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INDIVIDUALS WITH SERIOUS AND CHRONIC MENTAL ILLNESS

**A Report on the Results of Interviews
With 15 Colorado Sheriffs' Departments**

**A Project of
County Sheriffs of Colorado**

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January 1995

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P R O J E C T S U M M A R Y

SUMMARY OF THE PROJECT DESIGN

In 1992, a joint report, Criminalizing the Seriously Mentally Ill: The Abuse of Jails as Mental Hospitals, by the National Alliance for the Mentally Ill and Public Citizen's Health Research Group, was issued based on a national survey of chronically mentally ill adults who were being held in jails. Colorado was ranked first on the percentage of people being held in jails with a serious mental illness on minor charges.

The Colorado Alliance for the Mentally Ill (CAMI), already engaged in individual advocacy for diversion of mentally ill offenders into treatment, invited several state level and local representatives of the mental health and criminal justice systems, advocates and others including the County Sheriffs of Colorado to join with them in examining the issues brought up in the report, leading to the formation of the Forensic Network Taskforce in 1992. The taskforce collected information from The National Coalition for the Mentally Ill in the Criminal Justice System, the National Institutes of Corrections Jail Center, Justice and Mental Health indicating that there were other efforts nationwide to deal with both specific and underlying issues.

Underlying issues were identified as the unproductive cycle of decompensation (recidivism) disturbance and arrest leading individuals with serious mental illness through the revolving door of emergency rooms or mental health centers, streets and jail systems at the local level.

Specific issues were that there were significant numbers of people with mental illness being held in jails on minor charges related to their untreated mental illness and that good model programs to create mental health and justice system cooperation and diversion programs to get people out of jails and into treatment in order to break the cycle did exist.

The taskforce desired to confirm that the problems outlined in the national report did actually exist in Colorado before initiating action to solve them. Besides studying Denver and Arapahoe jail programs which already were dealing with diversion, CAMI conducted an informal survey of six jails which revealed that there were a significant number of mentally ill people, usually misdemeanant and ordinance violators, being held in jails. Jail staff said that there were management problems with mentally ill inmates, that many of them did not belong in jail, and that staff could use more training about mental illness. The taskforce then decided to design and send a controlled mail survey to all the Colorado jails in order to pinpoint particular problems and to determine the

necessity of drafting some sort of formal jail diversion legislation. The County Sheriffs of Colorado collaborated with the taskforce in the two-page survey which was mailed to all the Sheriff's Departments in Colorado.

The mailed survey requested information on; screening for mental illness, staff training, intake procedures, offenses, referrals, dispositions, and computer capabilities. The response rate was excellent. Based on the results of this survey the Colorado Alliance for the Mentally Ill and the County Sheriff's Association decided that a second, more in depth survey, was needed to fully understand the issues, problems, concerns, and needs throughout the state. The County Sheriffs of Colorado applied for and received a grant for this project through the National Institute of Corrections. Fifteen Sheriff's Departments were selected to receive an on-site interview. The selection was based on population and location in the state. This report is the summary of those interviews.

The on-site interviews consisted of questions on; screening for mental illness, services available within the jail and in the community, training available and needed, perceived rates of recidivism, and problems within the jail that were a result of housing people with a serious mental illness. The interviews were conducted in October, November and December, 1994.

The project summary contains information on the design of the project and the major findings. The project report contains information on the background and need for the project, the project description, and the project results by the area of inquiry. Summaries of the on-site interviews are located in the appendix.

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SUMMARY OF THE MAJOR FINDINGS

1. All 15 jails have a standard booking/intake process which includes questions on mental health history.

In addition, all of the urban and a majority of the suburban jails had a secondary classification process which enabled them to properly house and provide services. The second interviews were performed by staff who were specialists.

2. When a financial service contract is in place between the jail and the local mental health center the relationship is better than in jails where no contract is in place.

A service contract typically outlined roles and responsibilities between the two agencies and included an agreed upon process for 27-10 evaluations. The mental health center came to the jail to provide additional services, knew the jail staff, and met with jail administrators on a regular basis when there was a formal contract.

3. All 15 jails provide suicide detection and intervention training.

In addition, all of the jails had procedures in place for "suicide watches" to ensure the safety of their inmates.

4. Additional training on serious mental illnesses is needed and desired for detention and patrol deputies.

While the majority of the jails provided additional, although limited, training on serious mental illnesses, all but one stated that additional training was needed. The training needs were broad, ranging from additional suicide training to crisis intervention. It appeared that because this field is so comprehensive and unfamiliar that specific training needs could not be articulated as well as in areas like self defense. In the area of self defense, deputies know where they are deficient and can state where and how they need additional training. In handling mental illness the training needs were more difficult to specify.

5. In the majority of the jails, the rates of recidivism for people with a serious mental illness is perceived to be high to moderately high.

Statistics are not maintained in this area but in each jail there were examples provided of people with a serious mental illness consistently recycling through the criminal justice system. Frequently the reason given for this high rate was a lack of residential and/or community services.

6. Services within the community for people with a serious mental illness are generally not known by jail personnel.

While the majority of jails assumed that services were available in the community, the exact type of service, the client population that was served, how to access those services, or the cost, was generally unknown.

7. Services needed in the community include advocacy, case management and residential services.

Advocacy and case management were services defined as provided by an agency or organization that would maintain contact with clients, coordinate and provide services and act as an advocate on an on-going basis. Residential services referred to a supervised and structured living arrangement.

8. Providing services within the jail for people with a serious mental illness does not alleviate all of the problems that are posed by housing this population.

All of the jails that provided services to people with a serious mental illness still reported problems within their jail as a result of detaining this population. Providing services alleviated some problems but did not effect overall personnel management issues, housing shortages, stress on the staff, the higher costs, and liability.

9. Of the 15 jails surveyed all provide, to varying degrees, an informal diversion program.

An informal diversion program (defined as a process to remove people with serious mental illnesses from the jail and into more appropriate placement) was present in all of the jails. In the

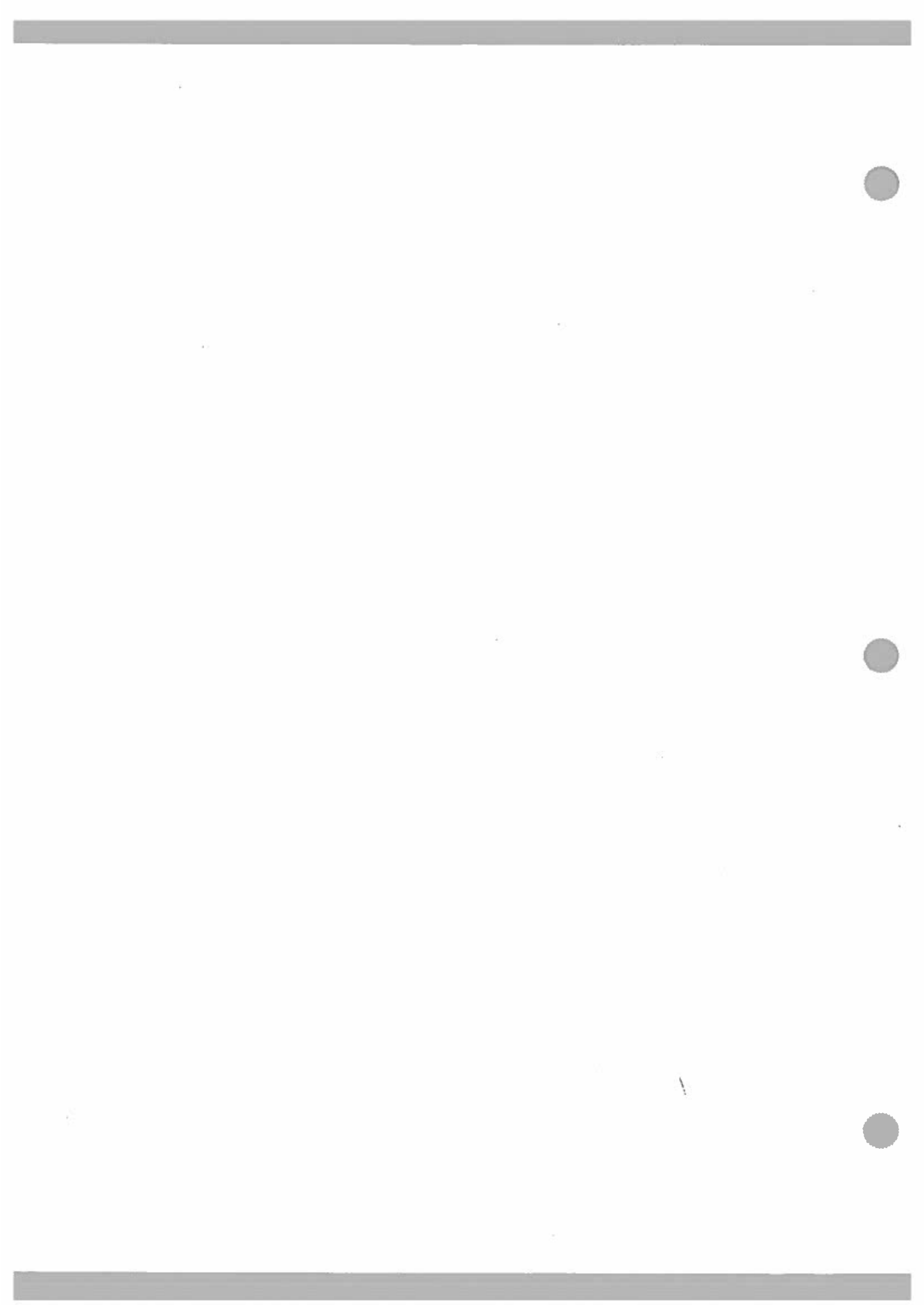
urban and suburban jails this process was more formalized. Agreements had been reached with judges to dismiss charges or lower bonds during the intake process. In the other jails the deputies served as advocates and worked informally on placement or service options outside the jail.

10. Jail staff are interested in formalizing diversion.

In most cases the coordination of diversion was the responsibility of the jail staff. Diverting the mentally ill from the jail was viewed as a community problem which required community support.

11. In the majority of jails, the primary concern with detaining this population is liability.

Because of the unique needs and concerns of this population liability was cited as one of the most pressing problems. Injury to themselves, to other inmates and to deputies presented situations where the department and county were at risk of civil litigation. One interview occurred on the same day jail staff were in court on a civil case involving a person with a mental illness that was previously held in the jail.



PROJECT REPORT

BACKGROUND AND NEED FOR PROJECT

In 1992, a joint report from the National Alliance for the Mentally Ill and Public Citizens's Health Research Group, Criminalizing the Seriously Mentally Ill: The Abuse of Jails as Mental Hospitals, was issued based on a national survey of chronically mentally ill adults who were being held in jails. In this report Colorado ranked highest in the nation for the percentage of jail inmates with a serious mental illness that were being held on any given day. The vast majority of these individuals were being held on minor offenses. The Colorado Alliance for the Mentally Ill (CAMI), already engaged in individual advocacy for mentally ill offenders, invited several state and local level people together to form a taskforce to study the problems and formulate jail diversion legislation if necessary.

Although the response rate of the mailed survey was about 50%, and there were documented methodological shortcomings, it was clear to the taskforce members that further research was required. An informal phone survey was conducted by the taskforce with six Colorado jails. Sixty percent stated that their jails housed the mentally ill and 100% stated that their staff required additional training in this area.

Based upon the response from the informal phone survey, the taskforce decided to design and send a controlled mail survey of their own to all the Colorado jails. The survey requested information on the intake process at admission, the mental health screening process, the training available and needed, and offense and dispositional information on persons with a serious mental illness detained in the jail. (The survey instrument is in the appendix.)

The following definition was provided in the mail survey on what constitutes a serious mental illness:

"The following questions ask about inmates in your jail whom you believe have had a serious mental illness, such as schizophrenia, manic-depressive illness, and related conditions. Serious mental illness does not include persons whose only problem is alcohol or substance abuse. (If a person exhibits symptoms of mental illness only when on drugs, that person does not have a mental illness.) Mentally ill people may,

- Hear voices
- Have confused or illogical thinking so that they don't make sense,
- Have delusions. For example, they might think people

are after them (paranoia), or that they are the President (delusions of grandeur)

- Behave inappropriately or in a bizarre manner
- Have repeated periods of severe depression, or act like they are "high" (manic) when they haven't taken drugs. Such mood swings often are accompanied by confused or illogical thinking."

It was determined that in conjunction with the mailed surveys, interviews were required to obtain a more detailed description of the problem from the perspective of the jail staff. Fifteen counties were selected based on their location and population to receive an on-site interview.

The County Sheriffs of Colorado obtained a National Institute of Corrections grant to fund the on-site interviews and this project report.

The definition of mental illness used in the mailed surveys was also used during the on-site interviews to explain and define serious mental illness.

Each organization had different but complementary objectives and questions for this project, they were:

County Sheriffs of Colorado

- What training needs can be supported and provided through the County Sheriffs Association of Colorado?
- What is the rate of recidivism for persons that are mentally ill?
- What community support and services do Sheriff's Departments need?
- Are mentally ill persons being detained without charges?

Colorado Alliance for the Mentally Ill

- What is the quality of the relationship between the Sheriff's Department and the Mental Health Center?
- Are informal or formal diversion programs in operation?
- What are the "system gaps" for the chronically mentally ill that are in jail?
- What is the accurate extent of the problem?

