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163029

Management of Special Populations: Mentally Disabled Offenders (92-IJ-CX-KO2O)

SUMMARY OF FINDINGS

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October 31, 1994

INTRODUCTION

This summary reflects the work provided under the NIJ research grant (92-IJ-CX-KO2O). In addition, two supplements were awarded to this grant through funding from CMHS through an MOU with CMHS, NIJ and NIC. The first supplement supported work to write a CMHS Report to Congress. The second supplement supported several other criminal justice - mental health systems technical assistance and research evaluation tasks including:

- the development of instruments and protocols to evaluate the technical assistance provided by the NIC Resource Centers,
- a national meeting of experts to develop a "blueprint" for contracts between jails and mental health providers,
- a national meeting of experts on the current knowledge regarding mental health services for jail detainees and future directions for research and planning, and
- and a national meeting of experts to discuss issues facing women with mental illnesses in the criminal justice system.

Below is a summary of each of these projects and their major findings.

A. MANAGEMENT OF SPECIAL POPULATIONS: MENTALLY DISABLED OFFENDERS

In its 1992 Research Plan, the National Institute of Justice (NIJ) requested proposals for "a national assessment of information, programs, and practices on the management and supervision of mentally disabled offenders by the correctional system." NIJ was particularly interested in discovering the specific special management needs of mentally ill offenders in our nation's jails, the types of programs being used to serve them, the implementation of any policies for supervising this population, and the associated allocation of resources.

Our research strategy, designed to address these issues, involved three phases. The first was a nationwide mail survey to a random sampling of all U.S. jails to determine the percentage of detainees receiving mental health services, the particular services available to these detainees, and the self-rated effectiveness of the jail's mental health services. The second phase of the study was a follow-up telephone survey to a stratified sample of 100 of the mail survey respondents who had assessed their mental health services as "very effective." Based on the mail and telephone data, we selected 10 jails for site visits during the final phase of the study.

Although there are numerous barriers to providing treatment for mentally disabled offenders in our nation's jails, we found that many jails have designed and implemented innovative programs and policies to maximize care to this group using the limited resources available. In all, we examined 49 program elements over the ten sites. For the purposes of this report, we have divided the observed innovative programs and policies into the following core areas: (1) screening, evaluation and classification procedures, (2) crisis intervention and short-term treatment practices, (3) discharge planning mechanisms, (4) court liaison mechanisms, (5) diversion practices, and (6) contracting procedures.

1. Screening, Evaluation and Classification Procedures

A critical first step in the identification of detainees with mental health treatment needs is the initial screening and assessment upon booking into the jail. The most thorough and cost-effective mental health screening process, models of which we found in eight of the ten jails that we visited, is a multi-tiered evaluation process. Although this type of screening should be a matter of routine in large jails, and therefore would not be considered an innovative procedure, we did find a particularly good example of multi-tiered screening at the Summit County Jail in Akron, OH.

Inmate classification--ensuring an appropriate housing assignment--is another important area of initial identification and assessment and is a continuation of the screening process. In the Jefferson County Jail in Louisville, Kentucky, a mental health professional is involved in the classification decisions to ensure appropriate housing for those detainees with mental health treatment needs. In the Fairfax County Jail in Fairfax, VA, deputies in classification are trained in jail mental health issues and there is a classification committee which includes mental health representatives.

2. Crisis Intervention and Short-Term Treatment Practices

Treatment policies made up the bulk of the innovative policies and procedures that we observed during the course of this study. For example, due to relatively short terms of incarceration, case management is an important concept for jails in terms of continuity of care and proper discharge planning. At the Hampshire County Jail in Northampton, MA, every inmate in the jail, regardless of the presence of mental illness, is assigned a case manager who works with him or her from intake through discharge planning.

In addition to case management services, the need for crisis intervention in the jail setting is quite clear. The Summit County Jail in Akron, OH reports that having a "Crisis Intervention Specialist" as part of the jail's staff enables them to speed up the classification process for the mentally ill and to more effectively bring the mental illness to the attention of the mental health staff. In the Jefferson County Jail in Louisville, KY, the "Crisis Intervention Team" receives referrals from the corrections staff and helps the detainees cope through the development of problem solving skills. A technician, who is specially trained to intervene in crisis situations, serves as the "Crisis Intervention Specialist" for the Shelby County Jail in Memphis, TN. This specialist works closely with the jail's psychiatrist to provide a variety of mental health services.

