

- MENTAL HEALTH
- DEVELOPMENTAL DISABILITIES &
- SUBSTANCE ABUSE

NORTH CAROLINA COUNCIL OF COMMUNITY PROGRAMS

Status of Council Action:

*Developed by Management Systems Workgroup
7/13/07: Endorsed by Area Directors Forum
7/20/07: Adopted by Council Board of Directors*

Position Statement: Mental Health and Jails

I. Council Position

Individuals in the jails with mental illness, substance abuse and developmental disabilities are not receiving the treatment that they need. It is the position of the NC Council that the state needs to fund jail diversion programs – both pre and post booking and support a system-wide screening tool to identify jail inmates in need of service.

I. Background and Statement of the Issue(s)

Individuals with mental illnesses (MI) and developmental disabilities (DD) are over represented in the criminal justice system. National studies indicate that 56% of state prison inmates and 64% of local jail inmates have mental health problems; that 4% - 10% of prison inmates are estimated to have developmental disabilities; and that access to treatment in the criminal justice system is extremely limited (data from *Identification and Treatment of Individuals with Mental Illness and Mental Retardation/Developmental Disability in North Carolina Jails, Vaughn & Scheyett, 2007*).

People with mental illness spend two to five times longer in jail and often can't make bail. More than 4% of men in jail suffer from Schizophrenia or Bipolar Disorder compared to 1% of the general population. According to the Bureau of Justice Statistics (September, 2006), 24% of jail inmates report symptoms that met the criteria for a psychotic disorder. The same report estimates that 49% of individuals in local jails were found to have both a mental health problem and a substance dependence or abuse problem.

North Carolina has undergone transformation of its MH/DD/SA system, with the result that the continuum of services is fragile and fragmented for some consumers. This appears to be particularly true for incarcerated individuals with MH/DD/SA problems. Law enforcement agencies frequently express frustration with the amount of staff time required to address police calls in response to persons with mental illness/substance

abuse problems and note equal frustration that these individuals go to county jails instead of entering appropriate treatment.

Jail diversion programs (both pre and post booking) are rare in NC, although several successful models have been identified. Implementation of these models requires building local partnerships across complex systems beyond MH/DD/SAS, including law enforcement agencies, courts, jail staff, and consumers/advocates. While State level support of both technical assistance and funding is critical, local communities must have some flexibility to choose the models which best suit their local situations.

Jail diversion programs only work when effective treatment resources are in place, beginning with rapid crisis response systems. Although the crisis continuum development work recently begun is a start, there will need to be ongoing focus and support on access to care to which properly meets the needs of the population most at risk for incarceration.

The State's payment system, IPRS (Integrated Payment & Reimbursement System), does not allow billing for services rendered to consumers while they are incarcerated. This has effectively put a halt to service provision in the jails by providers. It is difficult to get Community Support providers to come into the jails to coordinate discharge services. In addition, some jails have chosen to limit the numbers of providers with whom they work out of safety and security concerns. Respect for this position may indicate a need for LME staff to be the primary contact for jails, rather than contracted providers.

Currently, only 12 LME's receive funds to implement a jail diversion initiative. This funding changed in FY 2006 requiring that half of the allocation be earned through the UCR system by providing community support. This has made it difficult for some LME's to earn those dollars as many jail diversion coordinators are kept busy screening inmates in the jail not leaving time to provide community support services outside of the jail setting.

II. Recommendations

1. Create technical assistance at the Division, as well as funding to communities for the development of local jail diversion programs to include both pre and post booking;
2. Create capacity at the Division for the production of educational materials and introductory trainings on nationally recognized best practice models such as CIT that may be utilized by local communities seeking to develop jail diversion programs
3. Create capacity at the Division for state-wide data collection on jail diversion outcomes data.
4. Fund community capacity grants from the MH trust fund, via LME application, to communities who demonstrate local readiness and need assistance to support more intensive training or program start-up needs.
5. Create jail diversion target populations for adolescents and adults, AMHCJO (Adult Mental Health Criminal Justice Offender) and CMHCJO (Child Mental Health Criminal Justice Offender) and allocate separate funds for services.

6. Roll out non-ucr funding for all LMEs to create a Jail Diversion Coordinator position and institute a uniform system-wide screening tool to identify those consumers in need of service;
7. Allocate non-UCR funds to support non-billable activities such as initial screenings in courts and jails; training for attorneys and judges; planning meetings with agencies and court staff; consultation to judges, attorneys, and providers.
8. Foster the creation of mental health courts throughout the state by funding a non-UCR position as a mental health court liaison and fund appropriate incentives for use with consumers;
9. Continue to fund crisis services which are responsive to the immediate needs of the consumers and the police department with FLEXIBLE non-UCR dollars;
10. Fund treatment services for the non-Medicaid population;
11. Create housing alternatives – emergent, temporary and permanent;
12. Fund treatment dollars for utilization within the jail to create substance abuse and mental health programming;
13. Assure that consumers receive the appropriate and needed psychotropic medications while incarcerated