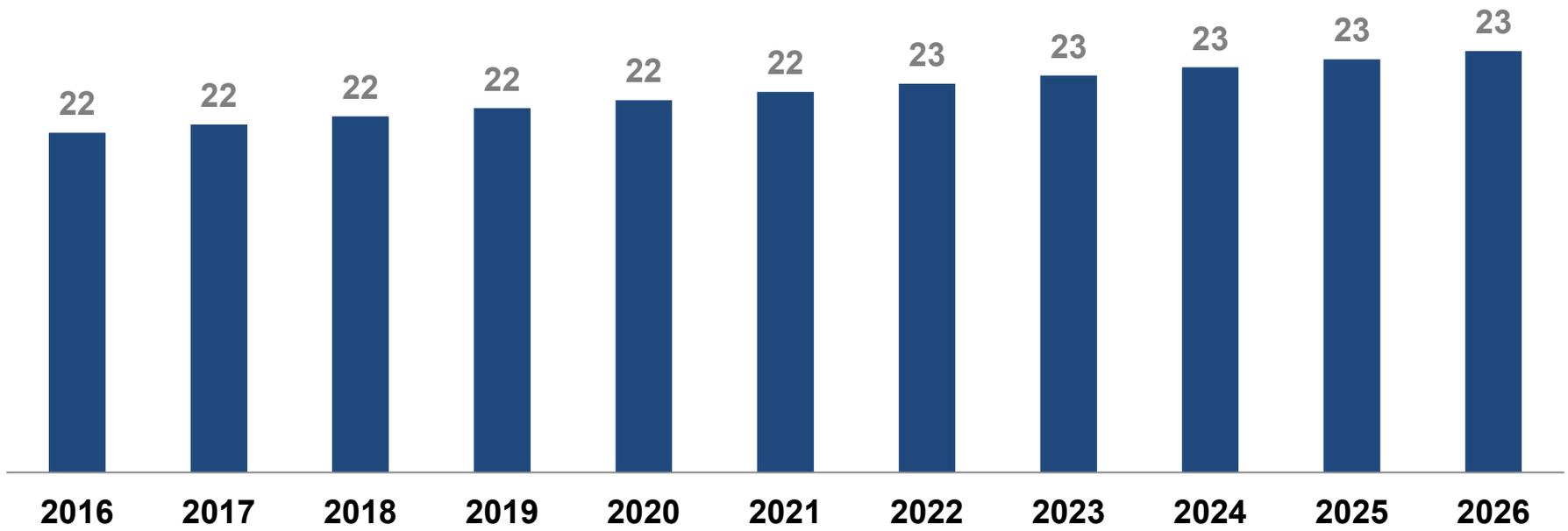


Source: Huskey & Associates. Represents jail bookings that meet screening criteria, excludes portion of individuals during assessment and counts SMI individuals admitted to the Specialty Court only once in a given month to avoid double counting.

Diversion by the Numbers

The Huskey Findings

Projected Number - Potential Beds Saved Daily with SMI Program 2016-2026



Diversion Programming

Diversion Programming - Purpose

Purpose is to provide planners with objective and evidence supported information about established diversion programs and services in the U.S., including mental health courts and crisis intervention centers that might be successfully implemented in Douglas County.

