



NACo

New campaign will focus on keeping the mentally ill out of jail

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NACo will partner with the Council of State Governments Justice Center and the American Psychiatric Foundation to lead Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails.

The initiative will kick off May 5 with events in Washington, D.C. and Johnson County, Kan.; May 6 in Miami-Dade County, Fla. and May 7 in Sacramento County, Calif. Those events will be live-streamed. An April 30 webinar from 2 p.m. – 3 p.m. EDT will preview the initiative.

“Counties are working to reduce the number of people with behavioral health and substance abuse needs in jails across the country,” said NACo Executive Director Matt Chase. “This cutting-edge initiative will help counties focus on results and take their efforts to the next level. It will support action-oriented, comprehensive strategies to provide needed services in appropriate settings.”

The prevalence of mental illness in jails is now three-to-six times higher than in the general population. Currently, people with mental illnesses number more than 2 million in jails. And counties are spending more for mental health services in jails and getting worse results than community-based programs. Lack of appropriate care means longer jail stays, higher bills for counties and a higher likelihood of recidivism.

The initiative will convene representatives from organizations involved in the issue, including county sheriffs, judges, jail administrators, treatment providers, and mental health and substance abuse counselors.

Stepping Up’s “call to action” will involve counties passing resolutions committing to the following:

- assembling a diverse group of leaders from involved agencies
- assessing needs based on the prevalence of inmates with mental illness in a county’s jail
- examining service capacity and policy, and funding barriers to adding to that capacity
- developing a plan to get those services to more people who need them
- implementing research-based approaches that advance the plans, and
- developing program evaluation processes.

A national summit, planned for Spring 2016 in Washington, D.C., will gather counties that have signed the call to action and consist of activities to help advance their plans. Attendees will form the core group of counties that will lead others in the effort.

Techniques to accomplish this goal, will include law enforcement training, changing funding mechanisms for mental and behavioral health, and increased collaboration between state and local leaders, all adding up to systemic changes in the approach the criminal justice system takes in interacting with people with mental illness.

Co-responders specialize in mental health-related police calls

Johnson County, Kan. approached its growing population of inmates with mental illness by embedding mental health clinicians with police officers when they respond to calls.

The mental health co-responder program has succeeded and grown since its 2010 introduction, with plans to spread it countywide.

For many, treating their behavior is better accomplished through the county's mental health services than through the more generalist approach to misbehavior — incarceration. The mental health clinicians, or co-responders, can more effectively assess situations and advise officers on whether the person at the center of an incident can be safely diverted from jail.

A \$320,000 Justice and Mental Health Collaboration Grant from the U.S. Department of Justice's Bureau of Justice Assistance allowed the county to fund the clinicians in the police departments of its two largest municipalities, Overland Park and Olathe. A \$218,000 expansion grant has allowed the program to staff Shawnee and Lenexa's departments on the way to the county's goal of getting clinicians in every police station.

Co-responders work the shift that the police department identifies as having the most frequent behavioral-health-oriented calls, typically in the late afternoon to the evening. They join the officers once the scene is stable.

"It's made it possible for people who don't belong in jail to avoid it, and it's also been more efficient for law enforcement," said Robert Sullivan, the county's criminal justice coordinator. "Without trained assistance dealing with people with mental illnesses, it could take an officer four hours to respond to a call, even longer if transport (to a hospital) was necessary. It frees up our people to do their jobs."

When co-responders are not responding to calls, they follow up on cases or handle referrals from officers on other shifts.

The co-responder program got its start in 2010 after a report on the incidence of mentally ill inmates in the jail's population revealed the depth of the problem.

In 2008, 17 percent of inmates were prescribed psychotropic medications and one-third were receiving on-site psychiatric services. For inmates whose stays in the county jail lasted more than 72 hours, those with mental illness stayed in jail for an average of 96 days, compared to other inmates' 44-day average.

Prior to 2010, the county had assessed the opportunities to pull someone out of the incarceration track — between the first point of contact with law enforcement to jail admission — and refer them to the appropriate caregiver.

The county police department had trained more than 350 officers as part of a crisis intervention team that can identify signs of mental distress and react appropriately, but that wasn't enough.

"Even though the officers were well trained, they still ended up having to call for help from us," said Tim DeWeese, the director of the Johnson County Mental Health Center. "Having a trained clinician embedded in the co-responder teams on site made all the difference."