Probably one of the more common "crises" that jails face in their day-to-day operations are inmate suicides and/or threats of suicide. In the Jefferson County Jail in Louisville, KY, there is an innovative policy designed to deal with this issue, called the "Inmate Suicide Watch Program." In this program, inmate volunteers assist correctional officers in monitoring all inmates for suicide potential.

3. Discharge Planning Mechanisms

Consistent with what we found a decade ago in a study of 42 jail mental health programs, the weakest part of all jail programs for mentally disordered detainees is discharge planning. Most of the programs we visited offer referrals upon release, but are not aggressive and include little or no follow-up. There were a couple of exceptions, however. The Fairfax County (VA) Jail is special in that it not only links detainees with mental health related services upon release, but it also concentrates on maintaining the detainee's family ties while incarcerated. In the Hillsborough County Jail in Tampa, FL, most of the discharge planning is handled by two social workers who set up appointments, make other arrangements for housing, etc. and--most importantly--follow up to make sure the appointments are kept.

4. Court Liaison Mechanisms

The interdependence of the jail and the court is particularly relevant for the mentally disabled offender. All of the sites visited had developed relatively routinized means for ad hoc interactions with the courts to respond to the special needs of mentally disabled offenders. Furthermore, several had developed specific programs--each one different from the other-- to facilitate interactions between the jails and local courts concerning this inmate population.

One such program is the "Forensic Clinic" at the Hampshire County jail in Northampton,

MA. The staff of this program includes a Court Clinic Coordinator, a licensed social worker, who works to establish and maintain necessary lines of communication and cooperation between correctional line staff, the case managers, and the forensic mental health staff.

In the Pinellas County Jail in Clearwater, FL, a "Court Liaison" goes into the jail to identify likely candidates for civil commitment as an alternative to the criminal justice track and follows the case through the courts to final disposition.

In Shelby County (Memphis), TN, a multi-agency memorandum of understanding was drawn up so that each of the signing agencies agreed to appoint contact persons to act as liaisons with all other service agencies and providers. Among the agencies involved in this cooperative agreement are pretrial services and the public defender's office.

The "Jail Review Program" in Fairfax, VA, is unique in that it is built into the screening process and is provided by magistrates in the jail who work with Pretrial Services staff on a 24-hour basis to make the initial decision on whether the defendants should be in or out of jail.

5. Diversion Practices

Currently, one of the most popular suggestions for responding to persons with mental illnesses in jails is to divert them from jail to appropriate community-based mental health programs. We found excellent examples of both pre- and post-booking programs. One example of a pre-booking diversion program involved the establishment, in Hillsborough County, FL, of a "Crisis Center" to which police could bring offenders instead of to the jail. A second example of a pre-booking diversion program is a mobile crisis unit in Fairfax County, VA. Among other duties, the team gathers background information on persons with mental illness and makes the necessary arrangements for care as an alternative to incarceration. An excellent example of a comprehensive post-booking program was found in Jefferson County (Louisville), KY. Its purpose is to provide community-based mental health services as an alternative to incarceration for chronically mentally ill adjudicated offenders.

6. Contracting Procedures

One of the most commonly mentioned problems facing U.S. jails with regard to mentally disordered detainees is the lack of adequate resources and staff. Several sites had innovative ways of gaining access to needed services with little or no resources. Two of the sites we visited--Summit County (Akron), OH and Henrico County (Richmond), VA-- contract for psychiatric services with the community psychiatry program at their local medical school. In Summit County (Akron), OH, the jail provides the direct mental health services, while a county administrative board provides planning, funding, evaluation and monitoring of the services. We found three of the 10 jails were contracting for mental health services through a national private care provider such as "Correctional Medical Services" or "Prison Health Services."

