

A black and white photograph of vertical metal bars in a jail cell, with a horizontal bar across the top. The image is slightly blurred and serves as a background for the title text.

Managing Mental Illness in Jails:

**Sheriffs Are Finding
Promising New Approaches**



**POLICE EXECUTIVE
RESEARCH FORUM**

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Sheriffs Are Finding
Promising New Approaches

September 2018



POLICE EXECUTIVE
RESEARCH FORUM

The points of view expressed herein are the authors' and do not necessarily represent the opinions of all Police Executive Research Forum members.

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Acknowledgments

Just over a year ago, PERF launched a new initiative focused on sheriffs. Because sheriffs' departments have both law enforcement and correctional responsibilities, they play a unique and important role in our criminal justice system. PERF wanted to better understand the challenges that sheriffs face and to help address those issues, in part by documenting and sharing new ideas and promising practices.

This report summarizes a PERF conference that was one of the first major projects of our Sheriffs Initiative. We examined the issue of managing mental illness in jails because many sheriffs told us it is the most complex challenge they face today. Mental illness is not an activity that sheriffs' offices historically needed to manage. But with the crisis in America's mental health system today, sheriffs have had little choice but to step up and address this problem head on.

The sheriffs, jail administrators, and other law enforcement leaders who traveled to St. Petersburg, FL in April 2018 for PERF's conference on *Managing Mental Illness in Jails* recognize the critical role they play on this issue. They embrace that role, and they brought to the meeting a wealth of ideas, innovations, lessons learned, and questions for their colleagues. (See Appendix A, page 39, for a list of participants at the PERF conference.)

I thank all who participated in our meeting for their dedication, candor, and

hard work in addressing an extremely difficult matter. Their ideas will educate policymakers about the issues of mental illness in jails, and they will help other sheriffs across the country address these challenges in their communities.

I especially want to thank Sheriff Robert Gualtieri and the members of the Pinellas County Sheriff's Office for helping to develop the meeting program as well as helping to make arrangements for us. On the evening prior to our meeting, the Sheriff's Office provided tours of its jail as well as the innovative Safe Harbor homeless facility that the Sheriff's Office operates (and which is featured in this report). Special thanks to Colonel Paul Halle, Lieutenants Rusty Roberts and Zach Haisch, Dr. Jose Hernandez, and Health Services Administrator John Martinelli for leading these tours and answering our questions.

The work of sheriffs is a new area of emphasis for PERF, and our staff did an outstanding job in researching the issue of mental illness in jails, preparing for and arranging the meeting, and writing this report.

Senior Associate Dan Alioto, a retired 23-year veteran of the St. Mary's County (MD) Sheriff's Office, is leading PERF's Sheriffs Initiative. He directed this project, overseeing all planning, making sure we had the right people in the room, and leading the drafting of this report. Research Associate Matt Harman and Project Assistant Nora Coyne conducted

research and oversaw meeting arrangements and logistics. Nora and summer intern Matthew Rainey assisted with report writing and quote- and fact-checking. Assistant Communications Director James McGinty assisted with research and created and organized the visuals at the meeting. James and Membership Coordinator Balinda Cockrell managed communications with meeting attendees, and my Executive Assistant Soline Simenauer kept me organized and focused on this important project.

Chief Operations Officer Kevin Morison has management responsibility for the Sheriffs Initiative, and he oversaw project planning and execution. He and Communications Director Craig Fischer edited the final report. Gary Raney, former sheriff of Ada County, ID, provided valuable guidance throughout the project. On the creative side, Greg Dohler documented the meeting and tours in the beautiful photographs he took, and Dave Williams expertly designed and laid out this document.

PERF's Sheriffs Initiative is made possible by the support of the Howard G. Buffett Foundation. As the Sheriff of Macon County, IL, Howard Buffett has keen insights into the important issues that America's sheriffs are facing, and he has encouraged us to study these matters and report back to the profession. It was his first-hand knowledge of the challenges of dealing with mental health



issues in jails that inspired this project. And his foundation recently announced a major commitment to establish a state-of-the-art Community Care Campus to address the often co-occurring issues of drug addiction and mental illness among residents of the Macon County community.

For me personally, this project has been an eye-opening experience. Through PERF's work on use-of-force issues, I generally understood the connections between mental health and law enforcement. But I did not fully appreciate the burdens that mental illness places on sheriffs and their jail staffs. My hope is that this report will help others understand these challenges, and that it will help sheriffs across the country meet those challenges with new, effective, humane approaches.

Chuck Wexler
Executive Director
Police Executive Research Forum
Washington, D.C.

Foreword

by Sheriff Howard G. Buffett, Macon County, Illinois

The first thing I tell people when I'm asked about my experience as sheriff of Macon County in central Illinois is to share my gratitude for what an education it's been. The second thing I say is, "Do you want to buy a jail?" This report is a good summary of both the education side of my job and the real challenges sheriffs face in their jails on a daily basis.

Macon County is mostly rural, with a population of roughly 107,000 people. Our sheriff's office is located in the county's largest city, Decatur, where roughly two-thirds of our county population resides. Our 425-bed jail is usually 75% full on any given day, and 100 or more of our inmates enter jail with a mental illness, with another roughly 100 beds filled with people with drug addictions. For rural counties like ours, with limited local options for mental health services or rehabilitation services, this is the reality. Our sheriff's deputies and correctional officers are on the front lines on a daily basis of the mental health crisis and the drug addiction crisis in this country.

The challenges we face are well articulated in this report, but I want to share what that means for our particular jail. The inmates who come to us with a severe mental illness are the most dangerous people we see, to themselves and to our deputies and correctional officers. Most officers will tell you that they will take the most hardened criminal all day long over



the severely mentally ill individual who is in jail for retail theft. Incarceration is not a cure for mentally ill individuals in our community and they present an ongoing public safety challenge, yet that is the only option we have at the time of arrest. Officers cannot force an inmate to take medication that might improve their mental state. Some of the seriously mentally ill inmates are combative and violent; many cannot maintain daily hygiene and require assistance to shower.

An individual with a mild mental illness who comes into custody for trespassing is typically out of jail with a return court date within hours of processing. An arrestee with a serious mental illness will sit in jail because no one knows them or no one is willing to post the statutory bond. Then the long,

time- and resource-consuming process of finding them a treatment facility begins.

Here is a typical example from a recent case in our jail of a seriously mentally ill individual who was arrested on a misdemeanor charge: it took 7 weeks in our custody for him to be deemed unfit by the court; it took another 11 weeks in our custody for a treatment bed to become available in one of two facilities located outside of Macon County (they are our only options); he received treatment for 24 weeks before being remanded to our custody, at which point we discharged him, per a court order, after three days. Prior to treatment, he made three unprovoked attacks on our staff, and they had to physically force him to shower three times per week to maintain our hygiene standards. Without a plan for ongoing treatment once he was released, I suspect we will see this individual back in our jail again soon enough.

This revolving-door approach to dealing with the mental health challenges in our community—which is the reality for most sheriffs’ offices in the United States—is a huge waste of resources, does little to help people with mental illness, and shifts a huge amount of liability to law enforcement. It takes specially trained staff to handle and treat people with serious mental illness. Our personnel do the best they can, but the reality is that something can still very easily go wrong and eventually it will.

Like many sheriffs’ offices across the country, we face budget constraints and

increasing demands on our resources, but we also recognize the enormous liability we face from our population of mentally ill arrestees. Some of the investments we have made include increasing the hours of coverage for a mental health counselor from 40 to 120 hours per week; making telepsychiatry available to those in need; and having a medicated assisted treatment program. We also changed our intake processing to include screening for mental illness and suicidal ideation. We created a new inmate classification system, which includes additional levels of screening for mental illness and specific housing options for those deemed seriously mentally ill. We have also increased program offerings to include anger management and employment literacy skills, with the goal of having inmates learn coping skills and become employable while in custody to reduce recidivism. Even with these changes and increases in services, dealing with individuals with serious mental illness is a daily struggle.

My hope is that this report will educate policymakers at all levels—local, state and federal—and the public about how our current approach to mental illness is failing, and the impact that it is having on America’s sheriffs’ offices, in our jails and in our communities. We can and must do better, and we must rethink how we can use our resources more effectively to ensure the public safety of our communities while treating those with mental illness.

EXECUTIVE SUMMARY:

As the Nation's Mental Health Care System Has Splintered, County Jails Are Facing Unprecedented Challenges

The mental health care system in the United States is severely under-resourced, and America's jails are bearing the brunt of the crisis.

An estimated 43.8 million adults experience mental illness in a given year, and nearly 1 in 25 adults—or about 10 million people—live with a serious mental illness. Yet nearly 60% of adults with a mental illness did not receive mental health treatment services in the previous year.¹

When persons with mental illness do not receive treatment, many end up homeless, in the criminal justice system, or both. Approximately 26% of homeless adults in shelters have a serious mental illness.² Among prison inmates, up to one quarter have severe mental illness.³ And these numbers measure severe mental illness only. By some estimates, half or more of local jail inmates have some form of mental illness.⁴

1. "Mental Health Facts in America." National Alliance on Mental Illness. <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/GeneralMHFacts.pdf>

2. National Institute of Mental Health. www.nimh.nih.gov

3. "The Processing and Treatment of Mentally Ill Persons in the Criminal Justice System." The Urban Institute, March 2015. https://www.urban.org/research/publication/processing-and-treatment-mentally-ill-persons-criminal-justice-system/view/full_report

4. "Most Prisoners Are Mentally Ill." The Atlantic, April 7, 2015. <https://www.theatlantic.com/health/archive/2015/04/more-than-half-of-prisoners-are-mentally-ill/389682/>

The situation is exacerbated by substance abuse. A 2012 study led by the Council of State Governments found that 72% of jail inmates with a serious mental illness also have a drug or alcohol abuse problem.⁵

County Jails Have Become the *De Facto* Mental Health Care System in Many Communities

The result of these trends is clear: the mental health crisis in the United States has been thrust upon America's correctional agencies. **As mental health treatment facilities have closed or been scaled back, county jails have become the *de facto* mental health care system for large numbers of individuals in many communities.** In fact, two of the nation's largest jails—in Los Angeles County and Cook County, IL—each hold more mentally ill persons than any

5. "Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery." National Institute of Corrections; The Council of State Governments Justice Center; and Bureau of Justice Assistance. https://www.bja.gov/Publications/CSG_Behavioral_Framework.pdf

psychiatric hospital in the United States.⁶ In these and other communities, the county jail is the largest single provider of mental health services.