Work Process

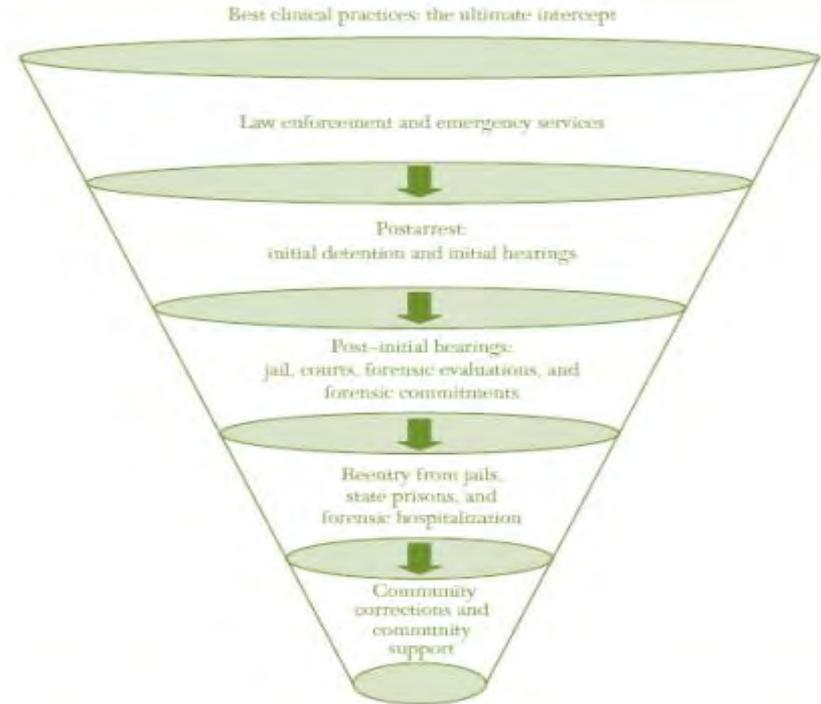
1. Met with key county officials to explore the challenges facing the Douglas County Correctional Facility with regard to admitting and managing persons with serious mental illnesses.
2. Engaged in fact-finding activities, for example, talking with colleagues around the country about their research and their knowledge of diversion programs.
3. Participated in site visits to other jurisdictions, exploring not only the operation and layout of certain jail facilities, but also the development, design and operating procedures of mental health courts and crisis intervention centers.

Sequential Intercept Model

The sequential intercept model provides a framework to study how people with mental illnesses interact with the criminal justice system. The model identifies a series of intercept points in criminal justice processing at which an intervention can be employed to divert individuals from penetrating further into the criminal justice system.

Figure 1

The Sequential Intercept Model viewed as a series of filters

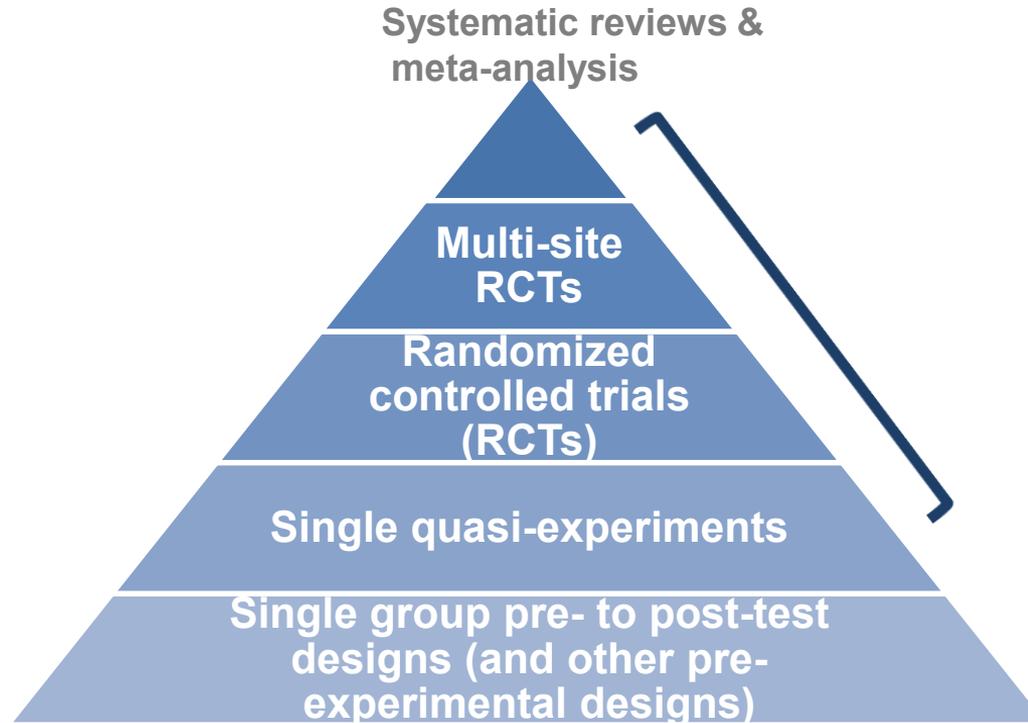


Structure of Literature Review

We review intercept points with emphasis on:

- Community crisis centers
- Law enforcement
- Post-booking intercepts in jails and at initial hearings
- Mental health courts

Evidence Included in Literature Review



Community Crisis Centers

“Specialized crisis response sites” as an integral component of pre-booking jail diversion programs, typically contain:

- A central drop-off site available 24-hours daily that serves as a point of entry into the substance abuse and mental health services systems and provides linkages to community services.
- A streamlined intake process that minimizes officer time at the center and maximizes patrol time.
- A legal foundation that allows the crisis center to accept and detain a person who may or may not have pending criminal charges

Results of Literature Review

- No client outcome data were available to measure the impact of these programs on recidivism or engagement with treatment services
- For many, mental health services alone are not effective at reducing criminal involvement (mental illness is not a criminogenic need)
- In the absence of peer-reviewed literature on the effectiveness of crisis centers at reducing jail stays or days, site visits were conducted.

Summary

1. The evidence, of both success and failure is missing.
 - There are no known, peer-reviewed, and published empirical studies using random assignment and there are also no quasi-experimental studies reporting the impact of crisis centers on the justice-involved population to be found in the literature.

Summary

2. Mental health interventions may have limited impact on the criminality of people with SMI who are justice-involved.
 - Mental health needs are one set of potentially many needs to be addressed and targeting criminogenic needs may provide more positive and enduring justice-related outcomes.
 - Both can be targeted in a crisis intervention center, but often are not.

Summary

3. Nationwide, some 80% of justice-involved persons has a substance use problem. Estimates in Douglas County echo this finding.
 - a crisis center must also be a venue to provide sobering and addiction treatment services

Summary

4. A crisis intervention center must serve the entire community; not just the law enforcement community
 - Important to encourage widespread support for its development
 - Underscore its potential to divert non-justice involved persons from becoming involved in the justice system because of their mental conditions

Mental Health Courts

- Mental health courts (MHCs) are specialized court dockets for defendants with mental illnesses that seek the adjudication of criminal charges and municipal code violations by using a problem solving model.
- Eligible clients voluntarily participate in a judicially supervised course of treatment developed by a team that includes mental health professionals.
- There are now about 350 MHCs operating in the U.S.

Mental Health Courts

- The typical MHC team includes the Judge, court administrator/coordinator, treatment providers/case managers, prosecuting and defense attorneys and often probation officers.
- The essential elements of MHCs include:
 - multidisciplinary planning and administration,
 - clear terms of participation and informed choice to participate,
 - confidentiality safeguards and, among others,
 - increasing participants' access to evidence-based treatments and services and
 - monitoring of participants' adherence to court conditions and incentives for adherence.
- In 2005, the median number of active clients was 36 and the mode was 30.
- The average length of expected participation in a mental health court program is 12-18 months, with 12 months most common.

Results of Literature Review

- The paucity of experimental research with Mental Health Courts (MHCs) precludes its status as an evidence-based practice.
 - However, the mounting evidence of the efficacy of these courts in reducing re-arrest and days in jail is promising.
 - The outcomes of MHCs appear to be equal across gender lines, that there is some measurable, though perhaps small, reductions in recidivism rates among those defendants involved in a MHC, at least in the 12 month period following court involvement.

Summary

- Mental Health Courts (MHCs) are expensive to operate, especially when one considers the average number of persons that can be followed by the court at any given time.
 - reductions in costs associated with justice system processing may not be offset by the increased behavioral services costs associated with participation in a mental health court

Summary

- Without a range of community resources to which defendants can be referred and treated, the Mental Health Court will have little impact.
 - The judge must have the resources with which a treatment plan can be devised.
 - The research points especially to the need for intensive, multi-disciplinary mental health teams that carry small caseloads and provide ongoing, often daily services to consumers.

