

Individuals With Serious Mental Illnesses in County Jails: A Survey of Jail Staff's Perspectives

A Research Report From
Public Citizen's Health Research Group and
The Treatment Advocacy Center

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The Treatment Advocacy Center is a national nonprofit organization dedicated to eliminating barriers to the timely and effective treatment of severe mental illness. The organization promotes laws, policies, and practices for the delivery of psychiatric care and supports the development of innovative treatments for and research into the causes of severe and persistent psychiatric illnesses, such as schizophrenia and bipolar disorder.

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Executive Summary

Background

Incarceration has largely replaced hospitalization for thousands of individuals with serious mental illnesses in the U.S., with state prisons and county jails holding as many as 10 times more of these individuals than state psychiatric hospitals. Because individuals with serious mental illnesses are predisposed to committing minor crimes due to their illnesses, many end up being detained in county jails with limited or no mental health treatment until a state hospital bed becomes available for them. Some have even been jailed in the absence of any criminal charges.

Purposes

The purpose of our survey was to understand the perspectives of county jail sheriffs, deputies, and other staff with respect to individuals with serious mental illnesses in jails. Specifically, we aimed to address the following objectives: (1) explore jail staffs' experiences with seriously mentally ill inmates; (2) understand the training provided to sheriffs' deputies and other jail staff on effective ways to handle seriously mentally ill inmates; and (3) describe the kind of treatment types and resources available to treat seriously mentally ill inmates in county jails.

Methods

We developed our survey instrument (a 22-item questionnaire) with input from subject matter experts and sheriffs. Our questionnaire defined serious mental illnesses as including schizophrenia, bipolar disorder (manic-depressive illness), and related conditions, excluding suicidal thoughts or behavior without other symptoms, and alcohol and drug abuse in the absence of serious mental illnesses. Survey responses were obtained from September 23, 2011, through November 28, 2011.

To identify our sample, we obtained a 25% random sample of a nationwide list of sheriffs' departments from the National Sheriffs' Association (NSA). Because the NSA had no information regarding which sheriffs' departments operate county jails or detention centers, we invited this entire sample to participate in our online survey. We tried to identify ineligible sheriffs' departments by adding a screening question at the beginning of our survey questionnaire asking respondents to indicate whether they operated county jails or detention centers. We also asked this question during our survey reminder follow-up calls.

Results

Our final sample comprised a total of 230 sheriffs' departments from 39 states that operated jail facilities or detention centers (henceforth referred to as jails), resulting in a response rate of 40.1%. The cumulative average daily inmate population across these jails during the year preceding the survey was approximately 68,000. Slightly more than a quarter (27.8%) of these jails were large (averaging 251 or more inmates), 39.6% were medium (averaging 51-250

inmates), and 30.9% were small (averaging 50 inmates or fewer). Jail size was not reported by 1.7% of the respondents.

Ninety-three percent of the surveys were completed by experienced law enforcement staff who had been at their current jail for two or more years (60.9% had been there for 11 or more years); the median reported tenure at the current jails across all respondents was 13 years. Aside from their responses to our closed-ended survey questions, these respondents provided numerous valuable lengthy comments in response to open-ended questions about their experiences and the challenges they face as part of their jobs of handling inmates with serious mental illnesses in county jails. We used these comments throughout the report to supplement our findings.

Our main findings were as follows:

- Overall, the vast majority (95.7%) of the jails reported having some inmates with serious mental illnesses from September 1, 2010, to August 31, 2011. While 49 (21.3%) of all jails reported that 16% or more of their inmate population were seriously mentally ill, more large jails reported having such large proportions of these inmates. Specifically, 31.3% of large, 13.2% of medium and only 4.2% of small jails reported that 16% or more of their inmates were seriously mentally ill.
- Per our adopted definition of a large seriously mentally ill inmate population (where seriously mentally ill inmates made up 6% or more of the population), more than a third (40.4%) of the jails reported having a large seriously mentally ill population. In contrast, more than half (58.3%) of the jails reported having a small seriously mentally ill population (i.e., seriously mentally ill inmates made up 5% or fewer of the population).
- Three-quarters of the jails reported seeing more or far more numbers of seriously mentally ill inmates, compared to five to 10 years ago.
- A third of the jails described the recidivism rate for these inmates as higher or much higher than that of the general inmate population.
- Segregation of inmates with serious mental illnesses was reported in 68.7% of the jails. It was more commonly reported in jails with smaller percentages of inmates who were seriously mentally ill.
- Most jails reported major problems with the seriously mentally ill inmates, including the necessity of watching them more closely for suicide, their need for additional attention, their disruption of normal jail activities, and their being abusive of, or abused by, other inmates.
- Caring for the seriously mentally ill in county jails was particularly challenging for law enforcement staff, who have limited training in dealing with these inmates. Almost half of the jails reported that only 2% or less of the initial training they provide to their staff and sheriff's deputies was allotted to issues specifically dealing with seriously mentally ill inmates, and 60.4% reported that only two hours or less of annual training were allotted to such issues.

- Despite the limited training, about a third of the jails reported that 11% or more of their staff and sheriff's deputies' time involved handling seriously mentally ill inmates.
- Forty percent of the jails reported that 6% or more of their sheriffs deputies' time involved transporting seriously mentally ill inmates to medical treatment and mental health appointments outside the jail facility.
- About half (54.4%) of the jails had implemented housing or staffing changes to accommodate the seriously mentally ill inmates. Specifically,
 - 33.9% reported sending mentally ill offenders to facilities other than jail;
 - 27.8% had implemented inmate housing-facility changes (such as increasing the number of beds reserved for people with mental illness);
 - 27.4% reported hiring full- or part-time non-law-enforcement staff members (including nurses, social workers, and psychiatrists); and
 - Only 3.5% reported hiring deputies with experience in dealing with seriously mentally ill people.
- Resource and funding limitations were cited by numerous jails as major factors constraining their ability to offer mental health treatment and medications for seriously mentally ill inmates. Yet 45.2% of the jails reported offering some sort of mental health treatment for seriously mentally ill inmates inside the jail facilities.
 - 35.7% of the jails reported providing individual psychiatric care, and 9.6% reported providing group psychotherapy.
 - Even though medications are central to stabilizing people with serious mental illnesses, only 41.7% of the jails reported offering pharmacy services.
- Less than a quarter of these jails offered a support system for mentally ill persons following release.

Conclusions and Recommendations

The justice system continues to criminalize individuals with mental illnesses and places a huge burden on county jails that house them. Unless a better-functioning public mental health treatment system that focuses on community-based treatment of individuals with mental illnesses is implemented in the U.S., this problem will only get worse. In the meantime, the following interventions are needed to help county jails in diverting individuals with mental illnesses:

- Diversion programs that prevent the entry of mentally ill individuals into the criminal justice system by providing extensive training for police officers in the community about how to recognize offenders with mental illnesses and refer them to treatment programs or other settings.
- Within-jail diversion programs that identify and direct mentally ill offenders to treatment.

- Widespread assisted outpatient treatment programs that permit courts to order certain individuals with serious mental illnesses to comply with treatment while living in the community.
- A careful intake screening for individuals with serious mental illnesses in jails in order to identify and transfer them to a mental health care dormitory for further evaluation or treatment.
- Proper mental health treatment for seriously mentally ill inmates inside jails.
- Community-based pre-trial psychiatric competency evaluation and competency restoration treatment for qualifying mentally ill inmates
- The restoration of a sufficient number of inpatient psychiatric beds to meet the need for inpatient care for mentally ill individuals both prior to arrest and when in need of care while incarcerated.
- Mandatory jail pre-release planning for seriously mentally ill inmates to ensure their transition to proper treatment after release.

Background

The advent of effective antipsychotic and antidepressant medications more than half a century ago made it possible to improve the symptoms of many individuals with serious mental illnesses in the community for the first time.¹ Therefore, community-based treatment was hailed as the preferred mode of treating these individuals. In contrast, U.S. psychiatric state hospitals — where seriously mentally ill individuals were primarily cared for — were viewed as ineffective and inadequate due to staff shortages, poor facilities, and overcrowding. As a result, the Community Mental Health Centers Act of 1963 was enacted to authorize the development of a nationwide network of community mental health centers to replace state institutions as the main source of treatment for serious mental illnesses. Since then, state psychiatric hospitals across the U.S. have either emptied or closed — the ratio of beds in such facilities per 100,000 people has dropped steadily from 339 in 1955² to only 11.7 in 2016.³ One study showed that a seriously mentally ill individual would be 10 times more likely to find a state psychiatric bed for treatment in 1955 than in 2004.⁴

A major unforeseen limitation to the deinstitutionalization of seriously mentally ill individuals was the lack of adequate funding for community mental health operations.⁵ Let down by the lack of both state psychiatric beds and community treatment resources, thousands of seriously mentally ill individuals (those with schizophrenia, bipolar disorder, or major depressive disorder) end up wandering the streets untreated.⁶ Although a few of these individuals commit major crimes, many commit only relatively minor crimes (such as theft of property or services, disorderly conduct, or trespassing),^{7,8} thus landing in jails and entering the criminal justice system.

A national survey showed that state prisons and county jails hold as many as 10 times more people with serious mental illnesses as state psychiatric hospitals.⁹ This finding substantiates the long-held belief that incarceration has largely replaced hospitalization for thousands of seriously mentally ill individuals in the country.

¹ U.S. General Accounting Office. *Mental Health: Community-Based Care Increases for People With Serious Mental Illness*. Washington, DC; 2000. Publication GAO-01-224.

² Chaimowitz G. The criminalization of people with mental illness. *Can J Psychiatry*. 2012;57(2):1–6.

³ Fuller DA, Sinclair E, Geller J, et al. *Going, Going, Gone: Trends and Consequences of Eliminating State Psychiatric Beds, 2016*. Arlington, VA: Treatment Advocacy Center; 2016.

<http://www.tacreports.org/storage/documents/going-going-gone.pdf>. Accessed June 7, 2016.

⁴ Torrey E, Kennard A, Eslinger D, et al. *More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States*. Arlington, VA: Treatment Advocacy Center and National Sheriffs' Association; 2010.

⁵ U.S. General Accounting Office. *Mental Health: Community-Based Care Increases for People With Serious Mental Illness*. Washington, DC; 2000. Publication GAO-01-224.

⁶ Lamb HR. Deinstitutionalization and the homeless mentally ill. *Psychiat Serv*. 1984;35(9):899-907.

⁷ Torrey EF. Jails and prisons—America's new mental hospitals. *Am J Public Health*. 1995;85(12):1611–1613.

⁸ Torrey EF, Stieber J, Ezekiel J, et al. *Criminalizing the Seriously Mentally Ill: The Abuse of Jails as Mental Hospitals*. A Joint Report of the National Alliance for the Mentally Ill and Public Citizen's Health Research Group; 1992. <http://www.citizen.org/criminalizingtheseriouslymentallyill>. Accessed April 8, 2016.

⁹ Torrey EF, Zdanowicz MT, Kennard AD, et al. *The Treatment of Persons With Mental Illness in Prisons and Jails: A State Survey*. Arlington, VA: Treatment Advocacy Center; 2014.

In 1992, Public Citizen's Health Research Group (HRG) and the National Alliance for the Mentally Ill published one of the most detailed reports to date on seriously mentally ill individuals in jails. This report, titled *Criminalizing the Seriously Mentally Ill: The Abuse of Jails as Mental Hospitals*, showed that 7.2% of U.S. inmates (one in every 14 inmates) in county and local jails are seriously mentally ill, and that the problem was getting worse.¹⁰ Since then, there has been consistent evidence that persons with mental illnesses are overrepresented in county jails. However, most studies are limited to one or a few states^{11,12} or based on data from over a decade ago.¹³ Therefore, the present study addresses this gap by surveying jail staff in a nationally representative sample of county jails to understand their perspectives regarding seriously mentally ill individuals in this setting.

Challenges Facing County Jails

Unlike state prisons, which typically house sentenced inmates only, county jails are responsible for a complex mix of inmates. Specifically, these jails house inmates awaiting trial or serving relatively short sentences (less than a year). Detainees can make up as much as half the population in these jails at any given time.¹⁴ In some county jails, such as those in California, more than 62% of the inmates either are awaiting trial or have yet to be sentenced.¹⁵

Despite being overcrowded on their own,¹⁶ county jails can also house state prisoners in order to relieve crowding in the prisons of some states.¹⁷ Limited state funding is another frequent challenge facing county jails, making it hard to deliver meaningful medical and mental health treatment, or educational and other services, to their inmates. Further, county jails find it especially difficult to mandate programs given their unsentenced or yet-to-be-convicted populations.

The problems created by the presence of large numbers of seriously mentally ill inmates in the county jail system are compounded by the fact that jails are not designed for treating such individuals and law enforcement officials are typically not trained as mental health professionals.

¹⁰ Torrey EF, Stieber J, Ezekiel J, et al. *Criminalizing the Seriously Mentally Ill: The Abuse of Jails as Mental Hospitals*. A Joint Report of the National Alliance for the Mentally Ill and Public Citizen's Health Research Group; 1992. <http://www.citizen.org/criminalizingtheseriouslymentallyill>. Accessed April 8, 2016.

¹¹ Trestman RL, Ford J, Zhang W, Wiesbrock V. Current and lifetime psychiatric illness among inmates not identified as acutely mentally ill at intake in Connecticut's jails. *J Am Acad Psychiatry Law*. 2007;35(4):490–500.

¹² Steadman JJ, Osher FC, Robbins PC, et al. Prevalence of serious mental illness among jail inmates. *Psychiat Serv*. 2009;60(6):761–765.

¹³ James DJ, Glaze LE. *Mental Health Problems of Prison and Jail Inmates*. Washington, DC: Bureau of Justice Statistics; 2006.

¹⁴ Allen HE, Latessa EJ, Ponder BS, Simonsen CE. *Corrections in America: An Introduction*. 11th ed. Up Saddle River, NJ: Pearson Prentice Hall; 2007.

¹⁵ Lofstrom M, Martin B. *Just the Facts: California County Jails*. San Francisco, CA: Public Policy Institute of California; 2015. http://w.ppi.ppic.org/content/pubs/jtf/JTF_CountyJailsJTF.pdf. Accessed April 8, 2016.

¹⁶ Torrey EF, Zdanowicz MT, Kennard AD, et al. *The Treatment of Persons With Mental Illness in Prisons and Jails: A State Survey*. Arlington, VA: Treatment Advocacy Center; 2014.

¹⁷ U.S. Government Accountability Office. *A Report to Congressional Requesters - Bureau of Prisons: Growing Inmate Crowding Negatively Affects Inmates Staff and Infrastructure*. Washington, DC; 2012. Publication GAO-12-743. <http://www.gao.gov/products/GAO-12-743>. Accessed April 8, 2016.

Inmates With Serious Mental Illnesses in County Jails

Individuals with serious mental illnesses have been a long-standing burden for county jails. In HRG's 1992 report,¹⁸ we found that 29% of county and local jails sometimes incarcerate mentally ill individuals against whom no criminal charges were filed. Recent news reports suggest that this practice is still occurring in jails.¹⁹ Such individuals are boarded in jails while they await a psychiatric evaluation, the availability of a hospital bed, or transportation to a public psychiatric hospital, which may be many miles away.

To illustrate this situation, let us consider a hypothetical case:

After being arrested for shoplifting and charged accordingly, John Smith is held as a pre-sentenced detainee in a county jail. His public defender suspects he is mentally ill and requests a court-ordered mental fitness evaluation for him. The presiding judge subsequently orders John Smith be sent to the state's psychiatric hospital for further evaluation.

As John Smith waits in the county jail for his transfer to the state's psychiatric hospital, he is abused by other inmates. Therefore, the jail staff put him in a segregated cell. The segregation, along with a weeklong wait in the county jail (without proper mental health evaluation, medications, or mental health treatment), worsen John Smith's condition, and he suffers a psychiatric emergency, requiring immediate transfer to the nearest hospital emergency room.

John Smith's case is not uncommon in county jails, as these jails essentially have become the mental hospitals of last resort in many states.²⁰ But seriously mentally ill inmates frequently get inadequate or no mental health treatment in these jails, and suffer from exacerbated mental illness symptoms as a result.

Survey Purposes

We conducted a survey study to understand the perspectives of county jail sheriffs, deputies, and other staff about serious mental illnesses in jails. Our survey aimed to address the following objectives:

- (1) To explore jail staffs' experience with seriously mentally ill inmates;
- (2) To understand the training provided to sheriffs' deputies and other jail staff on effective ways to handle mentally ill inmates; and
- (3) To describe the kind of treatment and resources for the seriously mentally ill inmates made available by sheriffs' departments and jail facilities.

¹⁸ Torrey EF, Stieber J, Ezekiel J, et al. *Criminalizing the Seriously Mentally Ill: The Abuse of Jails as Mental Hospitals*. A Joint Report of the National Alliance for the Mentally Ill and Public Citizen's Health Research Group; 1992. <http://www.citizen.org/criminalizingtheseriouslymentallyill>. Accessed April 8, 2016.

