The Intersection of Mental Health and Jails: A Discussion of Select Practices from Across the State

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# NC Sentencing and Policy Advisory Commission (SPAC)

## About

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<th>Membership</th>
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<td>• 28 members representing components of the criminal justice system</td>
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<th>Independent</th>
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<td>• Members appointed by leaders of all three branches of government</td>
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<th>Purpose</th>
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<td>• Advise General Assembly and criminal justice agencies on criminal justice policy</td>
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## Duties

### Legislative and other requests

- Monitor sentences imposed under Structured Sentencing
- Annual population projections
- Evaluate implementation of the Justice Reinvestment Act (JRA)
- Review criminal justice bills and provide fiscal impact
- Biennial recidivism reports (adult, juvenile)
Purpose: To explore criminal justice research findings that could impact recidivism

- Focus on non resource-related recommendations

Important intersection of mental health and the criminal justice system

- Those with mental illness tend to recidivate at higher levels
- Mental health patients’ high use of criminal justice resources
- Criminal justice system not well-equipped to handle needs of this population

Why focus on jails?

- Other efforts focused on earlier and later stages of the project
- Opportunity for identification and/or intervention when confined
Development of Site Visit Project

- **Purpose:** To learn about field practices when addressing the mentally ill in local jails

- **Locations**
  - Pilot: Richmond and Mecklenburg
  - Additional Counties: Burke and Durham

- **Population limited to those not considered “in crisis”**

- **Stakeholders:**
  - Sheriff
  - County Commissioner
  - Local Management Entity-Managed Care Organization (LME-MCO)
  - Provider
  - Other available criminal justice services
Development of Publication from Site Visit Project

- Compilation of observations from the field during the site visits staff conducted and accompanying best-practices research

- Purpose is to share information about practices implemented in select other jurisdictions

- Goal that this could facilitate discussion for stakeholders to consider how and if those practices could enhance their own practices

- Focus on developing a user-friendly resource
  - Organized by topic
  - Questions for consideration at the close of each section
Approach for Today

- Overview of the publication topics and specific methods within
- Highlight some of the challenges areas are facing
- Panelists will discuss the approaches their areas are undertaking
- Ask questions along the way!
Panel Discussion
Getting Started

- Focus on collaboration
  - Who needs to be at the table?
  - Questions for group discussion available in publication

- Analyze existing practices
  - Sequential Intercept Model

- Identify goals and priorities

- National Stepping Up Initiative
Importance of Identifying the Mentally Ill in Custody

- Protects the safety of officers and safety of inmates
- Allows a tailored response to their specific needs and the most efficient use of resources. Examples of specific needs:
  - Diagnoses
  - Severity
  - Connection to services
- Anticipate future needs
- Variety of methods to ID; most areas using more than one approach
Mental Health Screening in Jails

- Purpose is to flag inmates with potential mental illness so that a mental health professional may follow up

- Mental health screening in jails was mandated by S.L. 2007-323
  - Most areas are still screening, using Brief Mental Health Jail Screener

- Benefits of MH screening
  - May help to identify persons otherwise unknown to the mental health system
  - Relatively short to administer
  - Can be administered by non-health professionals
  - Evidenced-based (reliable)
Challenges with Mental Health Screening

- Challenge 1: How to encourage honest and accurate self reporting
  - Approach 1a. Timing of screening
  - Approach 1b. Administrator of screening
  - Approach 1c. Location of screening

- Challenge 2: Who is the responsible party for follow up?
  - Approach 2a: Nurse/Psychiatrist
  - Approach 2b: MH provider

- Challenge 3: Managing the size of the population needing follow-up
  - Approach 3a: Develop a triage system
Dedicated Point of Contact

- **Benefits**
  - Creates a resource for inmates with mental illness
  - Creates a tangible contact for officers to refer inmate issues to
  - Can facilitate care for inmates’ return to the community

- **Structures of Dedicated Points of Contact**
  - LME-MCO Based Point of Contact
  - County Based Point of Contact
  - Hybrid Model
Structure 1: LME-MCO Based Point of Contact

- DPOC on staff with LME-MCO, serving in an administrative role for the mental health population.

- Primary duties of reviewing jail logs for known and past clients and notifying any current providers.

- Challenges:
  - Challenge 1: Responsible for multiple points of interest.
  - Challenge 2: Unable to provide services or treatment.
  - Challenge 3: Difficult to identify inmates not currently or previously served by the LME-MCO.
Structure 2: County Based Point of Contact

- DPOC housed within a department of the county
  - Similar structure to what existed prior to divestiture, when county was providing services and not just administering funds

- Primary duties of reviewing jail logs, reviewing positive screeners, provided clinical assessments on a limited basis, and worked to make connections with community programs upon release

- Challenge: Connection to services upon release
Structure 3: Hybrid Model

- **Benefits**
  - Multiple stakeholders are invested, which develops and sustains the position
  - Expands the capabilities of the DPOC

- **Examples:**
  - Catawba Valley Behavioral Health and the HUB
  - Criminal Justice Resource Center
Goal: continuous care of the MI population both as offenders enter into the jail and upon their release into the community.

Jail as an opportunity to stabilize, engage or reengage in services, and prepare for exit.

Continuous engagement in services in the community may decrease the likelihood of recidivism.

What does the transfer of care look like from the jail to the community provider?
Challenges to Facilitating Continuity of Care

- Challenge 1: Predictability of release
  - Approach: Care Coordination
  - Approach: Discharge Planning

- Challenge 2: Provision of medication upon discharge
  - Approach: Partnership with local pharmacy

- Challenge 3: Accessibility of services
  - Approach: Engage peer support services
Key Takeaways

- No “right way” to tackle the issues that arise from housing inmates with mental illness in jails
  - SPAC publication highlights a number of methods for areas to consider

- Use community collaboration to work together to identify and define your mental health population, provide services where able, and connect to resources within the community

- All stakeholders have a vested interest in the outcomes, but no one entity has sole ownership of the challenges
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