THE STEPPING UP INITIATIVE

IN FOCUS IMPLEMENTING MENTAL HEALTH SCREENING AND ASSESSMENT

This brief focuses on implementing a mental health screening and assessment process, specifically to identify the number of people booked into jails who have serious mental illnesses (SMI). While implementing this process may also identify people who have less serious mental illnesses and other behavioral health needs who may require treatment while in jail, this brief is focused on identifying the people who have SMI because this population tends to represent the greatest draw on scarce behavioral health and social service resources.[1] Determining the prevalence of people who have SMI in jails will allow counties to develop or refine a strategic plan that will have the greatest impact on addressing this population's needs.

Stepping Up is a national initiative to reduce the number of people who have mental illnesses in jails. Counties that have joined *Stepping Up* are using the initiative's framework document, *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask* (*Six Questions*), to guide them in creating collaborative partnerships in their jurisdictions, systematically identifying people who have mental illnesses in their jails, and using data to inform systems-level changes and strategic plans to track progress over time. This brief is one of a series of companion products designed to provide counties with further guidance on how to apply the *Six Questions* framework. For key resources related to *Stepping Up*, including case studies, webinars, and network calls, visit the *Stepping Up* Toolkit.

WHY IT'S IMPORTANT

To reduce the number of people who have SMI in jails, counties need to have a clear and accurate understanding of the size of the population that has SMI. Prior to being booked into jail, some people who have SMI may never have been diagnosed and may be unaware of their mental illness, while others may have been diagnosed with a mental illness and received but discontinued treatment. Screening and assessment are essential to identifying who should be connected or reconnected to services and treatment to address their behavioral health needs, which may also decrease the likelihood that they return to jail. Having this information will make counties better able to determine the treatment resources required to address this population's behavioral health needs. Moreover, having the ability to accurately and consistently identify the number of people who have SMI will help counties to track progress toward their goals.

WHY IT'S CHALLENGING

Implementing a screening and assessment process can be difficult, especially for counties that do not already have the staff, tools, and procedures in place to systematically conduct these activities. Jails are fast-paced environments; with many people being released in less than 48 hours, there is little time to complete screenings and assessments.

1. This brief does not include detailed information about additional screenings and assessments for suicide, substance addiction, and criminogenic risk, which are also beneficial to complete at the time of booking into jail to best match people with other services they need. For additional information on targeting resources based on behavioral health needs and criminogenic risk factors, refer to *Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery.*

WHAT COUNTIES SHOULD DO

The recommended metric for accurate, accessible data on the prevalence of people who have SMI in jails will be determined by a clinical assessment by a licensed mental health professional. In order to identify people who have SMI in jails and obtain accurate, accessible data on the prevalence of SMI in jail, counties should:

1. Develop a shared definition for SMI.

Adopting a shared definition of SMI ensures that all systems are using the same measure to identify the population that is the focus of the initiative's efforts. Having a shared definition allows the planning team to identify the population that should be prioritized for connection to services and helps establish baseline prevalence numbers upon which to track progress. If a jurisdiction does not establish a shared definition, jail staff and community-based behavioral health care providers may end up using different definitions, causing them to not focus on the same target population to further analyze and subsequently not have a clear picture of the scale of the problem.

Many counties have found that it is best to adopt the definition of SMI used by the state so that accurate, accessible data is collected by all levels of government and across agencies.

Using one shared definition of SMI does not mean that counties should not track other measures related to a person's mental health status as part of their efforts. However, all parties—including county elected officials—should be clear on the differences in the definitions of SMI and less serious mental illness and data being reported on both populations.

Developing an SMI Definition in California

In response to requests from *Stepping Up* counties around the state, the County Behavioral Health Directors Association of California and the California State Sheriffs' Association assembled an expert work group to develop a model shared definition of serious mental illness based on definitions used by the State of California.

Over a six-month period, the work group—which included people from county behavioral health, jail mental health, probation, psychiatry, sheriffs/jail commanders from counties of all sizes, and other essential state associations and state government agencies—decided to model a definition based on the state statutory definition. This definition describes the general target population, informs funding considerations, and determines eligibility requirements for relevant efforts. Recognizing the need for easily understood language, the group developed a "common language" version of the state definition to promote its widespread use. The group also developed a companion guide on implementing the model shared definition in local planning processes.

2. Conduct universal mental health screening using a validated tool, and follow up with a clinical assessment as needed.

Ensuring that screening takes place is a crucial step in identifying the people who need more comprehensive clinical assessments. Every person who enters the jail should be screened for symptoms of SMI at booking. However, a positive screening result is not a diagnosis of SMI. For people who screen positive for symptoms of SMI, a follow-up clinical assessment by a licensed mental health professional should take place within 72 hours or as soon as staff are available. This clinical assessment is needed to confirm the presence and type of SMI. If a person does not receive a clinical assessment while in jail, the county planning team should develop a process for referring people who are released from jail before a clinical assessment to providers in the community who can conduct a clinical assessment.

As implementing a screening and assessment process will likely impact staff and resources, staff from multiple agencies—including jail medical service providers, community-based behavioral health care providers, and other jail staff that oversee intake—should be involved in planning this process. Many counties have adopted validated, non-proprietary screening tools—such as the Brief Jail Mental Health Screen or the Correctional Mental Health Screens for Men and Women—that can be administered by properly trained jail staff in just a few minutes.[2] Training should also include an explanation of the goals of the screening process and the concept of a validated or evidence-based screening tool. Screenings conducted by jail staff can be coordinated with other jail intake processes that are completed at booking, such as collecting demographic and emergency contact information, determining housing assignments, and conducting other screenings, which can include pretrial or criminogenic risk.