PROJECT DESCRIPTION

This project consisted of 15 on-site interviews with Sheriff's or their staff. The Sheriff's Departments were selected based on county population and location within the state. The sites selected were as follows:

<u>Sheriff's Department</u>	<u>Population</u>	<u>Classification</u>
Arapahoe	440,000	Urban
Boulder	220,000	Urban
Douglas	85,324	Suburban
Eagle	25,000	Rural
El Paso	425,000	Urban
Grand	8,500	Rural
Jefferson	500,000	Urban
Lincoln	4,000	Rural
Logan	18,000	Rural
Mesa	100,000	Suburban
Moffat	12,000	Rural
Otero	14,000	Rural
Pueblo	125,000	Suburban
Summit	15,000	Rural
Weld	130,000	Urban

Rural was defined as a population of up to 25,000;
Suburban was defined as a population of 25,000 - 125,000;
Urban was defined as a population of 125,000 or over.

On-site interviews were conducted at each Sheriff's Department, the following general areas were discussed during the interview:

- The screening process that occurs internally by Sheriff's staff and by the local mental health center when an evaluation is required. (the "27-10" process)
- The services for the mentally ill provided in the jail, in the community and by the mental health center.
- Training that is available to deputies on the chronically mentally ill.
- Training that is needed for deputies on the chronically mentally ill.
- The problems posed when persons that are mentally ill are incarcerated in the jail.
- The estimated rate of recidivism for people with a serious mental illness and case histories of people with a serious mental illness that have been incarcerated in their jails.

PROJECT RESULTS BE AREA OF INQUIRY

The Screening Process at Intake in the Jail

All of the 15 jails had in place a standard intake/booking form and procedure that asked inmates questions on their current physical condition, current medications and current state of mind.

Without exception all of the 5 urban jails had a second screening process that was more detailed and comprehensive. The second screening consisted of questions on medical history, previous mental health treatment, a drug/alcohol history and a current mental health screening. At one urban jail, the intake officer entered the initial screening information into a computer program. If any question was answered "yes", the program gave instructions on how the officer was to proceed, who they were to contact, or any other special instructions. The second screening at all of the jails was completed for housing and classification purposes and to determine if additional services were needed.

All of the 3 suburban jails provided a second more detailed screen after the initial booking. At one jail deputies had been trained that if any of the initial screening questions were answered affirmatively, a "red flag" was raised and they were to get more detailed information at that point. At the other two suburban jails, the nurses or medical specialists provided the second screening. It was used for classification and housing purposes and to determine if additional services were needed.

Two of the 7 rural jails provided additional screening. One provided a full medical screen; the other asked detailed questions on the risk of suicide and other mental health issues. Housing and classification issues at the smaller jails were determined through a more informal process.

The 27-10 Screening Process

Throughout this report references are made to the "27-10 screening process". This refers to the involuntary 72 hour mental health hold at a state hospital for persons that have been prescreened by mental health as outlined in state statute.

In all of the urban jails, the 27-10 prescreening was performed at the jail if the person had criminal charges. At two jails screens were performed at a local hospital if there were no charges.

In two of the suburban jails the 27-10 prescreening occurred at the jail. In the third county the only time a person went to the jail for a prescreen was if they were assaultive.

All of the prescreens were conducted within the jail in the rural counties.

Existing Jail Services

All of the jails assumed responsibility for transporting clients requiring involuntary commitments to the state hospital.

All of the urban jails contracted for mental health services and provided crisis intervention, counseling and special housing. All inmates in urban jails had access to one on one counseling. The process for obtaining this service, although unique to each jail, generally consisted of an initial interview to determine need and then a referral to the counselor.

Special housing units were available to segregate inmates diagnosed as mentally ill from the general population, both for their safety and other inmate's safety.

Access to medications were uniformly available, all through a physician. In some cases the physician and counselor would discuss the case to determine the most appropriate medication.

All of the urban jails had informal diversion programs for persons with charges that were mentally ill. An agreement had been reached with the Judge, and in some cases the D.A., that persons with a mental illness should not be incarcerated on minor charges. The Sheriff's Department had been given the authority to research community options and make recommendations to the Judge on what resource was the most appropriate. There were two reasons given for the informal diversion program. The first was the lack of space for persons with special needs; the second was that the seriously mentally ill did not belong in the jail. But because there was no advocacy group removing them from the jail, the Sheriff's Department had to assume responsibility for doing so.

The three suburban jails had contracts for mental health services which consisted of counseling and crisis intervention. Access to those services was more informal with deputies or inmates making direct referrals. Two jails had their contracts with the local mental health center, and one contracted with a local forensic psychologist who was not associated with the mental health center.

Within the rural jails, two contracted with their local mental health centers for services, and one contracted with a private therapist. Two received crisis intervention on a very limited basis from their mental health centers when requested, and one had volunteer ministers provide counseling.

There was an interesting correlation between the quality of the relationship with the local mental health center and whether or not a formal financial contract was in place. Four of the jails with no contract reported that their relationship with mental health was fair to good, six of the jails with a contract reported their relationship as good to excellent and five jails reported that

although there was no formal contract in place, mental health responded to some crisis situations and that their relationship was good. In the contract situations, the jail and mental health had been able to formally agree upon services, response time to the jail, and had developed a business relationship.

Community Services Available

In the urban jails, services in the community for persons with a serious mental illness were generally known, primarily by the specialized staff dealing with housing, classification, informal referrals and medical needs. It appeared that the more specialized each jail was, the more community awareness they had.

In the suburban and rural jails, services within the community were not as well known. Five jails did not know of any services that were available, and five stated that they knew of some basic services but beyond that were uncertain.

In the jails where the relationship between the mental health center and the Sheriff's Department was reported as fair to good, two were unaware of the services that mental health provided and two were aware of services within the community.

Even within the jails that were the most knowledgeable, there was a sense that services might be available that they did not know about. Mental health centers were not surveyed on what programs they provided, but it would be interesting to compare the jail's awareness of services to what is actually available.

Services Needed

Each department was asked what services were needed in the jail and in the community for people with a serious or chronic mental illness.

The following responses were from the **urban** jails:

- The types of services that are provided within our jail are adequate, but more money is needed for more of the same. The numbers of people with a serious mental illness that enter and stay in our jail has increased dramatically over the past several years.

- There is a need for services for people that are dually diagnosed. A local in-patient service is needed in the community

for long term care. Segregated female housing is needed. Increased funding for more one-to-one psychiatrist time, and padded cells for emergency situations.

- Once people with a serious mental illness are released from the jail, there are few, if any, services available. Inmates diagnosed as Developmentally Disabled also present problems to staff, but community resources appear to be somewhat better for this population group. A better system of communication, referral and follow-up between the jail and community treatment agencies (community mental health centers) is needed for the mentally ill who are released from custody.

- People who need long term medical care fall through the cracks in the system. Services are needed to address their needs as they are unable to function in the community. Mental health is unable to treat people with head injuries and yet they need services.

- A formalized diversion program from jail to treatment is needed to be able to release people with a mental illness from the jail immediately. An understanding of the urgency of the cases and a local hospital resource are also needed. Case management, advocacy and tracking programs are also needed.

The following responses were from **suburban** jails:

- Additional funding is needed to provide more of the same types of services within the jail.

- Additional bed space within the jail is needed to properly segregate people with serious mental illnesses. People that fall into a middle category (behavior not serious enough for the state hospital, but unable to adequately function in the community) fall through the system cracks and receive no services.

- The chronically mentally ill should not be housed in jails. The cost savings realized by cutting mental health programs should be transferred to the jail budget. Groups on child abuse, domestic violence, and depression are needed as is one-to-one counseling.

The following responses were from **rural** jails:

- The services within the jail are adequate. It is unknown what services are needed in the community.

- Treatment for sexual perpetrators is needed within the jail. An advocate system for people with serious mental illness

within each community is needed to assist people in getting out of jail. Counseling within the jail is also needed.

- Counseling is needed in the jail to assist with management problems. An advocacy program for transients is also needed.

- A local detox center is a program need. The jail is not equipped to handle people with a serious mental illness and community programs are needed to assume that responsibility.

- The chronically mentally ill need an advocacy and case management program within the community. The costs of holding them in the jail are too high. The criteria for admission to the state hospital is so strict that many people fall through the cracks and receive no services.

- An advocacy program is needed to coordinate services for people with a serious mental illness so they can be released from the jail.

- An improved detox system and program is needed as is a program for transients.

When grouped into categories the responses were:

Services needed within the jail:

- More funding for current programs (2 responses)
- More counseling within jail (2 responses)
- Add counseling within jail as service (2 responses)
- More bed space (2 responses)
- Padded cells (1 response)
- Treatment for sex offenders (1 response)
- Group sessions in jail (1 response)

Services needed in the community:

- Advocates, case management (5 responses)
- Improve the system so people don't fall through the cracks and receive no services (3 responses)
- In-patient care after release (2 responses)
- Programs for transients (2 responses)
- Improved or added detox programs (2 responses)
- Programs for victims of head injuries (1 response)
- Programs for dually diagnosed (1 response)

Additional funding to improve services within the jail or to add services (including funding for construction of specialized areas or space) was clearly the most pressing need within the jail. Advocacy, case management, improved systems of care, and less stringent evaluation criteria for involuntary holds were the services most needed in the community.

Training Available to Deputies

Without exception all of the 15 jails had in place a mandatory training module on suicide detection and prevention.

In the urban jails all five had comprehensive internal training programs which included information on serious mental illness. At one jail, all of the nurses, who provide the intensive medical screening, had psychiatric nursing training. At another jail, all the detention counselors had degrees in a related field. In another all the detention deputies had received training from the National Sheriff's Association of Detention Officers. Training for staff was also a component of their contract for mental health services.

In the suburban jails, one jail was a member of the American Correctional Association video library and had access to tapes on serious mental illnesses. One jail certified all of their detention deputies as paramedics, and one jail received specialized training as part of their contract with their mental health provider.

Two of the rural jails were members of the Law Enforcement Training Network and had access to tapes, some of which were on serious mental illness. The other jails had informal training systems but generally did not focus on mental illness as a training module.

Training Needed for Deputies

With one exception, all of the jails interviewed stated that additional training in this area was needed and desired. The types of training needed ranged from enhanced suicide detection and prevention to training on crisis intervention and counseling techniques for the seriously mentally ill. The following were the responses:

In the urban jails training needs were:

- Mental health program information and patrol officer training on community services.
- More detailed training on detection of mental illness, how to distinguish drug/alcohol abuse from mental illness and classification updates.
- Training of the differences between mental illness and drug/alcohol abuse, community services, differences between mental illness and people with developmental disabilities.

- More training on screening and the types of mental illness, recognizing them and behavior management.

- Training on behavior management and specialized programs.

In the **suburban** jails training needs were:

- Training on classification.

- Training needed for patrol as well as detention officers, training on the management and control of special populations.

- Training on the differences between mental illness and drug/alcohol abuse, how to record behavioral information so that it is helpful to the mental health staff, and crisis intervention.

In the **rural** jails training needs were:

- Recognition of common mental illnesses.

- Training on how to avert liability, the detection of mental illness and how to handle this population.

- More training on suicide detection and prevention, how to handle special cases and crisis intervention.

- Training on the special needs of this population, the special handling required, and crisis intervention.

- Training on innovative programs, refreshers on the basics such as suicide and detection of mental illness.

- No training is needed.

Grouped into categories the training needs were:

- Behavior management (6 responses)
- Distinguishing mental illness from drug/alcohol abuse or developmental disabilities (4 responses)
- Crisis intervention (3 responses)
- Community program information (4 responses)
- Detection of mental illness (3 responses)
- Training for patrol officers (2 responses)
- Classification updates (2 responses)
- Recognition of mental illness (2 responses)
- Suicide detection and prevention updates (2 responses)
- Screening for mental illness (1 response)
- Avoiding liability (1 response)
- Special needs awareness (1 response)

The majority of the jails were able to articulate what their training needs were, however, in all the jails there appeared to be training needs that could not be specified with a topic name. Mental illness is a vast field. People trained in this area spend years in study and practice prior to their work with the mentally ill, and yet detention deputies are given comparatively little training and are responsible for the care, safety and welfare of the mentally ill.

All jails were asked if cross training mental health staff with detention deputies, on a very limited basis would be beneficial. The majority of responses were favorable. The most common reason cited for cross training was to allow mental health staff to have first hand experience in dealing with the mentally ill in a jail setting.

Recidivism

Recidivism, for the purpose of this report, was defined as the frequency with which the mentally ill return to the jail on new charges after their release. No formal data collection systems were located in any of the jails to document the rate, therefore the recidivism rates given were the perceptions, in most cases supported by case histories, of the person that was interviewed.

In the **urban** jails the rates of recidivism were:

- 3 jails - High rate of recidivism
- 2 jails - High to moderate rate of recidivism

In the **suburban** jails the rates of recidivism were:

- 2 jails - High rate of recidivism
- 1 jail - Moderate to low rate of recidivism

In the **rural** jails the rates of recidivism were:

- 5 jails - High rate of recidivism
- 2 jails - Moderate to low rate of recidivism

Overall, 10 jails, or 66%, stated that the recidivism rate was high; 2 jails stated that it was moderately high; and 3 jails stated that it was moderate to low. In one jail that reported a low recidivism rate, a high transient population was cited as the reason.