Each site had innovative ways of providing needed mental health services, but one factor, which has become very clear during the course of this and prior research, is that establishing appropriate services for jail detainees with mental illnesses requires that the jail be seen as but

one agency in a continuum of county services. The jail is attempting to perform its custodial function of safe pre-trial detention while addressing the mental health problems of a community member whose access to services is often highly restricted. Obviously, an adequate response cannot be expected if the mental health service needs of the inmate are defined simply as the jail's problem. *The jail is a community institution, and the mentally disabled detainee is a community problem.*

B. THE CMHS REPORT TO CONGRESS

On October 1, 1992, the Center for Mental Health Services (CMHS) was established as part of the ADAMHA Reorganization Act (P.L. 102-321). Section 703 of this law requires CMHS to produce a report to Congress concerning "the most effective methods for providing mental health services to individuals who come into contact with the criminal justice system, including those individuals incarcerated in correctional facilities (including local jails and detention facilities), and the obstacles to providing such services."

In January 1993, the Center for Mental Health Services (CMHS) entered into a memorandum of understanding (MOU) with the National Institute of Corrections (NIC) and the National Institute of Justice (NIJ) to develop joint initiatives for meeting the needs of individuals with mental illness who are sent to jail. The first joint inititative was to coordinate the writing of the Congressional Report. CMHS provided funds to NIJ to supplement an already existing grant to Policy Research Associates for this purpose.

To define the objectives associated with this goal, an internal CMHS working group identified four primary areas of attention as suggested by the language of the Reorganization Act. They are:

- (Identifying the) **...most effective methods for providing mental health services.** Individuals with mental illnesses who come into contact with the criminal justice system may be diverted into the mental health system or treated within the criminal justice system. Information must be available on the range and type of mental health services needed by individuals both in the community and in the criminal justice system, the human and fiscal resources needed to support these services, and the anticipated outcomes of any intervention for the criminal justice system and for the individuals involved. Law enforcement agencies and local jails must be seen as an integral part of community-based care for this population.

- (Providing these services) **...to individuals who come into contact with the criminal justice system.** Persons with mental illnesses who come into contact with the criminal justice system are a heterogeneous group. To understand their needs, a complete discussion of this issue must focus on the specific characteristics of this population, including the degree of severity of mental illness, types of crimes committed, typical precipitating events, and the special needs of subgroups within the population, such as women, homeless persons, persons with co-occurring substance use disorders, etc.

- **...including those individuals incarcerated in correctional facilities (including local jails and detention facilities).** There are many points throughout the criminal justice system where persons with mental illnesses will be identified, including police contacts, locally operated lockups and jails, prisons and community supervision (probation and parole). The responsibilities of the criminal justice system for persons with mental illnesses, and the needs of such individuals, will vary at each point throughout the system. These must be identified and clearly understood by providers in both the mental health and criminal justice systems.

- (and identifying) **...the obstacles to providing such services.** Obstacles to providing appropriate care for persons with mental illnesses in the criminal justice system include human and fiscal constraints, organizational ownership (turf) issues, lack of knowledge on the part of the criminal justice system about effective mental health programs and how to implement them, and lack of understanding on the part of the mental health services system about the demands and constraints of the criminal justice system. These barriers must be identified and ways to overcome these barriers highlighted.

To insure that the report represents the range of issues and concerns of the many constituents involved, CMHS convened the Ad Hoc Working Group for Mental Health and Criminal Justice Systems consisting of consumers, family members, mental health providers to jails and prisons, law enforcement and corrections administrators, Federal and State criminal justice and mental health agency representatives, and a number of nationally known consultants (see Appendix B for list of participants). The Ad Hoc Working Group met in July 1993 to discuss the major issues relating to the report and to recommend methods to implement model service programs. This group also reviewed drafts of the report and offered many suggested changes that are reflected in the document's current form.

This report, "Double Jeopardy: Persons with Mental Illnesses in the Criminal Justice System," synthesizes the research and state of knowledge on mental health services and systems interactions with police, jails, prisons, probation and parole. The report contains six chapters (see Appendix B for title page). Chapter One, "The Human Face of the Problem," presents an overview of the issues. Chapter Two, "The Changing Context of Care," provides a brief history of policy in this area, including discussions of the organization of mental health services in this country and changes in the criminal justice system that impact persons who have mental illnesses.