Recommendations

Crisis Center

1. The crisis center should belong to the community; that is, not solely used for diversion by law enforcement
2. The crisis center should maintain a policy that maximizes the potential for individuals with behavioral health needs to access and engage with needed services
3. The crisis center should have policies in place for law enforcement referrals (e.g., Crisis Intervention Training) that expedite handoff to the crisis center staff and officers' return to duty.

Recommendations

Crisis Center

4. The crisis center should be staffed by Qualified Mental Health Professionals who can provide 24-hour services, including clinical assessments, treatment (including trauma-informed care) and observation.
5. In addition to mental health treatment and referral, the crisis center should include the space and personnel to accommodate both males and females experiencing a crisis and provide sobering and addiction triage and stabilization and referral services.
6. The crisis center should continue and foster linkages to community services.
7. Ongoing evaluation of the effectiveness of the crisis center at meeting its objectives (e.g., diversion, reduced jail stays, reduced hospitalizations, increased treatment access and engagement) is essential.

Recommendations

Mental Health Court

1. Continued planning activities should be conducted with municipal and district court staff and officials to identify non-duplicative, court-based diversion efforts that can most efficiently reach those individuals identified as being potentially eligible for a mental health court
 - Screening, referral and admission mechanisms
 - Non-coercive, transparent and collaborative decision-making with clients

Recommendations

Mental Health Court

2. Quality mental health and supportive services (including trauma services) must be integrated into the mental health court program.
 - Ongoing clinical assessment, clinical counseling, psychopharmacology where indicated, case management, and substance abuse treatment, programs targeting criminogenic needs, housing assistance, money management education, employment counseling, entitlement program assistance, and self-help and support groups

3. Evaluative feedback mechanisms should be simultaneously implemented with the court(s) so that modifications, if implicated, can be made quickly and with minimal disruption.
 - Evaluation for assessing the effectiveness of the mental health court program at achieving program objectives and for informing enhancements to the program that can improve outcomes.

Benchmarking

Valeo Crisis Center

Benchmarking

16 licensed beds (24 hour plus)

26 total beds

Crisis center for mental health evaluation,
triage and treatment

Lessons Learned:

- Good therapeutic environment
- Well thought through layout
- Good natural light
- Need better views and outdoor space
- Need durable finish materials



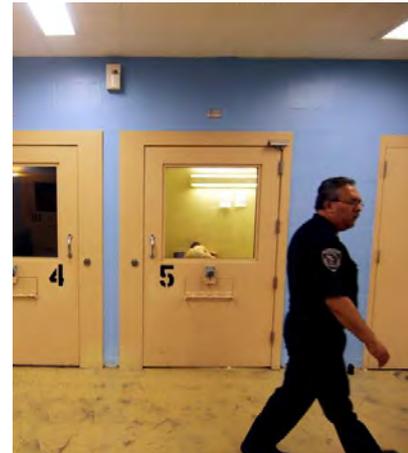
Bexar County Jail & Crisis Center/Shelter

Benchmarking

<i>Population served:</i>	1.8 million
<i>Avg daily jail pop:</i>	3,750
<i>Per capita jail pop:</i>	2.08
<i>Jail Special Needs Beds:</i>	225
<i>Crisis center beds:</i>	32*
<i>Detox beds:</i>	27
<i>Sobering beds:</i>	40

Lessons Learned:

- Poor jail mental health environment
- Excellent detox/crisis center model
- Excellent integration & communication
- Some solutions not scalable



Fayette County Jail - Mental Health Court

Benchmarking

Population served: 308,000

Avg daily jail pop: 1,050

Per capita jail pop: 3.4

Mental health court: 15 persons

Lessons Learned:

- Non-therapeutic jail mental health environment
- New mental health court system
- No crisis center
- Cooperative relationship with nearby state hospital