¹⁹ Mitchell J. Man in Mississippi jail 11 years without trial. *The Clarion-Ledger*. May 22, 2016. <http://www.clarionledger.com/story/news/2016/05/21/man-still-in-mississippi-jail-11-years-later/84253880/>. Accessed May 25, 2016.

²⁰ Gilligan J. The last mental hospital. *Psychiat Quart*. 2001;72(1):45–61.

Survey Methodology

Our study was a cross-sectional online survey whose target population was county sheriffs' departments that operated jail facilities or detention centers in the U.S. when our study commenced in 2011.

Selection of County Jail Sample

To identify and contact our sample, we received assistance from the National Sheriffs' Association (NSA) — a professional association based in Alexandria, Va., that provides police education, police training, and general law enforcement information resources and that represents thousands of sheriffs, deputies, other law enforcement, public safety professionals, and concerned citizens nationwide. We obtained a 25% random sample ($n = 771$) of the NSA's nationwide list of 3,083 sheriffs' department (law enforcement services and/or jail services for a county or other civil subdivision of a state that run county jails) members. This list included the names, emails, faxes, and/or phone numbers of these sheriffs' departments.

Because the NSA had no information regarding which sheriffs' departments operated county jails or detention centers, we invited all of the 771 sheriffs' departments in our sampling frame to participate in our survey (see sample invitation letter in Appendix A).

We tried to identify ineligible sheriffs' departments by adding a screening question at the beginning of our survey questionnaire asking respondents to indicate whether they operate county jails or detention centers. Additionally, we asked this question during our reminder follow-up phone calls with survey nonrespondents.

We also excluded survey responses with significant amounts of missing or incomplete responses during the analysis phase.

Survey Instrument

We developed a questionnaire for our study with input from interviews with staff from a sheriff's department, NSA staff, and other subject matter experts.

Our questionnaire (Appendix B) comprised 22 questions addressing the following areas:

- Average number of inmates in jail from September 1, 2010, to August 31, 2011
- Percentage of inmates with serious mental illnesses in jail from September 1, 2010, to August 31, 2011
- Special problems caused or encountered by inmates with serious mental illnesses in jails
- Recidivism rate of seriously mentally ill inmates, compared to the general inmate population
- Current number of inmates with serious mental illnesses, compared to five to 10 years ago
- Job, staffing, or structural facility changes to accommodate inmates with serious mental illnesses

- Provision and length of training offered to staff and sheriff's deputies on effective ways to handle mentally ill offenders
- Percentage of jail staff's total time handling issues concerning seriously mentally ill inmates
- Mental health treatment provided to seriously mentally ill inmates inside jails
- Time involving the transportation of mentally ill persons to emergency rooms or hospitals for mental health treatment and prescheduled medical and psychiatric appointments.
- Type of staff with the primary responsibility for coordinating mental health treatment in jails
- Type of staff who handle psychiatric emergencies in the jail
- Availability of a support system offered by the sheriff's department for mentally ill inmates following their release

The survey questionnaire also asked the respondents to report the names (for use by the study team only) and locations (county and state) of their jails, their job titles, and the length of their tenure at their current jails. While most of our survey questions were closed-ended, we asked some open-ended questions to gain more insight about select topics. The questionnaire's completion time was estimated at 15 to 20 minutes.

Definition of Serious Mental Illnesses

We adopted a narrow definition of serious mental illnesses, limited to schizophrenia, bipolar disorder (manic-depressive illness), and related conditions. We included this definition in the introduction of our questionnaire. The introduction further explained that some people with these illnesses:

- Hear voices
- Have confused or illogical thinking so that they don't "make sense"
- Have delusions — for example, they may believe that they are being pursued (paranoia) or that they are the president of the U.S. (delusions of grandeur)
- Behave bizarrely or inappropriately — for example, they may talk loudly to voices that only they can hear or dress bizarrely
- Have repeated periods of severe depression or act as if they are "high" (manic) when they have not, in fact, taken drugs; such mood swings are usually accompanied by confused or illogical thinking

We clarified in the introduction of our questionnaire that seriously mentally ill individuals may also abuse alcohol or drugs, but when the effect of the alcohol or drugs wears off, the other symptoms remain. We specified that, for the purposes of our survey, two stand-alone conditions (suicidal thoughts or behavior without other symptoms, and alcohol and drug abuse) are not considered serious mental illnesses.

Survey Administration Procedures

We administered our questionnaire online using SurveyMonkey.com. The NSA initially reached out to the 771 sheriffs' departments that were part of our final sample by sending them our first survey invitation letter by email or fax on September 23, 2011. The invitation letter, co-signed by HRG's director and the NSA's executive director, was addressed to the sheriffs. It asked each invited sheriff or his/her designated representative to complete the survey within two weeks. The letter included a web link to the survey questionnaire and a password to access it.

Two reminder letters, including the survey link and password information, were sent by email or fax to the sheriffs' departments that submitted incomplete responses (i.e., skipped more than three questions) or did not respond to our survey: The first reminder letters were sent to applicable sheriffs' departments on October 10 and 11, 2011, and the second reminder letters were sent on November 4, 2011.

From November 15, 2011, to November 29, 2011, to increase the response rate, HRG and TAC staff made follow-up phone calls to the sheriffs' departments that had not responded or completed the survey.

Survey Data Analysis

We analyzed the closed-ended questions of our survey data in SAS version 9.3. We calculated frequencies and proportions for categorical variables, and medians, means, and ranges for continuous variables. We used the Pearson's chi-square or Fisher's exact tests to examine bivariate associations between the survey variables. The 0.05 significance level was used for all bivariate comparisons.

We reviewed all of the responses to the open-ended questions and quoted some responses verbatim, where applicable, to make a point or provide more insight in relation to some of the topics addressed in our survey.

Results

Participating Jails

Of the 771 sheriffs' departments in our sampling frame, 183 indicated during our reminder phone calls that they did not operate jail facilities or detention centers; 22 of these indicated the same in a completed survey. Another 14 sheriffs' departments indicated that they did not operate jail facilities or detention centers only in their completed surveys. Therefore, the number of potentially survey-eligible sheriffs' departments was 574 (Appendix C).

We received a total of 274 online surveys, completed from September 23, 2011, through November 28, 2011. Of those, 36 surveys reported not operating jail facilities or detention centers and therefore were excluded from our eligible sample calculations above. We excluded an additional eight surveys because they had substantially incomplete responses (Appendix C). Therefore, our final analytic sample comprised 230 county jails operated by sheriffs' departments, resulting in a 40.1% response rate.

Geographic Distribution of Respondents

Our random sampling frame included county sheriffs' departments from 46 states with sheriffs' departments (no sheriffs' departments were included from Alaska, Connecticut, Hawaii, or Rhode Island). Our final sample of 230 respondents included at least one completed survey from 39 states that were included in our sampling frame. Six states — Georgia, Illinois, Michigan, Missouri, Ohio, and Texas — had completed surveys from 10 or more counties (Appendix D). However, we did not receive responses from any county jails from seven states that were part of our sampling frame: Delaware, Kentucky, Massachusetts, New Hampshire, New Mexico, Vermont, and West Virginia (Appendix E). Except for Kentucky and West Virginia, only a handful of county jails were represented in our sampling frame from the other five states with no completed surveys. Therefore, our final sample was largely representative of most states.

The majority of the 230 county jails in our final sample were located in the Midwest (39.1%) and South (37.8%), while the remaining jails were located in the West and Northeast regions (18.3% and 4.8%, respectively). This regional distribution of respondents was comparable to that in our sampling frame (Appendix E). Notably, the 4.8% representation of the Northeast region in our final sample was driven by the fact that states in this region have fewer county jails because they have fewer counties. In fact, counties in this region account for only 7% of U.S. counties, which is almost identical to the representation of this region in our sampling frame.

Characteristics of Respondents

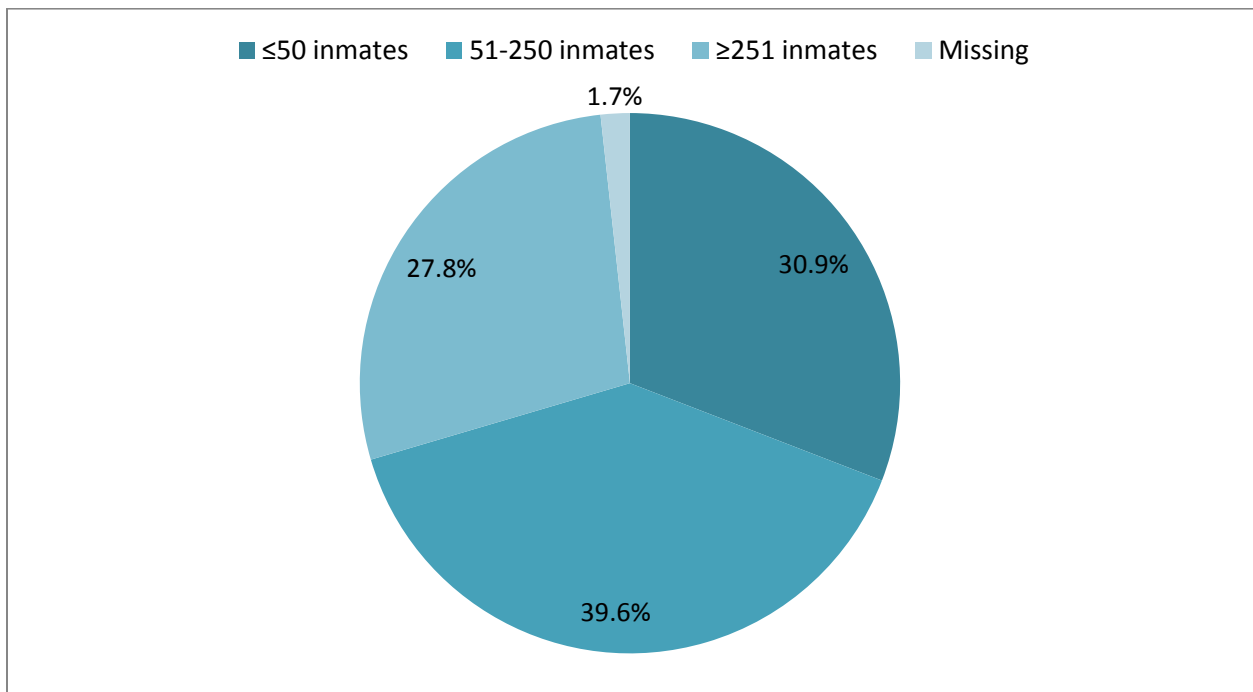
Jail law enforcement staff (including sheriffs, captains, jail supervisors, sergeants, and lieutenants) completed 74.4% of the surveys. Administrators and clerical staff completed 17.4% of the surveys; the remainder were completed by nurses, social workers, counselors, therapists, mental health staff, or other unspecified staff.

The majority (93.0%) of the respondents reported being at their current jail for two or more years: 60.9% had been there for 11 or more years and 32.2% had been there for two to 10 years. Only 6.1% reported their tenure at their current jail as one year or less. About 1% did not answer this question. The median reported tenure at the current jails across all survey respondents was 13 years (range: 0 to 36 years).

Jail Size

Using the number of inmates from September 1, 2010, to August 30, 2011, as a proxy for jail size, slightly more than a quarter (27.8%) of these jails were large (averaging 251 or more inmates), 39.6% were medium (averaging 51-250 inmates), 30.9% were small (averaging 50 inmates or fewer) (Figure 1). Jail size was not reported by 1.7% of the respondents. Overall, the reported total daily average population across respondents was approximately 68,000 inmates.

Figure 1. Distribution of Jails, by Average Daily Inmate Population



Percentage of Inmates With Serious Mental Illnesses

“With the current judicial system and the lack of mental health facilities these [seriously mentally ill] inmates are getting ‘stuck’ in the system. ... When we get a seriously mentally ill inmate, we are not teaching them a lesson or holding them responsible for their crimes. In most cases they are in and out of reality and don’t know exactly why they are in jail.”

“Most mentally ill [inmates] we have are here on lesser charges, such as criminal trespass or disorderly conduct. They get caught up in the slow process and we end up housing them a lot longer than normal.”

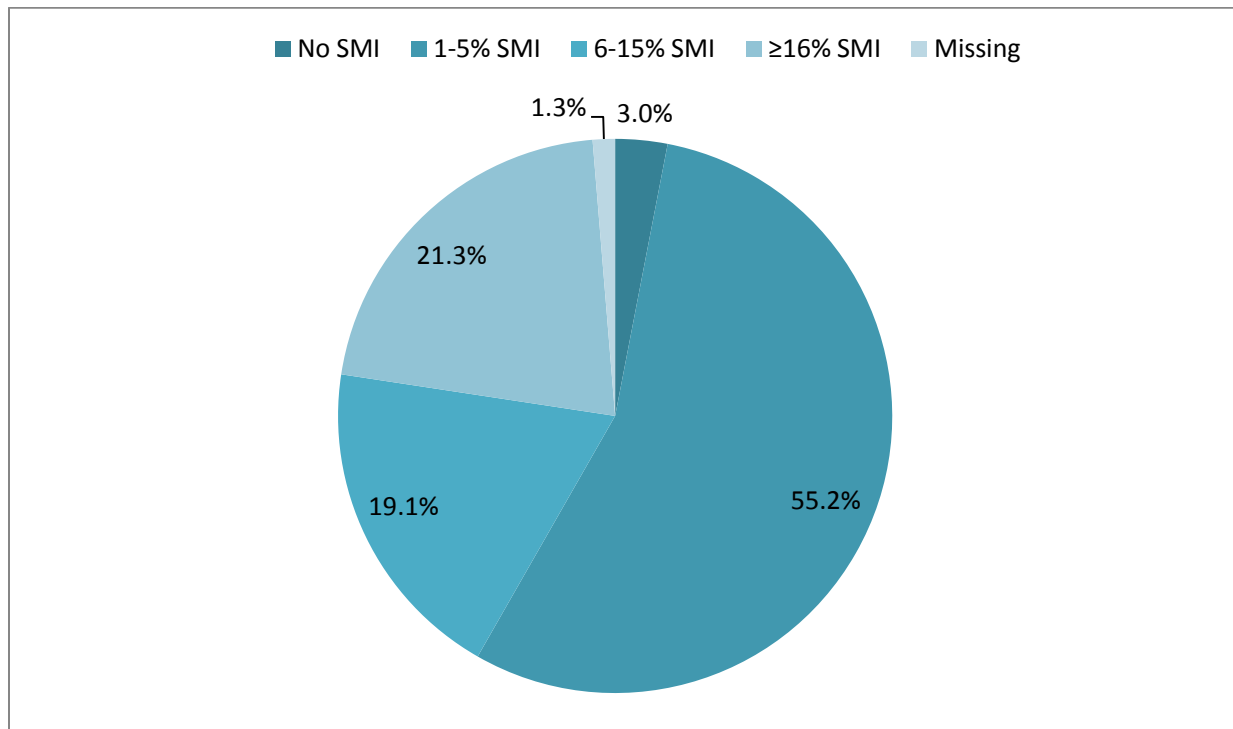
“They are not getting the appropriate mental health care. Most remain in jail longer on misdemeanor offenses than someone who is not mentally ill because they are waiting for a bed in a mental health facility, and that wait for a bed keeps getting longer.”

“Most of our mentally ill inmates are ... [c]ourt [o]rdered for us to hold until a bed is available at the state hospital; they have no charges. We have to transport [them] to and from their mental [evaluations] and court.”

The survey asked, “On average, from September 1, 2010, to August 31, 2011, approximately what percentage of the inmates in your jail appeared to have a serious mental illness as defined in the introduction?” The majority (73.7%) of the reported jails’ averages of daily number of inmates who appeared to have a serious mental illness (henceforth referred to as those who “had serious mental illnesses” or were “seriously mentally ill”) were based on the respondents’ personal estimates. In contrast, 26.3% of these reported estimates were based on jail records.

