

I.M. JusticeBH

A study of implementation strategies that are used in the justice-health area. Funded by the National Institute of Mental Health, ROI MH118680, MPIs Taxman and Johnson

U.S. jails house too many individuals with mental health disorders and have too few resources to treat them. What strategies do counties use to improve mental health care in their local jail and community-based behavioral health treatment systems?

+10 million people experience jail every year.

64% of the jail population report a history of mental illness

Jails are severely under resourced offering few mental health services.

Jail incarceration has adverse consequences not only for the individual health but also for community level health outcomes.

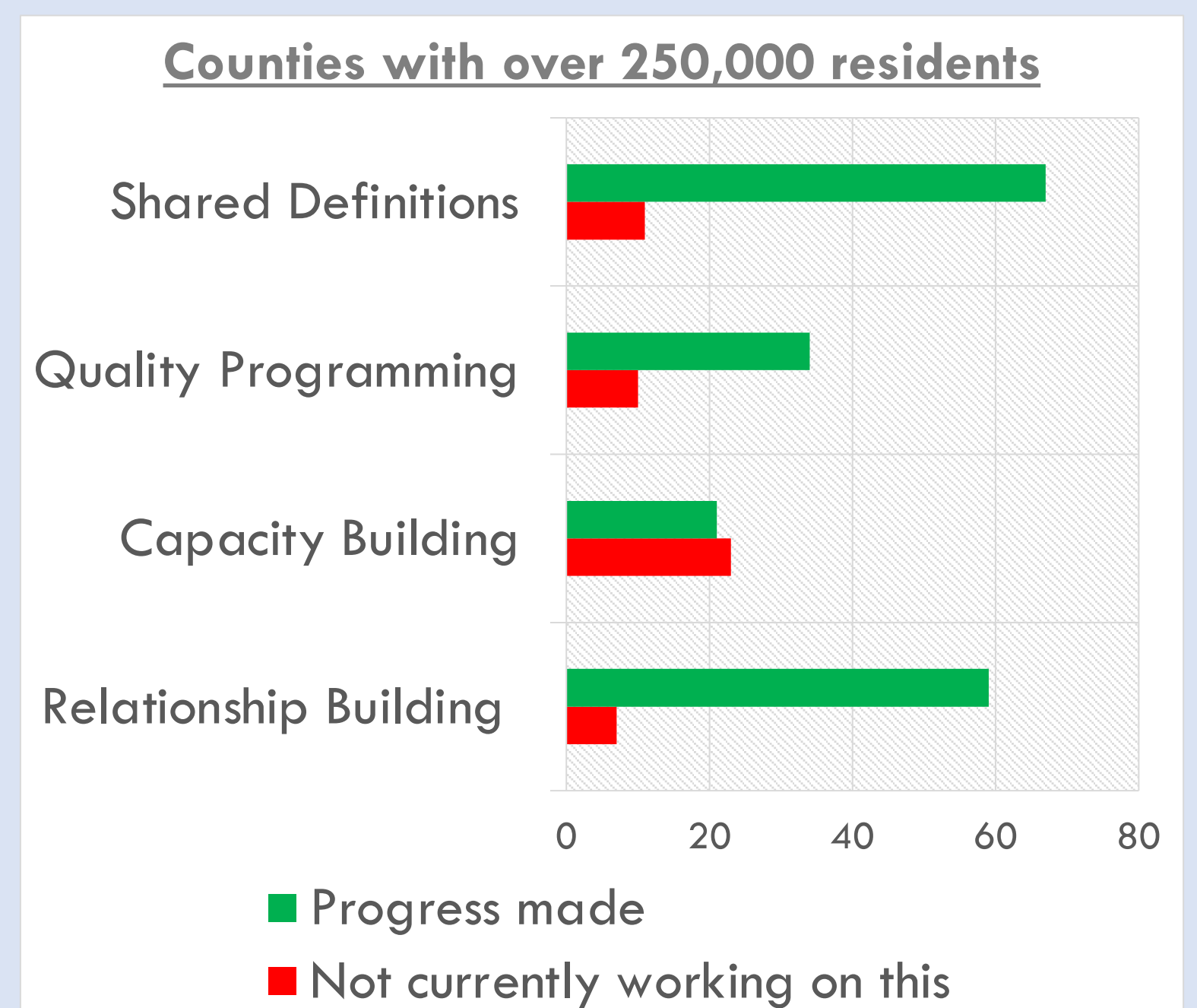
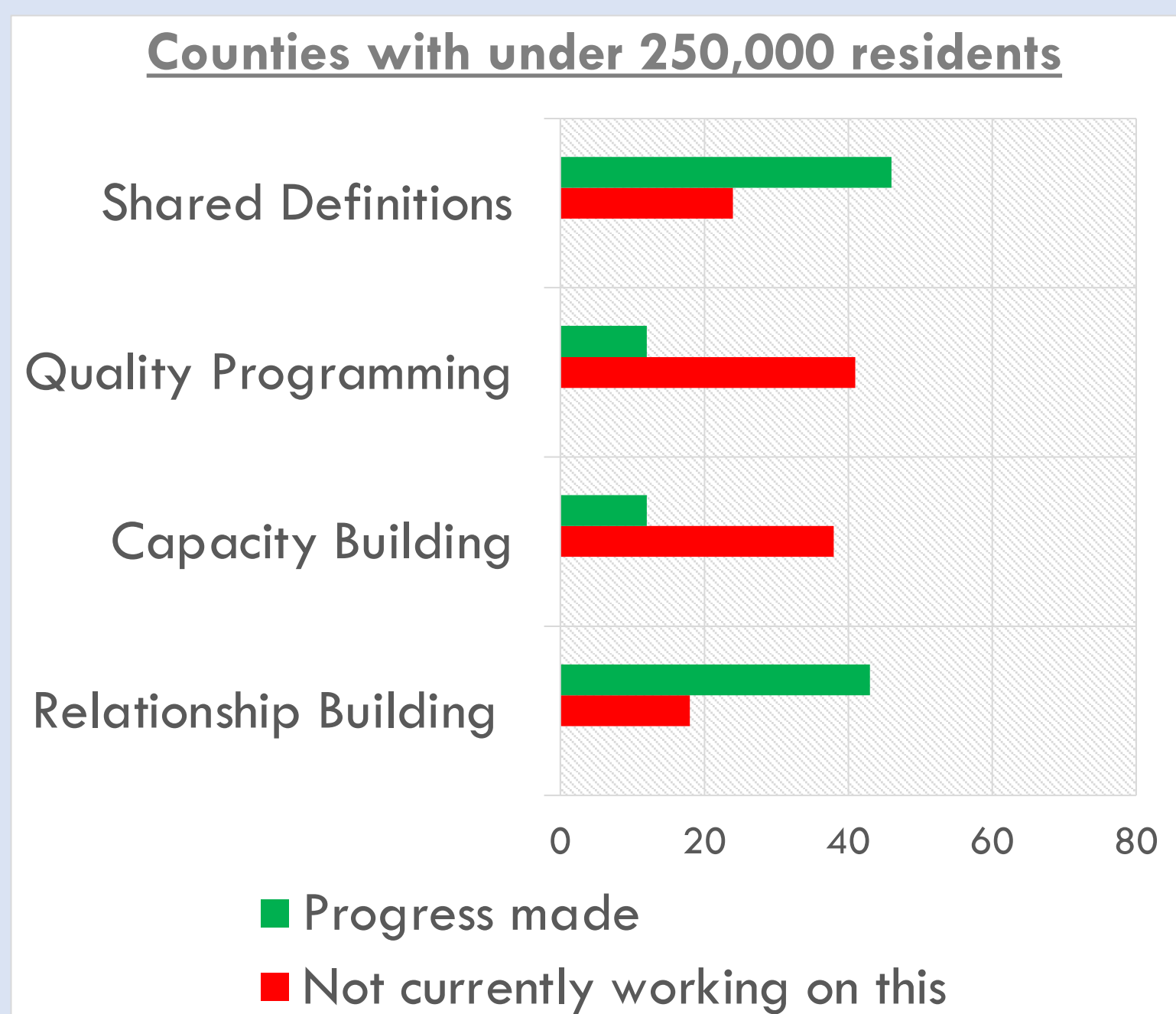
What strategies did we examine?