The prevalence of mental illness in jails is placing tremendous pressure on the sheriffs' offices that manage jails.

- Mental illness increases the risks of violence within the jails, which means a greater chance of deputies and inmates being injured, and deputies having to use force.
- Mental illness complicates housing decisions and can dramatically increase the demands—and costs—for health care; it can result in litigation regarding the treatment of persons with mental illness.
- There is also a greater risk of self-harm, including suicide, among the mentally ill inmate population. Despite protocols to prevent suicides in jails, Hennepin County, MN Sheriff Rich Stanek noted that “people don’t die in jail because they got shot; they die because of suicide.”

An Issue of Jail Safety and Community Safety

For many people outside the criminal justice profession, it would likely come as a surprise to learn that managing the mental health needs of a large segment of the community has become a major responsibility of county sheriffs. But across the country, sheriffs are facing new and complex challenges related to



mental illness in their jails. In response, many sheriffs' offices are adopting new programs and innovative approaches that focus on providing meaningful and compassionate care for persons with mental illness who are in their facilities, and also on helping inmates make the transition back to the community.

Increasingly, sheriffs recognize that managing mental illness in jails affects not only the inmates and the jail staff members who work with them; it also affects the safety of the entire community. Research shows that the reoffending rate for individuals with serious mental illness is higher than the rate among all individuals with criminal histories. However, treatment programs for individuals with serious mental illness can reduce recidivism.⁷ In this respect, effectively managing mental illness in jails is a community safety issue.

On April 19, 2018, the Police Executive Research Forum convened a national meeting in St. Petersburg, FL on managing mental illness in jails. Participants included sheriffs, jail administrators, other correctional and mental health professionals, and community-based health care providers. They came from

6. “Serious Mental Illness Prevalence in Jails and Prisons.” Treatment Advocacy Center. September 2016. <http://www.treatmentadvocacycenter.org/evidence-and-research/learn-more-about/3695>

7. “Treat or Repeat: A State Survey of Serious Mental Illness, Major Crimes and Community Treatment.” Treatment Advocacy Center, September 2017. <http://www.treatmentadvocacycenter.org/storage/documents/treat-or-repeat.pdf>



Members of the Pinellas County Sheriff's Office explain their programs for persons with mental illness and those experiencing homelessness, during tours that were part of the PERF conference on *Managing Mental Illness in Jails*.

across the country to hear from experts in this field and to share their ideas and experiences on this complex and critically important issue.

Because each community is different, there is no single guidebook or manual to direct sheriffs about how to manage the mental health crisis in their jails. Each jail's challenges depend, in large part, on the extent of the problem, the level of financial resources available to sheriffs' offices, and the availability of mental health treatment agencies and other community partners. In many areas, the sheriff's office and other government and community-based partners lack the resources to develop and sustain the programs that would meet the mental health needs of individuals in their communities. The PERF conference provided an opportunity to explore some new and promising practices that all sheriffs can explore.

How Sheriffs Are Addressing the Mental Health Challenge

Providing mental health services traditionally has not been a core mission of most sheriffs' offices. And because jails have custody of most

inmates for only relatively short periods of time, they often do not have an opportunity to make a lasting impact.

Still, sheriffs increasingly realize that—for the safety of inmates, jail staff members, and the community—they have a responsibility for assisting persons with mental illness that cannot be shirked. **Many sheriffs have moved from a traditional mindset of temporarily warehousing large numbers of individuals, to one that accepts and embraces their roles as treatment providers and public safety guardians.**

Participants at the PERF meeting examined a variety of approaches that sheriffs' offices are employing to better manage mental illness in their jails. These included:

- **Diversification strategies** that keep some individuals accused of low-level, non-violent offenses out of the jail altogether and instead place them in community-based programs that are better positioned to provide the type of treatment services that these individuals need.

The PERF conference featured several inventive approaches to diversion, including the Safe Harbor homeless shelter established and operated by the Pinellas County, FL Sheriff's Office; the *No Wrong Door*

diversion facility that gives law enforcement officers throughout Hillsborough County, FL an alternative to jail for minor offenders who seem to have mental health or substance abuse issues; and a data-driven approach to diversion in Yavapai County, AZ that uses the sequential intercept model. The Harris County, TX Sheriff's Office has created a Mental Health and Jail Diversion Bureau that focuses on finding the most effective ways to manage mental illness inside the county jail and in the community.

- **Early screening, identification, and classification** of prisoners with mental health disorders. Too many inmates are not diagnosed until they are involved in a fight or other incident inside the jail. Initial screening of all inmates can prevent problems down the line for inmates and staff members. And with a diagnosis up-front, it is sometimes possible to arrange appropriate longer-term care for these individuals inside and outside the jail.

For example, the Los Angeles County Sheriff's Department has created a comprehensive intake and screening system that assesses each incoming inmate's psychiatric needs on a scale of one to four. This initial assessment helps to guide decisions on clinical care, programming needs, and time spent out of the cell. The Polk County, FL Sheriff's Office is using an information management system to track arrestees through the booking process in real time, and to ensure that all medical and psychological screenings are conducted per agency protocol.

- **Effective housing systems** in jails that promote safety for inmates and staff, and help minimize costs. Some jails, for example, are re-examining traditional thinking that most inmates with mental illness must be segregated, and are instead developing strategies to integrate some of these inmates with the general population. For example, because

most jail suicides occur inside cells, the Jefferson County, CO Sheriff's Office is moving to house some potentially suicidal inmates in a more open setting with more direct observation and monitoring.

- **New approaches to providing mental health services** that include partnerships with community-based service providers, the use of a broader array of medical professionals, and innovations such as telepsychiatry. For example, the Lafayette Parish, LA Sheriff's Office hired a medical psychologist who is able to direct inmate care in a more comprehensive and flexible manner. In the first year, inmate prescriptions costs were reduced by approximately \$100,000 and treatment outcomes improved.
- **Reintegration** programming that helps prepare individuals with mental illness for returning to the community. Agencies are teaming up with community mental health facilities and other service providers to help inmates returning to the community find medical and mental health care, housing, employment, and other essentials. Some sheriffs' offices—including those in Arapahoe County, CO; Palm Beach County, FL; and Hennepin County, MN—are providing released inmates with naloxone and training on how to administer the life-saving drug that can reverse the effects of an opioid overdose.

This report highlights these and other innovative approaches being adopted in sheriffs' agencies of different sizes across the country.

Managing mental illness in jails is a work in progress for America's sheriffs, and the challenges they face are not getting easier. But by focusing on this issue and learning from one another, sheriffs can find solutions that make their jails, and their communities, safer.

Mental Illness in Jails: An Overview

Putting the Issue in Historical Perspective

While the challenge of managing mental illness in jails has reached crisis proportions in recent years, the problem has roots in decisions made decades ago. At the PERF meeting, **Dr. Laura Bedard, Chief of Corrections in the Seminole County, FL Sheriff's Office**, traced the history of today's situation. A Ph.D. in social work from Florida State University, Dr. Bedard worked in a state psychiatric hospital prior to beginning her career in corrections.

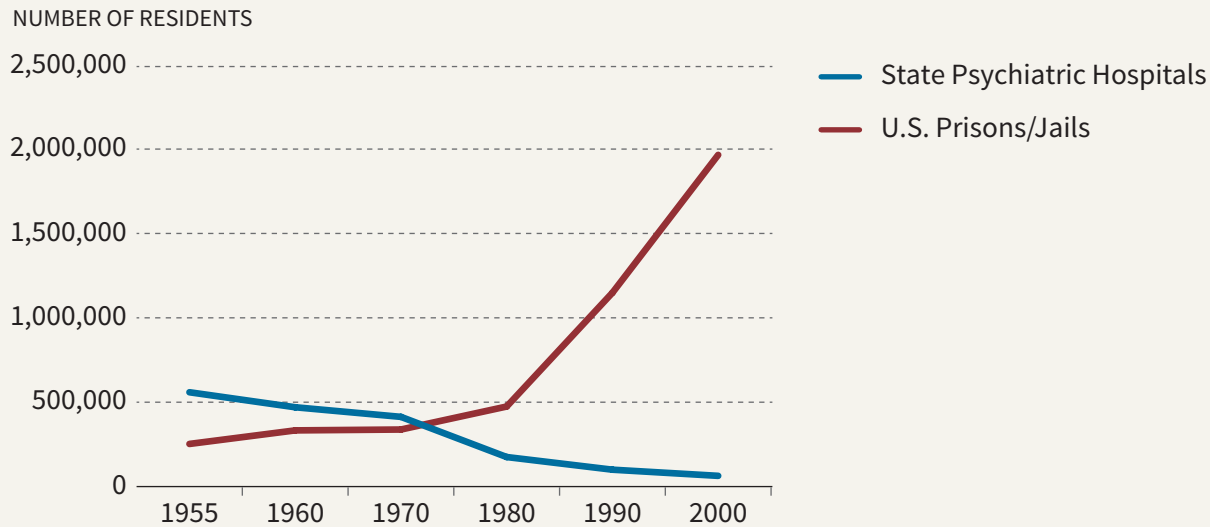
In the United States, the first institutions for persons with mental illness opened in 1773, Dr. Bedard noted. These "Houses for Persons of Insane and Disordered Minds" were essentially holding pens for mentally ill individuals. By the 1840s, prisons, which were largely unregulated, commonly held violent criminals and persons with mental illness side-by-side in deplorable conditions. Activist Dorothea Dix witnessed these conditions firsthand while teaching at a prison in Cambridge, MA, and began a crusade to document conditions at public and private facilities across Massachusetts, which she presented to the legislature. Her



Participants at the PERF conference included sheriffs, jail administrators, other law enforcement leaders, and mental health service providers. They explored how changes in the mental health system over the years have placed added pressure on jails across the country to treat persons with mental illness.

A Changing System Of Care

In 1955, over half a million patients were in state psychiatric hospital settings. Fifty years later, that number was down to about 40,000. Meanwhile, the U.S. prison and jail population surged during that time period.