Recidivism was an area of great concern for the majority of jails. It was perceived and supported by case histories and examples that people are evaluated and released from the state hospital several times without follow-up care, tracking or case management. In some jails, cases were cited where people committed new offenses so that they could be housed in the jail during the winter months. Cases were also cited referencing people that would take medications while in the jail to control their illness and then once released to the street, would stop taking their medications, again indicating the need for follow-up care and case management.

Problems Posed within the Jail as a Result of Housing People with Chronic Mental Illnesses

At each jail several problems were cited as a result of housing people with chronic or serious mental illness. As expected, the majority of the jails stated that this population should not be held in jail, that more appropriate services were needed. The following were the responses by the classification of the jail:

In the **urban** jails the responses were:

- Liability is a problem as is the safety and welfare of all the inmates.

- Staff feel helpless as a result of holding the mentally ill in the jail. They know that they should not be in the jail but there are inadequate services available in the community. This population is prone to being victimized and to victimizing others. There are major liability concerns, and situations arise that are staff intensive.

- Safety and security in the jail is compromised. Situations arise that are liability concerns. Actively psychotic inmates should be stabilized in a hospital prior to entering the jail. Intoxicated people are refused for prescreening and consequently are held in the jail until they are detoxed. The bed space at the state hospital is limited. People who should be at the hospital are at the jail.

- It is difficult within a jail setting to house people who are mentally ill so that they are not a problem to themselves or to others. The situations that arise are staff intensive. Special housing is limited, there are always more people that need to be there than there is space. Appropriate services are needed and can not always be provided in the jail.

- The population is difficult to control. When people are disruptive, extended lockdowns are required. Inmates have a right to "due process" involving special hearings when they have been ordered into lockdown. This process is time intensive. Liability is always a concern. Extreme precautions must always be taken to ensure this population's welfare.

In the **suburban** jails the responses were:

- The jail is at capacity, and special housing is not always

available. Facilities in the community are also at capacity. This population presents staffing and management problems. It is also stressful on staff. Safety, security and liability are the major concerns.

- Housing is limited and yet this population should be housed separately for their protection. The cells are concrete which is always a safety concern. Additional staff are needed when there is a crisis. When the jail was built a few years ago there was considerable discussion on having a separate ward for the seriously mentally ill. The department eventually decided not to build it as we knew that it would always be full. Other services in the community would be overlooked if the option to jail was that convenient. As the weather gets colder this population increases in the jail.

- This population is prone to violence and damages property. Situations are staff intensive; the costs are very high. There are always liability concerns.

In rural jails the responses were:

- The medication is expensive, the liability is a concern, the situations are stressful on the staff.

- Bed space and staff are limited. Liability is a concern, staff and resources are stressed. The average length of stay is too long.

- This population is staff and time intensive. Overtime is paid whenever there is a crisis situation or suicide watch in the jail as the on-duty staff can only take care of their normal job responsibilities. Mental health response time is poor and staff must deal with each situation for hours before they arrive. Staff are not adequately trained to handle this population. Liability is a major concern.

- There is additional stress placed on the staff and other inmates when this population is held, the behavior is very disruptive. Transports to Pueblo cost a great deal of money. Liability is a concern.

- There are problems with adequate bed space to segregate and adequate staff to supervise. There are situations that the staff are at a loss as to how to handle.

- Suicide watches are staff intensive. Deputies and other inmates are at risk on injury when someone is out of control in the jail. The jail should be for the protection and safety of county

residents, and not a program option for the chronically mentally ill.

• The facility is small and the county is experiencing growing pains. There is not room to adequately separate this population. Situations arise that are stressful and exhausting for the staff. Liability is a concern.

Grouped into categories the responses were:

- Staff intensive (12 responses)
- Liability (10 responses)
- Inadequate bed space to segregate properly (7 responses)
- Stressful on staff (5 responses)
- Costs are too high (4 responses)
- Safety and security compromised (4 responses)
- Difficult to control (3 responses)
- Staff feel helpless (1 response)
- Prone to victimization and to victimizing (1 response)
- Psychotic inmates (1 response)
- Intoxicated people refused for prescreen (1 response)
- Average length of stay at jail too long (1 response)
- Mental health response time poor (1 response)

Each year county jails process and book more people than they did the year before. Often the number of detention staff remains the same and the bed space has not increased. This population was uniformly described as requiring additional staff time, additional resources and separation from the general population.

Liability was a constant concern for the jail staff. They stated that one of their primary objectives was to ensure the safety and welfare of the inmates. Separating people with a mental illness from the general population was viewed as the best possible option, but in some cases was not feasible due to the lack of bed space. Therefore, when they were unable to provide adequate separation, they were aware that their liability had increased.

The staff required to handle special situations like suicide watches, behavioral problems, and inmates that demanded extra attention, was expensive. In the smaller jails, additional staff needed to come in to work during their off duty time to assist. In jails where there was a special population unit, additional staff had been assigned to that unit. The jails reported that staff were stressed mentally and physically by some of the situations that they had dealt with.

The costs were reported as high. Medications, physician visits to prescribe the medications, contracts with mental health staff to provide counseling services within the jail and transport costs to the state hospital were cited as reasons.

Case Histories

A male, chronic drug user, diagnosed with fetal alcohol syndrome and a borderline personality is in the jail 8 months out of the year. He is usually arrested on a drug charge. While in the jail he cuts himself and requires constant supervision.

A male, arrested usually on drug charges, is schizophrenic and displays reclusive behavior. He is in the jail every year for a period of time.

A male, chronic paranoid schizophrenic, enters the jail three times a year. The charge is usually assault. He frequents the Pearl Street Mall and three times a year assaults a passerby. He is on medication while in the jail but then does not take them when he is released.

A male, diagnosed as chronically mentally ill, is in the jail now for arson and attempting to shoot a deputy. He has been in and out of the state hospital at least three times. His behavior while in the jail includes drinking the toilet water, masturbating in front of other inmates, screaming obscenities for hours. He is on medication when he is incarcerated and then does not take it once released.

A male, alcoholic with severe behavior problems, is in the jail 6 times a year on misdemeanor charges. He has a lengthy drug history. He is arrested on sexual assault charges, the most recent incident was for touching a woman's breast at the Safeway store.

A female, picked up on minor offenses and for attempting suicide, is placed in the jail, evaluated, released and repeats the offense again and again.

A male, in and out of the state hospital three times, threatens to kill people, is evaluated, released, and continues to act out.

A male, diagnosed as manic depressive, has been in the jail 4 times on minor charges. He is evaluated at the hospital and released. Once home, he does not take his medication or drinks and his picked up again.

A male, diagnosed as bi-polar, was arrested on minor charges bonded out and was rearrested that afternoon on similar charges.

A male was arrested in Hugo for running in front of traffic and exposing himself. He was seeing spaceships which upset him. He was evaluated by mental health and released back to the street. Within the day he was picked up again in Lamar, evaluated, and sent to Pueblo.

A male was picked up in Limon for exposing himself. He was evaluated and released to the street. He did the same thing in Burlington, was evaluated again and released again. A few days later Kansas called the Lincoln County Sheriff's Department and said that this man was in a Kansas motel creating a disturbance and stated he was a private eye from Hugo. Kansas evaluated him and placed him in their state hospital.

A male, on Lithium and in and out of the state hospital 4 times, returns to the jail frequently when he does not take his medication. He is arrested on minor charges. He requires a supervised living situation but has yet to be referred to one.

A male, 42 years old, returns to the jail frequently when he acts out in the community. He talks to himself and plays imaginary games in his cell.

An elderly man, a resident of a local nursing home who had been diagnosed as chronically mentally ill, sexually assaulted one of the female residents. He was arrested and placed in jail, mental health screened and determined that he could stay in the jail. In addition to his diagnosis as chronically mentally ill he required the use of a walker. He defecated in the showers, talked to himself constantly and presented management problems.

A middle aged man, diagnosed as chronically mentally ill and a pedophile, was released from the state hospital and group homes on several occasions after his treatment was completed. After his last sexual assault he was sentenced to the Department of Corrections.

A middle aged homeless man and his brother are repeatedly charged with urinating in public, they live under an overpass. They are arrested, screened, released, and repeat the same offense within months.

A female, who is in her 30's, has been an inmate in the Weld County Jail numerous times since 1976. She knows that she has to commit a crime in order to be held and she does so repeatedly, one of her crimes was for bad checks. As an inmate she is aggressive and assaultive and must be locked down continually for her safety and for the safety of the other inmates and staff. Deputies must use a four point restraint or strap her in a chair during her most assaultive periods. She has been at the state hospital three or four times for extended periods, she is there now. She is in the jail on the average of once a year.

A female, in her 40's, alternated between living in the jail lobby or sleeping on the streets. She had been in the Department of Corrections. She was referred to mental health for an evaluation and was placed in the state hospital, was released, and was placed back in the community. She tells people that they are

invited to her graduation (there is none) and that she has adopted five children (which is false) and that she understands people have been trying to get in touch with her. It is expected that until she is in a permanent residential program that she will recidivate through the system several more times.

A male, with a previous history of sexual assault, was held in the jail on criminal charges. Two of his brothers had committed suicide in Grand County. He was released from the jail and exposed himself, was evaluated at Pueblo, returned to the jail, and has had behavior problems within the jail since then.

A male, arrested on a warrant from Grand County in New Mexico, was extradited to Grand County for sentencing. He was evaluated at the state hospital and diagnosed as delusional. Because there were no services available locally the Sheriff's Department bought him a bus ticket to New Mexico as part of an agreement with the Judge and D.A.

A female, with a history of 11 involuntary commitments, killed her baby, was charged and was held in the jail for 14 months before the Sheriff's Department was able to transfer her to Pueblo through a plea agreement with her attorney, the D.A. and the Judge.

A male was referred for an evaluation, was released, and was back in the jail within two months on a harassment charge.

A male, picked up on minor charges, has been evaluated several times and is released only to be brought in again on minor charges.

A male, transported to and released 30 times from Pueblo, is on medications while in jail or at the hospital and then refuses to take them when released. The crimes are minor in nature.

A male, transported to and released from the hospital several times, thinks he is God. Always arrested on minor charges.

A male, a patient at the residential program for the mentally ill, believes he is embedded in lead. He acts out frequently and is arrested by the Sheriff's Department.

A male, arrested for shoplifting Listerine, was brought to the jail and was unable to bond. He was taking his clothes off, urinating on the walls, attempting to drown himself in the toilet and throwing his feces around. After one month in the jail the charges were dropped and he was released to the street. One week later he was back in the jail on trespassing charges.

A female, who has been in and out of the state hospital 3 times, has also been in the jail 3 times on minor charges. She is suicidal and attempted to put her arm down the toilet.

A male, arrested frequently on burglaries was repeatedly sent to the state hospital and then released back to the jail. During his last hospitalization he plucked his eye out, he believed that his eye was responsible for his behavior. He is currently at the hospital.

A male, repeatedly arrested and evaluated, was recently committed to the state hospital after he attempted to shoot a deputy.

A male, in and out of the state hospital several times, was booked into the jail on felony charges. He tried to set fire to his cell, was suicidal, and mouthed his medication but never actually swallowed them. After saving his medications for days he took them all at once. He attempted to strangle himself during his incarceration.

A male, diagnosed as delusional and alcoholic, pinched glowing spiders out of the drain in his cell and acted out in various other ways. He was taken to Pueblo for an evaluation and released back to the jail where he stayed until his case was dispositioned.

A man, diagnosed as paranoid schizophrenic, had been evaluated at the state hospital numerous times, was sentenced to the jail each month for 20 days on trespassing charges. He refused to take his medication when released and preferred to be in jail.

A male, arrested several times for assault, was eventually sent to the state hospital and was diagnosed as paranoid schizophrenic.

RECOMMENDATIONS FOR FUTURE ACTION

1. In order to intervene in the "revolving door" recidivism cycle and to promote smooth jail operations, individuals with mental illness who can appropriately be diverted from the criminal justice system into community mental health treatment should be so diverted.
2. Post-booking diversion programs which use screening and then evaluation of eligibility for diversion; negotiation with prosecutors, defense attorneys, community-mental health providers and the courts to produce a disposition outside the jail as a condition of reduction of charges (whether or not a formal conviction occurs); and linkage of individuals to the array of community-based services they require should be developed.
3. In order to establish the overall systems collaboration needed, regular meetings of the key players should be held in the early stages of planning and implementing the diversion program, and should continue regularly.
4. In order to demonstrate effectiveness and cost savings, evaluation procedures, outcomes and outcome measures for the diversion programs should be designed and implemented.
5. Primary treatment of individuals with mental illness in the jails should be the responsibility of the community and the mental health system, not the jails whose primary responsibility is corrections.
6. In the future, some sort of pre-booking diversion program should be established, where the process begins with law enforcement and relies on effective interactions between law enforcement and mental health services. Pre-booking intervention eliminates all the court costs.

7. Additional training on mental illness is both needed and desired for deputies working within the jail and on the street. Training modules should be developed with input from the jail staff, specialized jail staff and the mental health service providers.

8. Limited cross training of mental health service providers and jail deputies would assist in the development of effective working relationships.

9. Information on the types of community services that are available to people with a mental illness and how to refer inmates to them should be provided on a regular basis.

10. The rates of recidivism for people with a serious or chronic mental illness should be tracked in selected jails for at least a one year period of time to provide conclusive evidence on the severity of the problem.

