In collaboration with the Stepping Up initiative, the Data-Driven Justice initiative and the One Mind Campaign, the Substance Abuse and Mental Health Services Administration (SAMHSA) convened a Best Practices Implementation Academy to Reduce the Number of People with Mental Illnesses and Substance Use Disorders in Jails (the Academy) in June 2017 in Washington, D.C. At the Academy, delegations from 23 jurisdictions involved in one or more of the three initiatives met to showcase best practice strategies and advance implementation efforts to prevent or reduce the jail involvement of individuals with mental illnesses and substance use disorders.

This case study is part of a series highlighting the six counties that constituted the “Best Practices” teams representing the Data-Driven Justice initiative and the Stepping Up initiative at the Academy.

JOHNSON COUNTY, KAN.

Using Mental Health Screening and Assessment to Serve Individuals with the Most Needs

Through a culture of collaboration, Johnson County has developed numerous systems and processes to help collect, share and use data on individuals who come into contact with their county’s justice and human services systems, including those with behavioral health needs. The county uses these systems and processes to inform policy and funding priorities to better identify individuals with mental health treatment needs and connect them to services.

Justice Information Management System (JIMS)

Johnson County’s Justice Information Management System (JIMS) was developed in 1993 as a single database, with a two-person staff, to track an individual from booking into the county jail, through the entire court process, and into community supervision. JIMS is now staffed by 24 IT professionals, is governed by a board of four individuals – the county manager, sheriff, district attorney and chief judge – and includes not only county law enforcement and court systems data, but has expanded to include 17 law enforcement agencies’ data through the Johnson County Regional Interagency Operating Network. JIMS is consistently being updated to include new data and reflect policy and practice changes, such as adding notes from the mental health co-responder program or integration of the Brief Jail Mental Health Screen (BJMHS). With more than 28 years of jail data, JIMS has been a vital tool for helping Johnson County track and analyze information on individuals involved in the justice system.

My Resource Connection (MyRC)

Recognizing the need for a similar system for its human services agencies, Johnson County created the My Resource Connection (MyRC) web-based application. Since health, public health, behavioral health, MED-ACT emergency response and other human services in Johnson County are county functions, these various agencies are legally permitted to share information. Before the county developed MyRC, these agencies lacked an effective mechanism to do so.

MyRC takes all Johnson County human services client data and de-identifies it to allow for cross-agency sharing and input of information. Each client in the application is assigned a system identification number to protect their privacy, and staff from each agency can input information about contacts and case notes into the system without accessing each other’s notes. So, if a case manager looks up her client, she will be able to see the other agencies her client has interacted with and when, but not details about that contact. For example, if a MED-ACT team responds to a call for service for an individual, they can include notes on that contact in MyRC. If the individual is already in the system and has a
case manager, that case manager will receive an email
the next day to let him or her know that the person was
seen by MED-ACT, but it will not provide the reason for
the contact in accordance with HIPAA regulations. While
MyRC is set up as a resource for human services agen-
cies, an individual’s probation officer can receive a noti-
fication of contact with another agency if the individual
has signed a release of information, but otherwise
cannot see any information about the person they are
supervising, including whether they are a mental health
client. In this way, MyRC helps to identify mutual clients
between the various agencies with access to the system
while protecting their personal information.

MyRC also has a service side. Johnson County inte-
grated United Way 211 resource information from
nine surrounding counties, so if a case manager is
looking to connect his client to resources like food
pantries or shelters, this information is available
through the application. It also allows case managers
and service providers to easily access maps, transpor-
tation information and other resources directly from the
site to allow for better service to the client.

MyRC has been a valuable tool for helping Johnson
County to not only better serve individuals within the
human services system, but also to collect data to
inform policy and funding priorities. Leaders hope to
eventually provide the application statewide to allow for
better connections to services in Kansas.

Brief Jail Mental Health Screen

Johnson County realizes that one of the most important
steps for being data-driven is to have accurate and
accessible data on people with mental illnesses so, in
November 2016, the Johnson County Sheriff’s Office
implemented the Brief Jail Mental Health Screen (BJMHS). Before the jail started using the BJMHS, the
only way staff could identify individuals with a mental
illness in their jail was through a one-way match from
the JIMS to the Johnson County Mental Health Center
(MHC) for people on psychotropic medications or who
were referred by jail staff to mental health services. The
challenges with this system were that it only captured
the most vulnerable population and it sometimes took
too long to conduct mental health assessments. The
contractor who conducted the mental health assess-
ments in the jail was required to complete these assess-
ments within 24 business hours, which could sometimes
mean three days, but 65 percent of individuals booked
into the jail were released within 48 hours so they were
not being captured by this method. Without a validated
mental health screen at booking, many individuals were
being released without being identified or connected
to services. Using the old method, the Johnson County
jail had an estimated mental health prevalence rate of
about 17 percent.

Implementing the BJMHS was a challenge, as jail admin-
istrators felt that it was an additional burden being put
on the jail booking staff and was duplicative of the
services their mental health contractor was providing.
After more than a year of conversations between the
sheriff and MHC leadership, the jail adopted the BJMHS
and integrated it into the JIMS. But getting staff buy-in
for the tool was still a challenge and at one point nearly
half of all people booked into the jail refused to be
screened. Using the data collected within JIMS on the
refusals, leaders isolated which shifts had the most
refusals and spoke with the jail administrator about the
issue, which was then quickly resolved.