Presentation by Dr. Laura Bedard, Seminole County, FL Sheriff's Office



“ The lack of capacity within the mental health system, a lack of coordinated care, and a lack of case management are why many people with mental illness end up on our laps. ”

— Sheriff Robert Gualtieri
Pinellas County, FL

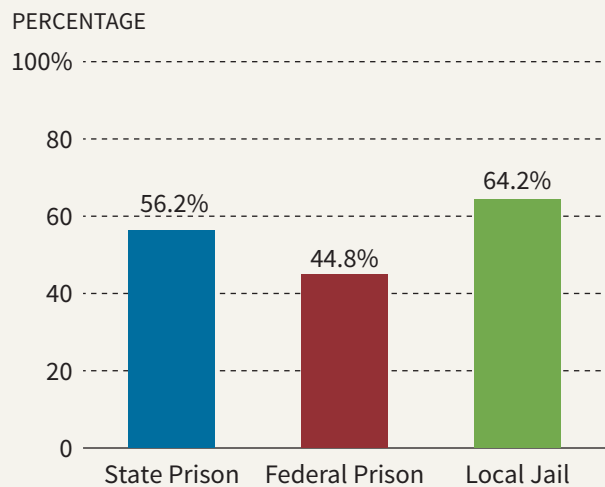
work led to the expansion of state mental health hospitals in Massachusetts and helped to spur a national movement to establish state hospitals to house and treat persons with mental illness.

This basic approach continued until 1963, when President John Kennedy signed the Community Mental Health Act. The federal law accelerated the push to deinstitutionalize state mental hospitals and provide mental health treatment in the least restrictive environment possible.

That meant community-based treatment facilities, which were supposed to be funded under the federal law. However, the law was never adequately funded, and the needed community-based facilities never fully materialized. In 1977, according to Dr. Bedard, there were just 650 community mental health centers serving nearly 2 million people annually.

During the 1980s and 1990s, spending on mental health services continued to decline, even as the U.S. population—and

Inmates with Mental Health Problems during Previous 12 Months



Source: Mental Health Problems of Prison and Jail Inmates, BJS Special Report, 2006. Table 1, p. 3. <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>.

the number of people with mental illness—rose. By the early 2000s, just over 40,000 people were in psychiatric hospital settings, down from more than 500,000 in 1955. In 2010, there were 43,000 psychiatric beds in the United States, or about 14 beds per 100,000 population.⁸ According to Dr. Bedard, that was the same ratio as in 1850, when the movement to build psychiatric hospitals was just beginning.

With fewer people in psychiatric hospitals, the pressure on community-based treatment services rose dramatically. But the resources at community-based services did not keep pace with the influx of individuals in need of mental health services.

8. A 2016 study found that the number of psychiatric hospital beds in the United States declined by another 17% between 2010 and 2016. “Going, Going, Gone: Trends and Consequences of Eliminating State Psychiatric Beds, 2016,” Treatment Advocacy Center, June 2016. Available at <http://www.treatmentadvocacycenter.org/going-going-gone>.

Impact on Jail Overcrowding

Many individuals with mental illness also experience substance abuse, homelessness, and antisocial or criminal behavior. As with mental health treatment, resources for substance abuse treatment and assistance with homelessness have not kept pace with the demand. When individuals who are experiencing some combination of mental illness, substance abuse, and homelessness break the law, the result is law enforcement intervention and often arrest.

The growing population of inmates with mental illness is placing tremendous pressure on jails, many of which are overcrowded. In 2005, the number of mentally ill inmates in jails and prisons in the United States was more than 1.25 million.⁹

Fifty-six percent of inmates in state prisons, 64% of inmates in local jails, and 45% of inmates in federal prisons reported having had an impairment due to a mental health problem within the previous 12 months, according to the Bureau of Justice Statistics.¹⁰ (These included inmates who had been told by a mental health professional that they had a disorder, or had had an overnight stay in a mental health facility, or had used prescribed medications for mental illness, or had had professional mental health therapy.)

The pressure of overcrowding can be particularly acute in large counties. In 2017, 27% of the inmate population in the Los Angeles County Jail was diagnosed as chronically mentally ill, on psychotropic medication, and housed in administrative segregation. That represents a 10-percentage point increase from 2010. As the inmate population with mental illness has swelled, the jail has begun to run out of

9. “Mental Health Problems of Prison and Jail Inmates.” Bureau of Justice Statistics Special Report (NCJ 213600). September 2006. <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>. Page 1.

10. Ibid., p. 3.



“ In 1978, I worked at a training school in New Hampshire as a training and development therapist. My job there was to get patients ready to go into the community during deinstitutionalization. At the time, it seemed like a really good idea. We were preparing people who had spent their entire lives in institutions to go into the community.

But the services just weren't there. When I go through our unit at the Seminole County Jail, I have flashbacks. The same types of patients that I had in 1978 are in the county jail in 2018. These are the same kinds of people.

— **Dr. Laura Bedard**
Chief of Corrections, Seminole County, FL

“ As we continue to see an increased number of inmates who need attention for their mental illness, we are running out of bed space. We are close to filling one entire jail with the mentally ill population, in what we call high-observation housing. That is our population of severely mentally ill inmates. This is problematic for us because the majority of this population require single-person cells. We have been trying to place two people per cell; however, there are additional complications with that.

— **Chief Christy Guyovich**
Los Angeles County Sheriff's Department



space to house them and is now looking at expanding capacity.

People Are Cycling Through the Justice System

When persons with mental illness are arrested, especially homeless persons, it is often for minor offenses such as trespassing, public urination, open container violations, or disorderly conduct. Even if they are experiencing a mental health crisis, jail is sometimes the only available place to take them. Some may stay in jail for months, waiting for a hospital bed after being deemed incompetent to stand trial.

In jurisdictions that lack community-based services, mentally ill offenders tend to repeatedly cycle through the justice system. They are brought to jail for minor offenses, deemed incompetent to stand trial, and transferred to a hospital for short-term treatment before being brought back to jail.

Participants at PERF's conference noted that this cycle provides few lasting benefits to the inmates, because they are getting only temporary help for a serious, usually long-term illness. This situation is frustrating and costly for sheriffs' offices that invest time, manpower, and money to support the process. Because jails house most inmates for a matter of only weeks or days, they are not in a position to make a lasting impact.

“Mentally ill offenders wear out the court system. They’re sent to a state hospital. They’re supposedly able to function and stand for trial. They come back to jail and decompensate. They go back to state hospital. We do this over and over again to the state hospitals. Finally, we get them to court. They’re found incompetent, and they go back to the state hospital from there.”

These individuals require more than the services that we can give them. We just patch them up in a county jail. If you’re looking at 20, 40, 60 days of incarceration, you’re not going to fix a lifetime of mental illness. There’s got to be something beyond jail to take care of that. They need long-term treatment.

— **Chief Michael Allen**
Polk County, FL Sheriff’s Office



Beyond adding to the pressure of overcrowding, inmates with mental illness create other challenges for jails. According to Dr. Bedard, mentally ill inmates have more difficulty adjusting to the incarceration environment. As a result, they tend to:

- Be involved in more fights than other inmates;
- Have more extensive disciplinary histories; and
- Be more likely to engage in self-harming behaviors.

For sheriffs’ offices, these dysfunctional behaviors can be costly in terms of staff time devoted to addressing them. They also increase the dangers that jail staff face and lead to burnout among personnel.

Dealing with these and other issues associated with mental illness in jails is not a new challenge for most sheriffs’ offices in the United States. But the consensus among participants in the PERF conference is that the challenges have intensified in recent years, as the expectations on sheriffs’ offices to solve them have grown.

Diversion Strategies

Sheriffs' deputies and police officers often encounter people in mental health crisis. In many cases, these people can be successfully diverted from the criminal justice system. At PERF's meeting, sheriffs' department officials described diversion programs that are keeping low-level, nonviolent suspects out of jail and are providing them with mental health treatment and other services.

Pinellas County, FL:

Providing a Safe Harbor to the Homeless Population, Many of Whom Have Mental Illness

Pinellas County Sheriff Robert Gualtieri has developed a unique approach to reducing crowding in his jail, while giving homeless individuals help for mental health, substance abuse, and related issues.

In Pinellas County, 65% of the jail population are pretrial detainees, and the average length of stay is 26 days. In 2011, there were 600 inmates sleeping on the floor of the jail, many for minor crimes associated with homelessness and mental illness.

In response, Sheriff Gualtieri allocated more than \$2 million from his operating budget to convert an unused transportation facility adjacent to the jail to a homeless shelter, which was named "Safe Harbor."

The facility offers homeless persons a safe place to stay, where the accommodations match each person's level of pro-social behavior. Those who are sober and who follow the rules of the facility can stay in an indoor dormitory area. Inmates who are under the



Created and operated by the Pinellas County, FL Sheriff's Office, the Safe Harbor homeless shelter is helping to ease jail crowding and provide needed services to individual with mental illness.

“ We were in a situation where we were out of jail space. We had about 3,800 inmates, with almost 600 on the floor, which was intolerable. It was largely driven by people who were in jail for social offenses, many of them related to homelessness. We said we were going to do something different, and we opened Safe Harbor in January 2011.

The population in the jail immediately decreased. The population of Safe Harbor immediately went to about 400 on an average daily basis. It costs us \$126 a day to house somebody in the county jail, versus \$13 a day at Safe Harbor.

It's great because people are getting mental health treatment. They're getting substance abuse treatment. They're getting job training, life skills, and all of those things to help break the cycle of homelessness. It's cost-effective, and it is changing the behavior and the lives of a lot of people.

— **Sheriff Robert Gualtieri, Pinellas County, FL**

influence or who repeatedly cause disruptions must stay in an outdoor area that is covered. There is an amnesty box at the entrance for weapons or contraband, and people can come and go as they please.

Importantly, residents at Safe Harbor have access to medical, mental health, and substance abuse treatment services, as well as job training and life-skills courses.

The capacity of Safe Harbor is 400, and the facility has operated at or near capacity almost since it opened. In addition to easing jail crowding and providing individuals with needed services, Safe Harbor is also cost-effective. Sheriff Gualtieri reported that housing a person in Safe Harbor costs about

one-tenth what it costs to keep an inmate in the county jail.

Hillsborough County, FL:

No Wrong Door for Jail Diversion

Hillsborough County faced challenges of jail crowding, caused in large part by persons with mental health and substance abuse problems being repeatedly arrested for nuisance crimes. In response, the sheriff's office established a diversion facility based on the *No Wrong Door* approach.

As a result, law enforcement officers throughout the county have a new option

“ The cop on the street does not need to sort out exactly what an arrestee's condition is. If the officer can identify some key features of a mental illness or drug addiction, and the charge is not violent in nature or a significant felony, but more of a minor, nuisance-type charge, then the officer has the discretion to bring the individual to the secure *No Wrong Door* facility. There are licensed personnel who can decide whether the person needs to go immediately to in-patient detox, then maybe to the Mental Health Unit. Or, do they need to go to the Mental Health Unit first, and then back to detox and so on. Instead of the jail being responsible for sorting that out, the professionals at *No Wrong Door* handle it.