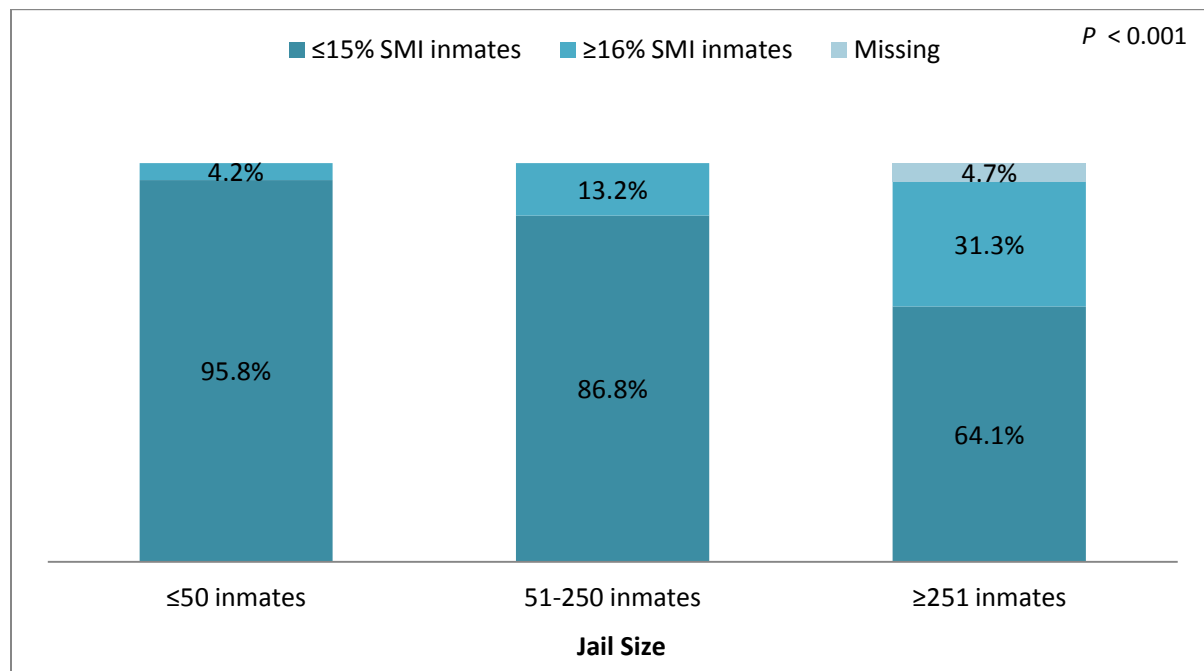
Using our study’s narrow definition of serious mental illnesses, 95.7% of the respondents reported having some inmates with serious mental illnesses. Specifically, 21.3% reported that 16% or more of their inmate population had serious mental illnesses (Figure 2). In contrast, 19.1% reported that from 6% to 15% of their inmate population had serious mental illnesses, whereas 55.2% reported that from 1% to 5% of their inmate population had serious mental illnesses (three [0.9%] did not answer this question).

Figure 2. Distribution of Jails, by Average Percentage of Inmates Who Were Seriously Mentally Ill (SMI)



More large (31.3%) than medium (13.2%) and small (4.2%) jails reported that 16% or more of their inmates had serious mental illness ($P < 0.001$) (Figure 3).

Figure 3. Distribution of Jails, by Average Percentage of Inmates Who Were Seriously Mentally Ill (SMI) and by Jail Size



Based on the distribution of our survey data, we denoted jails where seriously mentally ill inmates made up 5% or less of the population as having small populations of such inmates, and jails where they made up 6% or more as having large populations. Accordingly, more than a third (40.4%) of jails reported having a large seriously mentally ill inmate population, and 58.3% reported having a small seriously mentally ill inmate population. The distribution of county jails in our survey sample with large seriously mentally ill inmate populations by state is presented in Appendix F.

Despite the obvious concentration of seriously mentally ill inmates in large jails, survey respondents from small jails expressed special concerns about the challenges associated with these inmates because of the increased constraints on staffing and resources faced by these jails:

“When a small facility, such as ours ... only [has] one seriously mentally ill inmate at a time[,] it puts a huge stress on the whole facility. Minimal staffing ... means that one or both guards are dealing with this inmate regularly and this then takes away from being able to efficiently manage the other 40 some inmates. Not to mention the tremendous stress that is put on the officers knowing that you will be dealing with this for 8 hours every day that ... you come to work.”

“Mentally-ill inmates at times require constant attention from several staff members and we only have 5 per shift so at times half of the staff can be dealing with a single inmate with mental issue[s].”

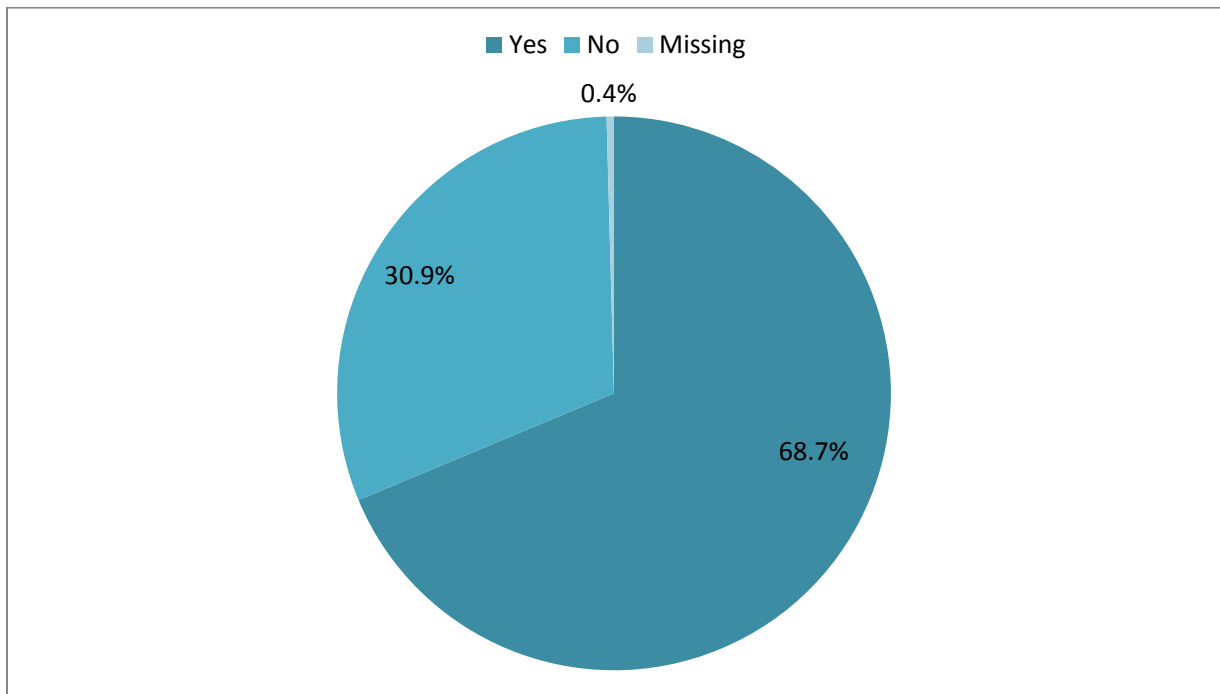
“In a small jail the increase of mentally ill inmates has been a cause for alarm, both for the jail staff and myself. We are now forced to try to deal with these problems without the help of [the county’s mental health and mental retardation agency] due to the latest budget cuts.”

“We have a very small jail and cannot adequately assist those who are in need [of] services.”

Segregation of Seriously Mentally Ill Inmates

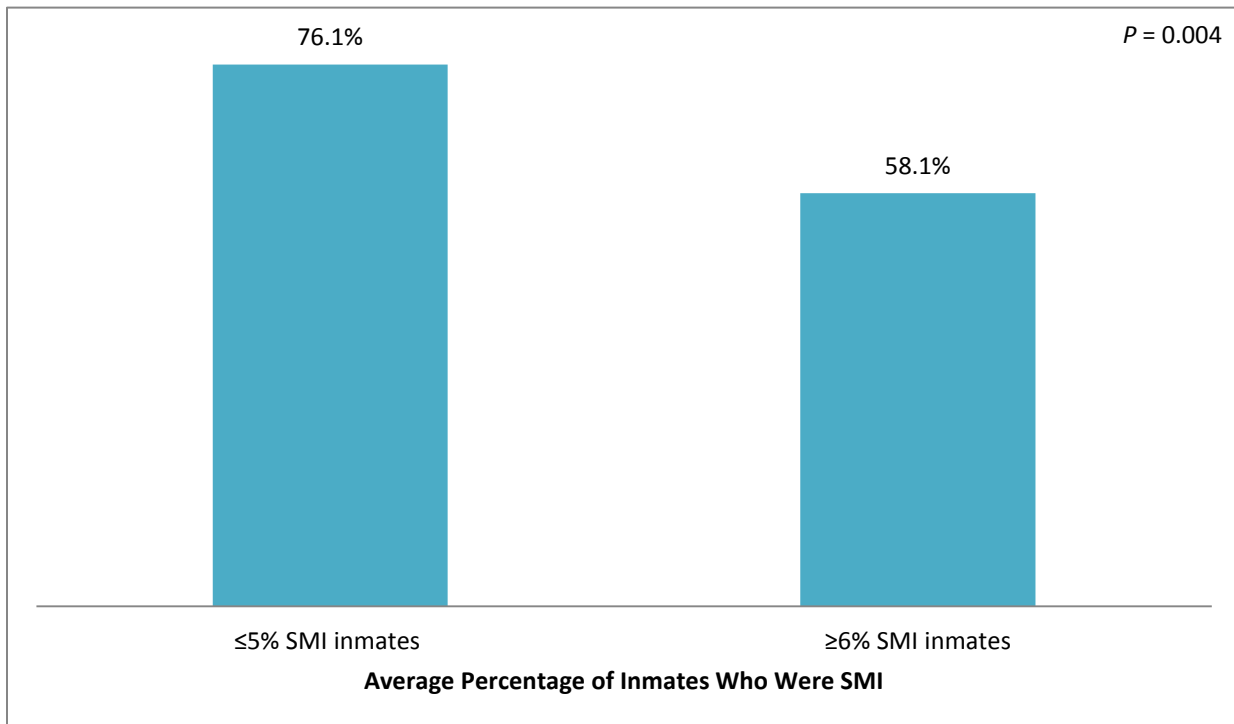
The survey asked, “Are the seriously mentally ill inmates segregated from the general inmate population into their own wards or units?” A majority (68.7%) of the jails reported segregating these inmates (Figure 4).

Figure 4. Are Seriously Mentally Ill Inmates Segregated From the General Inmate Population?



Although there was no statistically significant association between jail size and segregation of seriously mentally ill inmates, more jails with small seriously mentally ill inmate populations reported segregating these inmates than jails with large seriously mentally ill inmate populations (76.1% vs 58.1% , $P = 0.004$) (Figure 5).

Figure 5. Percentage of Jails That Segregate Seriously Mentally Ill (SMI) Inmates, by Average Percentage of Inmates Who Were SMI



In commenting on segregation of seriously mentally ill inmates in other parts of the survey, some respondents expressed the following concerns:

“Some of the mentally ill inmates require segregation into a cell capable of holding several inmates[,] thus influencing population management in the facility.”

“They occupy the only segregation cells that we have to use. They cause issues when they are in general population because we do not have enough segregation cells.”

“As a small facility, we must use one of our two holding cells for the seriously mentally ill inmates. This seriously limits our intake holding.”

Special Problems Encountered or Caused by the Seriously Mentally Ill in Jails

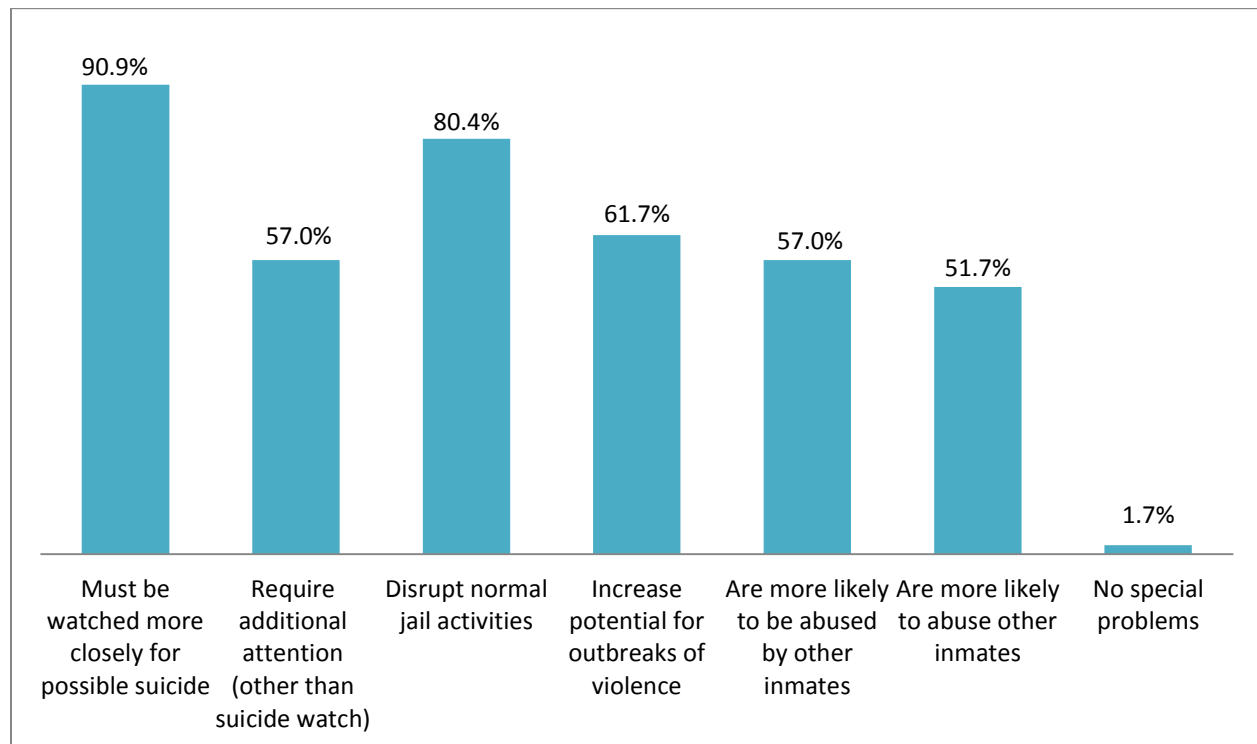
“Jails and jailers are not equipped to deal with these issues [caused by the seriously mentally ill inmates], we are not doctors and county jails can’t afford to have one on staff.”

Only 1.7% of the jails reported that seriously mentally ill inmates do not present special problems in their jails. On the other hand, large proportions of the jails reported experiencing six types of problems (Figure 6):

- 90.9% of the jails reported that the seriously mentally ill inmates must be watched more closely for possible suicide.

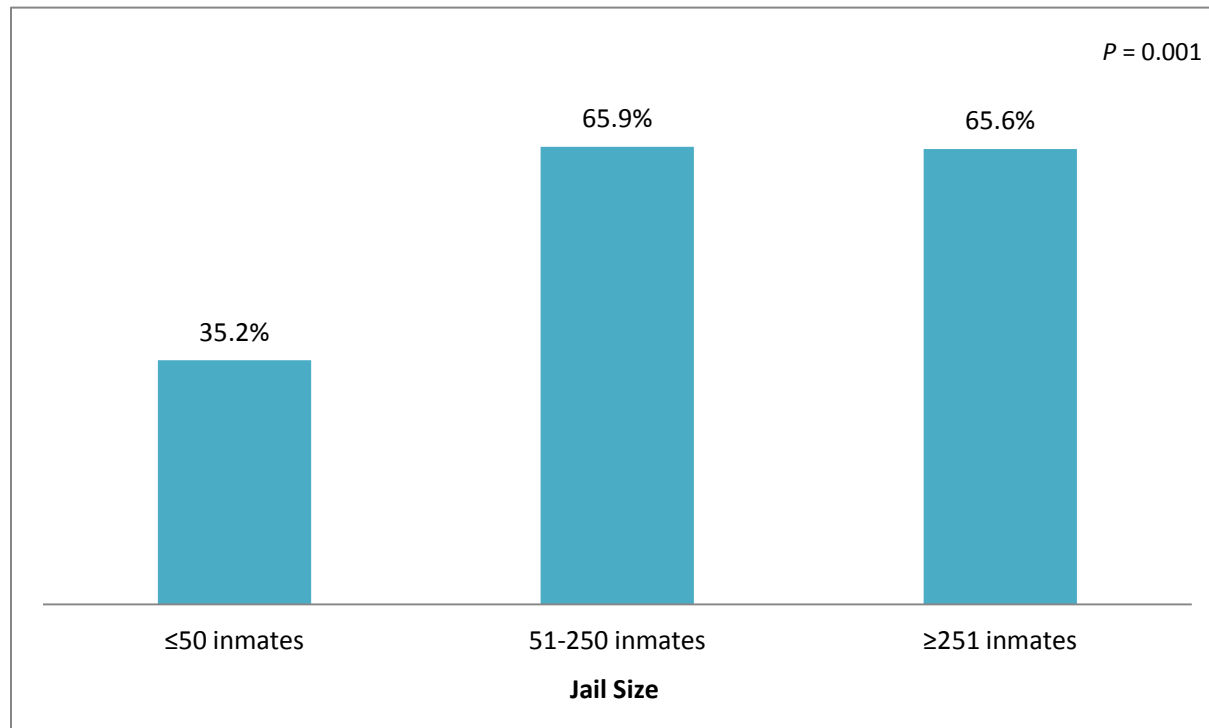
- 57.0% of the jails reported that the seriously mentally ill inmates require additional attention (other than suicide watch) from the jail staff.
- 80.4% of the jails reported that the seriously mentally ill inmates disrupt normal jail activities.
- 61.7% of the jails reported that the seriously mentally ill inmates increase the potential for outbreaks of violence.
- 57.0% of the jails reported that the seriously mentally ill inmates are more likely to be abused by other inmates.
- 51.7% of the jails reported that the seriously mentally ill inmates are more likely to abuse other inmates.