A P P E N D I X

ARAPAHOE COUNTY JAIL

IDENTIFYING INFORMATION

Persons interviewed:	Capt. Frank Henn Sherri Hanak
Location of jail:	Englewood
County population:	440,000
Cities served within county:	Littleton Aurora Englewood Bow Mar Cherry Hills Glendale Greenwood Village Columbine Valley Sheridan
Total number of persons booked into jail in 1993:	14,000
Jail capacity:	752 beds
Number of sworn personnel:	386 persons
Number of sworn personnel assigned to the jail:	174 persons
Number of people screened in 1993 for a mental health evaluation:	48 persons
Percentage of persons booked in 1993 with a mental health illness:	5%, or 700 people
Name of the mental health center that provides screening:	Arapahoe Mental Health
State hospital catchment area:	Pueblo

SCREENING INFORMATION

Jail Screening

Upon admission to the jail the intake officer receives general information on medical history, medications, physical injuries and previous mental health treatment. There are 6 questions dealing with the persons current mental health, if any of those questions are answered affirmatively a classification specialist is called to booking. If the inmate is unable to bond a second screening is completed after 72 hours by one of the six staff members who are classification specialists. Five of the six staff members have Master level degrees and all have mental health backgrounds.

27-10 Screening Process

No one enters the jail without charges. If a person requires a mental health screen, Arapahoe Mental Health Emergency Services are called and they respond to the jail. Their response time and working relationship is excellent. If the person has been arrested on a felony a Judge must issue an order for an evaluation at the state hospital, if the person has a misdemeanor charge then the classification specialists work with the Judge to get the charge dropped and then they are transported to the hospital. Occasionally, a Judge will court order an inmate to the hospital for an evaluation.

SERVICE INFORMATION

Transportation

The Sheriff's Department transports people to the state hospital only through order of the court when there are charges. Mental health contracts with a local ambulance company to transport people with no charges.

Existing Jail Services

The Sheriff's Department contracts with Arapahoe Mental Health for additional services. A Master's level staff person comes to the jail twice a week for 3 hours a day, a psychiatrist comes to the jail once a week for 8 hours. The psychiatrist determines whether the inmate requires medications. Referrals for mental health services are first made to the classification staff, they provide an expanded interview, and then they refer to mental health. The contract with Arapahoe Mental Health provides a second in depth screening, mental health then makes the referral to the psychiatrist if needed. The psychiatrist does not provide therapy, but does prescribe medications and education regarding medications and mental illness. There is an informal diversion program where

the staff at the jail work on releasing mentally ill inmates to more appropriate services. The classification specialists provide limited counseling and crisis intervention.

Community Services Available

Arapahoe Mental Health provides services locally; counseling, groups and residential care.

Services Needed

A formal diversion program is needed so that people can be released from the jail immediately. A local hospital to place the mentally ill is also needed. When people come into the jail in a psychotic state they need services as soon as possible, but with the current situation there often needs to be a court order before transport to the state hospital in Pueblo. Case management, tracking, and advocacy programs are needed in the community.

TRAINING INFORMATION

All certified deputies receive training on suicide detection and prevention, it is updated annually. Ten hours of mandatory in-service training, which may include mental health concerns and issues, is provided monthly. In the infirmary there are 8 behavioral control staff, the "Special Intervention Unit", they receive additional training which includes on-site visits to mental health programs. Additional training is needed on behavior management and specialized services and programs.

PROBLEMS POSED BY PERSONS WITH MENTAL ILLNESS IN THE JAIL

Liability is a concern and potential problem as is the safety and welfare of all the inmates. People with chronic mental illness would probably respond better in a specialized long term residential program.

RECIDIVISM

The rate of recidivism is moderately high.

CASE HISTORIES

A man, diagnosed as paranoid schizophrenic, had been evaluated at the state hospital numerous times, was sentenced to the jail each month for 20 days on trespassing charges. He refused to take his medication when released and preferred to be in jail.

A male, arrested several times for assault, was eventually sent to the state hospital and was diagnosed as paranoid schizophrenic.

BOULDER COUNTY JAIL

IDENTIFYING INFORMATION

Person Interviewed:	Jackie Jorrison Medical Supervisor
Location of jail:	Boulder
County population:	220,000
Cities served within county:	Boulder Longmont Lyons Nederland Lafayette Louisville
Total number of persons booked into the jail in 1993:	9,406 (all adults)
Jail capacity:	357 beds
Number of sworn personnel assigned to the jail:	115 persons
Number of people screened in 1993 for a mental health evaluation:	27 people, approximate
Percentage of persons booked in 1993 with a mental health illness:	It is estimated at 5% or 471 persons
Name of the mental health center that provides screening:	Boulder Mental Health
State hospital catchment area:	Fort Logan

SCREENING INFORMATION

Jail Screening

The Boulder County Jail is accredited by the National Commission of Health Care. Medical screening is completed within 4 hours of admission to the jail. At that time the following information is obtained: a medical history, a review of current symptoms if any, vital signs are taken, the inmate is checked for injuries, a drug/alcohol history is taken, dental status is checked, and there is a mental health screening. There are 9 nursing positions within the jail filled by 11 nurses, a nurse is available 24 hours.

Prior to the screening by the nurse the booking deputy does a computer screen. The deputy answers 20 computer generated questions on the inmate, if any of the questions are answered yes the computer program instructs the deputy on how to proceed with the inmate.

Boulder county staff believe that if you screen well on the front end then there are fewer surprises during incarceration.

Jackie supervises the nurses and the counselors.

27-10 Screening Process

The Boulder Mental Health Center controls the state beds at Fort Logan, Boulder county has 15 of those beds for their use. They also have admitting capabilities at Longmont United Hospital, Boulder Community Hospital and St. Anthony's if Fort Logan is full. The screens occur at the jail.

The state hospital provides the competency evaluations ordered by the Judge. A major area of concern is that the information obtained by the state hospital is not shared with the jail staff. Recently a man was returned to the jail from the state hospital, he was ready to bond when a nurse remembered him from a previous case where he was found incompetent to stand trial for murdering his wife in a psychotic state. The nurse did not allow him to bond. The state hospital was sending information to the Judge the next day to request commitment to the hospital. In this situation the nurses memory averted a potentially serious situation.

SERVICE INFORMATION

Transportation

Transportation is provided to Fort Logan by the Boulder County Sheriff's Department when a person has felony charges. Other transportation is provided by Boulder Mental Health.

Existing Jail Services

The Boulder County Jail has one full time counselor, one eight hour per week licensed clinical social worker, and has been approved to hire an additional full time counselor in January 1995. The counselors provide one-on-one counseling and crisis intervention. The care and management of suicidal inmates consumes a great deal of their time.

There is a 16 bed special management pod that houses inmates in single rooms. It is a closely monitored unit and is reserved for persons with chronic mental illnesses and persons with behavior problems. There is one officer there 16 hours a day with a back up officer available.

Boulder Mental Health is on-site at the jail twice a week. When medication is required, as is frequently the case, they are referred to the Dr. for a prescription. The jail does not contract with them to provide this service, it is part of their contract with the county.

The Boulder County Jail operates an informal diversion program. When a person with a mental illness is booked into the jail on a municipal ordinance the Judge will agree to drop the charges and a referral is made to Boulder Mental Health.

Suicidal persons within the jail are locked out, instead of in, their rooms to allow deputies to observe them. Suicide suits are used in place of clothing at night.

Community Services Available

The mental health service system within Boulder county is excellent. There are two residential programs, there is hospital capability, the staff provide numerous out-patient services, and there is a sheltered workshop. The only problem is a lack of money to provide the services quickly and to all the persons that need them, there is a six week to three month waiting period.

A unique program occurs at the homeless shelter. A mental health worker provides outreach there and assists in providing services to persons with mental illness that are also homeless.

The relationship between the Boulder County Jail and Boulder Mental Health is excellent.

Services Needed

The services within the community are all excellent, but there needs to be additional funding to expand them and to reduce the waiting period.

The services are also good within the jail, although over the years the numbers of persons entering the jail with a mental illness has increased dramatically as have the severity of their problems. Jails are not designed or intended as treatment programs. Jackie recently completed a survey in the Boulder County Jail and found that 14% of the inmates were classified as chronically mentally ill. In prior years the percentage was 5%. The mental health system has gotten backed up and the overflow is probably in the jail.

TRAINING INFORMATION

Most of the nurses have had psychiatric training and experience. The nurses accompany the mental health staff on their rounds, their training is incident specific as they are involved with all the cases. The counselors have degrees in the field. All new jail staff, including support staff, receive in house training on the following: suicide detection and prevention, mental illness, chronic diseases, and the medical functions performed in the jail. Every two years there is a four hour update for all personnel in this area.

Additional training at the Boulder County Jail is not required but is viewed positively. Boulder Mental Health has not been requested to provide training but would probably do so.

Cross training mental health staff with deputies would be helpful as the mental health staff, although they are in the jail twice a week, do not have an opportunity to observe the management problems posed on a daily basis.

PROBLEMS POSED BY PERSONS WITH MENTAL ILLNESS IN THE JAIL

It is a staff intensive situation when there are not enough staff. Many of the staff feel helpless, they know that persons with a mental illness should not be in the jail and yet there is no other alternative. There is nothing happening in terms of trying to restore them.

Persons with a mental illness are prone to victimization and to victimizing others.

They are a liability in terms of the behavior that is displayed and their state of mind. The behaviors can escalate within the jail.

More realistic criteria for evaluations at Fort Logan need to be developed and more resources need to be allocated locally.

RECIDIVISM

Specific records are not maintained on recidivism but it is estimated that most of the time persons entering the jail with a mental illness recidivate frequently.

CASE HISTORIES

A male, chronic drug user, diagnosed with fetal alcohol syndrome and a borderline personality is in the jail 8 months out of the year. He is usually arrested on a drug charge. While in the jail he cuts himself and requires constant supervision.

A male, arrested usually on drug charges, is schizophrenic and displays reclusive behavior. He is in the jail every year for a period of time.

A male, chronic paranoid schizophrenic, enters the jail three times a year. The charge is usually assault, he frequents the Pearl Street Mall and three times a year assaults a passerby. He is on medication while in the jail but then does not take them when he is released.

DOUGLAS COUNTY JAIL

IDENTIFYING INFORMATION

Person interviewed:	Lt. Noble
Location of jail:	Castle Rock
County population:	85,324
Cities served within county:	Castle Rock Parker Franktown Sedalia Larkspur Louviers Highlands Ranch
Total number of persons booked into jail in 1993:	3,056 (adults and juveniles)
Jail capacity:	52 beds
Number of sworn personnel:	82 persons
Number of sworn personnel assigned to the jail:	20 persons
Number of people screened in 1993 for a mental health evaluation:	10 people, approximate
Percentage of persons booked in 1993 with a mental health illness:	Unavailable
Name of mental health center that provides screening:	Arapahoe Mental Health
State hospital catchment area:	Pueblo

SCREENING INFORMATION

Jail Screening

As part of the intake medical evaluation the deputies ask the inmates if they have ever been treated for a mental health issue or have been suicidal. If the answer to any of these questions is yes then there are additional questions that are asked.

27-10 Screening Process

No person is admitted to the jail unless there are charges. Arapahoe Mental Health provides the screens at the jail. Douglas County Sheriff's Department has a contract with them to provide screens, groups, and counseling in the jail. Prior to the contract the response time on screens was poor, it is now much better.

SERVICE INFORMATION

Transportation

The Douglas County Sheriff's Department provides the transportation to the state hospital. There was one occasion where an inmate was under the influence of drugs and Arapahoe Mental Health paid for an ambulance transport.

Existing Jail Services

The contract allows one mental health staff person to come to the jail once a week for 2 hours. Initially group sessions were the primary form of counseling but as the contract has continued there are more one-to-one counseling sessions. The deputy, nurse, or inmate may request services. The mental health staff person may recommend medications in which case the inmate is then seen by a physician for a prescription. The Sheriff's Department has also allowed family members to pay for outside psychiatric treatment for an inmate.

Community Services Available

Services for the persons with a chronic mental illness in the community were unknown.

Services Needed

An expanded contract with mental health to provide more of the same services is needed within the jail. Since the contract has been in place the number of in house evaluations and screens has been reduced and has helped the deputies with inmate management.

TRAINING INFORMATION

All detention staff are trained through the American Correctional Association video library at the Sheriff's Department. The mental health staff person on contract also provides in-house training on suicide prevention and detection. Cross training between deputies and mental health occurs informally as mental health is on-site at least twice a month. This has been beneficial for both agencies in understanding roles and responsibilities.

PROBLEMS POSED BY PERSONS WITH MENTAL ILLNESS IN THE JAIL

The jail is at capacity, when there is a behavioral problem the inmates need to be removed from the general population and placed in a separate area which creates staffing and management problems. The situations that arise are stressful in an already stressful environment. There are safety, security and liability concerns. Prior to the contract the response time on screens was poor.

RECIDIVISM

Records are not maintained on recidivism, it is estimated that 10-20% return to the jail on additional charges.

CASE HISTORIES

A male, diagnosed as chronically mentally ill, is in the jail now for arson and attempting to shoot a deputy. He has been in and out of the state hospital at least three times. His behavior while in the jail includes drinking the toilet water, masturbating in front of other inmates, screaming obscenities for hours. He is on medication when he is incarcerated and then does not take it once released.

A male, alcoholic with severe behavior problems, is in the jail 6 times a year on misdemeanor charges. He has a lengthy drug history. He is arrested on sexual assault charges, the most recent incident was for touching a woman's breast at the Safeway store.