— **Dr. Bethany Mitchell, Medical Director Hillsborough County, FL Sheriff's Office**





“ We have 20 different law enforcement agencies bringing people to our jail, and not all of these people belong in jail. So we worked with the courts, the public defender’s office, and the county attorney’s office. We essentially said, ‘If somebody’s in jail and they can’t bond out, and we develop a treatment plan at the jail (working through our coalition and our service providers), and we get the arrestee connected with services on the outside, will you let them out? Will you recommend to the judge that they can be let out on bond, if they stay engaged in treatment?’ This is one part of our Reach Out Program.

— **Chief Deputy David Rhodes**
Yavapai County, AZ Sheriff’s Office

when they arrest people for low-level crimes who appear to be mentally ill, have a substance abuse problem, or both. Instead of taking these arrestees to the county jail, the officers can take them to *No Wrong Door*, where treatment professionals give arrestees medical and psychological assessments and then determine the best placement for them. *No Wrong Door* is a secure diversion facility that helps direct individuals with mental illness or substance abuse to the most appropriate location that can provide the needed services.

Yavapai County, AZ:

A Data-Driven Approach to Jail Diversion

The Yavapai County, AZ Sheriff’s Office has 20 different law enforcement agencies that book people into its jail, and an estimated 48% of the inmate population have some form of serious mental illness.¹¹ Yavapai County created a coalition of law enforcement agencies, hospitals, behavioral health services, homeless shelters, and other community services to address this issue in a comprehensive, holistic manner.

At the PERF meeting, Chief Deputy David Rhodes said he used the national *Stepping*

Up Initiative and the *Data-Driven Justice* program of the National Association of Counties to assemble a broad coalition of program partners and develop longer-term solutions than what could be provided in the county jail.¹²

One member of the Yavapai County partnership was Health Choice Integrated Care (HCIC), the organization responsible for managing local health care providers. As the Regional Behavioral Health Authority for northern Arizona, HCIC manages behavioral health services for residents who are on the state’s Medicaid program. HCIC chose to fund pre-arrest diversion strategies because diversion from jail would result in better long-term outcomes and would save money in the long run.

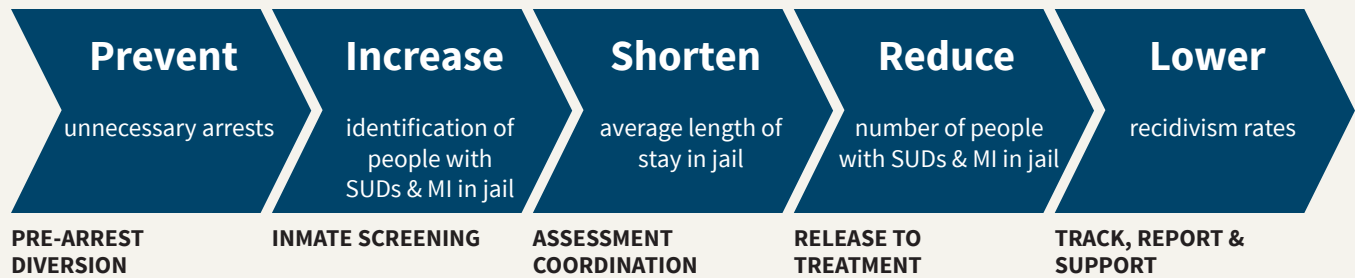
Yavapai County customized the *sequential intercept model*, commonly used by health and human service organizations, to identify where along the path of criminal

11. “What Is Reach Out?” Yavapai County Sheriff’s Office fact sheet. http://ycsoaz.gov/Portals/0/WEB%20VERSION%20Reach%20Out%204%20Fold%20Brochure_1.pdf

12. The *Stepping Up Initiative* is a collaboration of the American Psychiatric Association Foundation, National Association of Counties (NACo), and Council of State Governments Justice Center that is designed to reduce the number of people with mental illness in jails. For details, see <https://stepuptogether.org/>.

Data-Driven Justice is a NACo initiative of counties, cities, and states that are developing strategies to disrupt the cycle of incarceration among homeless individuals with mental health and substance abuse problems and among low-risk suspects who cannot afford to bond out of jail while awaiting trial. For details, see <http://www.naco.org/resources/signature-projects/data-driven-justice>.

Yavapai County's Sequential Intercept Model



SUDs & MI = Substance use disorders and mental illness

justice involvement a person could best be diverted or treated. The county's plan, which is called the "Reach Out Program," has multiple diversion points, from pre-arrest through post-release.

The first intercept point is the initial police contact. With funding from program partners, the sheriff's office created a mobile Crisis Intervention Team, staffed by community behavioral health specialists. The team provides law enforcement agencies with round-the-clock access to trained professionals, who arrive at the scene within 30 minutes of a call for assistance and help with stabilization and safety planning. Yavapai County also created a crisis stabilization facility where officers and members of the Crisis Intervention Team can bring people who need higher-level care. The facility serves as a central drop-off center and helps to connect individuals in need with available services.

In addition, the sheriff's office created a post-arrest diversion program that uses release coordinators to screen every arrestee immediately after booking. The coordinators identify inmate needs and work to ensure that inmates are connected with community providers at the time they are released from custody.

The Reach Out Program is still in its early stages but has shown positive signs. In May 2018, Arizona Gov. Doug Ducey signed

legislation allocating \$500,000 to the Yavapai County program over the next three years.¹³

Harris County, TX:

Investing in Multi-Faceted Diversion Strategies

The most populous county in Texas, Harris County is looking at multiple diversion opportunities in the criminal justice process, and is investing in new facilities and resources to support its efforts. The county's goal is to divert as many people as safely possible away from jail and into better treatment options.

For example, the county is building a Joint Processing Center, which will be shared by more than 50 law enforcement agencies in the Houston area. Every suspect brought to the center will undergo a mental health screening to determine whether diversion from jail is an option.

If at any point during the screening process a suspect shows signs of mental illness, the individual will move to the Triage Diversion Desk. Staffed by a master's degree-level licensed professional counselor, the Triage Diversion Desk will provide a thorough

>> continued on page 19

13. "Reach Out Initiative Funding Bill Signed by Governor Ducey." Signalsaz.com. May 29, 2018. <https://www.signalsaz.com/articles/reach-out-initiative-funding-bill-signed-by-governor-ducey/>

Harris County's Mental Health and Jail Diversion Bureau

Within both patrol and jail functions, Harris County, Texas operates a wide range of programs designed to help individuals with mental illness. These initiatives range from the Crisis Intervention Response Team and a Homeless Outreach Team who work in the community to the jail's Step-Down Unit.

To ensure coordination among these various initiatives, Sheriff Ed Gonzalez created a Mental Health and Jail Diversion Bureau within the Sheriff's Office. Led by Major Mike Lee, the Bureau focuses on collaboration with local mental health and criminal justice organizations to identify the safest, most cost-effective and innovative ways to manage mental illness inside the Harris County Jail and in the community. Close collaboration with the Harris County District Attorney's Office is critical to the bureau's success.

Although much of its work takes place behind the walls of the jail, one feature of the Mental Health and Jail Diversion Bureau is its openness and transparency. The bureau has a dedicated website (www.harriscountycit.org) that provides detailed information on its programs and activities (including an annual report) and on how the public can interface with the bureau. And the bureau has an active Twitter account (@HCSO_MHU) that provides updates on its activities and engages with the community.

PERF staff interviewed Harris County leaders about their collaborative approach.



“Responding to individuals with mental illness, in our communities and in our jails, is one of the most important criminal justice issues confronting sheriffs and police chiefs today. To address this complex and challenging issue, I formed the Mental Health and Jail Diversion Bureau upon taking office in January 2017. This bureau, under the management of Major Mike Lee, oversees all mental health and jail diversion issues throughout the Harris County Sheriff's Office.”

— **Harris County Sheriff Ed Gonzalez**



“Effective 21st century policing is very complex, and no issue facing law enforcement today is more complex than our response to persons in a mental health crisis. The Harris County Sheriff's Office has made great strides in our approach to this issue, but we have not done it alone. Every day we partner with mental health experts and community providers to find approaches that work effectively to increase the safety of everyone involved and divert these individuals away from jail when appropriate.”

— **Major Mike Lee
Harris County
Sheriff's Office**



“Diverting low-level offenders and mentally ill residents away from the jail is an important component to making Harris County safer. Rather than stigmatize people with a criminal conviction, we can connect them to community treatment providers to help turn their lives around, giving us the ability to focus on serious crime. The partnership between our staff and the Sheriff's Office has allowed us to make many meaningful changes in a very short amount of time.”

— **Harris County District Attorney Kim Ogg**

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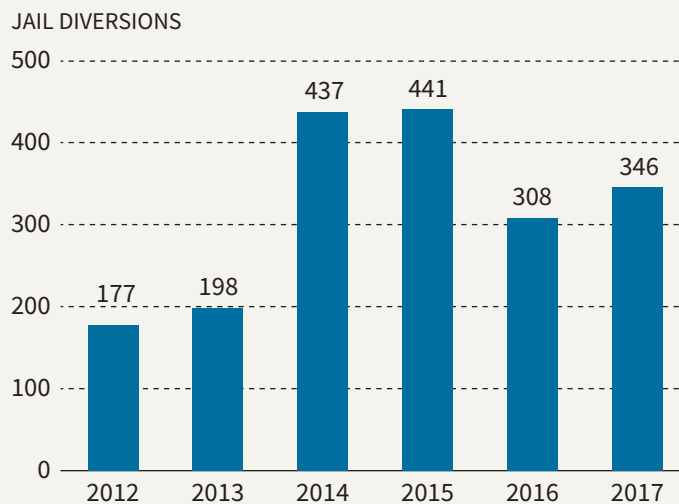
We are very fortunate that we have a DA Intake that is available 24 hours a day for Harris County. We also have weekly meetings with the DA's office to discuss strategy and operations. They are 100% on board with our diversion program.

— **Project Manager Frank Webb,**
Harris County Sheriff's Office

”



Harris County CIRT Jail Diversions



Source: Harris County, TX Sheriff's Office

continued from page 17

assessment of the suspect. The arresting officer and counselor will then consult with an Assistant District Attorney, who will decide whether the suspect should be diverted from jail. Individuals who are diverted will be sent to a new mental health facility that is being built in Harris County. The new facility will provide intensive case management services for individuals referred there.