Figure 6. Percentage of Jails Reporting Special Problems Caused or Encountered by Seriously Mentally Ill Inmates



The increased tendency of seriously mentally ill inmates to be abused by other inmates was the only one of the above special problems associated with jail size: About 66% of both large and medium jails, compared with 35.2% of small jails, reported having this problem ($P = 0.001$) (Figure 7).

Figure 7. Percentage of Jails Reporting That Seriously Mentally Ill Inmates Are More Likely to Be Abused by Other Inmates, by Jail Size



Requiring additional attention was statistically associated with the percentage of inmates with serious mental illness: A greater proportion of jails with large seriously mentally ill inmate populations reported having this problem, compared with jails with small seriously mentally ill inmate populations (65.6% vs 52.5%, $P = 0.012$) (Figure 8).

The following comments were reported with regard to problems caused or encountered by the seriously mentally ill inmates:

“Where a normal inmate can be predictable with a relative certainty, seriously mentally ill inmates are not predictable, therefore, require more attention, can be more prone to lashing out, or becoming a victim as they are different and respond differently from the norm.”

“Inmates with serious mental illnesses require additional attention by both corrections and [m]edical staff in regards to charting, care and supervision.”

“[M]entally ill subjects charged with a crime have to be physically checked every 15 minutes ([m]inimum).”

“Any inmate on active suicide watch is monitored ‘one on one’ by detention staff. Some inmates may require additional attention as determined by specific treatment plans ordered by medical [staff].”

“They have to be placed on a watch and take jail staff from other duties.”

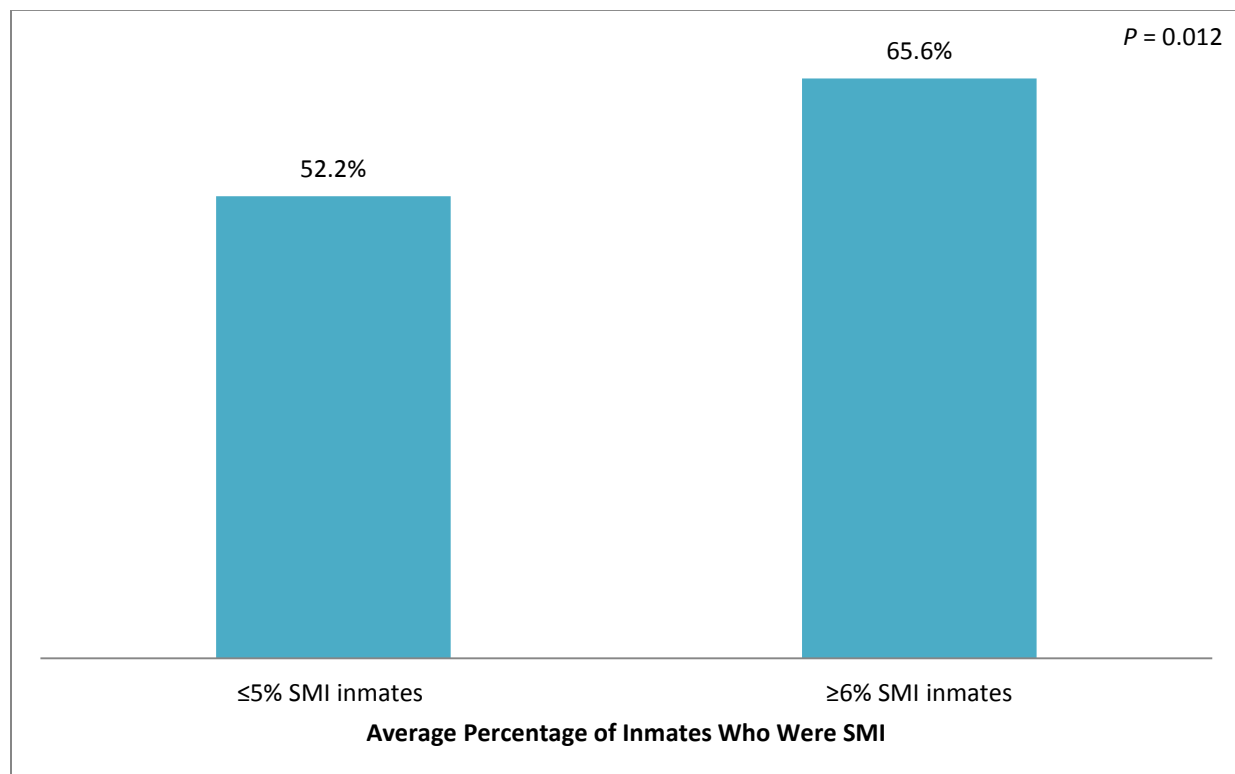
“Many have drug and alcohol concerns as well and [their general] health is poor requiring more medical attention and cost.”

“The seriously mentally ill inmates are most likely to be [unmedicated] upon incarceration and take longer to stabilize. ... The individual is more likely to be aggressive or [act] out and thus requires additional attention from jail staff.”

“Officers have to observe them to make sure they have taken their medication, make sure they are not having a reaction [to] the medication, are not harming themselves and the officer must be aware of any sudden changes in reasoning or speech as well as physical changes.”

“Any and all mentally ill inmates are susceptible to all of the aforementioned problems. It is my finding that mentally ill inmates have to be handled on a case by case basis, as there is no ‘cookie cutter’ inmate.”

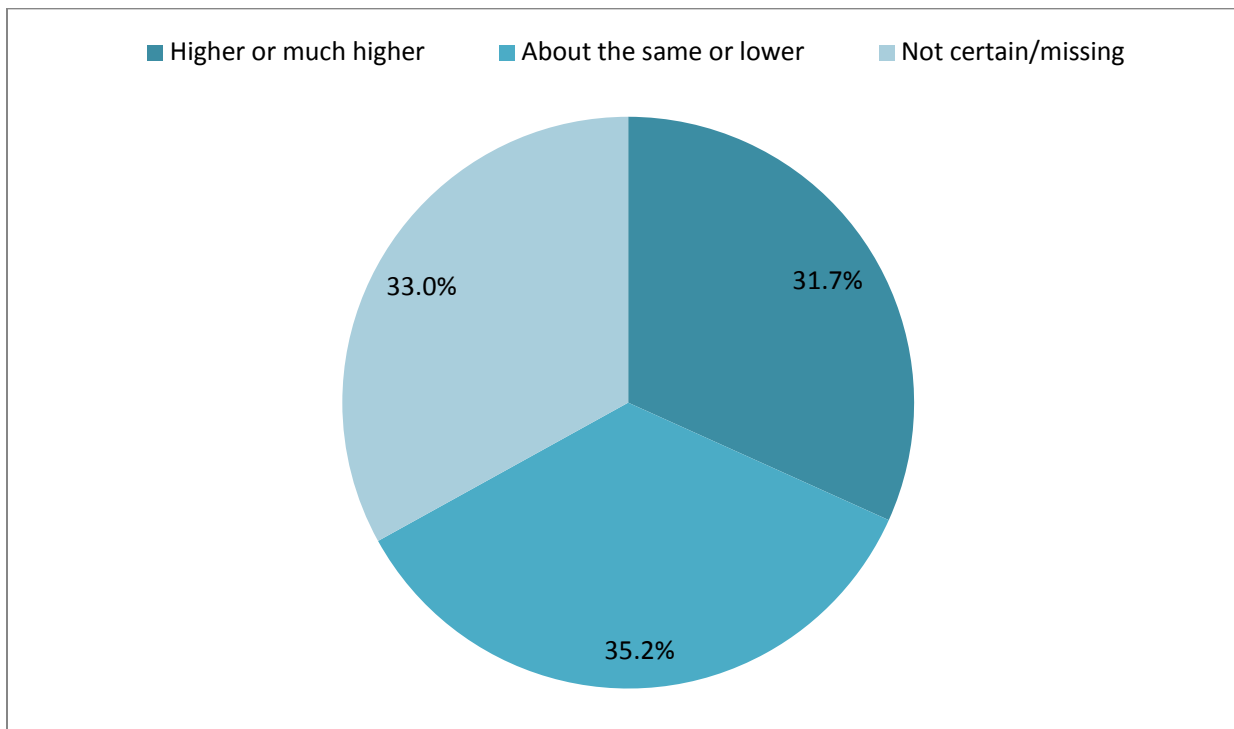
Figure 8. Percentage of Jails Reporting That Seriously Mentally Ill (SMI) Inmates Require Additional Attention (Other Than Suicide Watch), by Average Percentage of Inmates Who Were SMI



Recidivism

The survey asked, “How does the recidivism rate of seriously mentally ill inmates compare to that of the general inmate population?” About one-third of jails (31.7%) reported having a higher or much higher recidivism rate among these inmates than among the general inmate population, whereas 35.2% reported having the same or lower recidivism rates; 33.0% were not certain or did not answer this question (Figure 9).

Figure 9. Distribution of Jails, by Reported Percentage of Recidivism of Seriously Mentally Ill Inmates Compared to That of the General Inmate Population



Notably, a greater proportion of large (43.8%) and medium (35.2%) jails than small jails (18.3%) reported a higher recidivism rate for seriously mentally ill inmates, compared to that of the general inmate population ($P = 0.017$) (Figure 10).

Likewise, jails with large seriously mentally ill inmate populations were twice as likely to report “higher or much higher” recidivism rates as jails with small seriously mentally ill inmate populations (49.5% vs 18.7%, $P < 0.001$) (Figure 11).

Figure 10. Distribution of Jails, by Reported Percentage of Recidivism of Seriously Mentally Ill Inmates Compared to That of the General Inmate Population and by Jail Size

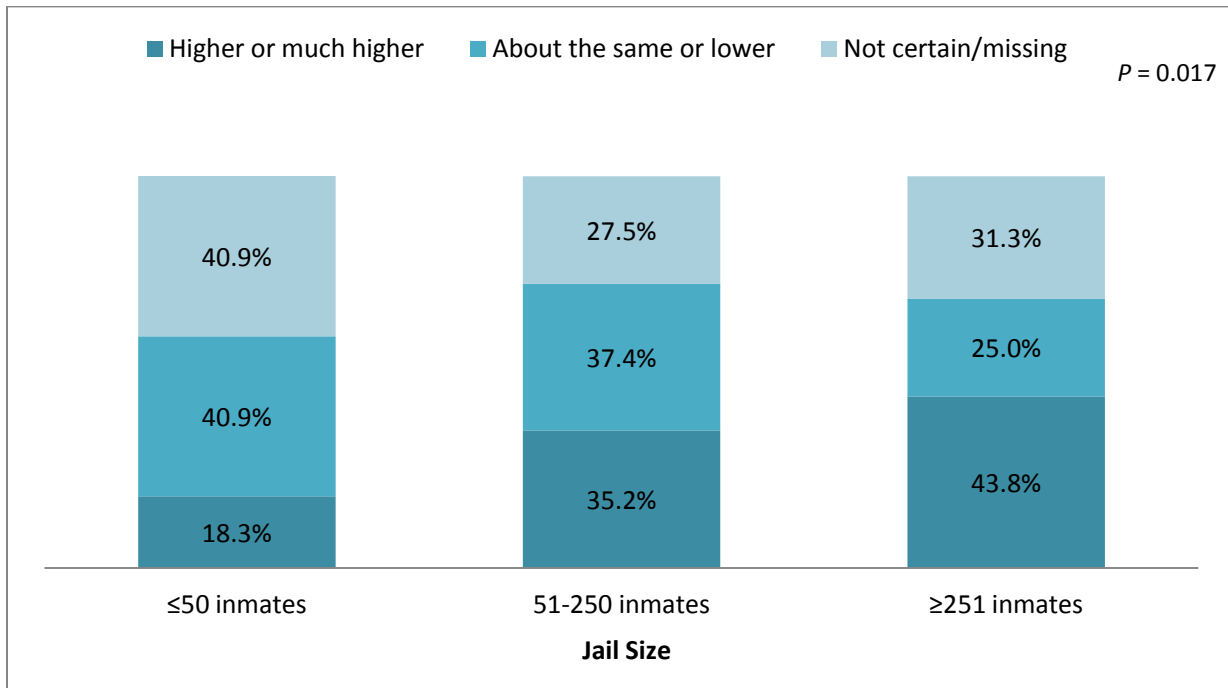
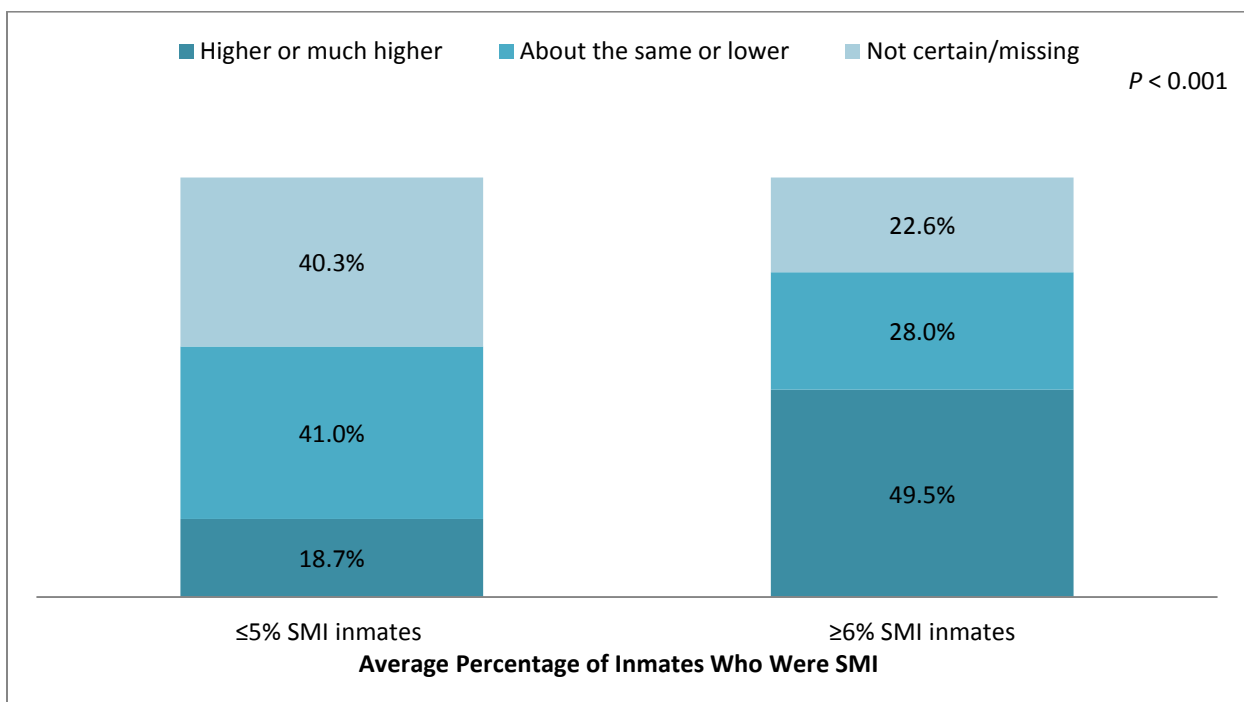


Figure 11. Distribution of Jails, by Reported Percentage of Recidivism of Seriously Mentally Ill (SMI) Inmates Compared to That of the General Inmate Population and by Average Percentage of Inmates Who Were SMI



Is the Problem Getting Worse?

Three-quarters (75.7%) of the jails reported seeing more or far more inmates with serious mental illnesses, compared to five to 10 years ago (Figure 12). In contrast, 15.7% of the jails reported seeing about the same number of or fewer inmates with serious mental illnesses (8.7% either were not certain or did not answer this question).

A higher percentage of large (85.9%) and medium (80.2%) jails than small (62.0%) jails reported seeing more or far more inmates with serious mental illnesses, compared to five to 10 years ago ($P = 0.004$) (Figure 13).