EAGLE COUNTY JAIL

IDENTIFYING INFORMATION

Person interviewed:	Captain Tom Early
Location of jail	Eagle
County population:	25,000 permanent residents and additional 30,000 a day during peak ski season
Cities served within county:	Eagle Gypsum Vail Avon Red Cliff Basalt
Total number of persons booked into jail in 1993:	****
Number of sworn personnel:	50 persons
Number of sworn personnel assigned to the jail:	18 persons
Number of people screened in 1993 for a mental health evaluation:	****
Percentage of persons booked in 1993 with a mental health illness:	****
Name of the mental health center that provides screening:	Colorado West Mental Health
State hospital catchment area:	Pueblo

SCREENING INFORMATION

Jail Screening

The Eagle County Sheriff's Department is medically accredited through the American Correctional Association. Deputies prescreen before an inmate is placed in the booking area for injuries. The intake officer provides a full medical screen asking questions on medications, physical problems, past mental health treatment and does a suicide assessment. If an inmate responds that they have had previous psychiatric treatment then additional questions are asked and a referral is made to mental health.

27-10 Screening Process

An on-call person is available through Colorado West Mental Health to perform screens at the jail. The response time is good as is the working relationship.

SERVICE INFORMATION

Transportation

The Sheriff's Department transports to Pueblo for persons requiring an evaluation.

Existing Jail Services

The Sheriff's Department contracts with mental health to come in twice a month for counseling and groups. If additional counseling time is needed for an inmate that is also provided. County nurses come in twice a month, the inmates are transported to a local physician. Mental health is also contacted when someone at the jail acts out and is seen as a threat to themselves or others. There is a medical deputy on each shift. The Sheriff's Department works informally to remove the chronically mentally ill from the jail on PR bonds and ankle bracelets are used in some cases as a sentencing alternative.

Community Services Available

Colorado West Mental Health provides counseling services, services beyond that are unknown. They follow up on the inmates they were seeing once they are out of jail.

Services Needed

The services within the jail are adequate for the needs at this time.

TRAINING INFORMATION

Training is provided once a year to all deputies on suicide detection and prevention. Detention officers are certified through the Colorado Sheriff's Association. Additional training is not needed. Cross training occurs at the jail when mental health comes to see inmates. There is a great deal of contact between the deputies and mental health staff. Training on when a person can or can not go to the state hospital, and what the criteria is for release would be helpful.

PROBLEMS POSED BY PERSONS WITH MENTAL ILLNESS IN THE JAIL

The liability is great. Medication is expensive. The daily situations are stressful for detention staff. Eagle is located on a major highway and there is a large transient population that require mental health services.

RECIDIVISM

The recidivism rate is believed to be high.

CASE HISTORIES

A female, picked up on minor offenses and for attempting suicide, is placed in the jail, evaluated, released and repeats the offense again and again.

A male, in and out of the state hospital three times, threatens to kill people, is evaluated, released, and continues to act out.

A male, diagnosed as manic depressive, has been in the jail 4 times on minor charges. He is evaluated at the hospital and released. Once home, he does not take his medication or drinks and is picked up again.

EL PASO COUNTY JAIL

IDENTIFYING INFORMATION

Persons interviewed:	Captain Ken Morris Calvin Toombs
Location of jail:	Colorado Springs
County population:	425,000
Cities served within the county:	Colorado Springs Manitou Springs Security Fountain
Total number of persons booked into jail in 1993:	16,129 (all adults)
Jail capacity:	384 beds
Number of sworn personnel:	316 persons
Number of sworn personnel assigned to the jail:	206 persons
Number of people screened in 1993 for a mental health evaluation:	18 people
Percentage of persons booked in 1993 with a mental health illness:	10%, or 161 people
Name of the mental health center that provides screening:	Pikes Peak Mental Health
State hospital catchment area:	Pueblo

SCREENING INFORMATION

Jail Screening

Upon admission to the jail the intake staff conducts a screening which consists of gathering information on psychosocial history, medication history, previous hospitalizations, and if possible on diagnosis. A second screening is performed by the classification staff, questions are asked to determine if the inmate has previously been identified as having a mental disorder. Prior admissions and mental health issues are computerized allowing deputies to ascertain during the booking process if a person should be placed on a mental health alert.

27-10 Screening Process

Pikes Peak Mental Health is on-call 24 hours for screening, the bed space is limited and the criteria is strict. No one is admitted to the jail without charges. The relationship between the mental health center and the jail staff is good.

SERVICE INFORMATION

Transportation

The Sheriff's Department provides transportation to Pueblo.

Existing Jail Services

The Sheriff's Department provides crisis intervention, counseling, special housing and medications. There is an informal diversion program within the jail where inmates on minor charges are released with approval from the Judge to a community program. The primary concern in the jail is to keep people safe. There is a contract with Correctional Medical Services which provides a mental health clinic within the jail three times a month.

Community Services Available

Services are provided within the community through Pikes Peak Mental Health Center. The Foothills Program is located in Colorado Springs.

Services Needed

Programs are needed for dually diagnosed mentally ill persons and a local inpatient program for long term stays. Increased

programming within the jail, including special housing for female mentally ill inmates, increased psychiatric time, padded cells with open front views in the mental health ward to monitor and protect suicidal and psychotic inmates and group therapy for people with alcohol addictions.

TRAINING INFORMATION

Annual training is provided to jail staff on mental disorders, suicide detection and prevention and how to deal with mentally ill inmates. Additional training is needed. The local mental health center has not provided training, but it is offered internally through the contract with Correctional Medical Services. Cross training is needed for two reasons: to understand roles, limitations and responsibilities and to assist the deputies with maintaining these individuals in jail. Calvin Toombs, a mental health professional at the jail, is a licensed professional counselor. Staff are issued "Holiday Memos" reminding them to be alert to high anxiety levels and the increased risk of suicide with people they arrest during the holiday season.

PROBLEMS POSED BY PERSONS WITH MENTAL ILLNESS IN THE JAIL

Security and safety problems for both inmates and staff are a constant concern. Actively psychotic inmates should be medically evaluated and probably hospitalized prior to their admission in the jail. There is an unavailability of bed space at the state hospital. Persons with a mental illness that are also drunk are refused at detox and refused by mental health for screening, consequently they stay in the jail.

RECIDIVISM

Approximately 50% of the persons booked with a mental illness return to the jail.

CASE HISTORIES

A male, diagnosed as bi-polar, was arrested on minor charges bonded out and was rearrested that afternoon on similar charges.

GRAND COUNTY JAIL

IDENTIFYING INFORMATION

Person interviewed:	Undersheriff Glen Trainor
Location of jail:	Hot Sulphur Springs
County population:	8,500
Cities served within county:	Kremmling Granby Grand Lake Fraser Hot Sulphur Springs Winter Park
Total number of persons booked into jail in 1993:	667 (all adults)
Jail capacity:	32 beds, 2 isolation rooms
Number of sworn personnel:	28 persons
Number of sworn personnel assigned to the jail:	10 detention officers, 2 are sworn personnel
Number of people screened in 1993 for a mental health evaluation:	15, estimate
Percentage of persons booked in 1993 with a mental health illness:	Less than 1%
Name of the mental health center that provides screening:	Alpine West Mental Health
State hospital catchment area:	Pueblo

SCREENING INFORMATION

Jail Screening

During the booking process a medical screening form is used to determine the inmates physical history. Questions include current medications, the officer's observations of the inmate, and a medical history. A suicide risk evaluation is also conducted, it consists of 17 questions. If 8 or more questions are answered yes then a supervisor is notified.

27-10 Screening Process

Law enforcement contacts mental health to do a screening on persons with or without charges. People without charges are held in the booking area pending the arrival of mental health. If a person has been drinking mental health will not respond until the person is sober.

SERVICE INFORMATION

Transportation

The Sheriff's Department provides transportation to Pueblo on evaluations and also provides transportation as a courtesy to mental health if requested.

Existing Jail Services

On extreme cases mental health will respond to the jail for crisis intervention, there is no contract and additional services are not provided. Medications are prescribed by a physician that is on contract with the Sheriff's Department.

Community Services Available

Alpine West Mental Health provides crisis intervention, family therapy, and a domestic violence program. The relationship between the Sheriff's Department and mental health is good.

Services Needed

Treatment for sexual perpetrators is needed and a group for people to redirect their sexual aggression, there is a large population in Grand County that could benefit from that. The Sheriff's Department serves as advocates working diligently on a release disposition. That service should be in the community.

TRAINING INFORMATION

The training block specific to mental illnesses is 5 hours and deals primarily with suicide prevention and detection. Additional training is needed on crisis intervention and recognition of common psychiatric disorders. Mental health has not offered to train but probably would if requested. There are correspondence courses offered through the American Correctional Association available to the deputies for a fee.

PROBLEMS POSED BY PERSONS WITH MENTAL ILLNESS IN THE JAIL

There is always the liability concern. Bed space and staff are limited, special concerns add stress. The length of stay, if awaiting trial, is long. If counseling were available within the jail many of the behavior problems could be alleviated.

RECIDIVISM

The recidivism rate is high for people returning to the jail.

CASE HISTORIES

A male, with a previous history of sexual assault, was held in the jail on criminal charges. Two of his brothers had committed suicide in Grand County. He was released from the jail and exposed himself, was evaluated at Pueblo, returned to the jail, and has had behavior problems within the jail since then.

A male, arrested on a warrant from Grand County in New Mexico, was extradited to Grand County for sentencing. He was evaluated at the state hospital and diagnosed as delusional. Because there were no services available locally the Sheriff's Department bought him a bus ticket to New Mexico as part of an agreement with the Judge and D.A.

A female, with a history of 11 involuntary commitments, killed her baby, was charged and was held in the jail for 14 months before the Sheriff's Department was able to transfer her to Pueblo through a plea agreement with her attorney, the D.A. and the Judge.

JEFFERSON COUNTY JAIL

IDENTIFYING INFORMATION

Persons interviewed:	Lt. Fleer Jimmie Marston
Location of jail:	Golden
County population:	500,000
Cities served within county:	Golden Wheat Ridge Arvada Westminster Lakewood Edgewater Lakeside Morrison Mount View Broomfield Bow Mar
Total number of persons booked in jail in 1993:	12,000 (all adults)
Jail capacity:	528 beds and 6 infirmary beds
Number of sworn personnel:	256 persons
Number of sworn personnel assigned to the jail:	143 persons
Number of people screened in 1993 for a mental health evaluation:	367
Percentage of persons booked in 1993 with a mental health illness:	3-5% of people booked
Name of the mental health center that provides screening:	Jefferson Center for Mental Health
State hospital catchment area:	Pueblo

SCREENING INFORMATION

Jail Screening

Every inmate that does not bond out is screened by one of the 7 full time Detention Counselors. An assessment is completed on suicide risk and mental health issues during the classification process.

27-10 Screening Process

No one is held without charges at the jail. The screening for people with charges is performed at the jail. Law enforcement contacts the Jefferson Center for Mental Health who respond and conduct the evaluation. The relationship with mental health is very good, there have been 4 staff people designated to work with the jail consistently which has helped to form the positive working relationship.

SERVICE INFORMATION

Transportation

The Sheriff's Department provides transportation for inmates ordered to the Colorado State Hospital. Jefferson Center for Mental Health arranges ambulance transportation for those placed on a 72 hour hold at local facilities.

Existing Jail Services

There is a psychiatrist on contract for 10 hours a month and a clinician on contract for 10 hours a week. An inmate is referred to mental health by the physician, nurse, or detention counselor. Medications are provided. In addition the detention counselors and volunteers provide groups and classes on: parenting, goal setting, substance abuse, stress management, domestic violence education, women's support group, GED education, and Alcoholics Anonymous.

Community Services Available

The Jefferson Center for Mental Health provides post release counseling for county residents and operates a half-way house. Services beyond that are unknown.

Services Needed

Once released from the jail there are few services available in terms of follow up or management. Inmates diagnosed as Developmentally Disabled (DD) also present problems to staff but community resources appear to be somewhat better for this population group. A better system of communication, referral and follow-up between the jail and community treatment agencies (community mental health centers) is needed for mentally ill released from custody.

TRAINING INFORMATION

The Detention Counselors all have a minimum of a Bachelors degree in social sciences, with two staff having their Master's degrees. All deputies have suicide detection and prevention training. Mental health provides an agreed upon number of hours for staff training each year. Additional training is needed on the behavioral differences and symptoms of drug and alcohol intoxication, mental illness and developmental disabilities. Cross training deputies with mental health staff would underscore the false assumptions or stereotypes that each holds about the others field of work and the difficulties encountered.

PROBLEMS POSED BY PERSONS WITH MENTAL ILLNESS IN THE JAIL

The management of where to place people with mental illnesses within the jail so they are not a problem to themselves or others is a constant concern. They require more staff time in an already stressful environment. The medical space for housing is limited. This population group needs to be receiving appropriate services as jails are not treatment facilities. Developmentally Disabled inmates present similar management problems.

RECIDIVISM

While no statistics are kept in this area, the recidivism rate is believed to be high.

CASE HISTORIES

A male was referred for an evaluation, was released, and was back in the jail within two months on a harassment charge.

A male, picked up on minor charges, has been evaluated several times and is released only to be brought in again on minor charges.

Cases like these are common and typically occur because:

1. They quit taking the medication prescribed,
 2. Few resources exist in the community,
 3. They fail to follow through with treatment recommendations
- which include contacting mental health resources upon release.