Harris County also developed a field diversion program, called the Crisis Intervention Response Team (CIRT). Sheriff's deputies trained in crisis intervention are paired with master's degree-level licensed behavioral health professionals. When deputies in the field encounter persons they believe to be

in crisis, the deputies can bring those individuals in for an evaluation under an emergency detention. In these crisis situations, if the suspect has committed a low-level misdemeanor, charges will not be filed. For a mid-level offense or higher, the District Attorney's Office will be informed of the suspect's mental health situation and decide whether to file charges. If the suspect is not in crisis, but the deputy still believes a mental health issue may be involved, the Triage Diversion Desk at the Joint Processing Center will be informed and will work with the suspect to determine if there is an underlying mental health issue.

Essex County, MA:

Focusing on Treating Individuals with Co-Occurring Disorders

Like many other sheriffs' agencies, the Essex County, MA Sheriff's Department has seen an increase in individuals with co-occurring disorders of mental illness and substance abuse (both illegal drugs and alcohol). The Sheriff's Department realized that people were not receiving the care they needed in the community, so it worked to fill the service gap by establishing a 28-day inpatient detox program and a 42-bed addiction treatment facility. In the detox unit, individuals receive specialized psychological and medical treatment. There is also 24-hour medical care, which can provide medically assisted drug treatment if necessary, as well as counseling and religious services.



“ About two years ago, the Sheriff’s Department in Essex County embarked on an unusual opportunity. We took two 42-bed housing units and transformed them into two gender-specific detox units, supported by contract clinical experts. In the past, the choices were basically incarceration or putting someone back on the streets. If we incarcerated them, you knew there wasn’t going to be much, if any, treatment provided. In many cases, individuals were being warehoused without treatment. Or you put them on the street and hoped that there was not going to be a problem. The detox program provides structure and treatment to those who need it.

— **Special Sheriff William Gerke**
Essex County (MA) Sheriff’s Department

All referrals to the detox unit come through the court system and usually involve persons arrested for minor, nonviolent offenses. After successful completion of the program, a suspect may have the charges dismissed. The detox unit allows individuals who likely committed crimes to support their drug habit to get help in a less restrictive environment than jail. Essex County reports that it is seeing successful outcomes from the program and plans to maintain it.

Lafayette Parish, LA:

Privatizing Outpatient Treatment Has Improved Services and Reduced Costs

For years, the Lafayette Parish Sheriff’s Office has operated the Acadiana Recovery Center,

a licensed and accredited residential and outpatient treatment program. Open 24 hours a day, seven days a week, the Center offers both residential and in-patient alcohol and drug dependency and mental health treatment for adult men and women. The facility also includes a six-month halfway house and outpatient treatment for both substance abuse and mental health issues.

Funding for the center comes through a state contract between the Acadiana Area Human Services District and the Sheriff’s Office. Recently, Sheriff Mark Garber decided to privatize the operation of the center as a way to control costs while maintaining high-quality services.

“ When I took office, I privatized the Acadiana Recovery Center, our Sheriff’s Office-operated drug rehab facility. It’s still run under my agency, but I found a private operator who is in that business. That turned a \$2 million dollar loss per year—that is, a negative outflow of expenses over revenue from our Medicare billing and so forth—into a \$15,000 a month positive. My advice is to look for a private operator who can run this type of center under your license or charter, and can also meet your standards for quality.

— **Sheriff Mark Garber, Lafayette Parish, LA**



Intake, Classification, and Housing Issues

Providing mental health and suicide screening assessments for inmates entering jail has become standard practice for most sheriffs' offices. How effectively agencies design and carry out these screening processes can have important implications for making appropriate classification and housing decisions for inmates, which in turn have implications for safety and efficiency inside the jail.

PERF's conference on *Managing Mental Illness in Jails* highlighted innovative intake screening practices that effectively identify mental health needs, and do so earlier in the process. The conference also featured discussions on how to best house inmates who exhibit varying degrees of mental illness. Many, if not most, jails have created specialized housing areas that are designed to support treatment services for inmates, as well as to help transition some of them into the general population.

Los Angeles County:

A Mental Health Assessment Scale Helps Guide Decisions on Housing and Programming

The Los Angeles County Jail, with an average daily population that exceeds 17,000, is the largest jail in the United States. Faced with

a growing number of inmates with serious mental illness, the County Sheriff's Department has developed a "scale-based" assessment system to evaluate each inmate and determine appropriate housing, medical care, and programming.

At the start of the intake process, all detainees are assessed by a jail clinician. Based on this assessment, each inmate's level of psychiatric need is rated on a scale from one to four. P4 is the classification for inmates suffering from the most debilitating symptoms and are deemed a danger to themselves or others. Inmates with less severe, but still significant impairment to the point that they cannot be in an environment that requires independent control of their behavior, are classified as P3. Those with moderate impairment, who can function with some extra support, are classified as P2. The lowest classification level, P1, is for inmates who have some mental health problems, but not to the point of impairing daily functioning or preventing them from living in the general jail population. Each classification has a corresponding required treatment plan.

Sheriff's Commander Ken McWaid said that especially in a large facility like the Los Angeles County Jail, the one-to-four scale helps personnel to manage the growing mentally ill population by recommending



“ If I can get two like-minded inmates, we have a program that’s called ‘I Match.’ It’s almost like an E-harmony for inmates. We take a lot of data about the inmates and put them in a computer. Based on their classification level, their charges, ages, medical status, etc., we can say, ‘Okay, these two can get along.’
This can help prevent suicide attempts, because when one of the inmates notices something, they’ll yell and get the attention.”

— **Commander Ken McWaid**
Los Angeles County Sheriff’s Department

“ It is imperative that all members of the Sheriff’s Office recognize and properly classify individuals experiencing mental illness in the booking process and during housing to ensure that proper medical treatment is administered.”

— **Chief Michael Allen**
Polk County, FL Sheriff’s Office

response regimens based on the initial assessment. For example, individuals with the most severe mental illness are assigned to high-observation housing, while those with lower levels of mental illness can be assigned to less restrictive housing.

The assessment scale also helps guide decisions on the frequency of clinician visits, the amount of time spent out-of-cell, programming needs, and the frequency of well-being checks.

The number of mentally ill inmates has created acute housing challenges for the Los Angeles County Jail. To address space limitations, the jail started a program to screen and house some moderate-observation inmates together. This frees up space and encourages inmates to notify staff members when they notice self-harming or suicidal behavior in their cellmates, which helps to prevent suicides by inmates.

Polk County, FL:

An Automated System to Tracking Bookings, And Specially Trained Deputies

To facilitate the inmate booking process, the Polk County Sheriff’s Office recently installed the Booking Automated Tracking System (BATS), an innovative system that tracks arrestees’ progression through the booking process in real time. In addition to speeding up the process, BATS helps to ensure that all critical steps in the intake process are completed in a timely manner. This includes medical and psychological screenings that are conducted by contracted medical professionals, to ensure that inmates with mental illness are identified and properly classified early in the booking process.

The Polk County Jail operates a dedicated mental health housing unit for inmates with severe mental illness. The unit is staffed by specially trained deputies

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Hennepin County, MN Focuses on Data Management

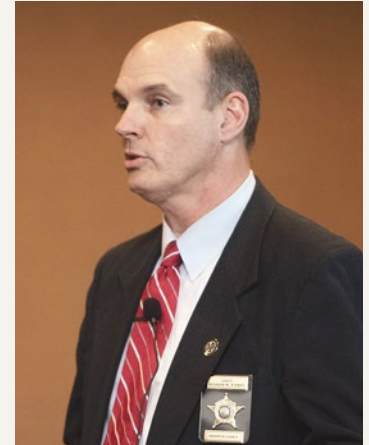
To effectively manage mental illness in their jails, sheriffs need up-to-date information on their jail population and the services that inmates require. Sheriff Richard Stanek of Hennepin County, MN has created a robust data collection and analysis system to help manage mental illness and other priorities in the county jail. Sheriff Stanek provided an overview of his data management efforts at the PERF conference.

The process started in July 2016, when the Sheriff's Office created a One-Day Snapshot of its jail population, with a focus on the incidence of mental illness in the jail. Approximately 52% of the inmate population had confirmed indicators or met criteria for a mental illness diagnosis, and 16% had indicators of severe mental illness. Sheriff Stanek said he was surprised to learn that 11% of the jail's population was taking neuroleptic (or antipsychotic) medication, compared to 2% of the U.S. population that takes such medication. "That really got our attention, because it speaks volumes about the population of inmates entering our jail," Sheriff Stanek said.

The snapshot quantified the extent of mental illness in the jail and provided general direction about the need for mental health services. The Sheriff's Office knew it needed to supplement this one-time picture with more dynamic, up-to-date information on a regular basis. So the office created a data dashboard that provides Sheriff Stanek and his management team with detailed information on who is currently in jail, for how long, and what their needs are.

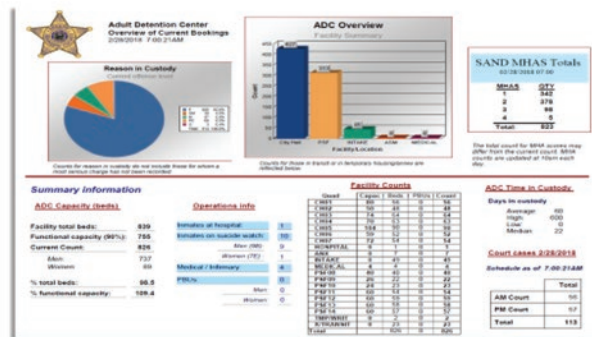
Information in the dashboard includes bookings over the previous 24 hours, population and capacity updates for all jail facilities, court schedules, and a distribution of inmates' time in custody. The dashboard also provides a count of inmates requiring mental health services and their mental acuity levels (sharpness of mind), as determined by interviews with the jail's nursing staff. It also lists how many inmates are at the hospital, in the infirmary, or on suicide watch.

Access to detailed, up-to-date information is helping jail officials in Hennepin County better manage their inmate population and the resources that are needed to serve them.



Hennepin County Sheriff
Richard Stanek

HCSO Dashboard



The dashboard informs the jail operations team about inmates' reasons for being in custody; mental health acuity scores; inmate populations at various facilities; etc.