Figure 12. Current Numbers of Inmates With Serious Mental Illnesses Compared to Five to 10 Years Ago

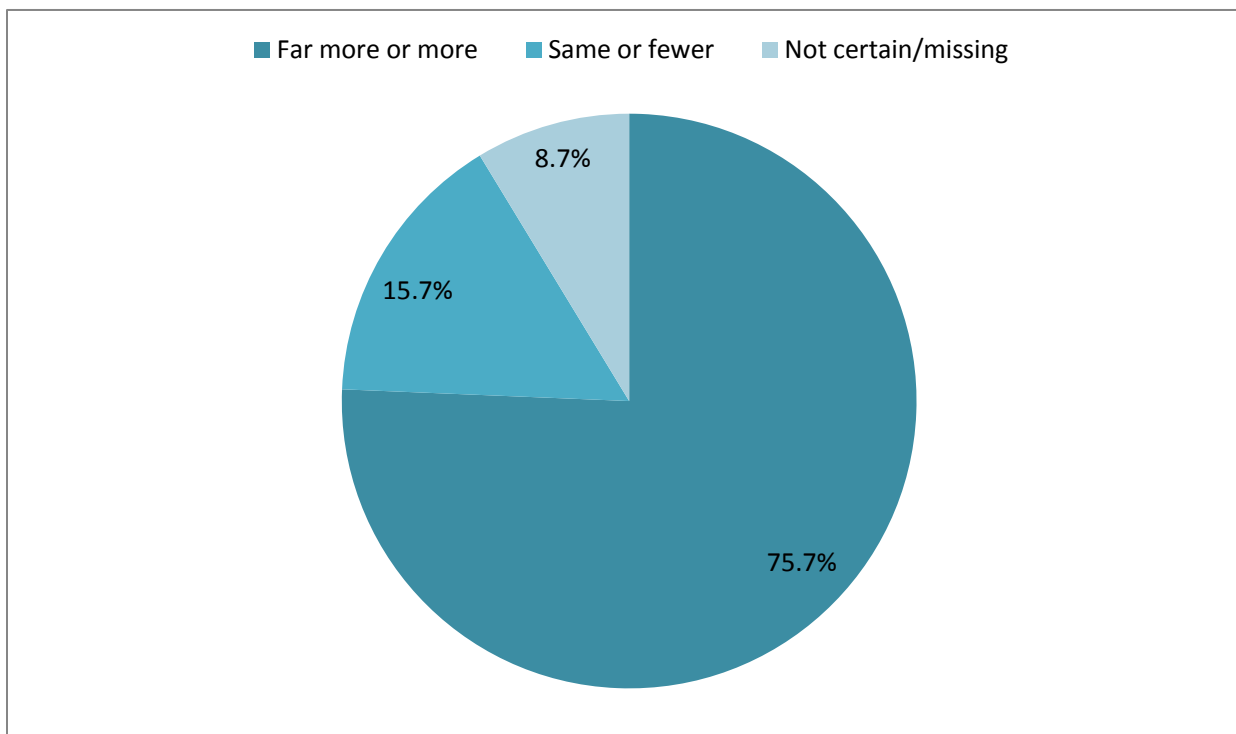
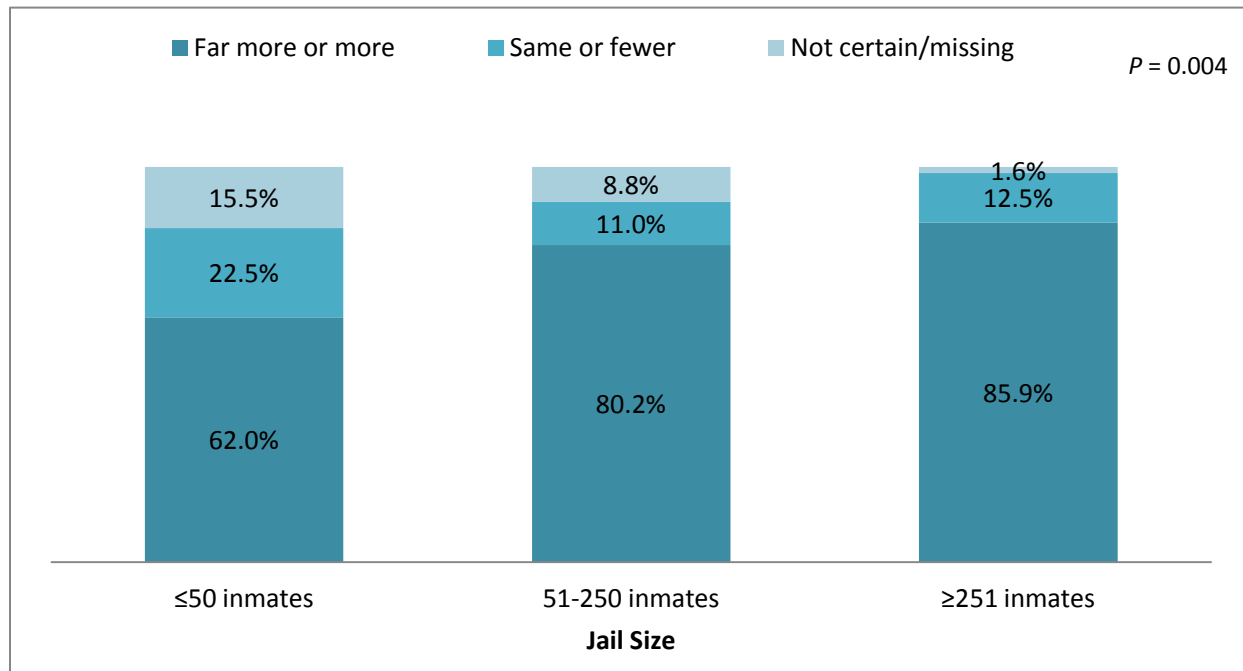


Figure 13. Distribution of Jails, by Reported Number of Current Inmates With Serious Mental Illnesses Compared to Five to 10 Years Ago and by Jail Size



Changes to Accommodate Seriously Mentally Ill Inmates

The survey asked about job, staffing, or structural changes to accommodate the mentally ill offenders in the criminal justice system.

Job Changes

“Jails have become the ‘asylum of last resort’ and more intensive engagement by staff is required as a result.”

The survey asked, “Has the increased number of mentally ill offenders in the criminal justice system caused any changes in your job or those of your jail staff and sheriff’s deputies?”

About two-thirds (68.3%) of the respondents reported that they or their jail staff/sheriff’s deputies have experienced such changes (Figure 14).

These changes were more frequent for jails with large seriously mentally ill inmate populations than for those with small seriously mentally ill inmate populations (80.7% vs 59.7%, $P = 0.004$) (Figure 15).

Figure 14. Has the Increased Number of Mentally Ill Offenders Caused Any Changes to Jobs of Jail Staff/Sheriff's Deputies?

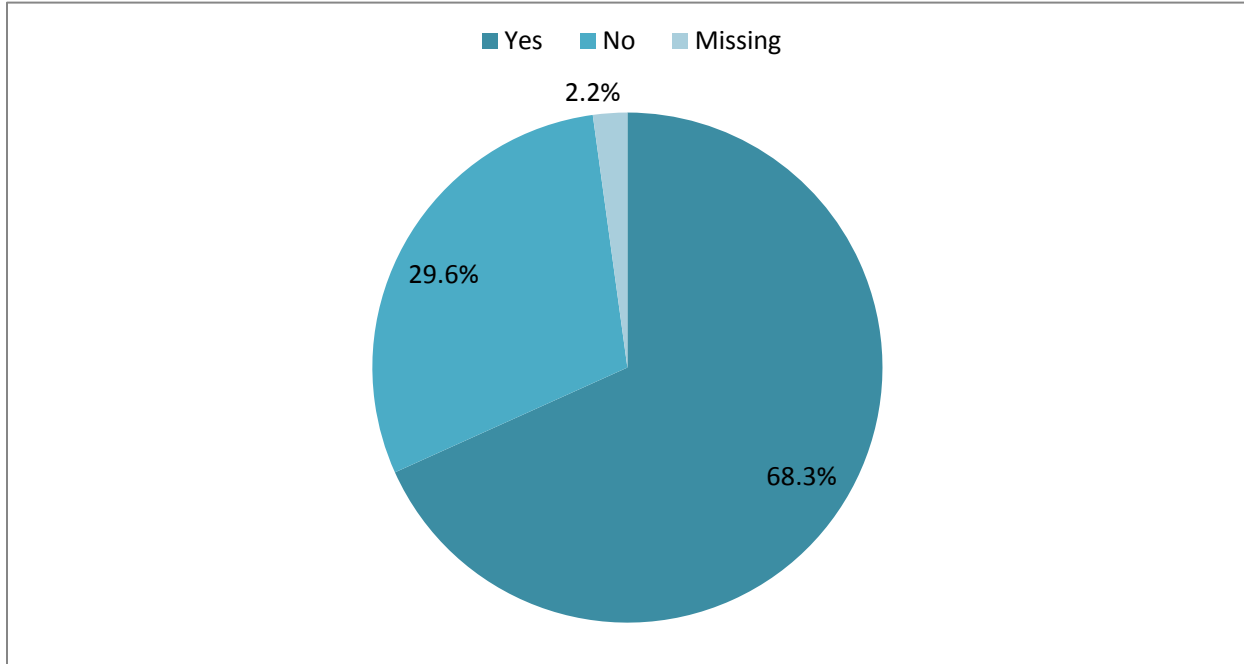
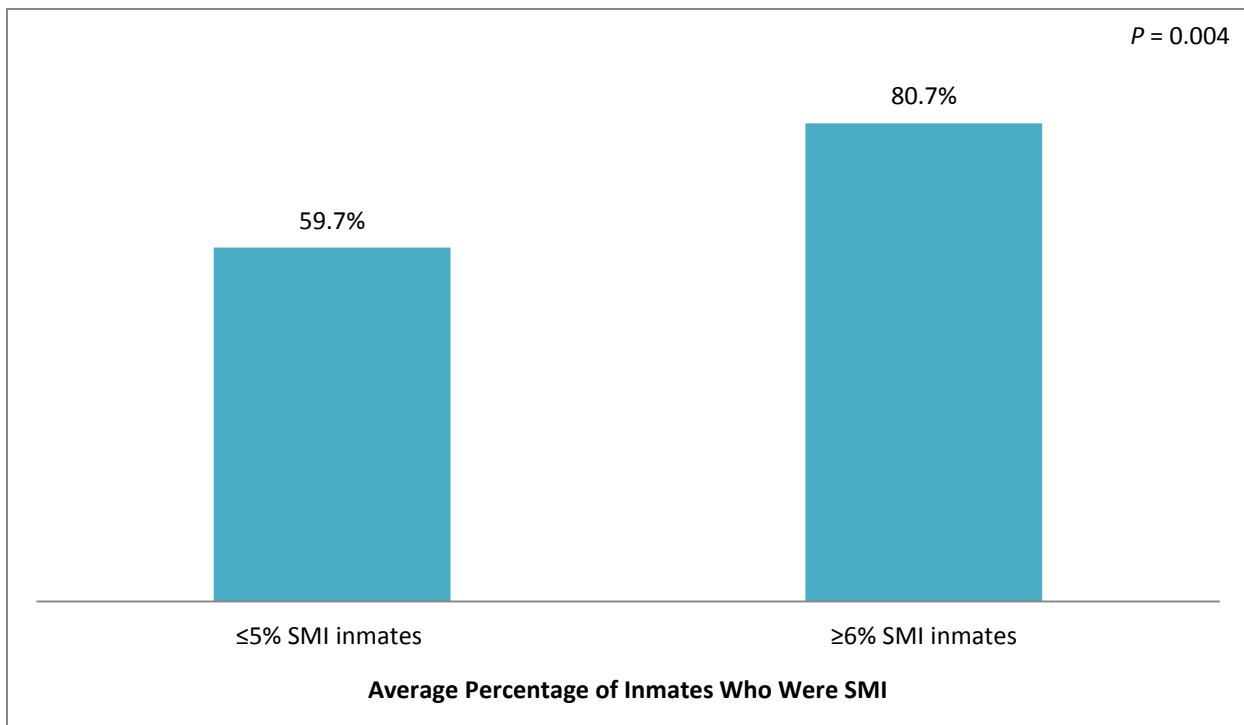
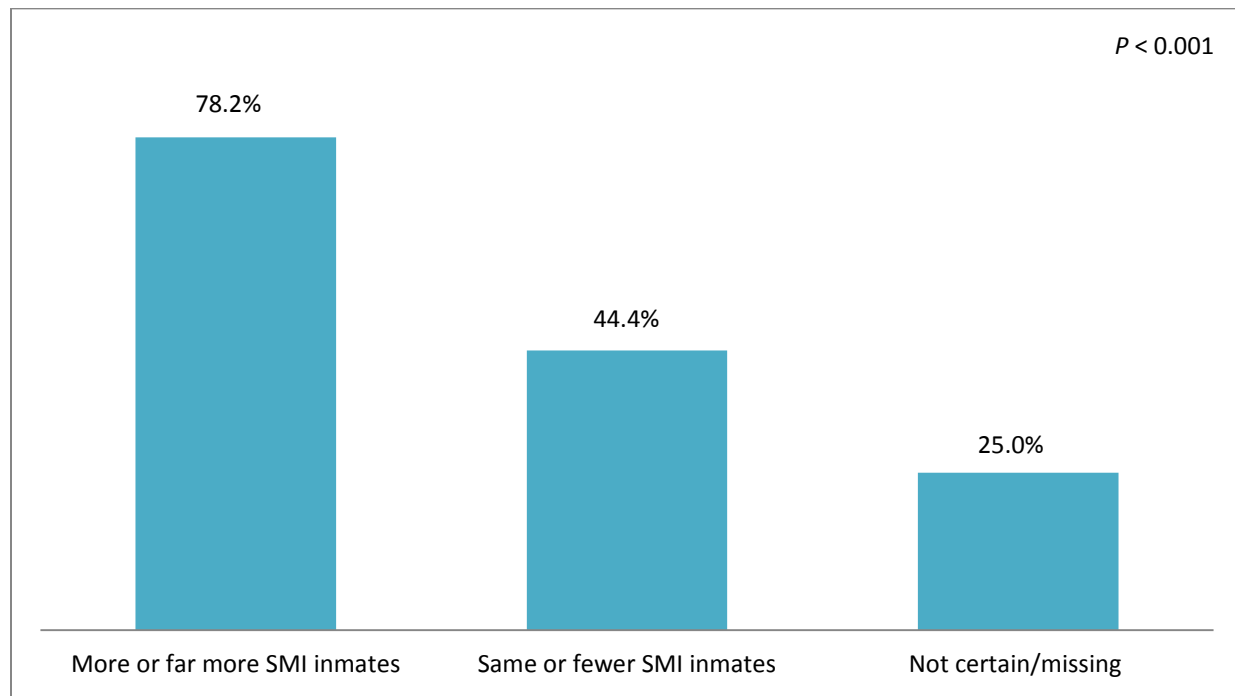


Figure 15. Percentage of Jails for Which the Increased Number of Mentally Ill Offenders Caused Changes to Jobs of Jail Staff/Sheriff's Deputies, by Average Percentage Inmates Who Were Seriously Mentally Ill (SMI)



Interestingly, 78.2% of the jails that reported seeing increased numbers of seriously mentally ill inmates compared to the previous five to 10 years reported experiencing job changes. In contrast, only 44.4% of the jails that did not report seeing an increased number of seriously mentally ill inmates reported experiencing job changes ($P < 0.001$) (Figure 16).

Figure 16. Percentage of Jails for Which the Increased Number of Mentally Ill Offenders Caused Job Changes, by the Change in the Number of Seriously Mentally Ill (SMI) Inmates Compared to Five to 10 Years Ago



In their open-ended responses, the respondents pointed out the following concerns about their jobs being harder as a result of dealing with seriously mentally ill inmates.

“We are challenged on a daily basis to try and provide care that our training hasn't prepared us for. Our manpower is not sufficient to handle the mentally ill population.”

“[O]ur jobs are harder because we don't know what to do with these people.”

“Correctional staff duties sometimes seem more like nursing home duties.”

“We spend more time talking with them to calm them down, to counsel them and to get them to comply with medications, hygiene and eating. We spend more time with physical encounters to keep them from hurting themselves.”

“It takes away from our staff by having to have [seriously mentally ill inmates] evaluated periodically and seen by medical staff more than others.”

“We have had to adapt to dealing with these personalities with minimal training available; each mentally ill offender has their own set of special needs.”

“More one on one interactions. More time spent evaluating them. More dealings with County Mental Health.”

“Again, more time on medication management and ensuring the [seriously mentally ill] inmates’ safety. In addition, court ordered transports have increased in response to the number of mental health issues we deal with.”