LINCOLN COUNTY JAIL

IDENTIFYING INFORMATION

Person interviewed:	Sheriff Leroy Yowell
Location of jail:	Hugo
County population:	4,000
Cities served within county:	Hugo Limon Carvel Genoa Arriba
Total number of persons booked into jail in 1993:	570 (all adults)
Jail capacity:	34 beds
Number of sworn personnel:	15 persons
Number assigned to the jail:	10 persons
Number of people screened in 1993 for a mental health evaluation:	20-25, approximate
Percentage of persons booked in 1993 with a mental health illness:	4% or 20-25 people
Name of the mental health center that provides screening:	Centennial Mental Health
State hospital catchment area:	Pueblo

SCREENING INFORMATION

Jail Screening

At the time of booking the deputy requests information from the inmate on medication and physical injuries.

27-10 Screening Process

An on-call person is available through Centennial Mental Health to provide screening, however, that person might need to travel from Elizabeth to Hugo to do the screening. The screens are performed at the jail. Previously there were only two staff that did the screens and there was a good relationship. The concerns at this time are; response time, different staff, little communication with the deputies and differences of opinion on the disposition of the case.

SERVICE INFORMATION

Transportation

The Sheriff's Department provides the transportation to Pueblo after the screening.

Existing Services

The Sheriff's Department does not contract for services with Centennial Mental Health. If an inmate requires counseling local volunteer ministers are called. Medication is prescribed by a local physician on contract with the Sheriff's Department.

Community Services Available

Centennial Mental Health is located in Limon, they provide services although the specific services were not known. Ministers in the community also provide counseling.

Services Needed

This community deals with a large number of transients as is it located on I-70. There are few programs that address their needs. Counseling or other types of services within the jail would de-escalate many situations.

TRAINING INFORMATION

The Sheriff's Department participates in LETN (Law Enforcement Training Network) and receives three video tapes a week. There are tapes on suicide detection and prevention. Additional training is needed on liability, specialized handling for persons with mental illness and detection of mental illness. Centennial has not provided or offered training. Cross training deputies and mental health staff is needed.

PROBLEMS POSED BY PERSONS WITH MENTAL ILLNESS IN THE JAIL

When people who are mentally ill are housed in the jail it becomes a staff intensive and time intensive situation. Over-time is required so that off duty officers can come in and provide the basic services for the rest of the inmates. The mental health response time is from 3 - 5 hours, during that time the deputies attempt to handle the situation. It presents a liability. There should be a facility for law enforcement to transport to other than the jail where there is specialized staff available to handle these cases.

RECIDIVISM

The majority of the cases are not local and therefore the recidivism rate is low.

CASE HISTORIES

A male was arrested in Hugo for running in front of traffic and exposing himself. He was seeing spaceships which upset him. He was evaluated by mental health and released back to the street. Within the day he was picked up again in Lamar, evaluated, and sent to Pueblo.

A male was picked up in Limon for exposing himself. He was evaluated and released to the street. He did the same thing in Burlington, was evaluated again and released again. A few days later Kansas called the Lincoln County Sheriff's Department and said that this man was in a Kansas motel creating a disturbance and stated he was a private eye from Hugo. Kansas evaluated him and placed him in their state hospital.

A male, who was not a resident of Hugo but had stolen money from his parents who do live in Hugo, was in the Lincoln County Jail for one year. He has been in and out of the state hospital 17 times. While in the jail he thought he had a plugged bowel so he took his razor and cut his stomach open so he could see the obstruction. He was on 23 hour lockdown for three months due to his behavior.

LOGAN COUNTY JAIL

IDENTIFYING INFORMATION

Person interviewed:	Undersheriff Bob Bollish Chief Investigator Neville
Location of jail:	Sterling
County population:	18,000
Cities served within county:	Sterling Fleming Merino Atwood Willard Peetz Crook Iliff Dailey Proctor Padroni
Total number of persons booked into jail in 1993:	926 (all adults)
Jail capacity:	52 beds
Number of sworn personnel:	21 persons
Number assigned to the jail:	8 persons
Number of people screened in 1993 for a mental health evaluation:	26 people
Percentage of persons booked in 1993 with a mental health illness:	2.5%, or 26 people
Name of the mental health center that provides screening:	Centennial Mental Health
State hospital catchment area:	Pueblo

SCREENING INFORMATION

Jail Screening

When an inmate is processed into the jail standard questions are asked on medications taken, physical problems and all inmates are asked if they have ever been treated for mental illness.

27-10 Screening Process

Law enforcement transports the person requiring an evaluation to the jail, whether or not there are charges, for the screening. If there are no charges the person is not detained any longer than the screening takes. A Centennial Mental Health on call staff person responds to the jail. The response time is a problem at times. In one case a call was made to mental health at 6:00 p.m. and they did not respond until 8:00 a.m. the following day. The working relationship with mental health is usually good.

SERVICE INFORMATION

Transportation

The Sheriff's Department provides transportation for persons that need to be evaluated at Pueblo. All transports require two people, mental health pays for the second person.

Existing Services

The Sheriff's Department does not contract with Centennial for services within the jail. If an inmate requires medication they are first seen by the nurse who comes to the jail twice a week and then are taken to the emergency room when needed. Centennial comes to the jail to provide crisis intervention when an inmate is unruly and will also come weekly to counsel anyone with mental illness.

Community Services Available

Centennial provides counseling within the community and has a residential program called the 4th Street House. The Adult Protection Team staffs cases when adults need protective services. A full time, non-volunteer, Victim Advocate program began December 1, and is paid for through a grant.

Services Needed

A detox program within the community is needed. Within the next two years there will be a medium security Department of

Corrections facility in Sterling, that will create other community needs. The jail is not physically equipped to handle special cases, nor is it staffed to do so. There is no safe place to house them within the jail. Additional services are needed.

TRAINING INFORMATION

Additional training is needed on suicide prevention and detection, recognizing mental illness and dealing with special cases. Centennial has not offered training. Cross training mental health staff with deputies would be appreciated.

PROBLEMS POSED BY PERSONS WITH MENTAL ILLNESS IN THE JAIL

The problems posed in the jail include; additional stress placed on the jail staff and other inmates, the liability, the additional money needed within the budget to transport to Pueblo and officer over-time. More money is spent on transports to Pueblo than to any other location. There should be time limits on how long they stay in the jail and mental health should be at the jail until they are released.

RECIDIVISM

The recidivism rate is very high for people returning to the jail on new charges after their release.

CASE HISTORIES

A male, transported to and released 30 times from Pueblo, is on medications while in jail or at the hospital and then refuses to take them when released. The crimes are minor in nature.

A male, transported to and released from the hospital several times, thinks he is God. Picked up on minor charges.

A male, patient at the residential program, believes he is embedded in lead. Acts out frequently and is picked up by the Sheriff's Department.

A male, acted out at the local hospital and was transported to the jail for an evaluation. He was throwing his feces around the cell, was hallucinating and screamed all night. The other inmates became disruptive because of his behavior. Mental health was contacted at 6:00 p.m. and did not arrive until 8:00 a.m. the following day.

A male, in the jail on felony charges, was a constant suicide risk. He broke his hand once and injured himself two other times.

MESA COUNTY JAIL

IDENTIFYING INFORMATION

Person interviewed:	Lt. Abeyta
Location of jail:	Grand Junction
County population:	100,000
Cities served within county:	Grand Junction Fruita Palisade Clifton Mack Collbran Mesa
Total number of persons booked into jail in 1993:	4,680 (all adults)
Jail capacity:	192 beds
Number of sworn personnel:	107 persons
Number of sworn personnel assigned to the jail:	47 persons
Number of people screened in 1993 for a mental health evaluation:	60 - referred by Sheriff's Department 60 - referred by Grand Junction police
Percentage of persons booked in 1993 with a mental health illness:	Less than 5%
Name of the mental health center that provides screening:	Colorado West Mental Health
State hospital catchment area:	Pueblo

SCREENING INFORMATION

Jail Screening

The intake officer at the jail provides an initial screening during booking. Questions are asked on health status, previous mental health treatment, medications and suicide ideation. If any of these questions are affirmative the inmate is referred to one of the registered nurses who is available at all times. In addition there is a contract with Colorado West Mental Health for 24 hour mental health services, the nurse would refer the inmate to mental health if necessary.

27-10 Screening Process

The Sheriff's Department has a contract with St. Mary's Hospital, it is the only facility authorized to hold people for a 72 hour evaluation. Law enforcement transports individuals to that location. If the facility is at capacity, or the individual is assaultive, the jail will accept people on a limited basis until other arrangements are made. The working relationship between mental health and the Sheriff's Department is excellent.

SERVICE INFORMATION

Transportation

The Sheriff's Department transports individuals, including Police Department cases, to Pueblo.

Existing Jail Services

There is a contract with Colorado West Mental Health to provide services within the jail. In addition to 24 hour crisis coverage staff come to the jail three times a week for individual or group sessions. The mental health staff work closely with the physician to determine if and what type of medications are needed.

Community Services Available

Colorado West Mental Health provides community services, there is a state run group home for mentally ill clients and at least one half-way house in Grand Junction. Services beyond that are unknown.

Services Needed

The services within the jail are adequate although housing space is limited, separation is required and the number of cases increases each year. Protective custody cases, described as individuals whose behavior is not serious to warrant treatment at

Pueblo, but yet serious enough to impair functioning in the community, fall through the cracks in the system. There are inadequate services for this type of individual.

TRAINING INFORMATION

Deputies receive an 8 hour training block from Colorado West Mental Health on suicide detection and prevention, recognizing mental illness and how to deal with particular situations. The medical staff provide classes on infectious diseases and mental health issues. Deputies attend a seminar through the American Jail Association which includes classes on mental illness. Additional training is always needed, these types of cases are always very stressful for staff. Training is also needed at the patrol level on release options prior to charges and transport to the jail. Cross training with mental health occurs informally as mental health, because they are in the jail at least three times a week, observe all phases of the detention operation.

PROBLEMS POSED BY PERSONS WITH MENTAL ILLNESS IN THE JAIL

Limited housing presents unique problems as these individuals need to be held separately for their safety and for the safety of others. The holding cells are concrete, there is a risk of injury in those cells. Additional staff are required for difficult cases and consequently other areas are ignored when these cases arise. When the jail was built there was considerable discussion on whether or not to have a psychiatric ward, the Sheriff's Department decided against it as they knew it would be at capacity all the time. This service is needed, but not in the jail. Each winter persons that have been diagnosed as mentally ill commit minor crimes and stay in the jail for 1 - 2 months.

RECIDIVISM

The recidivism rate is very high, probably 80-90%.

CASE HISTORIES

A male, arrested for shoplifting Listerine, was brought to the jail and was unable to bond. He was taking his clothes off, urinating on the walls, attempting to drown himself in the toilet and throwing his feces around. After one month in the jail the charges were dropped and he was released to the street. One week later he was back in the jail on trespassing charges.

A female, who has been in and out of the state hospital 3 times, has also been in the jail 3 times on minor charges. She is suicidal and attempted to put her arm down the toilet.

MOFFAT COUNTY JAIL

IDENTIFYING INFORMATION

Persons interviewed:	Sheriff Jeff Corriveau Sgt. Jack May
Location of jail:	Craig
County population:	12,000
Cities served within county:	Craig Dinosaur
Total number of persons booked into the jail in 1993:	880 (all adults)
Jail capacity:	40 beds
Number of sworn personnel:	28 persons
Number of sworn personnel assigned to the jail:	11 persons
Number of people screened in 1993 for a mental health evaluation:	40, approximate
Percentage of persons booked in 1993 with a mental health illness:	25%, or 220 people
Name of the mental health center that provides screening:	High Country Counseling, an affiliate of Colorado West Mental Health
State hospital catchment area:	Pueblo

SCREENING INFORMATION

Jail Screening

Upon admission to the jail standard questions on medical history are taken which includes medication information and previous psychiatric treatment.

27-10 Screening Process

The screening is performed at the jail. A person may be detained there temporarily if there are no charges but they are never housed. The response time is slow and mental health will not respond if a person has been drinking. The criteria is very strict and consequently many people are not transported to Pueblo. The relationship with the mental health center is less than good.

SERVICE INFORMATION

Transportation

The Sheriff's Department provides transportation to Pueblo or to a private hospital if necessary.

Existing Jail Services

The Sheriff's Department has a contract with a local private therapist to provide counseling services. An inmate may request private counseling within the jail and medication is available upon a physicians order.

Community Services Available

The staff at the Sheriff's Department are unaware of any community programs for persons with a mental illness.

Services Needed

The costs of housing people that are mentally ill increase each year, another option would probably be more cost effective. Because of the strict criteria there are people falling through the cracks and not receiving services. The chronically mentally ill need to be tracked and services need to be provided for the long term. An advocacy program is also needed.

TRAINING INFORMATION

Basic training is provided to new deputies on suicide prevention and detection, more training is needed on the needs of this population, special handling required and crisis intervention. Mental health has not offered to provide training. Cross training deputies with mental health staff is definitely needed.

PROBLEMS POSED BY PERSONS WITH MENTAL ILLNESS IN THE JAIL

It presents a management problem in terms of staff time and bed space. This population generally needs to be segregated from the other inmates. The deputies do not know how to handle the special situations. The Judge and D.A. do not fully understand the implications of housing the mentally ill in the jail.

RECIDIVISM

The recidivism rate is very high.