HENNEPIN COUNTY SHERIFF'S OFFICE



who are hand-selected by supervisors to work in this challenging assignment. While every sworn or certified member of the Sheriff's Office receives Crisis Intervention Team training, the deputies in the mental health unit have demonstrated strong communications, problem-solving, and de-escalation skills, and receive additional training in these areas.

Chief of Detention Michael Allen emphasized that when inmates receive effective mental health care inside the jail, their transition into the community is easier.

Marion County, FL:

The Jail Works with Defense Attorneys To Expedite Court-Ordered Evaluations

The intake and classification process in the Marion County Jail works closely with inmates' attorneys. By keeping attorneys informed of their clients' classification status, jail staffers can help expedite court-ordered evaluations that can lead to additional services.

Inmates demonstrating suicidal behavior, as well as those having trouble adjusting to the jail environment, are placed in confinement, where they receive a daily mental health review with help from the jail's Behavioral Management Team. Based on these very frequent reviews, medical, mental health, and jail staff members come together to evaluate confinement classifications and make any necessary changes.

Harris County, TX:

A Mental Health Infirmity Houses Inmates With Serious Mental Health Issues

Harris County has two housing units that make up the Mental Health Infirmity for detainees experiencing serious mental

illness. Approximately 400 inmates, out of a total average daily jail population of approximately 9,000, are housed in these units. For inmates experiencing the most severe mental health issues, there is a 108-bed unit staffed by specially trained deputies, mental health professionals, nurses, and technicians. Up to 77 group therapy sessions are offered weekly to these inmates.

For inmates experiencing less severe mental illness, there is the 284-bed Step-Down Unit that prepares inmates to function in the general population. Inmates receive mental health care in a less restrictive environment than those in the main Infirmity, but are supervised more than the general inmate population. Its programs include:

- A Social Learning Unit, which is a partnership between the Sheriff's Office and Harris County's mental health authority, the Harris Center. Inmates learn socially acceptable and adaptive behavior before they return to the general population.
- A Cognitive Behavioral Therapy Unit, which focuses on helping inmates change their ineffective thought patterns and better prepare them for community interaction.
- A Mental Health Jail Diversion Program, which addresses mental health, chemical dependency, physical health, and criminogenic risk factors in inmates. After inmates are released back into the community, they continue the program with the Harris Center.

Harris County has also invested in Crisis Intervention Response Teams that work inside the jail. These teams are pairs of trained staff members who respond to any detainee having a mental health crisis, violent behavior, or suicidal ideations. Three to four of these teams are available during every shift.

“

We've taken these people who are traditionally in confinement and we've put them into this environment where they can participate in recreation and group therapy with those who are in the general population. We integrate them slowly into that environment, and eventually they start living with the general population inmates. With traditional thinking, you would never mix confinement and general-population inmates. We had to break that paradigm. We formed a multi-disciplinary team to take a look at this issue and had to get comfortable with taking some risk that we weren't normally willing to take.

— **Major Paul Adee**
Hillsborough County, FL Sheriff's Office

”



Hillsborough County, FL:

Integrating Some Inmates with Mental Illness Into the General Population

The Hillsborough County Jail has a series of housing options for inmates with mental illness. Those who pose the greatest threat to themselves or others are placed in direct observation units, where jail staff can constantly watch them, usually with video cameras.

In addition, the jail operates a Mental Health Stabilization Unit in a former medical facility that has been repurposed into a dorm-style setting with one- and two-person cells. The idea behind the stabilization unit is to gradually expose some mentally ill inmates to the benefits of prosocial behavior and participation in jail programs. Inmates can “earn” their way out of their cell to join group therapy and other sessions offered in the unit. The goal is to eventually move some inmates into the general population.

New Thinking on How to Prevent Jail Suicides

Suicide is a leading cause of death in U.S. jails, at a rate that is several times higher

than the rate in the general population.¹⁴ The traditional response to suicide risks in jail was to isolate inmates from the general population and conduct regular (usually 15-minute) checks to ensure their safety.

Participants at the PERF conference discussed their approaches to identify potentially suicidal inmates early on and to provide housing, monitoring, and services to reduce the risk of suicide.

Jefferson County, CO

Questioning Traditional Thinking on Housing Inmates Who May Be at Risk for Suicide

In Jefferson County, CO, inmates entering the jail are questioned about possible suicidal tendencies at several times: at the booking window, during initial medical screening, and later by the jail's classification staff. Before an inmate is given a housing assignment, various jail officials will have had a chance to assess the inmate.

What Jefferson County is doing differently is deciding where to initially house some inmates who are at higher risk for

14. National Study of Jail Suicide: 20 Years Later. Washington, D.C.: U.S. Department of Justice, National Institute of Corrections, April 2010. Available at <https://s3.amazonaws.com/static.nicic.gov/Library/024308.pdf>.



“ Every suicide that we’ve had, unfortunately, has been behind some sort of locked door. We’re moving toward having all of our inmates in an open dormitory-style unit, with a deputy physically in the unit, while they’re being assessed in a pre-classification system. Statistics show that the first 24 hours in jail are the worst for many individuals, and so is being locked behind a door. Our hope is that this approach will reduce suicides, especially in those first 24 hours. ”

— **Division Chief Robert Reardon**
Jefferson County, CO Sheriff’s Office

suicide. Because most of the jail’s suicides have occurred in jail cells, the Sheriff’s Office is moving toward housing potentially suicidal inmates in a more open setting. The goal is to reduce the number of suicides through more direct observation and monitoring, especially during the first 24 hours the person is in jail.

The **Los Angeles County Sheriff’s Office** is trying a similar approach. Whenever practical and safe, jail clinicians recommend that inmates be housed two or more to a cell, because they believe this approach will reduce the number of suicide attempts in the jail. Experience shows that inmates will bring attention to their cell when they see a cellmate is engaging in suicidal behavior. Doubling-up inmates has the added benefit of allowing the jail to house a higher number of in-need inmates in the mental health unit.

Palm Beach County, FL

Experience Shows that Some Inmates Are at Higher Risk of Suicide; The Sheriff’s Office Focuses Attention on Them

After nine inmates attempted suicide in a two-year period, the Palm Beach County Sheriff’s Office conducted a study to determine common factors and potential warnings signs. The study found that seven of the nine inmates had been brought in on sexual deviancy arrests. The Sheriff’s Office then mandated that all inmates brought in on sexual deviancy charges be immediately referred to the mental health unit for evaluation.

Jail administrators also discovered that inmates with lengthy sentences were attempting suicide at higher rates than inmates with shorter sentences. Inmates with longer sentences are now referred to

“ The Mental Health Unit conducts lengthy interviews with inmates at high risk for suicide. It’s not just a basic initial interview when they’re brought into intake. They’re given an in-depth interview, and then they see the psychologist. We also have two full-time psychiatrists at the agency, and the high-risk inmates spend time with them as well. ”

— **Chief Deputy Michael Gauger**
Palm Beach County, FL Sheriff’s Office



“ We started inviting everybody in to our programming, because correctional facilities are not meant to be islands. They’re meant to be places that reinforce a social contract and how to behave and how to act. It doesn’t have to be this horrible place where somebody shouldn’t be. It is where they are.

— **Major Catherine Fontenot**
Lafayette Parish, LA Sheriff’s Office



mental health counselors for screening, regardless of whether they have a history of mental illness.

When she worked in the Louisiana State Prison system, Major Catherine Fontenot of the **Lafayette Parish, LA Sheriff’s Office** found that engaging inmates in educational and social programming helped to lower the suicide rate and reduce violence. These programs were especially beneficial for those inmates with long sentences or who were on death row, as they are at a higher risk of feeling hopeless and suicidal. By fostering an environment that focuses on rehabilitation and reinforcing social habits, the prison system went seven years without a suicide, and violence dropped substantially. Major Fontenot said that similar approaches could work in a jail setting as well.

Learning from Each Suicide or Serious Attempt

When jail suicides do occur, many sheriffs’ offices have specific policies and protocols, such as medical reviews and psychological autopsies, that are designed to help them learn and prevent future occurrences. The **Marion County, FL Sheriff’s Office** has a Morbidity-Mortality Review Team that includes staff from its corrections, medical, and mental health divisions. The team reviews every suicide or serious attempt, looking at precipitating factors and previous reports. Every review involves a written plan of action to address areas for improvement, including staff training and policy changes.

The **Los Angeles County Sheriff’s Office** conducts a Death Review after any jail death. As part of the process, the investigative team holds three meetings—at 24 hours, 7 days, and 30 days after the death—to gather and review any additional information that has come up about the incident. Each meeting results in a Corrective Action Plan to address any factors that led to the death.

New Approaches to Mental Health Care Inside Jails

As the number of jail inmates with mental illness has risen, so have the challenges and the costs of providing mental health care to inmates. To meet the increased demand, sheriffs' offices have generally turned to outside agencies to provide mental health services in their jails. This approach helps ensure quality care without burdening the sheriff's office with directly providing these services.

Recently, however, some agencies have begun looking for new ways to augment this traditional approach. Innovations in this area were discussed at PERF's conference.

Lafayette Parish, LA:

Hiring a Medical Psychologist Improves Service And Reduces Prescription Costs

As part of its multi-disciplinary approach to providing mental health services, the Lafayette Parish, LA Correctional Center took the unusual step of hiring a medical psychologist. These types of specialists are rare inside jails, but Lafayette Parish has found that its medical psychologist is able to direct more comprehensive and flexible care than what inmates were getting previously.

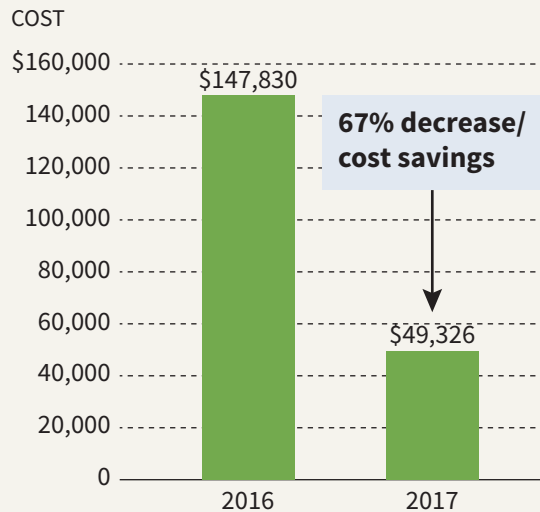
The expertise of the medical psychologist is resulting in more accurate and

prompt diagnoses of mental illness, more targeted clinical care, appropriate therapeutic housing, and comprehensive treatment. Lafayette Parish officials report that these outcomes have led to less disruptive behavior, fewer assaults on inmates and staff, and better individual outcomes for inmates.