The characteristics of persons with mental illnesses who come into contact with the criminal justice system, including several subgroups with special needs, are discussed in Chapter Three, "The Nature of the Population." Chapter Four, "Defining the Needs of Persons with Mental Illnesses in the Criminal Justice System," discusses the needs of persons with mental illnesses at each stage of the criminal justice system, including police contacts, jails, prisons, and probation and parole, and outlines the responsibilities of and challenges to, the criminal justice system at each contact point.

Coordinating essential mental health services for persons with mental illnesses in the

criminal justice system, including examples of successful programs, are presented in Chapter Five, "Solutions that Work." Finally, Chapter Six, "Recommendations," presents general recommendations for overcoming barriers and specific ideas for implementing cooperative agreements between the criminal justice and mental health service systems. Below is a brief list of the major recommendations and the primary level of government that is responsible for each proposed action.

Congressional Report Recommendations

1. Create a Federal Task Force on Persons with Mental Illnesses in the Criminal Justice System. [Federal] Such a group could build on existing efforts sponsored by the Center for Mental Health Services and the National Institute of Justice and could work to identify ways in which each department can target and coordinate efforts to facilitate the improvement of mental health services. The Federal task Force must involve additional relevant Federal agencies, such as the Center for Substance Abuse Treatment and the National Institute of Mental Health, as well as researchers, corrections and law enforcement professionals, mental health providers, and consumer and family advocates.

2. Promote Systems Integration [Federal, State, Local] While jail, prison, and probation/parole mental health service systems often do not interact at all with community-based mental health providers and infrequently with each other, coordinated and integrated programs clearly increase the likelihood of uninterrupted care, better psychiatric outcomes and lower recidivism.

3. Generate and Disseminate Knowledge and Information [Federal] If the ideas contained in the Congressional Report are implemented by States and local governments, services to this underserved population could be greatly improved without substantially increased costs. A comprehensive information gathering and knowledge dissemination plan must be established to provide the necessary information and technical assistance.

4. Stimulate Advocacy for Persons with Mental Illnesses in the Criminal Justice System [Federal, Private] Federal support should be made available to assist advocacy groups to increase their focus on mental health/criminal justice issues. In addition, Federal agencies should seek to encourage the participation of both consumers and family members in task forces and work groups related to issues of policy, program design, and research on persons with mental illnesses in the criminal justice system.

The CMHS Report to Congress is currently being reviewed by the Substance Abuse and Mental health Services Administration.

C. NIC/CMHS TECHNICAL ASSISTANCE EVALUATION

Beginning on January 1, 1994, CMHS and NIC have coordinated technical assistance to agencies that are developing or implementing services for jail inmates with mental illnesses under the existing MOU.

Cooperative agreements were awarded to two Resource Centers (Alexandria, VA and Toledo, OH) to serve as sources of technical assistance and training. These centers host technical assistance events, provide technical assistance onsite in other jurisdictions, and develop materials related to jail mental health services. The jails selected to serve as Resource Centers have the essential components of a mental health program in operation, including intake screening, crisis intervention, suicide prevention, and discharge planning/case management. By visiting a Resource Center, teams from other jurisdictions are able to observe programs, talk to staff, and review policy and procedures so that they may implement their own programs in their own jurisdictions.

Policy Research Associates, Inc., through a second supplement to its existing NIJ award, conducted an evaluation of the technical assistance provided this year at the two resource centers - Alexandria, VA and Toledo, OH. The evaluation consisted of a mail evaluation form (see Appendix C), mailed to all jails who participated in the program and a more comprehensive telephone survey (see Appendix C) conducted with each member of a team from four jurisdictions. Respondents indicated that participation in the technical assistance has led to a greater recognition among staff of the issues facing detainees with mental illnesses; more frequent contact among individuals from key agencies; more coordinated planning and coordination of resources across agencies; creation of interagency initiatives/agreements; establishment of implementation plan; and specific requests for funds for new or expanded services. Overall, positive results were found in two major areas - program development and interagency coordination. It is clear that the impact of technical assistance provided this year has been extremely successful and should continue as a resource to serve the need for specific, concrete information that can be put into practice to develop better ways to handle detainees with mental illnesses in jails across the nation.