CASE HISTORIES

A male, on Lithium and in and out of the state hospital 4 times, returns to the jail frequently when he does not take his medication. He is arrested on minor charges. He requires a supervised living situation but has yet to be referred to one.

A male, 42 years old, returns to the jail frequently when he acts out in the community. He talks to himself and plays imaginary games in his cell.

OTERO COUNTY JAIL

IDENTIFYING INFORMATION

Person interviewed:	Sheriff John Eberly	
Location of jail:	La Junta	
County population:	14,000	
Cities served within county:	La Junta Cheraw Manzanola	Rocky Ford Fowler Swink
Total number of persons booked into jail in 1993:	2,000 (all adults)	
Jail capacity:	34 beds	
Number of sworn personnel:	16 persons	
Number of sworn personnel assigned to the jail:	5 persons	
Number of people screened in 1993 for a mental health evaluation:	24 people, approximate	
Percentage of persons booked in 1993 with a mental health illness:	Estimated 1% or 20 people	
Name of mental health center that provides screening:	Southeast Family and Guidance Center	
State hospital catchment area:	Pueblo	

SCREENING INFORMATION

Jail Screening

Deputies screen all jail admissions by asking questions on medication history, past and current illnesses, and provide a suicide assessment on persons whose behavior arouses suspicion. If someone comes to the jail and their behavior indicates a problem they are transported immediately to the physician or mental health center for a release prior to incarceration.

27-10 Screening Process

No person is housed at the jail without charges. When a screening is required Southeast Family and Guidance Center is contacted to come to jail to perform the screen. They do not respond if the person has been drinking, they have to stay at the jail to detox. The Sheriff feels his staff call mental health only when necessary, that they are able to screen the intoxicated people into detox and know when a person is mentally ill who has also been drinking. If a person is contacted on the street and no charges will be filed the person is transported to mental health for the evaluation.

SERVICE INFORMATION

Transportation

The Sheriff's Department transports people with charges that are screened into the state hospital. In the past, the mental health center has requested that the Judge order the Sheriff's Department to transport clients with no charges to and from the state hospital.

Existing Jail Services

The Sheriff's Department does not incarcerate people diagnosed with a mental illness. If the inmate has been charged with a minor offense there is an informal system to have them released from the jail by either reducing the bond or dropping the charges. If an inmate has been sent to Pueblo for an evaluation and then released back to the jail the plan Pueblo has outlined is followed. Deputies distribute medications that have been prescribed.

Community Services Available

There is a half-way house in Ft. Lyons, a Veteran's Hospital, and residential and out-patient services provided by Southeast Family and Guidance Center. The Colorado Boy's Ranch, located outside of town, provides a program for juveniles diagnosed with a mental illness.

Services Needed

When a person is booked at the jail and the deputy ascertains that they need outside services the jail staff assumes the primary responsibility for coordinating those services. Programs for people with a mental illness are not needed in the jail as that is not where they should be. They should be in a specialized treatment program.

TRAINING INFORMATION

The mental health center has not offered or provided training. Deputies are certified, training is provided internally on suicide prevention and detection, program options in the community, dispensing medications, and the 27-10 process. Additional training would be desired on innovative programming in other areas of the state and on refreshers of the basic identification process. Cross training mental health staff and deputies on a limited basis would provide an understanding of roles and responsibilities.

PROBLEMS POSED BY PERSONS WITH MENTAL ILLNESS IN THE JAIL

Suicide watches are staff intensive. Other inmates and deputies are at risk of being injured when a person becomes out of control. The jail is for the protection and safety of the county residents and should not be considered a program option.

RECIDIVISM

It is estimated that persons with a chronic mental illness do not recidivate frequently. Alcoholics do.

CASE HISTORIES

A male, arrested frequently on burglaries was repeatedly sent to the state hospital and then released back to the jail. During his last hospitalization he plucked his eye out, he believed that his eye was responsible for his behavior. He is currently at the hospital.

A male, repeatedly arrested and evaluated, was recently committed to the state hospital after he attempted to shoot a deputy.

PUEBLO COUNTY JAIL

IDENTIFYING INFORMATION

Persons Interviewed:	Captain Warren Carere Lt. J.R. Hall Sgt. Phil Daniels
Location of jail:	Pueblo
County population:	125,000
Cities served within county:	Pueblo Blende Rye Pueblo West Boone Avondale Colorado City
Total number of persons booked into jail in 1993:	10,103 (all adults)
Jail capacity:	233 beds
Number of sworn personnel:	210 persons
Number of sworn personnel assigned to the jail:	127 persons
Number of people screened in 1993 for a mental health evaluation:	24 people, approximate
Percentage of persons booked in 1993 with a mental health illness:	It is estimated at 5% or 365 persons
Name of the mental health center that provides screening:	Spanish Peaks Mental Health
State hospital catchment area:	Pueblo

SCREENING INFORMATION

Jail Screening

There are two separate screening processes that occur when a person is booked into the Pueblo County Jail. The first occurs at intake, a brief suicide questionnaire is given and a brief medical history is taken on medications, injuries, and mental health treatment history. The second screening is provided by one of the seven deputies that are medical specialists after it is clear that the inmate will not be able to bond and will need to be placed in housing. A more detailed history is taken at this time including their mental health status and physical status. The medical specialists assist with the daily sick calls.

27-10 Screening Process

Spanish Peaks Mental Health provides the screens to determine whether or not a person will be placed at the state hospital on a protective custody hold. The Pueblo County Jail does not accept any person unless there is a criminal charge, the 27-10 screens are provided in the jail.

SERVICE INFORMATION

Transportation

The Pueblo County Sheriff's Department transports persons requiring services at the state hospital to the hospital.

Existing Jail Services

The Pueblo County Jail has seven medical officers, a contract with a local physician who comes to the jail daily, and a contract with a forensic psychiatrist on an as needed basis. Several behaviors would red flag an inmate as needing mental health services; repeated medical complaints, poor hygiene, self abusive behavior, peer problems. This behavior would warrant an appointment with the physician or a referral to the psychiatrist. If, while in the jail, there is an assessment of being dangerous to themselves or others, Spanish Peaks Mental Health would be called to provide an evaluation. Inmates have access to the volunteer Chaplain counseling program which is satisfactory for those people that just want to talk with someone. The physician may order medications for persons with a mental illness, and may do so in conjunction with the psychiatrist. The psychiatrist, at the request of the jail staff, will provide psychiatric profiles, recommendations, treatment plans, and therapy. His services are limited due to cost considerations.

An informal diversion program operates within the jail for inmates that are mentally ill who have committed a municipal offense. The jail staff contacts the Judge and requests that charges be dropped or a P.R. bond be given. The jail staff then attempts to locate a suitable service for the inmate. If no service is available, they are released back to the street.

Community Services Available

The persons interviewed were not aware of what community programs were offered.

The state hospital is located within this community and that presents unique problems. People are released back into this community after their evaluation or treatment and often do not leave. Since 1982, the number of people housed at the hospital has been reduced by 3,000. It is unknown how many have remained in Pueblo.

Services Needed

There are services needed within the jail that are not provided. Groups on child abuse, domestic violence, depression and one to one counseling is needed. Spanish Peaks Mental Health will not treat the inmates within the jail; therefore a mental health staff person assigned to the jail is needed.

The Captain expressed his concern by saying that the chronically mentally ill should not be housed in the jail as the specialized services they require are not available and that the cost savings from mental health program budget costs should be passed onto the jails. The responsibility of the jail should be the safety and security of the public, not treating the chronically mentally ill.

TRAINING INFORMATION

The medical deputies are all certified paramedics. All sworn personnel receive an hour 80 in-service orientation. Included in that is an 8 hour block on suicide prevention and detection. The jail deputies receive a 460 hour detention officer training which occurs on the job. The Pueblo Regional Center, a state agency that operates a local group home for persons that are developmentally disabled or diagnosed as chronically mentally ill, recently provided an in-service training to the jail staff. Many of the Centers clients are repeat offenders. The class was offered to provide assistance to deputies in dealing with the special behavioral problems that their clients present while in the jail.

Training is needed on how to separate out those persons that are mentally ill from persons that are abusing drugs. Another concern was training on basic observation techniques, how to observe and record information that would be most useful to the physician or

psychiatrist for their diagnosis. Basic counseling training is needed to assist inmates through crisis situations. Additional training would probably not be necessary if there was a mental health staff person assigned to the jail.

Cross training deputies and mental health staff is needed so that each agency understands roles and responsibilities.

PROBLEMS POSED BY PERSONS WITH MENTAL ILLNESS IN THE JAIL

The largest problem is placement within the jail. Problems are created when persons with mental illness are placed with the general population when the bed space is limited in the specialized areas. A great many persons with mental illness are manipulative. Suicide threats are common, they can be violent, damage property, and act out in other ways that create discipline problems. Pueblo County Jail is a tobacco free facility, in group homes tobacco is used as an enticement for behavior modification but when the inmate arrives at the jail deputies deal with tobacco withdrawal. Persons with mental illness that are housed at the jail are subject to victimization. This population is staff intensive, if there are suicide threats additional deputies are required. Liability is always a concern. When assaults occur there are costs and time associated with the filing of charges, the investigation and the court processing.

RECIDIVISM

Of the approximate 24 people that are screened on 27-10's annually, they return to the jail, on the average, two times a year. Recidivism is high.

CASE HISTORIES

An elderly man, a resident of a local nursing home who had been diagnosed as chronically mentally ill, sexually assaulted one of the female residents. He was arrested and placed in jail, mental health screened and determined that he could stay in the jail. In addition to his diagnosis as chronically mentally ill he required the use of a walker. He defecated in the showers, talked to himself constantly and presented management problems.

A middle aged man, diagnosed as chronically mentally ill and a pedophile, was released from the state hospital and group homes on several occasions after his treatment was completed. After his last sexual assault he was sentenced to the Department of Corrections.

A middle aged homeless man and his brother are repeatedly charged with urinating in public, they live under an overpass. They are arrested, screened, released, and repeat the same offense within months.

SUMMIT COUNTY JAIL

IDENTIFYING INFORMATION

Person interviewed:	Lt. Gore Jail Administrator
Location of jail:	Breckenridge
County population:	15,000 permanent residents 150,000 during ski weekends
Cities served within county:	Breckenridge Frisco Dillon Montezuma Silverthorne
Total number of persons booked into jail in 1993:	****
Jail capacity:	47 beds
Number of sworn personnel:	31 persons
Number of sworn personnel assigned to the jail:	15 persons
Number of people screened in 1993 for a mental health evaluation:	****
Percentage of persons booked in 1993 with a mental health illness:	****
Name of the mental health center that provides screening:	Colorado West Mental Health
State hospital catchment area:	Pueblo

SCREENING INFORMATION

Jail Screening

Upon intake at the jail the deputies medically screen all inmates to determine if they are on medication, are suicide risks, or have any presenting physical problems. If the inmate is determined to be at risk they are placed on a 15 minute suicide watch and held in the cells in booking where there are cameras.

27-10 Screening Process

If an officer believes, based upon a persons behavior, that an evaluation is necessary Colorado West Mental Health is called. The officer brings the person to the jail, there may or may not be charges. Mental health usually responds within the hour. Persons without charges may be screened at the jail but are not held there beyond the screening.

SERVICE INFORMATION

Transportation

The Sheriff's Department transports all persons requiring an evaluation to Pueblo. If it is a municipality case then that city pays for the transport.

Existing Jail Services

The Sheriff's Department has a separate contract with mental health within their medical budget. Limited group and individual counseling is provided. Counseling may be requested by the inmate or a deputy may refer an inmate to mental health. If an inmate requires medication they are transported to the contract physician for a prescription. The relationship with mental health is good.

Community Services Available

Colorado West Mental Health provides a range of services within the community although the specific programs were not known to the jail staff.

Service Needed

An improved detox program is needed in this community. There are many transients, the housing is unaffordable, and the weather can be severe. The homeless and the alcoholic are at real risk of exposure during the winter and even freezing to death.

TRAINING INFORMATION

The Sheriff's Department utilizes the LETN (Law Enforcement Training Network) video system, tapes are available on suicide detection and prevention. When available, the National Sheriff's Association provides excellent training for jail technicians that includes information on the detection of mental illness. Mental health does not provide training as part of their contract. Cross training mental health staff with deputies would be beneficial. Additional training on mental health issues is needed.

PROBLEMS POSED BY PERSONS WITH MENTAL ILLNESS IN THE JAIL

The Summit County Jail is a small facility and the area is experiencing growing pains. Staff are limited under normal circumstances, persons with mental illness in the jail increase the stress by requiring more staff time and attention. The situations posed are often mentally exhausting. The risk of liability increases.

RECIDIVISM

It is estimated that 90% of all the persons that are mentally ill that are booked into the jail return to the jail.

CASE HISTORIES

A male, in and out of the state hospital several times, was booked into the jail on felony charges. He tried to set fire to his cell, was suicidal and mouthed his medication but never actually swallowed them. After saving his medications for days he took them all at once. He attempted to strangle himself during his incarceration.

A male, diagnosed as delusional and alcoholic, pinched glowing spiders out of the drain in his cell and acted out in various other ways. He was taken to Pueblo for an evaluation and released back to the jail where he stayed until his case was dispositioned.