Many jails already have a process in place to administer a medical and/or suicide risk screening at booking that may include some questions related to mental health, but these screenings are not enough to identify people who have symptoms of SMI. Jails should modify a medical and/or suicide risk screening process that is already in place by adding a validated mental health screening. In many instances, this would involve replacing some questions in the medical and/or suicide risk screening with questions from a mental health screening tool, which jail staff can accomplish easily and with minimal training.

3. Record and report results.

Recording case-level data and reporting aggregate data from screenings and assessments allows decision makers across the criminal justice and behavioral health systems—including jail administrators, prosecutors, defense attorneys, judges, behavioral health care providers, and supervision officers—to access information that can inform pretrial and post-conviction decisions. It is important to emphasize that the Health Insurance Portability and Accountability Act (HIPAA) or other privacy laws, which may vary from state to state, should not be violated.[3] The planning team should develop information-sharing agreements between agencies to protect people's privacy and support the need to share the results of screenings and assessments so they can be used to inform key decisions related to pretrial release, diversion, discharge planning, and specialized pretrial and post-conviction community supervision. All information-sharing agreements must also align with federal and state confidentiality regulations.

Some jurisdictions create an electronic flag in their jail management system to indicate that a person has screened positive for symptoms of SMI and needs to be referred for a clinical mental health assessment or connected to mental health services in the jail. Some jurisdictions also use internally developed reports such as a Microsoft Access database or a spreadsheet to keep track of this information. When shared appropriately, the flag for SMI symptoms or SMI indicator also lets community-based behavioral health care providers and supervision officers know they should obtain a release of information to communicate and establish a plan for collaborative case management to address the person's needs. Information-sharing agreements that are in accordance with state and federal laws may need to be developed to support this process.

2. For information about the Brief Jail Mental Health Screen, see http://www.prainc.com/?product=brief-jail-mental-health-screen. For information about the Correctional Mental Health Screens for Men and Women, see https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4231452/. *Stepping Up* does not endorse the use of any specific tools; the Brief Jail Mental Health Screen and the Correctional Mental Health Screens for Men and Women are examples of tools that are available for use without proprietary requirements.

3. Petrila, J. and Fader-Towe, H. and Petrila, J. *Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws*. (New York: The Council of State Governments Justice Center, 2010).

Breaking It Down: Estimating the Prevalence of People Who Have SMI in Jails Before Screenings and Assessments Are In Place

For counties that are working on implementing a screening and assessment process, there are ways to estimate the current prevalence of people in jail who have SMI to inform strategic planning efforts. Although these approaches have potential drawbacks and do not use the recommended methodology laid out in this brief, they may be useful starting points for counties working to calculate the prevalence of SMI in the jail prior to having a screening and assessment process in place.

- **Use the number of people who screen positive for SMI at booking.** A positive screening result is not a diagnosis of an SMI, but rather an indicator that a follow-up clinical assessment by a licensed mental health professional is needed to establish the presence and type of SMI. Since many screening tools can be administered by jail staff and the results can be stored in a jail management system, this data can be easier for jails to collect compared to results from follow-up clinical assessments that may be housed in a different agency and considered protected health information. This measure can typically be calculated by the jail without the need for information-sharing agreements and used to assess the effectiveness of pre-booking diversion, but may over-identify people as having SMI if there is not a process in place to verify the presence of SMI through follow-up clinical assessment or referencing behavioral health records.
- **Use results from clinical assessments conducted in the jail by a licensed mental health professional, even though the jail may not have a screening process.** Even in jails that are not using a validated screening tool, clinical assessments may be conducted for people who self-refer or are referred by jail and/or medical staff. This measure will likely need to be calculated by the medical or mental health care provider in the jail and may result in an under-estimation of people who have SMI in jail, since a systematic process for screening and referring people to a clinical assessment has not been established.
- **Use results from clinical assessments conducted by a licensed mental health professional in the jail, even though community-based behavioral health providers may have a different definition of SMI.** This estimate may be considered inaccurate by community-based behavioral health care providers who use a different definition of SMI compared to the jail's definition.
- **Match data on people booked into the jail with the county's behavioral health provider's client list.** This match will only include people who have been connected and received services in the community, which will likely result in an under-estimation of the number of people in jail who have SMI. Depending on county agencies' data-sharing and analysis capacities, this may take significant leg work from the behavioral health agency, which will have to cross-reference jail intake records with their own behavioral health records. Where applicable, using and sharing matched data between the behavioral health agency and the jail should be in accordance with federal and state confidentiality regulations.
- **Review the jail's prescription medication database to determine if a person is likely to have SMI based on the type of medications they have been prescribed.** This approach often results in an over-estimate or under-estimate because it does not take into account people who are unaware that they have SMI, those who have not been properly diagnosed, or those who are not currently on medication for their SMI, as well as people with other mental illnesses who are on psychotropic medication.
- **Extrapolate from national estimates of the prevalence of people in jails who have SMI.** Given that national estimates are outdated, using this approach may not provide a current or accurate estimate of the number of people in jail who have SMI.

To learn more about counties that have implemented a screening and assessment process, read the National Association of Counties' Champaign County, IL, and Douglas County, KS, case studies.