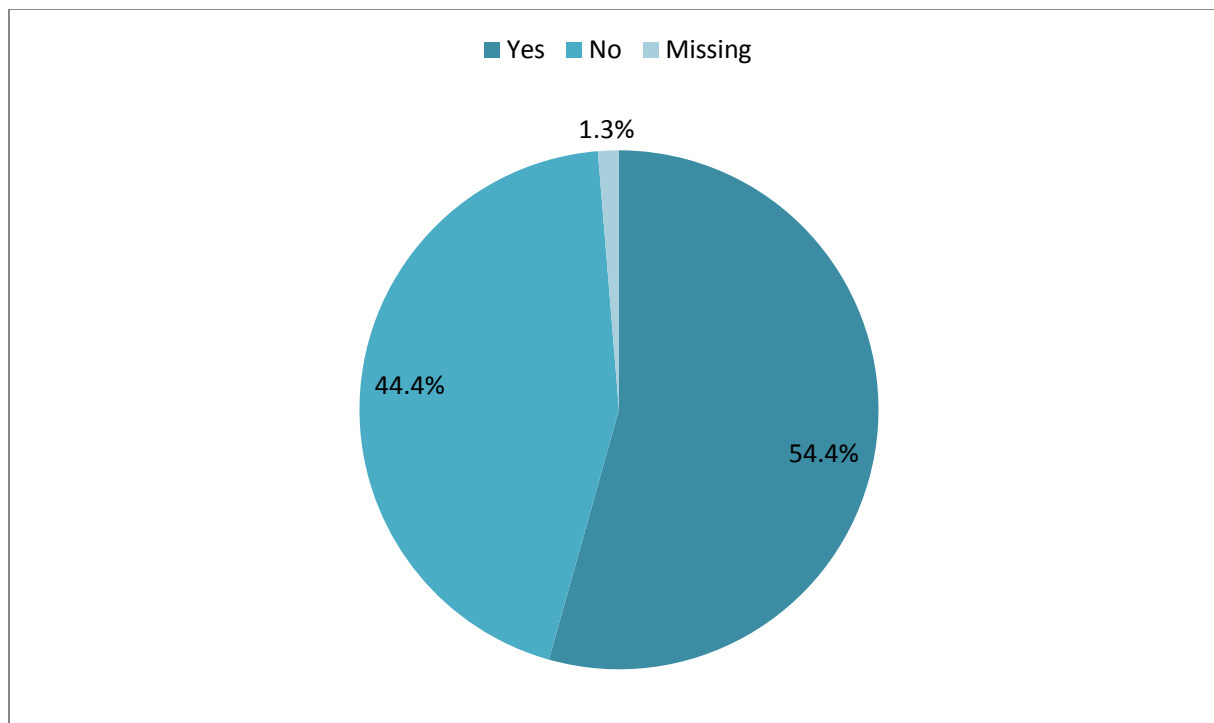
“More dealings with both our medical department and the courts on involuntary commits and court ordered treatment. More transports to mental hospitals.”

Staffing or Structural Changes

“[M]ost [jails] are understaffed to deal with the needs of the mentally ill inmate.”

The survey asked, “Has the staffing or structure of the sheriff’s department or jail facility had to change to accommodate the seriously mentally ill inmates?” Slightly more than half (54.4%) of the jails reported implementing such changes to accommodate seriously mentally ill inmates (Figure 17).

Figure 17. Has the Staffing or Structure of the Sheriff’s Department or Jail Facilities Changed to Accommodate the Seriously Mentally Ill Inmates?



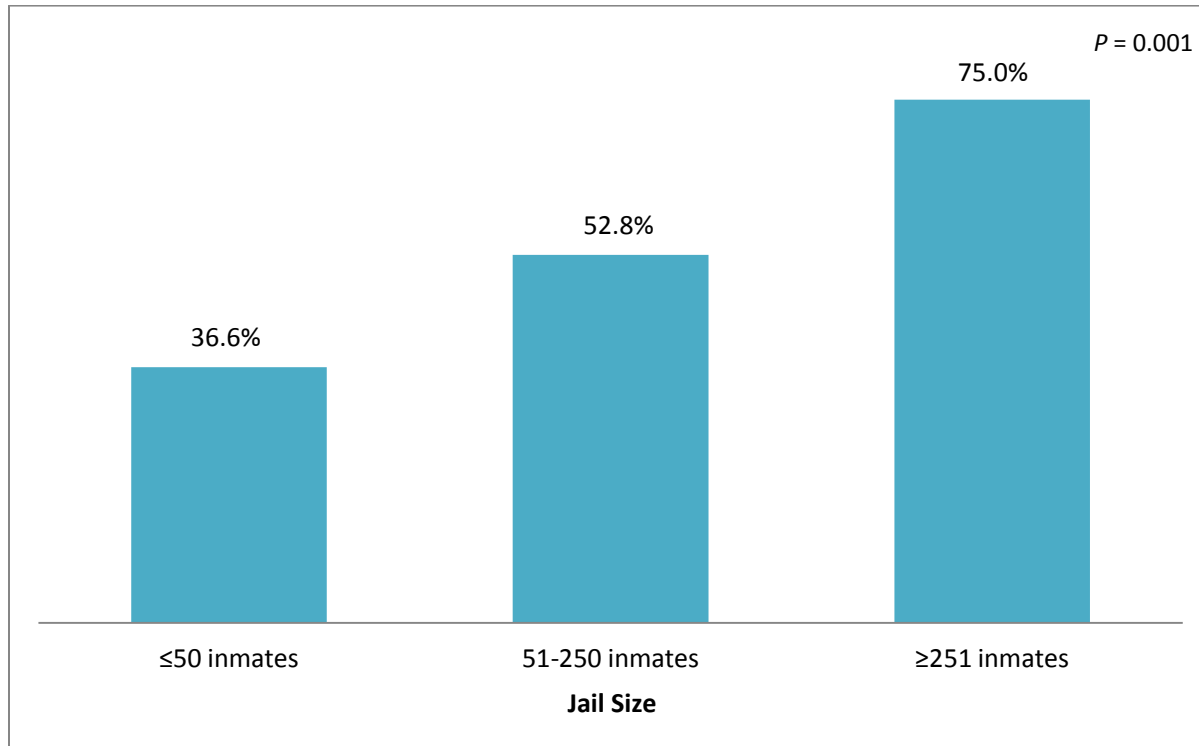
Several jails cited budget constraints as the barrier for implementing changes:

“Nothing has changed by the Federal Government or State Government but more policies and requirements. The local jails and staff still do the job with no help or money. Mental health beds are closing and jail beds are taking their place.”

“Due to budget restraints we have been unable to increase our staff to adequately handle the increase in work load the mentally ill population adds to our current staff, leaving our staff feeling overwhelmed, and under a much higher stress factor.”

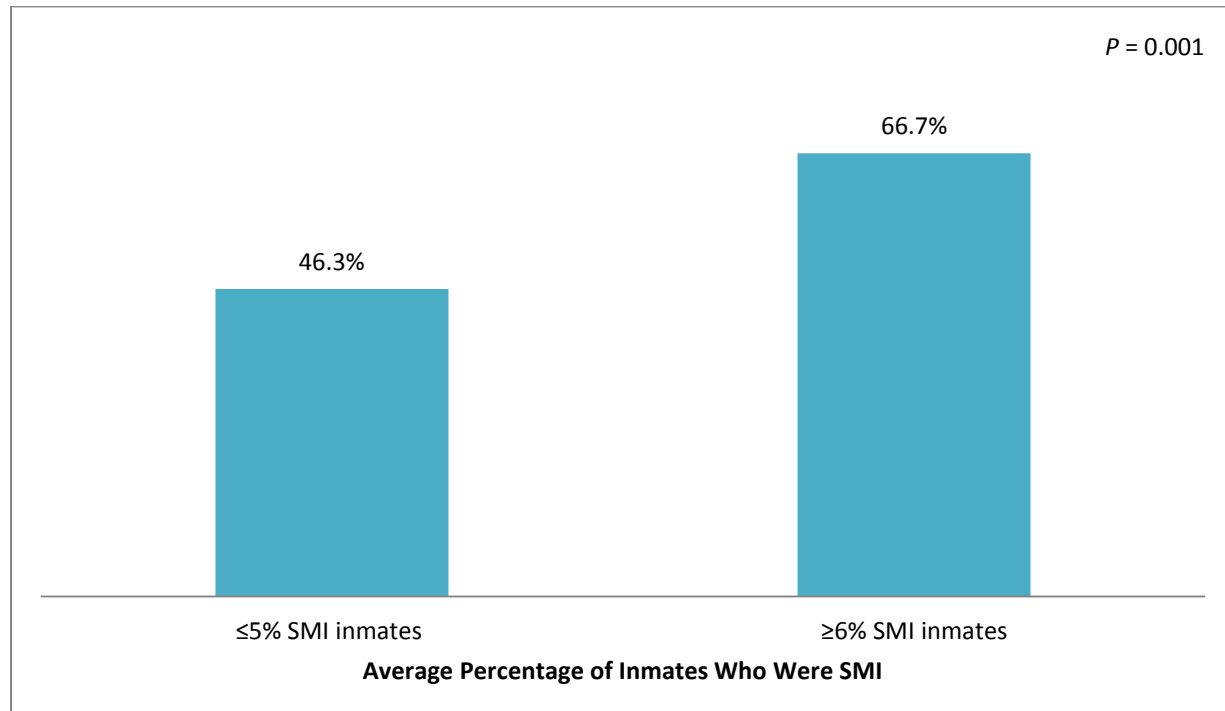
As expected, more large (75.0%) than medium (52.8%) or small (36.6%) jails reported implementing staffing or structural changes ($P = 0.001$) (Figure 18).

Figure 18. Percentage of Jails Implementing Staffing or Structural Facility Changes to Accommodate Seriously Mentally Ill Inmates, by Jail Size



In addition, more jails with large seriously mentally ill inmate populations reported implementing these changes than jails with small seriously mentally ill inmate populations (66.7% vs 46.3%, $P = 0.001$) (Figure 19).

Figure 19. Percentage of Jails Implementing Staffing or Structural Facility Changes to Accommodate Seriously Mentally Ill (SMI) Inmates, by Average Percentage of Inmates Who Were SMI



Types of Staffing or Structural Changes

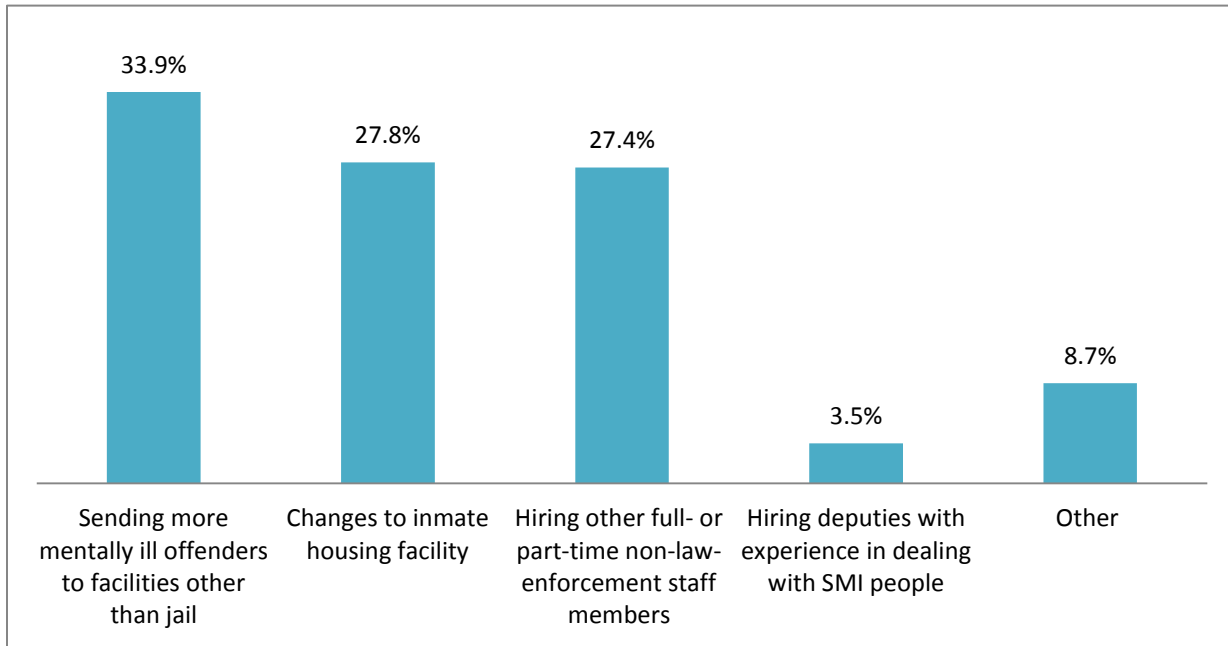
The survey inquired whether five types of changes were implemented in county jails to accommodate the seriously mentally ill inmates: (1) sending more mentally ill offenders to facilities other than jail, (2) implementing inmate housing facility changes, (3) hiring other full- or part-time non-law-enforcement staff, (4) hiring deputies with experience in dealing with seriously mentally ill people, and (5) other.

In terms of diversion to alternative facilities, 33.9% of the jails reported sending more mentally ill offenders to facilities other than jail (Figure 20). On the other hand, 27.8% of the jails implemented inmate housing-facility changes (such as increasing the number of beds reserved for people with mental illness). As some jail staff said:

“[W]e are not built for those specific needs [of seriously mentally ill inmates].”

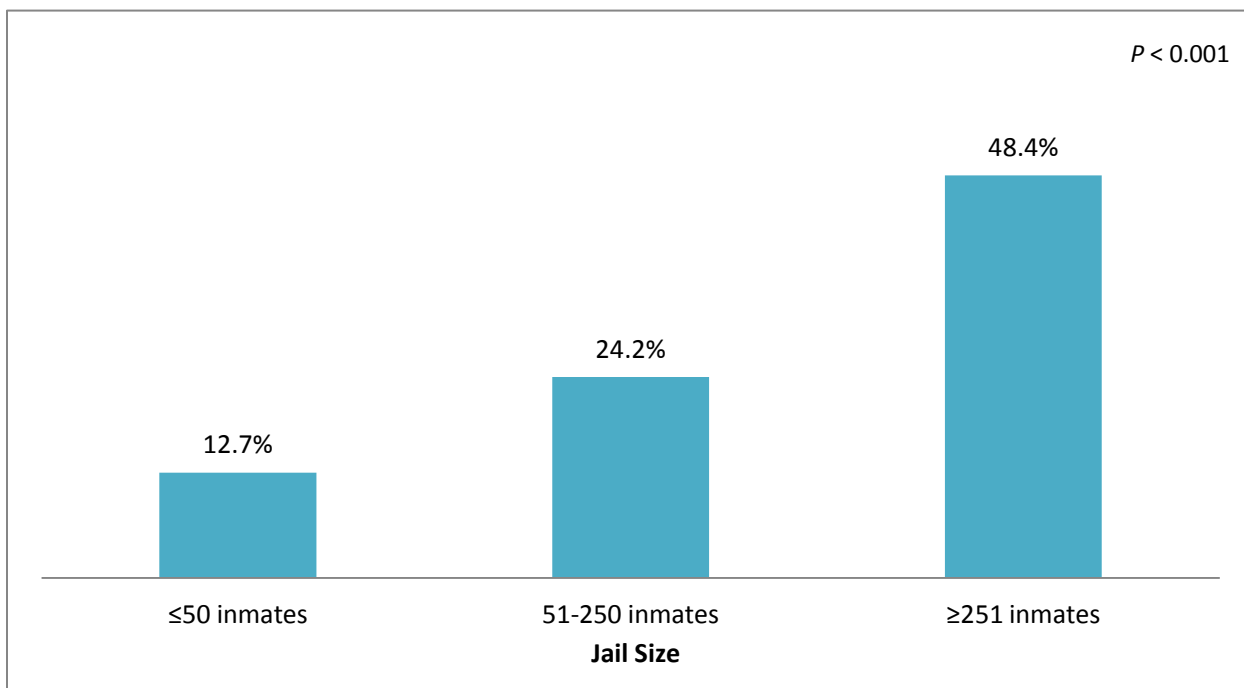
“Housing of these inmates cause[s] a burden by not having proper units to contain these inmates.”