WELD COUNTY JAIL

IDENTIFYING INFORMATION

Person interviewed:	Sheriff Ed Jordan
Location of jail:	Greeley
County population:	130,000
Cities served within county:	Ault Greeley Eaton Erie Evans Firestone Frederick Windsor
	Ft. Lupton Dacona Johnstown Kersey La Salle Milliken Platteville
Total number of persons booked into the jail in 1993:	8,900 (all adults)
Jail capacity:	318 beds
Number of sworn personnel:	125 persons
Number of sworn personnel assigned to the jail:	85 persons
Number of people screened in 1993 for a mental health evaluation:	7 persons
Percentage of persons booked in 1993 with a mental illness:	It is estimated at 5% or 445 persons
Name of the mental health center that provides screening:	Northern Colorado Medical Center Weld County Mental Health Center
State hospital catchment area:	Pueblo

SCREENING INFORMATION

Jail Screening

All inmates are screened by three specialized staff for mental illness through the use of a screening instrument. Classification of inmates is also accomplished through this process to determine where they will be housed within the jail.

27-10 Screening Process

Screening by mental health takes place at the Northern Colorado Medical Center by Weld County Mental Health on 27-10's with no charges. With violent cases and no charges the screening may take place at the jail. When a 27-10 is requested and the person has charges the screening occurs at the jail.

SERVICE INFORMATION

Transportation

The Weld County Sheriff's Department transports to Pueblo if a person is diagnosed as needing an evaluation.

Existing Jail Services

There is a contract with Weld County Mental Health to provide limited services within the jail. Some counseling is provided, it is primarily for the safety and security of the staff and inmates. There are groups offered on alcohol abuse and for GED's. Weld County contracts with Preferred Correctional Medical Team for all their medical needs, including medications. A doctor visits the jail three times a week to see inmates, and nursing staff are available 24 hours a day. A mentally ill inmate may only access medication through the doctor. It is then dispensed daily by the nurse. During the initial booking process, all inmates are questioned regarding current medications and current illnesses. If an inmate is taking a medication an appointment is made for them to see the doctor so that medication can be continued. If during their confinement in the jail one of the deputies or the mental health staff determines that the inmate should be seen by the doctor for medication, an appointment is scheduled.

Community Services Available

The Weld County Mental Health Center provides a vast array of services for persons that are mentally ill within the community. There are residential and out-patient treatment programs. The relationship between the Sheriff's Department and the mental health center is good. Bi-monthly meetings are held to discuss process issues on case handling.

In general, if persons with mental illness are non-violent the services within the community are adequate.

Services Needed

There are people falling through the cracks of the mental health and the detention system. There are persons who require long term residential care who will never function adequately on their own and who can not to access such care. Alcoholics who are aggressive or assaultive are refused by detox and end up in the jail.

There is a black hole for services in the community for persons with head injuries. Mental health is unable to treat them by statute and their problems are too severe for the jail.

TRAINING INFORMATION

All jail staff complete the National Sheriff's Association Detention Officer Training which includes information on persons with mental illness. A 4 hour suicide prevention class is taught on-site by the mental health center. All the specialized counselors have at a minimum a B.A. in counseling. The Sheriff's Department has their own jail academy and then an extensive field training program that deputies must complete prior to shift assignment. Additional training is needed on screening for all types of mental illness and on safety and control concerns.

Cross training with mental health staff would be positive in a general sense to better understand roles and responsibilities.

PROBLEMS POSED BY PERSONS WITH MENTAL ILLNESS IN THE JAIL

This population is difficult to control. They can be disruptive and may require lockdowns for extended periods of time. Lockdowns require "due process" and are staff intensive.

There are liability concerns with this population, and extreme precautions must be taken to insure their welfare .

The Weld County Sheriff expressed his concerns by saying that persons with mental illness do not belong in jail, they need to be screened and placed in a more reasonable setting. Jails are criminal holding facilities for the courts and law enforcement, they are not designed or equipped for treatment.

RECIDIVISM

Although specialized statistics are not kept, it is believed that persons with mental illness recidivate frequently.

CASE HISTORIES

A female, who is in her 30's, has been an inmate in the Weld County Jail numerous times since 1976. She knows that she has to commit a crime in order to be held and she does so repeatedly, one of her crimes was for bad checks. As an inmate she is aggressive and assaultive and must be locked down continually for her safety and for the safety of the other inmates and staff. Deputies must use a four point restraint or strap her in a chair during her most assaultive periods. She has been at the state hospital three or four times for extended periods, she is there now. She is in the jail on the average of once a year.

A female, in her 40's, alternated between living in the jail lobby or sleeping on the streets. She had been in the Department of Corrections. She was referred to mental health for an evaluation and was placed in the state hospital, was released, and was placed back in the community. She tells people that they are invited to her graduation (there is none) and that she has adopted five children (which is false) and that she understands people have been trying to get in touch with her. It is expected that until she is in a permanent residential program that she will recidivate through the system several more times.

HISTORY AND BACKGROUND OF CAMI

The Colorado Alliance for the Mentally Ill (CAMI), founded in 1980, is a state level grassroots, non-profit organization of individuals with serious and chronic mental illness and their families whose mission is to provide family and public education about mental illness, family support, and individual and public advocacy for better systems of care and treatment. CAMI is affiliated with the National Alliance for the Mentally Ill and has 27 local support groups, affiliates and network groups statewide.

After de-institutionalization of mental hospitals in Colorado during the 70's, many former patients moved back into the community. Funding for effective community support programs did not follow, and patients ended up on the streets, with their families or in isolated and unfamiliar urban centers. Everywhere, ignorance about mental illness and fear of people with mental illness created stigma and rejection in the community. Families around the nation banded together to try to learn what to do to get necessary services for their loved ones, the acceptance and understanding of the larger society, and education and support for themselves so they could cope.

Families became familiar with the "revolving door" of emergency rooms, mental health center programs without case management, the streets and the jail. The 1992 report that jails were being turned into mental hospitals was not news to CAMI members. The Forensic Network Taskforce was CAMI's attempt in 1992 to form the coalition necessary between various systems to deal substantively with the whole "revolving door" issue. Collaborative studies from the National Institutes of Justice, Corrections and Center for Mental Health Services indicate that these problems can only be solved by state and local systems collaboration, the cooperation of elected leadership at all levels, and linkage from jails to treatment. The goal of the Forensic Network Taskforce is to fact-find and assist in the collaboration which will help people with serious mental illness to get appropriate treatment.

The following is a list of questions that will be asked at each jail related to training, future needs, problems posed by the mentally ill while in jail, and what the community resources are.

Name of jail and address _____
Phone _____ FAX _____
Person(s) being interviewed _____
Years of employment in this jail _____

Jail information

1. How many sworn personnel do you have? How many are assigned to the jail?
2. What is the population of the area you serve? What cities/towns are included in your county?
3. What was the total number of people arrested and booked into your jail during 1993?
4. What percentage of your calls involve a mental illness crisis?
5. How many mentally ill people were jailed last year with no charges and on a 27-10?
6. Does anyone in your jail do "intake screening" for mentally ill inmates? If so, describe the process, personnel, and training.
7. Do you provide services for the mentally ill, if so in what cases? (transportation, referral, evaluation, counseling, medication, crisis intervention)

Community Program Information

1. What community programs are available for the mentally ill in your community and for the mentally ill that enter your jail?
2. What community programs are not available for either of the above groups but are needed?
3. What is the name of your public mental health agency?
4. What is your agency relationship like with your local mental health agency?
5. How would you describe your agency's relationship with your public mental health agency?
6. Do you contract for services for the mentally ill that are in your jail?

Training Information

1. What training is available to your staff on the mentally ill?
2. What training is needed?
3. Has your public mental health agency offered training, if so, what? How often is training provided?
4. Is training offered internally by your own staff?
5. Does the Sheriff's Association provide training on the mentally ill?
6. Do your officers receive suicide prevention training?
7. Is there a need for cross-training mental health personnel with law enforcement personnel?

Services within the jail

1. What services, within the jail, are available to the mentally ill?
2. What services are needed?
3. Are services needed for staff in dealing with the mentally ill?

Problems posed by the mentally ill within the jail setting

1. What kinds of problems do the mentally ill pose in your jail?
2. What are your suggestions in dealing with the mentally ill in your jail? What types of services are needed?
3. What role does community education play, including Judges, D.A.'s, mental health providers?
4. Describe some of the problems that you have had?
5. If diversion programs were available, what percentage of your mentally ill would you refer to them? What diversion programs would you recommend?
6. Do you think that the mentally ill return to your jail frequently?
7. What is the average length of stay?
8. What percentage of the mentally ill are juveniles, adults, males and females?

Survey on Persons With Mental Illness in Colorado Jails

Definition and Directions

The following questions ask about inmates in your jail whom you believe have had a serious mental illness, such as schizophrenia, manic-depressive illness, and related conditions. Serious mental illness does not include persons whose only problem is alcohol or substance abuse. (If a person exhibits symptoms of mental illness *only* when on drugs, that person does not have a mental illness.) Mentally ill people may,

- Hear voices
- Have confused or illogical thinking so that they don't make sense
- Have delusions. For example, they might think people are after them (paranoia), or that they are the President (delusions of grandeur)
- Behave inappropriately or in a bizarre manner
- Have repeated periods of severe depression, or act like they are "high" (manic) when they haven't taken drugs. Such mood swings often are accompanied by confused or illogical thinking.

Please answer this survey to the best of your ability. If you do not have the information readily available but you know of someone in your department who does, your help in obtaining it from that person would be appreciated. If the information is not available, please indicate that. Your best "guestimate" in most cases will suffice, and your overall knowledge of your office is respected. Please feel free to include any additional comments on a separate piece of paper.

Identifying Information

1. Jail: _____ Phone: _____ Fax: _____
2. Address: _____
3. Name and Title of person completing survey: _____
4. Number of beds in your jail: _____ Male: _____ Female: _____
5. Number of persons booked in 1993: _____ Adults: _____ Juvenile: _____

Screening and Training Information

6. Among detainees at your jail, who do you screen for mental illness?
☐ Everyone ☐ Those who seem to need it ☐ No one
7. Please briefly describe the instruments or questions you use in screening for mental illness
 (If you have a specialized form, it would be much appreciated if you could send a copy with the survey):

-
8. What mental health training do staff have who screen for mental illness? (check all that apply)
☐ Standard in-service law enforcement training
☐ Specialized training: ☐ R.N. ☐ B.A. ☐ Masters ☐ Ph.D. ☐ M.D. ☐ Other:
☐ Training from your local Community Mental Health Center (CMHC)
☐ Other:
9. If your local CHMC does not, provide training would you like them to? ☐ Yes ☐ No
10. If yes, what types of training on mental illness would you like to receive: (check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Identification of mental illness | <input type="checkbox"/> Handling behavioral problems |
| <input type="checkbox"/> Information on psychiatric medications | <input type="checkbox"/> Information on resources available for helping persons with mental illness |
| <input type="checkbox"/> Information on what to anticipate from someone who has a mental illness | <input type="checkbox"/> Information on housing needs of persons with mental illness |
| <input type="checkbox"/> Other: _____ | |
11. What kinds of training would you like to provide to your local CMHC, if any? _____

Intake Information

If you do not have a formal intake process for mentally ill inmates you may need to "guestimate" on many of these next few questions. Guestimates by numbers or percentages are fine. This information will still be very valuable to us. If you think an explanation would be helpful, please include one. *Questions 12-15 refer only to your 1993 bookings who had a serious mental illness.*

This number is based on:

12. How many were mentally ill using the definition above? _____ ☐ records ☐ estimate
13. How many had been detained in your facility previously? _____ ☐ records ☐ estimate
14. How many had a prior record of psychiatric treatment? _____ ☐ records ☐ estimate
15. How many threatened or attempted suicide just prior to their admission or during their stay with you? _____ ☐ records ☐ estimate

Offense Information

16. Of your 1993 bookings who had a mental illness, please indicate the numbers arrested within each offense category:

_____ City ordinance violations _____ Misdemeanors _____ No Charges
_____ Felonies _____ Drug related charges

These numbers are based on: _____ records _____ estimate

17. If persons who are mentally ill are sometimes detained in your facility with no charges pending, what is usually the purpose of their admission and stay? _____

Referral and Disposition of Detainees Who Have a Serious Mental Illness

18. Of the 1993 inmates with mental illness who had charges, please indicate the numbers that fell into each of the following categories:

a. _____ Were sentenced: To your jail _____ To D.O.C. _____ b. _____ Were bonded
c. _____ Had the charges dropped d. _____ Still have charges pending? e. _____ Other:

19. How many of your 1993 detainees with mental illness were turned over to the Community Mental Health Center? _____

20. Of those turned over, how many did you transport? _____

21. Who transported the others? _____

22. How many went to Ft. Logan? _____ to Pueblo? _____ Other? _____

23. What types of special problems do detainees with mental illness present at your jail? _____

24. What would make evaluations by your Community Mental Health Center more accessible? _____

Computer Capabilities

25. Is your admission information computerized? _____ Yes _____ No

26. Is your system capable of accessing the data that has been requested in this survey? _____ Yes _____ No

27. Would you be willing to participate in a statewide computer networking system to gather data on individuals with mental illness in jails in the future? _____ Yes _____ No

Jail Diversion Efforts: Would you be interested in being involved in the development or implementation of formalized procedures for diverting individuals with serious mental illness (who have non-felony offenses) from jail and into treatment? _____ Yes _____ No

Our sincere thanks for taking the time to complete this survey. Your responses will be very valuable to us in planning for the future and in assisting your office.