St. Elizabeth's Psychiatric Hospital

Benchmarking

292 Patients

Forensic (criminal) & civil commitments

State of the art new construction

Lessons Learned:

- Abundant natural light
- Views to the outside
- Courtyard integration
- Good dayroom & sleeping room layout
- Single level layout
- Therapeutic mental health environment in a secure facility

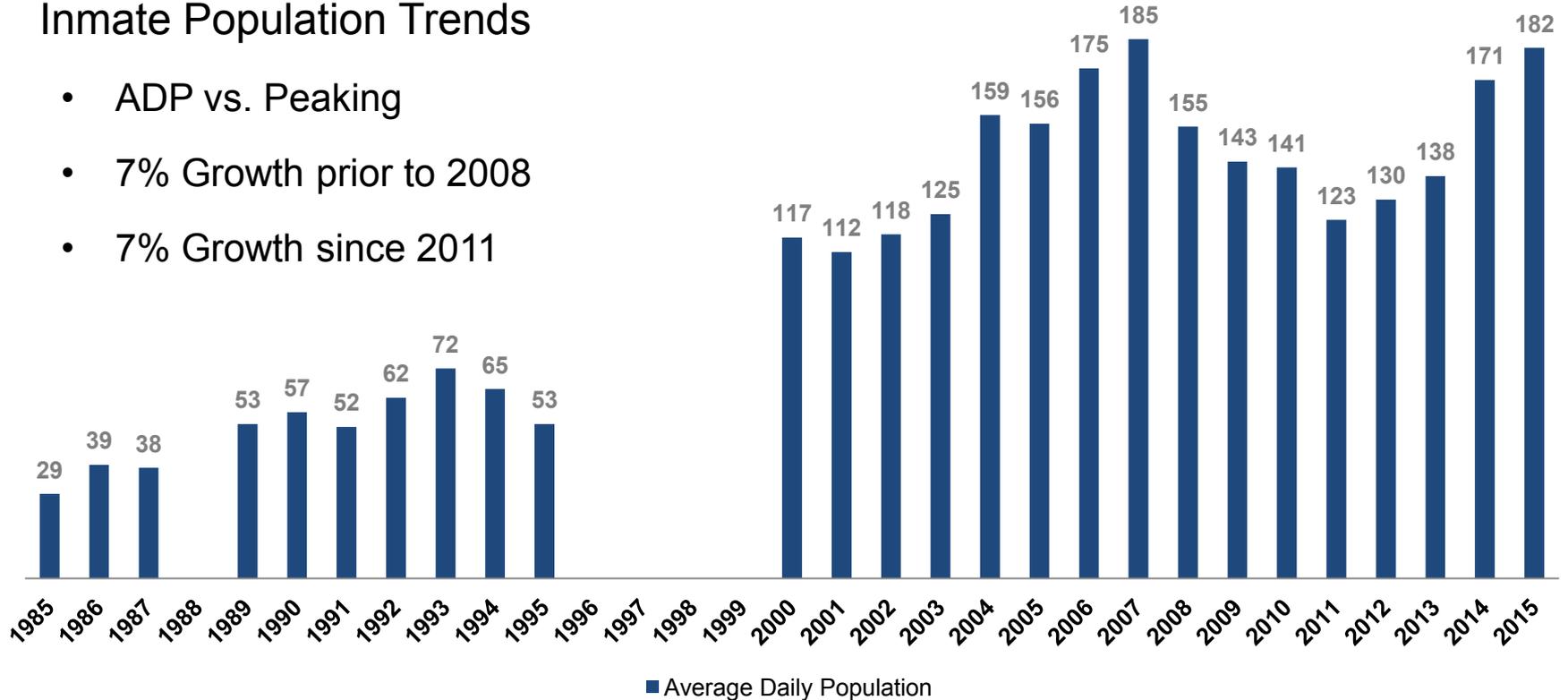


Jail Needs

Jail Needs

- Inmate Population Trends

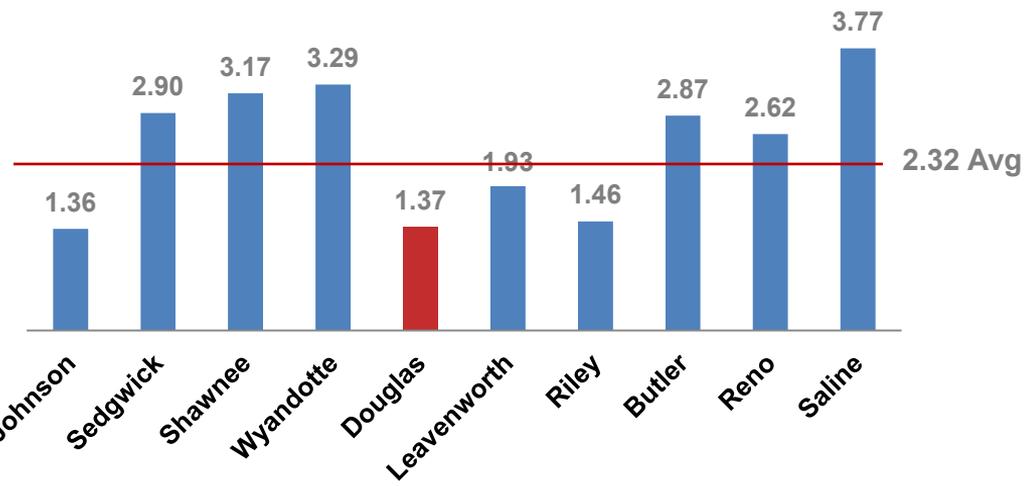
- ADP vs. Peaking
- 7% Growth prior to 2008
- 7% Growth since 2011