Figure 20. Types of Staffing or Structural Changes Implemented to Accommodate Seriously Mentally Ill (SMI) Inmates



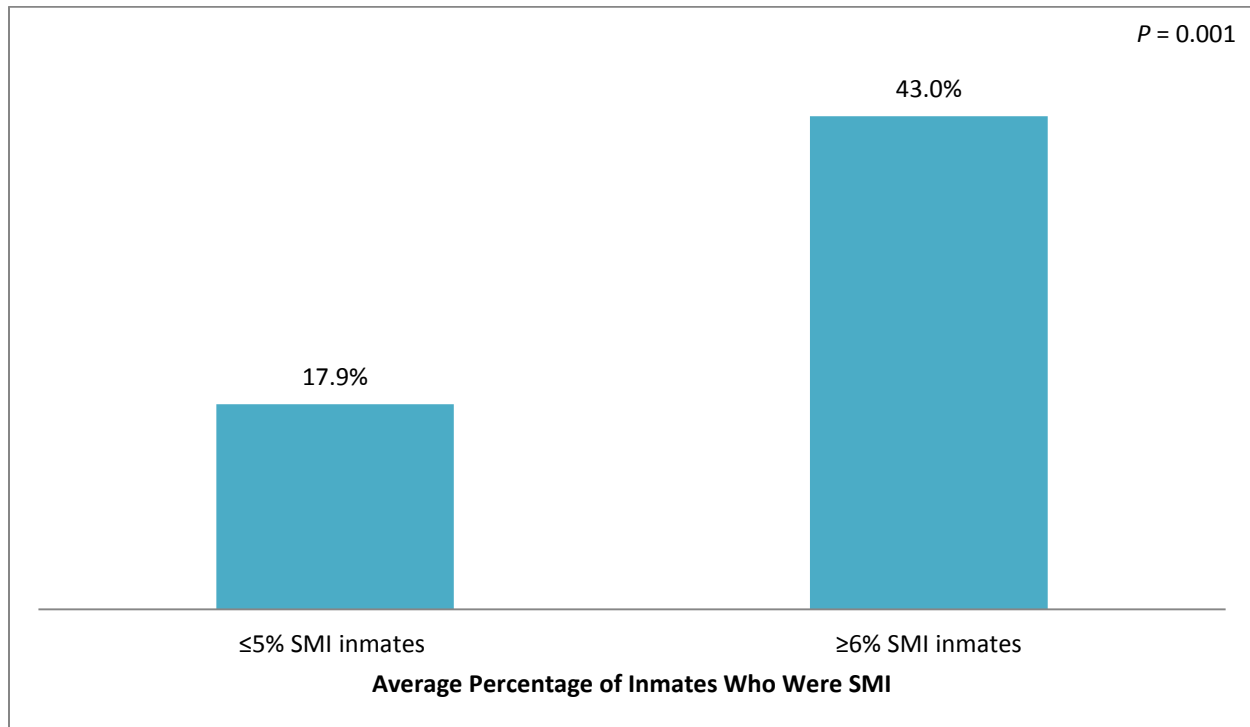
More large (48.4%) than medium (24.2%) and small (12.7%) jails reported implementing changes to their inmate housing facilities to accommodate seriously mentally ill inmates ($P < 0.001$) (Figure 21).

Figure 21. Percentage of Jails Implementing Changes to Inmate Housing Facilities to Accommodate Seriously Mentally Ill Inmates, by Jail Size



More than twice as many jails with large seriously mentally ill inmate populations reported implementing these housing changes as did jails with small seriously mentally ill inmate populations (43.0% vs 17.9%, $P = 0.001$) (Figure 22).

Figure 22. Percentage of Jails Implementing Changes to Housing Facilities to Accommodate Seriously Mentally Ill Inmates (SMI), by Average Percentage of Inmates Who Were SMI



With regards to staffing changes, only 3.5% of the jails reported hiring deputies with experience in dealing with seriously mentally ill people (Figure 20). However, 27.4% of the jails reported hiring full- or part-time non-law-enforcement staff (including nurses, social workers, and psychiatrists) to accommodate the needs of seriously mentally ill inmates. More large jails (45.3%) than medium (28.6%) or small (11.3%) jails reported hiring such non-law-enforcement staff ($P = 0.001$) (Figure 23).

Furthermore, more jails with large seriously mentally ill inmate populations than jails with small seriously mentally ill inmate populations reported hiring non-law-enforcement staff (36.6% vs 20.9%, $P = 0.021$) (Figure 24).

Figure 23. Percentage of Jails Hiring Non-Law-Enforcement Staff to Accommodate the Needs of Seriously Mentally Ill Inmates, by Jail Size

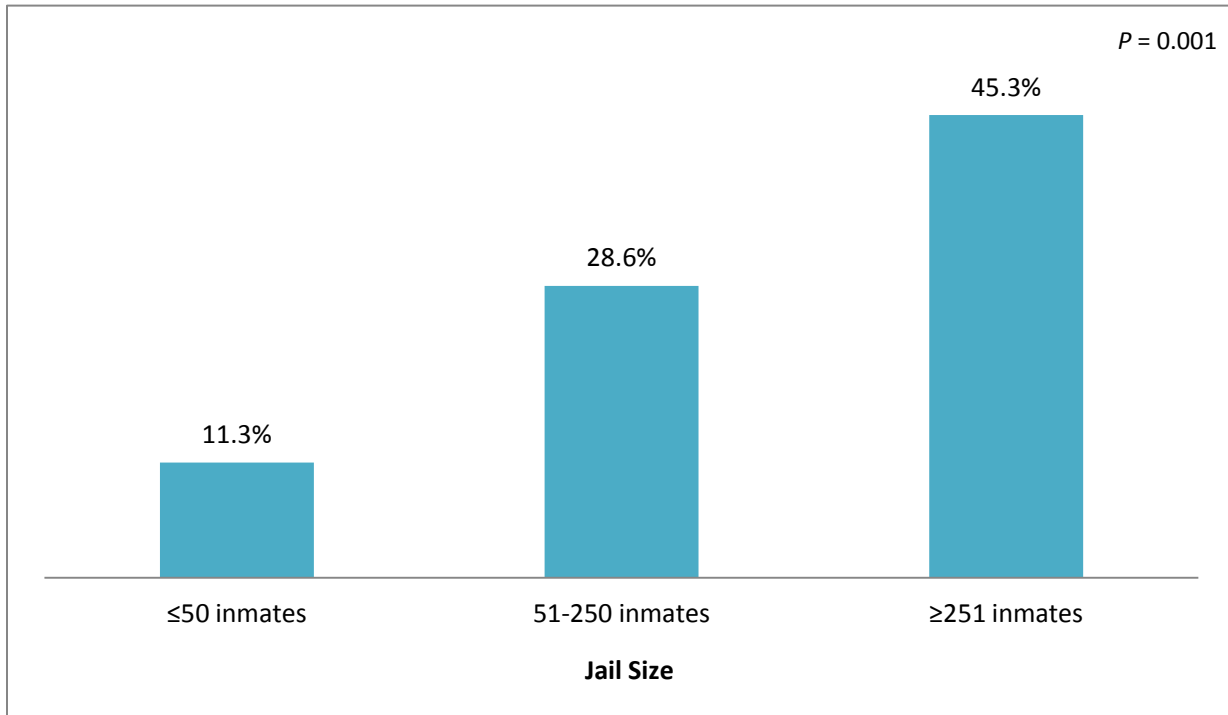
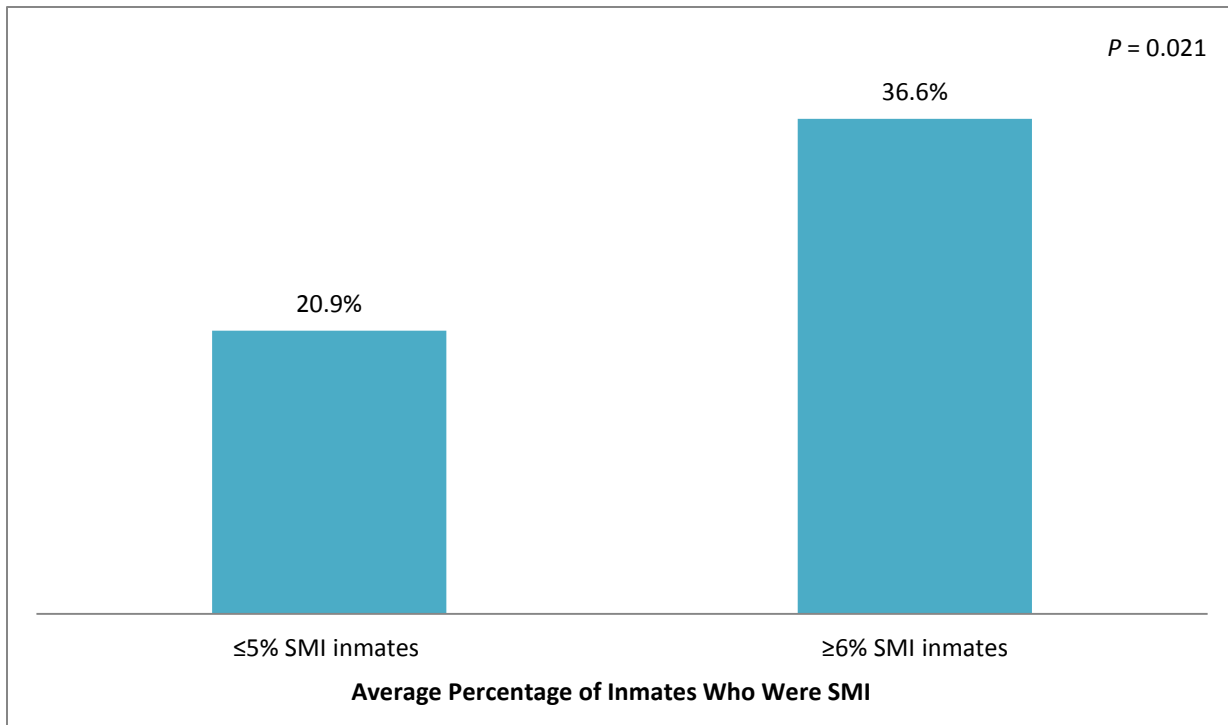


Figure 24. Percentage of Jails Hiring Non-Law-Enforcement Staff to Accommodate Seriously Mentally Ill (SMI) Inmates, by Average Percentage of Inmates Who Were SMI



Comments about these staffing changes included:

“We have had to increase staffing to accommodate their needs. We have had to add a social worker, mental health social worker, and have seen an increase in the number that needs to be housed in a state mental facility.”

“It is often necessary to have 2 or 3 staff members deal with problems created by [mentally ill offenders].”

“We have had to add additional staff to administer the increasing amount of all medications throughout the facility.”

“We devote more funding to the care of mentally ill through increased staffing in jail health services and medication.”

“Additional staff and increase in our assigned budget that we do not have. Furthermore[,] our overtime has been impacted due to the special needs of some of the inmates.”

“Additional deputies needed to transport mentally ill offenders to medical facilities for treatment.”

Only 8.7% of the jails reported implementing other staffing or structural changes to accommodate seriously mentally ill inmates. Examples of these changes include offering more training to jail staff and taking suicide prevention precautions.

Training Related to Handling Mentally Ill Inmates

Provision of Training

The survey asked, “Does the sheriff’s department offer jail staff and sheriff’s deputies formal training on effective ways to handle mentally ill inmates?”

About two-thirds (72.2%) of the jails reported providing formal training on effective ways to handle mentally ill offenders (Figure 25). More (89.1%) large jails than medium (68.1%) and small (62.0%) jails reported providing this training ($P = 0.007$) (Figure 26).

Figure 25. Distribution of Jails, by Whether the Sheriffs' Departments Provide Formal Training on Effective Ways to Handle Mentally Ill Offenders

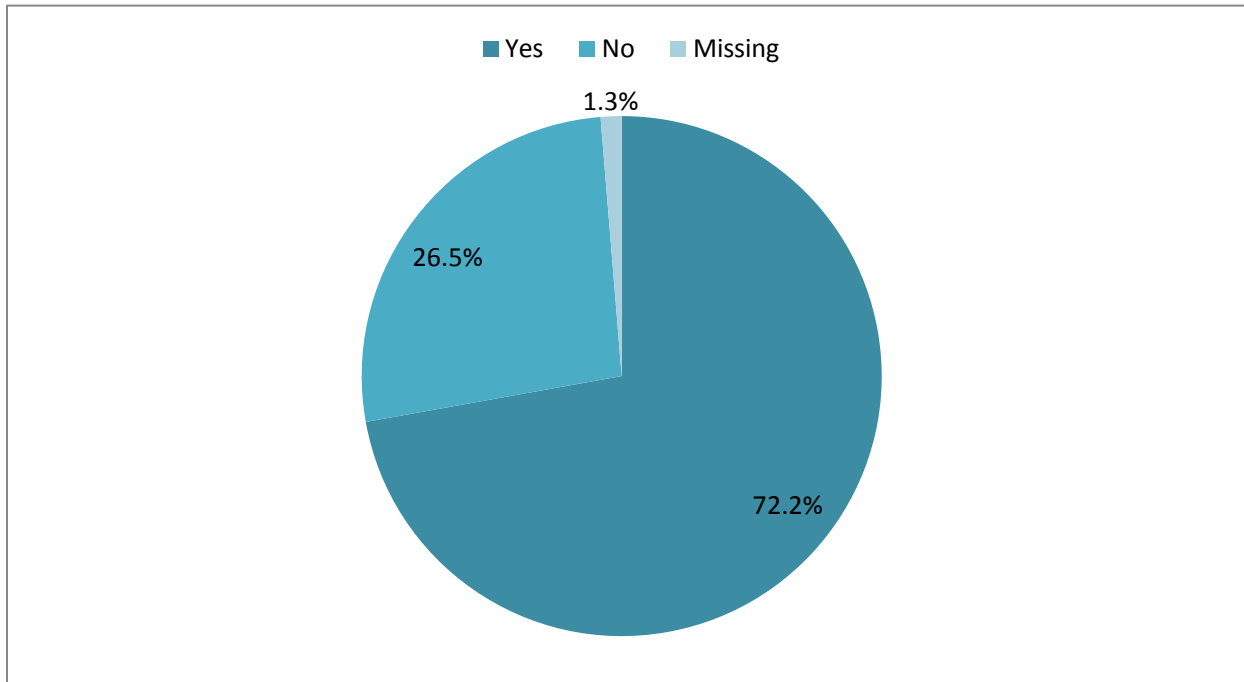
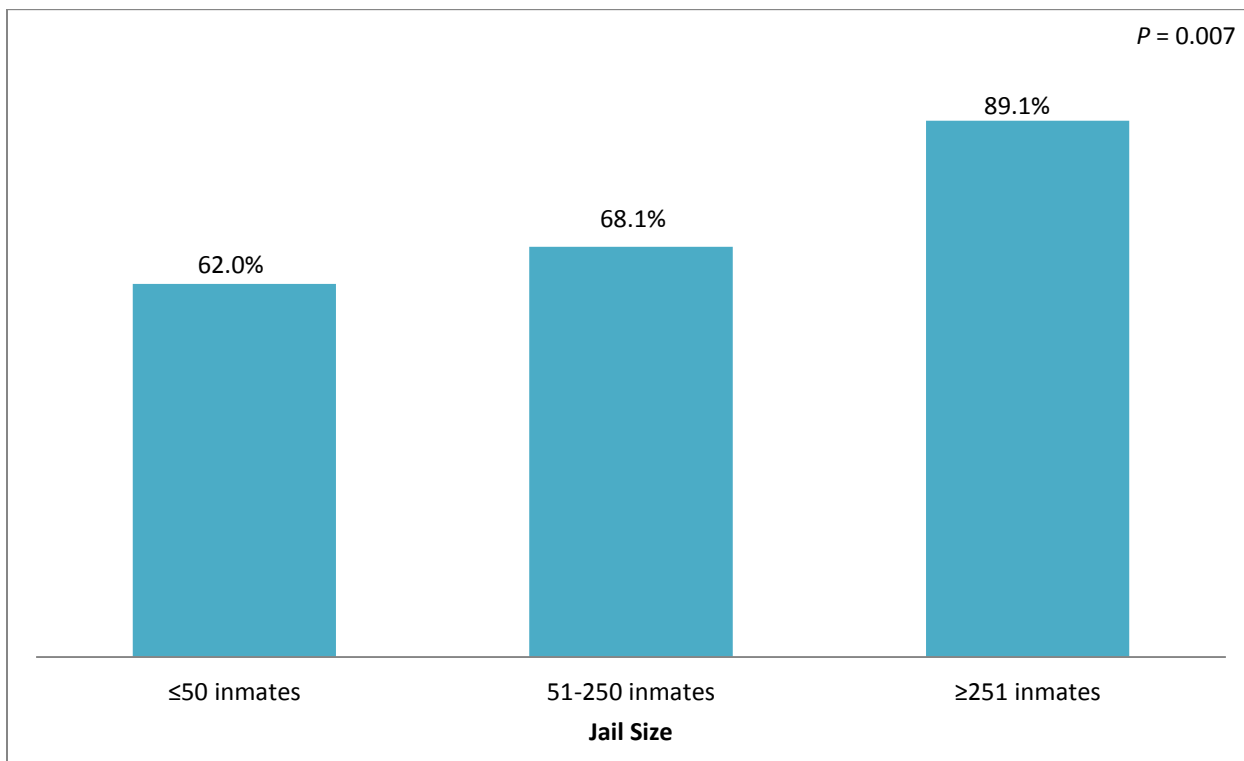


Figure 26. Percentage of Jails Providing Formal Training on Effective Ways to Handle Mentally Ill Offenders, by Jail Size



Initial Training

Yet when asked about the length of the initial basic training offered to the jail staff and sheriff’s deputies, 45.7% of the jails reported that only 2% or less of this training specifically relates to issues dealing with seriously mentally ill inmates (Figure 27). On the other hand, 50.4% of the jails reported that 3% or more of the initial training was specifically related to these issues; 3.9% did not respond to this question.