Another outcome has been a 67% reduction in pharmaceutical costs. Because inmates are getting more accurate diagnoses and more comprehensive treatment plans early on, the reliance on pharmaceuticals has been reduced, which has resulted in nearly \$100,000 in cost savings in just one year. At the same time, participation in jail diversion programs among the targeted population has risen by 22%, and the corrections officials are securing coveted treatment slots at state hospitals at a faster rate.

Lafayette Parish officials say that by prioritizing the mental health of inmates, the Correctional Center is producing more stable inmates who have a better chance of success when they return to the community. Already, the Parish is seeing higher success rates of inmates who are in transitional work and diversion programs.

Spending on Pharmaceuticals in the Lafayette Parish, LA Correctional Center



Source: Lafayette Parish, LA Sheriff's Office

“ We went down almost \$100,000 last year on psychotropic medications, and went up 22% in inmate participation in diversion and transitional programs. We also got several people sent directly from our facility to the East Louisiana State Hospital in about eight months, which used to take years and years. Because our medical psychologist is on-site, we're communicating more with the lawyers and hospitals for those very competitive hospital beds. We were able to increase our priority on that list because we are able to document inmates' progress and behavior very well.

— **Major Catherine Fontenot**
Lafayette Parish, LA Sheriff's Office

“ The management of our mental health technicians by the clinical psychologist has proven invaluable. We've decreased violence against our staff. We've decreased inmate-on-inmate violence. Overall, we have a more tranquil environment. This all leads to retention of our deputies because when people come to work and have to deal with the same difficult people over and over again, it wears on them psychologically. They want to get out. The psychologist has helped with that issue as well.

— **Sheriff Mark Garber, Lafayette Parish, LA**

The Emerging Use of Telepsychiatry

Some sheriffs' offices are beginning to utilize telepsychiatry as a cost-effective element of their inmate care program, especially in remote areas where professionals may not always be readily available. Computer tablets and kiosks that remotely connect inmates with trained mental health professionals are emerging as valuable tools for assessing, and in some cases recommending treatment for inmates experiencing mental health issues. The process allows clinicians to provide

guidance to jail staff members on how to stabilize and manage inmates. Telepsychiatry also can be used in the field when deputies respond to mental health-related incidents.

The **Harris County, TX Sheriff's Office** began pilot-testing its telepsychiatry program in December 2017. The program currently connects deputies in the field to psychiatrists and counselors, and the county hopes to expand the program to operate in the jail as well. Deputies are equipped with iPads to connect via video-chat to psychiatrists on contract, as well as counselors from the Harris Center for Mental Health and Intellectual

“

Because we have a lot of facilities and they are spread so far out, our deputies are transporting inmates back and forth for assessments and treatment all the time. Our telepsychiatry program is helping to cut down on that. The telepsychiatrist interviews the inmate remotely and can make an assessment to the deputies, such as ‘Let’s bring that person downtown,’ or ‘They’re okay, but take the following steps.’ We’re finding it to be cost-effective.

”

— **Commander Ken McWaid**
Los Angeles County Sheriff’s Department

and Developmental Disabilities. The mental health professionals can provide advice and resources to the deputies, or in some cases they can talk directly with the subject who is experiencing a mental health crisis. While Harris County officials acknowledge that the video chat is no replacement for an in-person discussion with a trained professional, telepsychiatry is proving beneficial when deputies encounter people who may not need to be taken to a hospital for a full psychiatric evaluation, but who may need some immediate help.

Los Angeles County is also pilot-testing a telepsychiatry program in its jail.

Moderate-observation inmates are housed in a separate facility and must be transported to the main unit, about 45 miles away, for some psychological services. Deputies were spending a great deal of time transporting inmates for assessments and treatment. To reduce the time and cost, the Sheriff’s Department instituted telepsychiatry stations in the facility for inmates to access. At any time, inmates can request to visit that station and video-chat with an on-call psychiatrist. The psychiatrist will then talk to the deputies about next steps, such as transporting the inmate to the hospital or changing a treatment plan.

Educating Inmates and Staff about Mental Illness

The **Dakota County, MN Sheriff’s Office** recently hired the jail’s first mental health practitioner. One of her first actions was to create a group called Illness Management and Recovery, which aims to address misconceptions about mental illness among both inmates and jail staff.

Sheriff Tim Leslie explained how the group works and what the outcomes are:

“Our mental health practitioner breaks down the myths of mental illness with the inmates. She talks about the diagnoses, what paranoid schizophrenia is, and she attacks the misconceptions about mental illness with the inmates.

“All of this has a carryover effect toward staff as well. Our staff are now getting more educated about mental illness, and they’re able to better understand what mental illness is and how to recognize it, what the long-term strategies are for treatment, and what the lifelong effects can be.”



Sheriff Tim Leslie, Dakota County, MN

Expanded Approaches to Training

In most sheriffs' offices, Crisis Intervention Team (CIT) training has become a standard part of the curriculum for patrol deputies and jail personnel. Many agencies have made the full 40-hour CIT course a mandatory part of their training lesson plans.¹⁵

CIT originally was created to help patrol officers manage encounters with persons with mental illness, and reduce conflict in the field. Jail administrators quickly recognized the value of CIT and adopted it for the detention environment. While there are important differences between the two environments—for example, jails have more frequent encounters with persons with mental illness, but jail personnel usually have more time to manage an event—CIT has proven valuable in both settings.

Agencies at PERF's conference discussed additional mental health training they use to supplement CIT or as an alternative for some personnel.

In **Boulder County, CO** and **Palm Beach County, FL**, corrections officers must complete a mental health first aid course if they have not gone through the CIT program. This training, which typically is 8-16 hours in length, provides a less detailed overview of common mental illnesses and some general response strategies. In **Broward County, FL**, all deputies working in the mental health unit must complete a 40-hour specialized mental health training course in addition to the basic CIT curriculum.

De-escalation training that focuses on developing deputies' communications skills, especially when dealing with persons in a mental health crisis, has also become a focus in many sheriffs' offices. Agencies are training both their patrol deputies and correctional officers in the de-escalation techniques found in programs such as PERF's ICAT (Integrating Communications, Assessment, and Tactics) training.¹⁶ This type of training is especially important in correctional settings, where some inmates do gain access to edged weapons, but jail personnel must rely on their communications skills and less-lethal options to defuse these situations.

Sheriffs' offices are also focusing on suicide prevention training. In **Marion County, FL**, all jail staff, including security and medical personnel, are required to attend a yearly suicide precaution training taught by mental health professionals from the community.

15. Created by the Memphis Police Department in 1988, Crisis Intervention Team (CIT) training “brings together law enforcement, mental health providers, hospital emergency departments, and individuals with mental illness and their families to improve responses to people in crisis.” For more background information on CIT, see <http://www.citinternational.org/Learn-About-CIT>.

16. For more information about ICAT, see <http://www.policeforum.org/icat>. The Lafayette Parish, LA and Volusia County, FL Sheriffs' Offices are among the agencies using ICAT.

Reintegration Strategies

Across the country, sheriffs have increased their focus on assessing and providing treatment for persons with mental illness in their jails. But the reality is that jails have custody of most inmates for only a brief period of time—in some cases, just weeks or even days. Their opportunity to have a long-term impact on an inmate’s mental illness is limited.

At the same time, sheriffs realize that persons with untreated mental illness who leave jail have a greater likelihood of ending up back in custody for new offenses or technical violations. That is why many sheriffs’ offices have directed resources to programs and strategies that help persons with mental illness who are leaving jail to transition back to the community. These efforts were also discussed at PERF’s conference.

According to Dr. Laura Bedard, Chief of Corrections in the Seminole County, FL Sheriff’s Office, there are two critical issues that

must be addressed to support reintegration efforts. The first is increasing the capacity of community-based mental health services and focusing those services on long-term treatment. The second, and perhaps more immediate, issue is overcoming barriers that former jail inmates face as they seek community-based services.

Dr. Bedard reported that some behavioral health programs automatically disqualify anyone with a criminal record from participating, even though these are often the people who need care the most. Similarly, employment opportunities are important for maintaining stability, but these options are limited by prior involvement with the criminal justice system.

Although jails are expanding their re-entry programs and reaching out to community partners, many agencies still struggle to find services for inmates who are about to

“ We struggle to find places for people to go once they’re released. We need to work with community providers so that we have options for them. We need to work to educate providers who are reluctant to serve people with criminal records. Sometimes, we want to place somebody in a program, but they say, ‘Oh, no. I can’t take that guy. He’s got a criminal record.’ That’s who their patients *should* be. ”

— **Dr. Laura Bedard**
Chief of Corrections, Seminole County, FL

“

During our intake process we screen inmates to identify those who may be eligible for our naloxone program. If they answer the questions appropriately, they receive naloxone when they're released from custody. Prior to their release we put them through a training program on how to administer it, how to teach their friends and family to use it on them, if necessary, and how they can use it on someone else.

— **Bureau Chief Vince Line**
Arapahoe County, CO Sheriff's Office

”



be released, often because of the stigma of a criminal record. To overcome these barriers, sheriffs, their jail directors, and other public safety officials need to educate and work with community providers that are reluctant to serve people with criminal records, Dr. Bedard said.

Despite these challenges, many sheriffs' offices have established innovative and effective reintegration programs. One example is the **Polk County, FL Sheriff's Office**. Working with the Board of County Commissioners, the Sheriff's Office created the Helping HANDS (Health, Access, Navigation, Deliver, Services) program.

Helping HANDS links mental health service agencies in the community with mentally ill inmates who are nearing their release date. The program focuses on inmates with multiple arrests for minor offenses within the last year who struggle with mental illness and take psychotropic medication. The goal is to connect these individuals with peer specialists and service providers.

The Sheriff's Office invites the service providers into the jail *prior to* an inmate's release date, so they have time to build rapport with mentally ill inmates who are re-entering society. According to Chief of Detention Michael Allen, experience has shown that building this kind of rapport is critical for ensuring continuity of care upon an inmate's release. The Helping HANDS program also provides treatment and

medication, health care benefits, housing, and other support services.