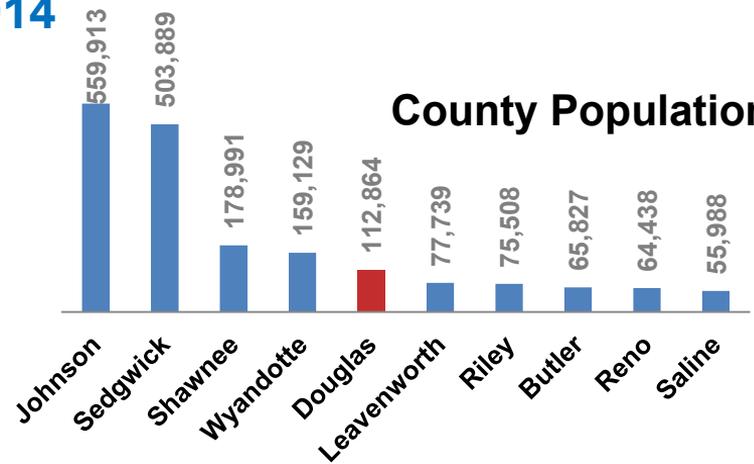
Douglas County Jail

Needs Assessment – Benchmarking Summer 2014

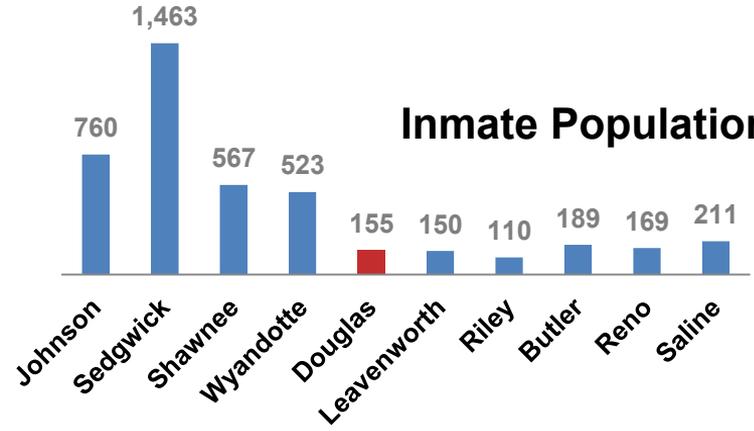
Inmates per 1000 Population



County Population



Inmate Population



Douglas County Jail

Needs Assessment

Probable Reasons for Low Per Capita Incarceration

- Alternatives to Incarceration – Social Mores
- Re-Entry Program
- Cognitive Behavioral Programs
- Job Readiness Program
- Mental Health Program
- Education Program
- Substance Abuse Recovery Programs
- Religious Programs