With the BJMHS up and running and about a 90 percent
screening rate at booking, Johnson County estimated
a 28 percent prevalence rate of people with serious
mental illnesses in their jail. By integrating the BJMHS
into JIMS, leaders and staff can extract data on demand
and break it down by arresting jurisdiction, peak booking
and release times, booking types, charge descriptions
and length of stay so they can compare those who
screen positive with those in the general jail population.

With about 40 bookings per day, about 10 of them screen
positive for a serious mental illness. The BJMHS and
associated data analysis and reporting capacity provide
a realistic assessment of Johnson County’s capacity to
serve this population and inform county stakeholders
about what resources are needed in the community to
make connections and help this population.

Community Connections and
Outreach

Johnson County recognized the importance of imple-
menting the BJMHS not only to identify the number of
people in its jail with mental illnesses, but also to connect
individuals to services once they are identified. The
BJMHS created new opportunities to identify county resi-
dents who struggle with mental health symptoms or are
most at risk of being involved in the justice system and
who are not already engaged in mental health services,
while also improving coordination of care for existing mental health clients. In March 2017, Johnson County started a new process to target its outreach efforts for those with serious mental illnesses, who leaders feel are the most underserved and most in need of resources.

To support outreach efforts and connections to mental health services, JIMS emails a nightly spreadsheet with the names of everyone booked into the jail to the Johnson County Mental Health Center (MHC). The spreadsheet includes an individual’s name, BJMHS score, demographic information and his or her criminal charges. MHC staff work overnight to look up each person who screens positive for a possible mental illness on the BJMHS – about five to seven people per day – in their electronic health record to identify existing clients. If an individual on the list is an existing client, staff will send client medication information to the jail medical provider to continue treatment while in custody. Staff will also notify individuals’ community treatment teams to begin a care coordination process as early as possible while the person is still in jail. They will also enter information on clients who screen positive on the BJMHS but who are not known or existing MHC clients into their system to start care coordination.

When a person is released from jail, JIMS sends an automated, real-time email to the MHC to begin the outreach process. Staff conducts initial phone outreach to those released within 24 hours with the goal of reaching everyone within 72 hours. If the person is identified as having significant risk factors using MHC’s record matching system or MyRC, staff will try to do face-to-face contact, but this can be challenging due to limited staff capacity.

Other initial challenges have been making this outreach process work without additional funding and helping staff to be comfortable doing cold outreach to individuals released from jail, but the county is seeing some initial impact. From March to May 2017, the MHC had 372 referrals. About 15 percent were current MHC clients and 52 percent had some previous contact with the MHC. About 32 percent were unknown to the MHC. During this period, about half of these individuals were contacted within 72 hours, but this percentage is increasing each month. Leaders are hoping to use this data to help justify new resources and to more effectively use county dollars.

In addition to MHC outreach for those being released from the jail, Johnson County has a robust Crisis Intervention Team (CIT) training program and has trained more than 1,000 county and municipal law enforcement officers so far. The county is also working through the One Mind Campaign to provide Mental Health First Aid training to officers who are not yet CIT-trained and has a mental health co-responder program that was started in 2013 using grant from the U.S. Department of Justice’s Justice and Mental Health Collaboration Program. With this program, a mental health professional accompanies a law enforcement officer on calls for service involving a person experiencing a mental health crisis. This program has been formally evaluated through a partnership with a university and expanded to five co-responders across various local law enforcement agencies within Johnson County and is now supported by local dollars.

**Predictive Analytics**

Johnson County is also investigating ways to more proactively identify and serve people who are at risk of becoming involved in the justice system. Through their Stepping Up and Data-Driven Justice efforts, Johnson County partnered with the University of Chicago’s Data Science for Social Good program to develop a predictive analytics model to identify people who are most likely to have a police encounter resulting in a jail booking. They brought together jail, emergency medical and mental health data to identify overlapping individuals over a six-year period, then assigned those individuals risk scores to identify the 200 highest-risk individuals.
Of those 200 people, 104 did indeed have a police encounter that resulted in at least one jail booking in 2016, yielding a 52 percent precision rate. The data also showed that these individuals had an average jail stay that was twice the general jail population and on average had not been connected to mental health services in the previous 28 months. The data showed that those who were not currently connected to services – even if they had been connected in the past – are more likely to end up in jail.

With the success of the initial analysis using just the first three data sets, Johnson County established more data agreements with police departments, area hospitals, MED-ACT, the Kansas Department of Corrections and others to enhance the predictions. Leaders are continuously enhancing the model to be able to perform additional calculations and predictions. They plan to next scale the analysis down to predict those who are most likely to have a law enforcement encounter within the next 30 days to help target direct outreach. They also anticipate being able to use this type of modeling to predict other models such as a person’s risk for dropping out of service and to help inform future policy and funding strategies.

1 The Brief Jail Mental Health Screening is a non-proprietary, validated tool for screening for mental illness in jails. For more information on this tool, visit www.prainc.com/?product=brief-jail-mental-health-screen.