Other agencies have created similar programs. In **Hennepin County, MN**, for example, the Sheriff's Integrated Access Team interviews inmates as they are entering the jail, and again when they are being released. The team focuses on continuing medical care and housing for individuals who are returning to the community. For example, the Sheriff's Office issues medications prior to release, in case inmates have problems with filling a prescription right away.

Like Polk County, the **Arapahoe County, CO Sheriff's Office** partners with a community-based provider to offer reentry services for its inmates preparing for release. Using state funding from the Office of Behavioral Health, the Sheriff's Office has paired up with the Aurora Mental Health Center, a community mental health provider, to create the Jail Based Behavioral Services program. Clinicians employed by the center are assigned full-time to the jail to help with addiction education and reentry programming. As with other reintegration strategies, the primary goal is to reduce recidivism by helping inmates with mental illness overcome challenges that they face when reentering society.

Another aspect of Arapahoe County's reintegration program targets inmates who have been addicted to opioids, many of whom also have mental illness. Using state

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We did a snapshot in time within the last 60 days and found that about 40% of our jail inmates said that they had overdosed in the last 12 months. We're in the business of saving lives. We get naloxone donated to us by the National Sheriffs' Association, and we make it available to the inmates upon release. If they want it, they can have it.

”

— **Sheriff Richard Stanek**
Hennepin County, MN

marijuana tax money provided through the Office of Behavioral Services, the Sheriff's Office has established a program to provide naloxone to inmates nearing release whom the jail has identified as having an opioid addiction. Inmates receive training on how to administer the medication, which saves lives by quickly stopping the effects of an opioid overdose. **Palm Beach County (FL), Hennepin County (MN)**, and other sheriffs' offices reported having similar naloxone programs.

Conclusion

The failures of the U.S. mental health care system have put America's sheriffs in an extremely difficult position.

As psychiatric hospitals have closed in recent decades, and community-based mental health resources have failed to keep pace with demands for service, more people with mental illness are living in the community without the support systems they need to function. Many of these people end up homeless, with substance abuse issues, or both. Some commit crimes that stem from their mental illness, addiction, and/or homelessness, and they enter the criminal justice system. The first stop is typically the county jail.

As a result, jails and prisons have become the *de facto* mental health care system for large numbers of Americans. The jails in Los Angeles County and Cook County, IL each holds more mentally ill persons than any psychiatric hospital in the country. In communities large and small, the county jail has become one of the largest providers of mental health services.

Further complicating this situation is the fact that jails hold most inmates for relatively short periods of time before they are released back to the community. That gives jail officials little time to even begin the type of treatment and support that many inmates with mental

illness need. As a result, helping mentally ill inmates make the transition back to the community has taken on added importance. If these individuals do not receive mental health treatment in the community, the likelihood increases that they will commit new crimes and end up back in jail. The cycle continues to repeat itself.

America's sheriffs have confronted the challenge of managing mental illness in their jails with innovative approaches that are operationally effective and compassionate. **The role of sheriffs and county jails is undergoing a fundamental shift, away from simply warehousing large numbers of individuals for a short period of time. Instead, sheriffs are faced with new roles, such as assessing mental illness among people entering the criminal justice system, providing short-term treatment, and where available, coordinating with community-based service providers for longer-term care.**

PERF's April 2018 conference was an opportunity for sheriffs and jail personnel to learn more about the challenges of managing mental illness in jails and to share ideas and promising practices. This report is a summary of those discussions. It is intended to provide sheriffs' offices across the country with ideas for dealing with these complex issues.

Some Common Themes for Moving Forward

PERF's day-long discussion yielded themes that sheriffs and jail administrators should keep in mind as they consider how best to manage mental illness in their jails:

- **Successful programs have the strong backing of the sheriff.** Without the personal and political influence of this key community leader and decision-maker, many promising practices discussed at the PERF meeting would not have happened. For example, it took strength and political will for Pinellas County, FL Sheriff Robert Gualtieri to take millions of dollars out of his budget to create the Safe Harbor homeless shelter adjacent to the jail. But the facility is reducing crowding in the jail and providing much-needed help for homeless individuals who have problems with mental illness, substance abuse, and other issues.

Sheriffs play a special role in their communities and are in a unique position to educate others about the impact of mental illness on their jails and their communities. Sheriffs can take the lead on this issue in order to implement reforms that are effective and compassionate.

- **Strong and diverse partnerships are essential to combine the efforts of sheriffs' offices, other criminal justice agencies, and community-based providers.** Almost every promising practice discussed at the PERF conference involved some level of cooperation among government agencies and community-based service providers. Harris County, TX is a good example. The Sheriff's Office works closely with prosecutors, judges, and the local branch of the National Alliance on Mental Illness to ensure a multi-disciplinary approach to managing mental illness in the jails and the community. Harris County's local mental health authority, the Harris Center, started working with the jail in the

1970s, and this relationship has grown and developed over the years.

Several other sheriffs' offices are bringing community-based providers into their jails to offer services to inmates with mental illness. Sheriffs' agencies also are partnering with service providers to continue treatment when inmates are released.

- **Diverting low-level offenders, especially those with mental health issues, away from the criminal justice system is a win-win approach.** Diversion programs help reduce jail crowding while also providing needed services to individuals who are dealing with mental illness, substance abuse, and other challenges. When creatively designed and adequately funded, diversion programs have proved successful in a variety of jurisdictions, from mid-sized counties such as Yavapai County, AZ to large counties such as Harris County, TX.
- **Identifying mental illness among inmates as early as possible and beginning treatment immediately are critical to success.** The Los Angeles County Jail uses a classification system that immediately evaluates inmates for mental illness on a scale of one to four, and then makes decisions regarding housing, treatment, and other services based on that score. Ongoing mental health evaluations, like those conducted in Marion County, FL and elsewhere, are another key to longer-term stability among inmates with mental illness.
- **New approaches to providing mental health services in jail can reduce costs (especially the costs of medication) and improve outcomes.** Lafayette Parish, LA hired a medical psychologist to oversee diagnosis and treatment of mentally ill inmates. As a result, medication costs have been reduced and treatment services have improved. Other agencies are experimenting with telepsychiatry, both on the street and inside their jails, as a way improve

access to mental health services while reducing costs.

- **Preparing inmates for continuity of care after their release is both humane and cost-effective.** Experience shows that individuals who do not receive adequate services in the community are more likely to reoffend, end up back in jail, and repeat the costly cycle. That is why the Polk County, FL Sheriff's Office created the Helping HANDS program, which is linking community-based mental health services with mentally ill inmates who are nearing their release date. Other agencies have implemented similar reintegration programs that are designed to help individuals in need and reduce recidivism rates.

However, some community-based mental health care providers are reluctant to accept patients who have a criminal record. Many employers, too, are averse to hiring persons coming out of jail. That is why

sheriffs and other public officials must work to educate service providers and employers, and urge them to provide opportunities to this population.

As issues of mental health continue to confront the criminal justice system in the United States, it is clear that many sheriffs are thinking differently about their role in dealing with this population. Their jails can no longer be just a place of detention. Rather, jails must play a role in assessing, treating, and managing mental health issues while people are in custody and when they return to the community.

Sheriffs' offices alone cannot solve the mental health crisis facing our country today. But experience shows that creative, cost-effective, and humane programming by sheriffs' departments can provide much needed assistance to individuals in crisis. These efforts help to make jails and communities safer.

About the Police Executive Research Forum

To learn more about PERF, visit www.policeforum.org.

The Police Executive Research Forum

(PERF) is an independent research organization that focuses on critical issues in policing. Since its founding in 1976, PERF has identified best practices on fundamental issues such as reducing police use of force; developing community policing and problem-oriented policing; using technologies to deliver police services to the community; and developing and assessing crime reduction strategies.

PERF strives to advance professionalism in policing and to improve the delivery of police services through the exercise of strong national leadership; public debate of police and criminal justice issues; and research and policy development.

The nature of PERF's work can be seen in the variety of reports PERF has produced over the years. Recent reports have addressed issues such as the police response to homelessness, the opioid epidemic, mass demonstrations, the changing nature of crime and criminal investigations, mobile broadband technologies, law enforcement hiring, and police use of force. Most PERF reports are available without charge online at <http://www.policeforum.org/free-online-documents>.

In addition to conducting research and publishing reports on our findings, PERF conducts management studies of individual law enforcement agencies; educates hundreds of police officials each year in the Senior Management Institute for Police, a three-week executive development program; and provides executive search services to governments that wish to conduct national searches for their next police chief.

All of PERF's work benefits from PERF's status as a membership organization of police officials, who share information and open their agencies to research and study. PERF members also include academics, federal government leaders, and others with an interest in policing and criminal justice.

PERF is governed by a member-elected President and Board of Directors and a Board-appointed Executive Director.

For more information about PERF's Sheriffs Initiative, contact Senior Associate Dan Alioto at dalioto@policeforum.org or 202-454-8337.

APPENDIX A:

Participants at the PERF Conference on Managing Mental Illness in Jails

April 19, 2018 ■ St. Petersburg, FL

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Alachua County Sheriff's Office, FL

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Armor Correctional Health Services, FL

Jessica Nalley

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Boulder County, CO

Dr. Timothy Ludwig

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Captain Scott Russell

Broward County Sheriff's Office, FL

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Project Manager
Harris County Sheriff's Office, TX

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Kristine DeKany

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Hernando County Sheriff's Office, FL

Lieutenant Steven Wegner

Hernando County Sheriff's Office, FL

Major Paul Adee

Hillsborough County Sheriff's Office, FL

Captain Tiffanie Cole

Hillsborough County Sheriff's Office, FL

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Undersheriff
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Jefferson County Sheriff's Office, CO

Major Catherine Fontenot

Lafayette Parish Sheriffs Office, LA

Sheriff Mark Garber

Lafayette Parish, LA

Warden Jessica Bordelon

Lafourche Parish Sheriff's Office, LA

Captain Cortrell Davis

Lafourche Parish Sheriff's Office, LA

Sheriff Craig Webre

Lafourche Parish, LA

David Wathen

Chief of Corrections
Lake County Sheriff's Office, IL

Chief Michael Yankowski

Lansing Police Department, MI

Colonel Thomas Eberhardt

Lee County Sheriffs Office, FL

Sergeant David Velez

Lee County Sheriffs Office, FL

Lieutenant Craig Carroll

Leon County Detention Facility, FL

Chief Christy Guyovich

Los Angeles County Sheriff's
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Chief James Hellmold

Los Angeles County Sheriff's
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Los Angeles County Sheriff's
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Marion County Sheriff's Office, FL

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