Jail Needs

Objectives

- Manage Increase of Average Daily Population
 - Divert people from Jail including those with mental health issues
 - Continue to develop programs to reduce recidivism
 - Continue to develop and expand the successful reentry program to expedite release of eligible individuals
 - Continue to develop formal case management, housing, employment and treatment services for those released
- Provide Crisis Intervention Training
- Properly classify Inmates
- Provide adequate female housing and classification
- Provide appropriate Therapeutic Special Needs Housing
- Provide adequate staff support spaces for training

Douglas County Jail

Needs Assessment – Classification Issues

Classification currently occurs in the Medium Security Pod

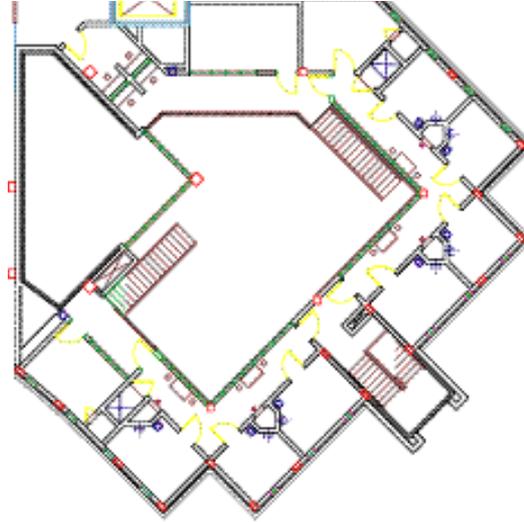
- Disrupts proper function of the pod
- Results in persons with different classifications being housed together
- Places other inmates and staff at risk
- Limits ability to provide health, mental health and security staff the space or environment to study behavior

Douglas County Jail

Needs Assessment – Classification Issues

Women

- 1999: 10% of population
- 2015: 24% of population
- All classifications housed together
- No separation of risk level
- Year to date spending is more than \$110,000 on housing female inmates out of county



Douglas County Jail

Needs Assessment – Classification Issues

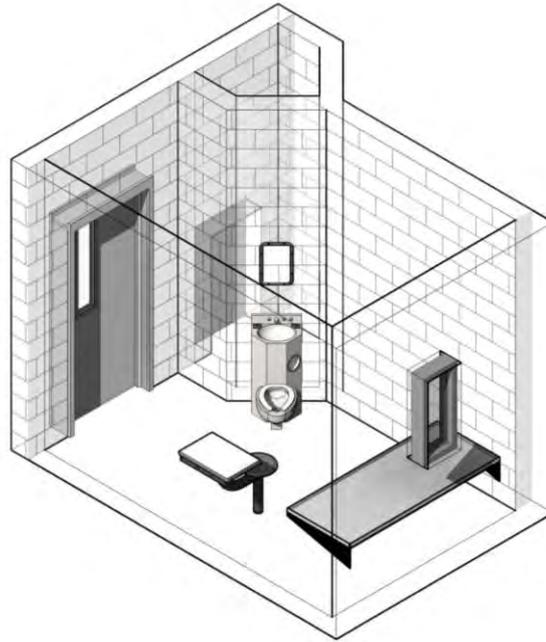
Special Needs/Mental Health

- 14 Bed Current Capacity
- 28 beds based on Huskey Report after diversion programming
- Need Therapeutic Healthcare Environment



Special Needs

Lack of natural light
No female housing
Non-therapeutic environment
No views



Special Needs

Housing needs
Therapeutic
environment
Courtyard



Next Steps

- Mental Health Court Development
- Crisis Intervention Training
- Crisis Center Development
- Jail Facility Solutions
- Next Town Hall Meeting in December

Questions & Discussion