D. THE BLUEPRINT

The "Blueprint for Contracting for Mental Health Services for Jail Detainees with Mental Illnesses" represents an effort to develop guidelines and principles that local jails, community mental health providers, and communities can use to ensure the delivery of mental health services in jails and assist in community linkages. The goal of the document is to provide direction and suggestions that are flexible enough to be adapted to any jail or community.

As a first step in the development of the "blueprint," a planning meeting was convened in June, 1994 to discuss what should be included in such a document. Included in the meeting were representatives from CMHS, NIC, Policy Research Associates, Inc., and nationally known consultants in various areas of jail mental health service provision (see Appendix D for agenda, participant list, and model blueprint).

The resulting document contains basic principles guiding the provision of services, core elements in the development of formal agreements, and a model for a contract between county or municipal jails and local or national mental health service providers and an example of a letter of agreement. The contract outlines the respective roles and responsibilities of jails and mental health service agencies in the process of coordinating for the care of jail detainees with mental illnesses. Although the details of such an agreement will necessarily reflect the needs of a specific community, the unique features of the parties entering the agreement, the needs and wishes of the consumer, and other local circumstances, the goal will be the same -- to assist jail detainees with mental illnesses in continuing or obtaining the services they require.

E. CMHS/NIJ WORKSHOP: APPLYING THE RESEARCH FOR MENTAL HEALTH SERVICES IN JAILS

On September 13-14, 1994, a workshop, co-sponsored by CMHS and NIJ, "Applying the Research for Mental Health Services in Jails," was held to bring together researchers, correctional and law enforcement professionals, mental health providers, representatives of key Federal agencies, and consumer and family advocates to determine the best ways to use the current state of knowledge to implement positive change in the area of providing services to persons with mental illnesses in U.S. jails (see Appendix E for agenda, participant list, and workshop summary). In addition, representatives from the Center for Substance Abuse Treatment (CSAT) and from its jail demonstration sites also attended this meeting to provide both concrete information on the implementation of innovative programs and an expertise on a very large subgroup of persons with mental illnesses in jails, that is, persons with co-occurring substance abuse problems.

The focus of this workshop was on what we currently know about mental health services for jail detainees and how that knowledge can be put into practice. The workshop was organized into four panels composed of researchers, who presented overviews of relevant empirical data in a specified topic area, followed by two reactors, and an open discussion. The panels and discussion focused on two overriding questions:

- What is it that we can say with any assurance at this time?
- How do we translate what we do know into practical advice about planning, implementing and operating mental health services for jail detainees?

Several major themes emerged during the workshop as key topics for discussion and planning: (1) recognition of the population being served, (2) the need for targeted information on what works, (3) developing research agendas to provide needed information to the field, (4) planning services and funding with an eye toward impending health care reform, (5) systems collaboration to continue progress in this area, and (6) the need for an infrastructure to coordinate activities.

There is, and probably always will be, a tension between the need for research and the

need for service dollars. The participants on this workshop expressed hope that the meeting, "Applying the Research for Mental Health Services in Jails," will serve as one step toward integrating these two needs to effectively address the fundamental issue at hand - providing mental health services to detainees in our nation's jails.

F. THE MENTAL HEALTH SERVICE NEEDS OF WOMEN IN THE CRIMINAL JUSTICE SYSTEM

As part of the MOU between the Center for Mental Health Services, the National Institute of Justice and the National Institute of Corrections, Policy Research Associates, Inc. convened a meeting of experts with experience in women's issues in correctional settings as a first step toward developing appropriate mental health services for women (see Appendix F for agenda and participant list).

Participants at this one day planning meeting discussed what is known about women's special needs at all stages of the criminal justice system, including contact with law enforcement, incarceration in jails or prisons, and supervision by probation or parole, and how to provide services to woment in those settings.

Within each stage of the criminal justice system, areas deserving special attention were identified and include: specialized mental health services supports, pregnancy and responsibility for children, women as victims, and women of color. A summary of this meeting and discussion of the issues involved in each of those areas is contained in Appendix F.

This meeting was the first step in identifying the primary focus and general scope of a monograph. Over the next year, authors will be identified and will write chapters on women and: (1) law enforcement, (2) lock-ups and jails, (3) prisons, (4) community corrections, (5) racial/ethnic diversity, and (6) innovative practices for delivering services in these settings.