Counties use different strategies to reform their system of care in jail and in the community. We examined 29 different strategies to learn which ones are more likely to address the care of individuals with mental health disorders in jail. We regrouped the strategies into four implementation approaches:

- Relationship Building:** Reforming the behavioral health care system for those in jail and/or in the community requires different county agencies and non-governmental agencies to work together to address shared interests, share information, identify solutions to system issues, understand the role of different agencies to improve screening and referring individuals from one system to another to improve mental health care.
- Capacity Building:** Building the system of care through hiring more qualified staff, obtaining licenses, expanding program capacity, and building expertise in different agencies.
- Quality Programming:** Improving the programs and/or services available to individuals with mental health issues, offering more services, improving the quality of the services, creating specialized programs, and building support resources.
- Shared Definitions:** Having participating agencies agree to a common definition for core concepts in the criminal legal and behavioral health fields, such as recidivism, substance use disorder, and mental illness/serious mental illness disorders.

What did we find?

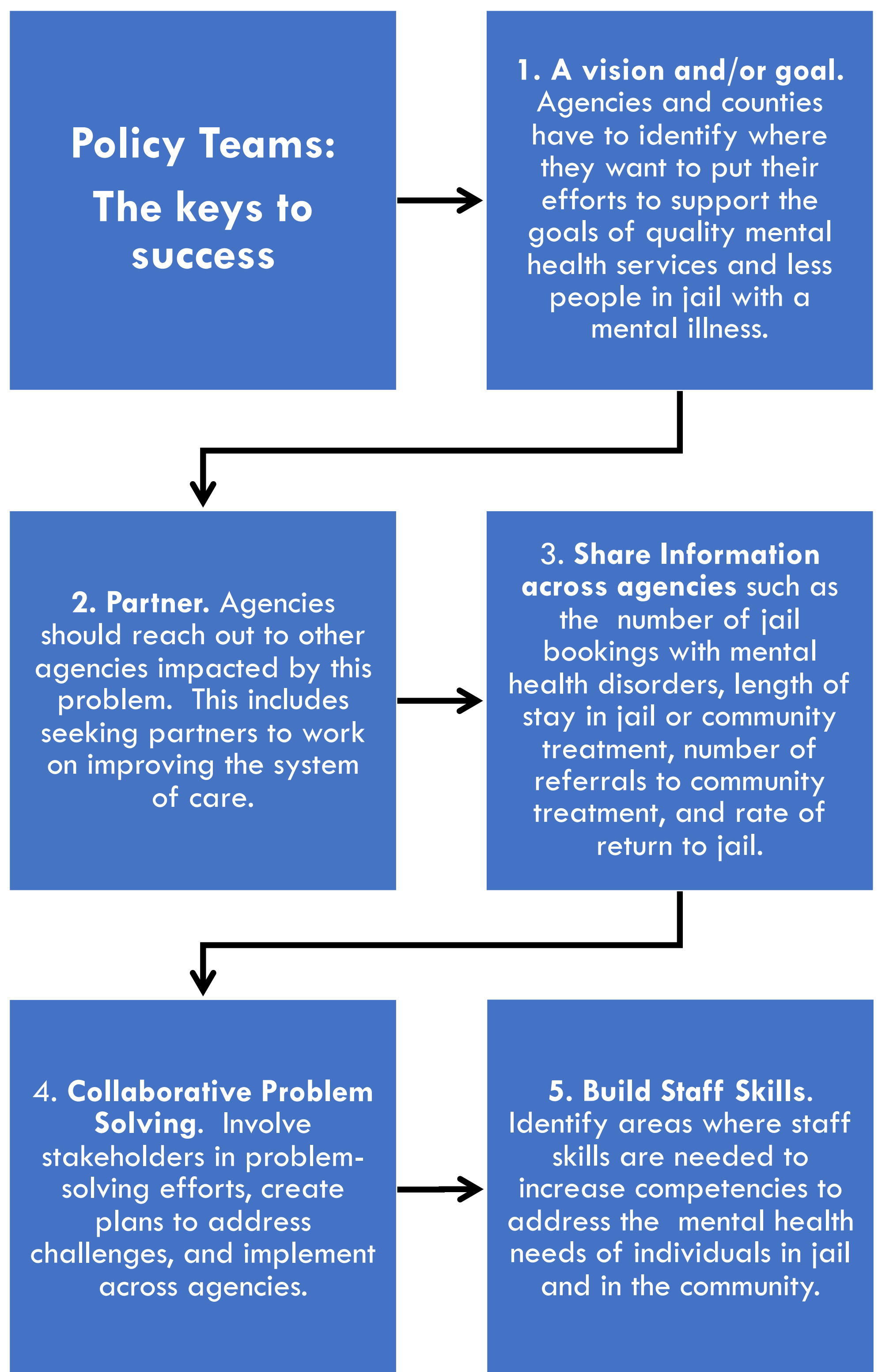
- Relationship building and shared definitions are the most frequently used approaches in counties of varying population sizes. These require consensus approaches that are worthwhile to pursue.
- Capacity building and quality programming are the least used implementation strategies because they require new resources that counties do not have.
- Administrators from Jail, Mental Health, Substance Use, and Community Corrections agencies value Shared Definitions and then Relationship building as key implementation strategies.



What did we learn:

Reducing the use of jail for individuals with mental illness:

- Invest in high-quality programming for harder-to-reach, high-risk-high-need individuals.
- Focus on efforts that address dynamic risk factors linked to recidivism or frequent utilization of the justice system.
- Expedite access to community-based treatment services.
- Improve screening and assessment protocols across agencies including using a similar instrument.
- Expand Capacity Building by: 1) developing staff skills to work with individuals with mental health disorders; 2) encouraging facilities and non-profit organizations to obtain licensure(s); and, 3) install proper screening and warm hand-off referral procedures.



How did we come to this conclusion:

- Conducted an on-line survey using Qualtrics, phone, and mail addressed to 950 counties and 52 interviews.
- Examined strategies used and explored difference across different sizes of the jurisdictions.
- Asked about 29 strategies and how the county uses the strategies through surveys and interviews

For more information on this study and other similar topics, please email

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or visit our website at www.gmuace.org/nimh