As expected, more jails with large seriously mentally ill inmate populations reported that 3% or more of their initial training relates to issues dealing with seriously mentally ill inmates, compared with jails with small seriously mentally ill inmate populations (60.2% vs 44.8%, $P = 0.040$) (Figure 28).

Figure 27. Distribution of Jails, by Percentage of Initial Training Time Related to Issues Dealing With Seriously Mentally Ill Inmates

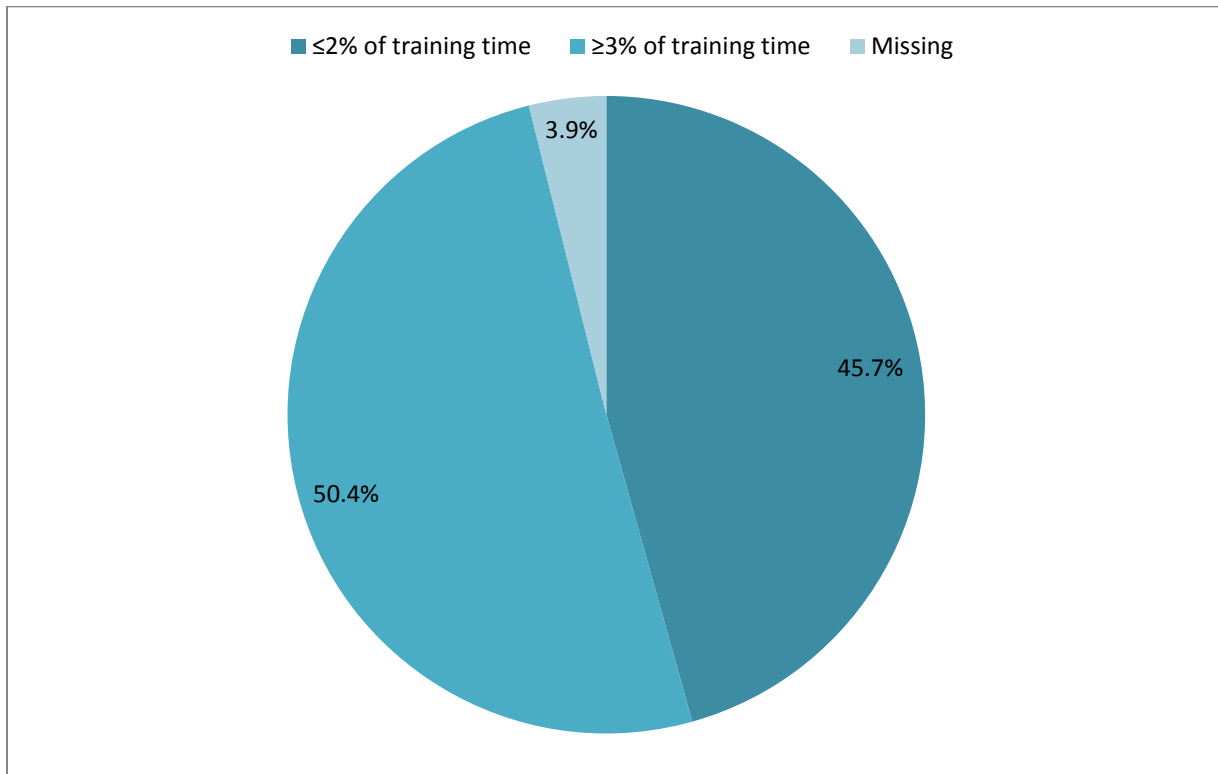
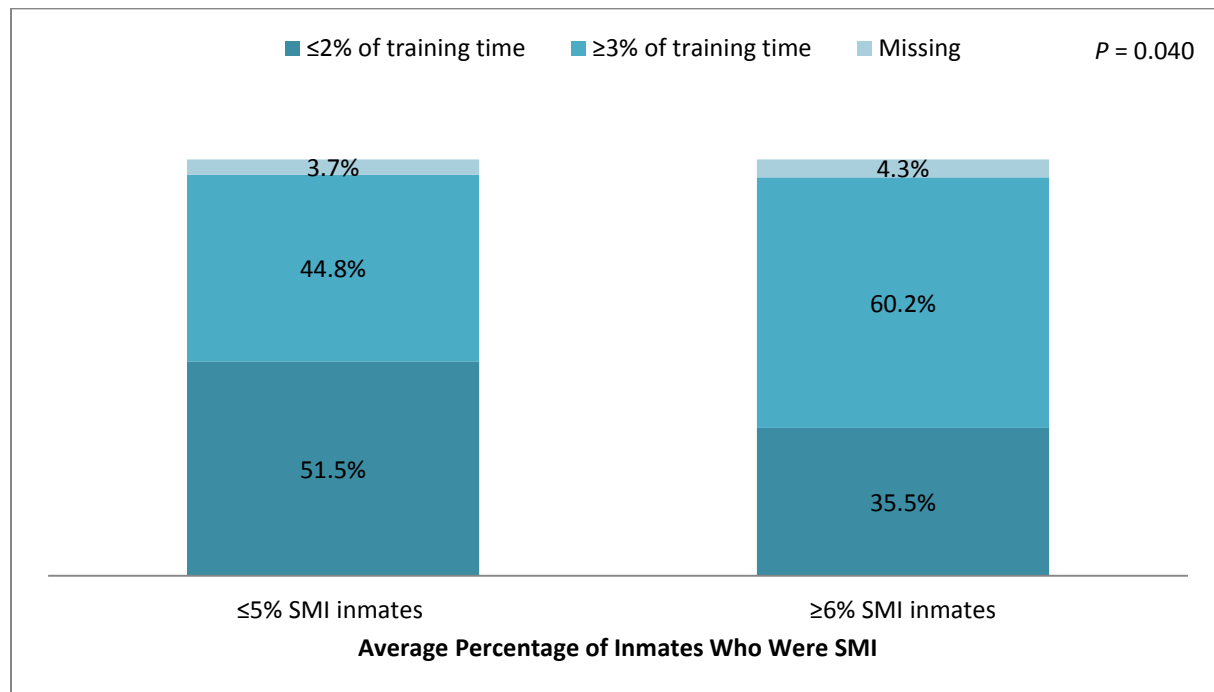


Figure 28. Distribution of Jails, by Percentage of Initial Training Time Related to Issues Dealing With Seriously Mentally Ill (SMI) Inmates and by Average Percentage of Inmates Who Were SMI



In commenting about the lack of training, some respondents said:

“I believe this is the point[:] we are not doctors or nurses[,] we are not trained to deal with some of these people, they do not belong in the jails.”

“Our training is a short introduction during Academy training.”

“We have never had any ‘official’ training on how to handle mentally ill individuals. Working here almost always guarantees that we will have to deal with mentally ill individuals.”

“Very limited training is provided during jail school at the beginning of a person[']s career as a jailer.”

“This [decision on whether to provide training] is sometimes based on budget restrictions.”

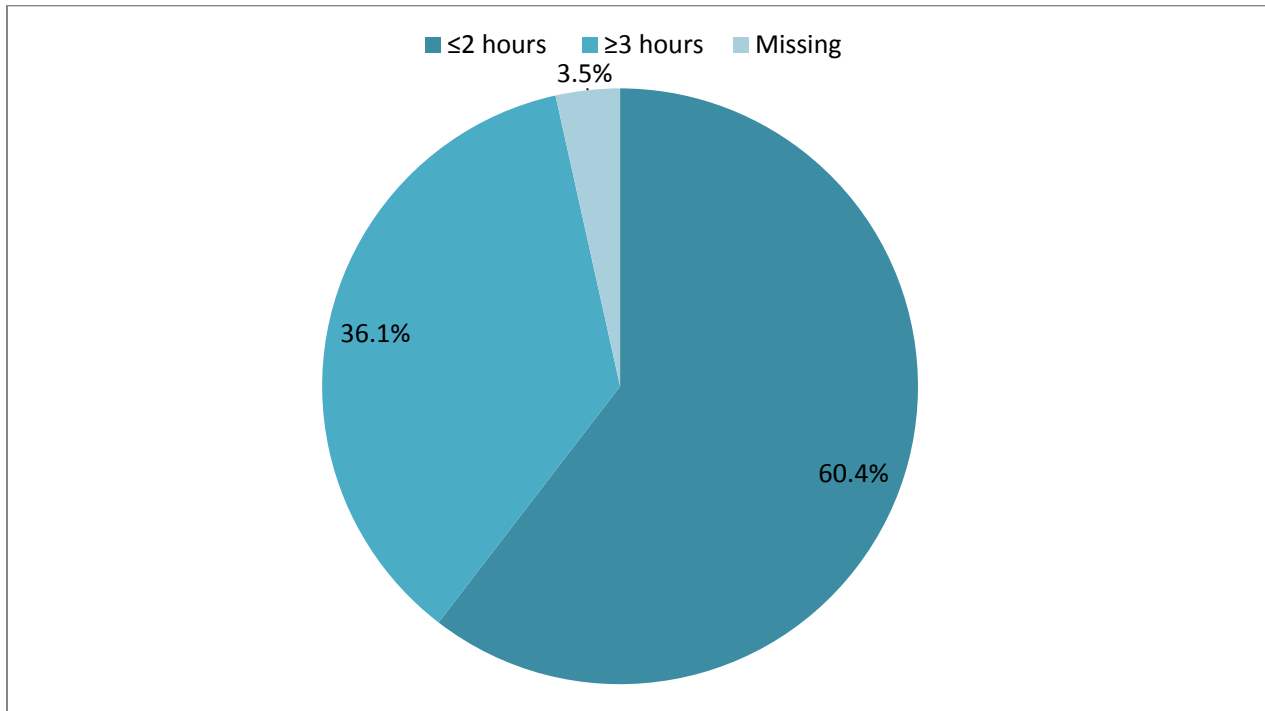
“The corrections academy that all officers attend has a mental health professional do a 2 hour training[;] again, this does not address most of the issues that occur when housing these type[s] of people as each one has different issues and needs.”

“Routine new deputy orientation includes training on recognizing and communicating with individuals who have mental health issues.”

Annual Training

With regards to the annual training of jail staff members or sheriff's deputies, 60.4% of the jails reported that only two hours or less of this training were allotted to issues specifically dealing with seriously mentally ill inmates. In contrast, only 36.1% of the jails reported that three hours or more of their annual training were allotted to these issues (3.5% did not respond) (Figure 29).

Figure 29. Distribution of Jails, by Number of Annual Training Hours Allotted to Issues Dealing With Seriously Mentally Ill Inmates



Several respondents commented that their training was not adequate:

“Mental illness is discussed at our annual school but no real answers are resolved. Which is that these individuals don’t belong in the jails[,] they belong in hospitals!”

“There are very few qualified trainers, deputies are not train[ed] mental health professionals.”

“Unfortunately we do not have the luxury to send all officers. We send only 3-6 officers a year. I find this additional training assists our officers in [defusing] many possible violent occurrence[s].”

“Correctional Officers receive a two hour class taught by ... County Mental Health approximately every two years.”

Some jails reported that their training was required by their states:

“The state of Texas requires deputies to go through crisis intervention training (dealing with people with mental illnesses).”

“40 hour Mental Health Officer course through the Texas Commission on Law Enforcement Officer Standards and Education.”

“State requirements require staff members to have a minimum of 20 hours a year.”

“The State of North Carolina mandates officer training each year and there is a section for Sheriffs Choice. We attempt to cover all training issues listed by the State which includes more training on mental illness.”

Expanding on the nature of their training in relation to inmates with serious mental illnesses, some respondents reported providing or receiving training in the following areas:

“We train our deputies in the use of specific defensive tactics which permits them to control the inmate without causing or minimizing any injuries that might occur with a normally combative inmate from general population (or maximum security areas).”

“Topics include dealing with mental health patients, suicide prevention screening.”

“The state academy includes this training in the Basic course and advanced detention training. We provide yearly training to all staff on a yearly basis.”

“New staff members are required to complete seminar/training on issues involving individuals displaying signs/symptoms of mental illness.”

In commenting on who provides the training, some responses were:

“Mandatory annual training. ... We have a certified counselor that will come to the jail upon request if needed.”

“[Training] is taught by ou[r] medical staff and other mental health providers in the community.”

“The training is taught by specially trained staff.”

“We rely on in-house experts and N.A.M.I. [the National Alliance on Mental Illness] representatives.”

“This [Crisis Intervention] class is taught by a few higher ranking training officers in local surrounding parishes and cities.”

“We do have occasional training provided by another department.”

Other Training

When survey respondents were asked to describe any other training or experience that have prepared them to work with seriously mentally ill individuals, most cited on-the-job experience or their educational background as the only sources.

“Job experience has been the most relevant teacher in learning how to deal with the mentally ill.”

“Most of dealings with mental health inmates are from on the job experience, without having a mental health staff member on the payroll and in a jail setting[,] the line officers wear the hat of counselor and health worker, even when housing a[n] inmate with serious mental illnesses.”

The System of Care for Seriously Mentally Ill Inmates in Jails

Time Handling Issues Concerning Seriously Mentally Ill Inmates

The survey asked, “Approximately what percentage of jail staff and sheriff’s deputy total jail work time, if any, involves handling seriously mentally ill inmates?” About a third (30.9%) of the jails reported that 11% or more of their staff and sheriff’s deputies’ time involves handling issues concerning seriously mentally ill inmates, whereas 65.2% reported that 10% or less of their staff and sheriff’s deputies’ time involves handling these inmates (3.9% did not respond to this question) (Figure 30).

Slightly more than half (55.9%) of the jails with large seriously mentally ill inmate populations reported that 11% or more of their staff’s work time involved handling issues concerning these inmates. In contrast, only 14.2% of the jails with small seriously mentally ill inmate populations reported that 11% or more of their staff’s work time involved handling issues concerning these inmates ($P < 0.001$) (Figure 31).

Figure 30. Distribution of Jails, by Percentage of Total Jail Staff’s Work Time Spent Handling Issues Concerning Seriously Mentally Ill Inmates

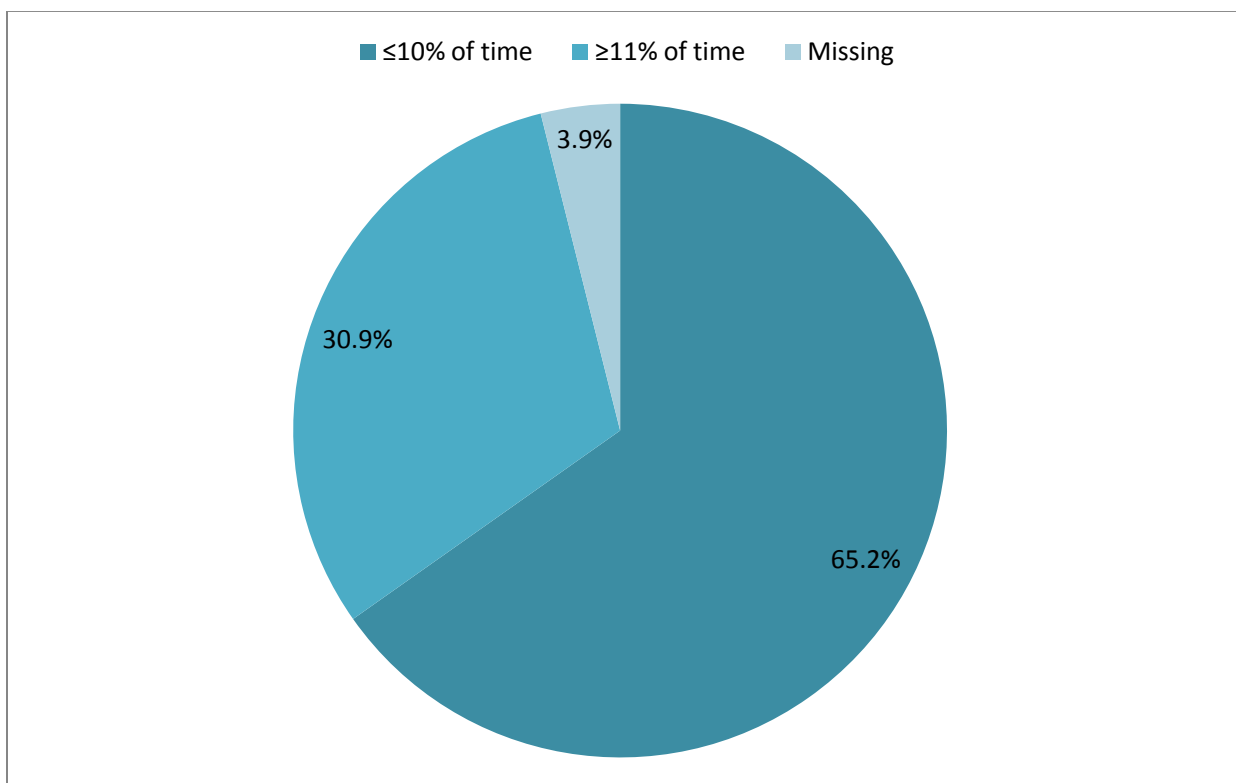
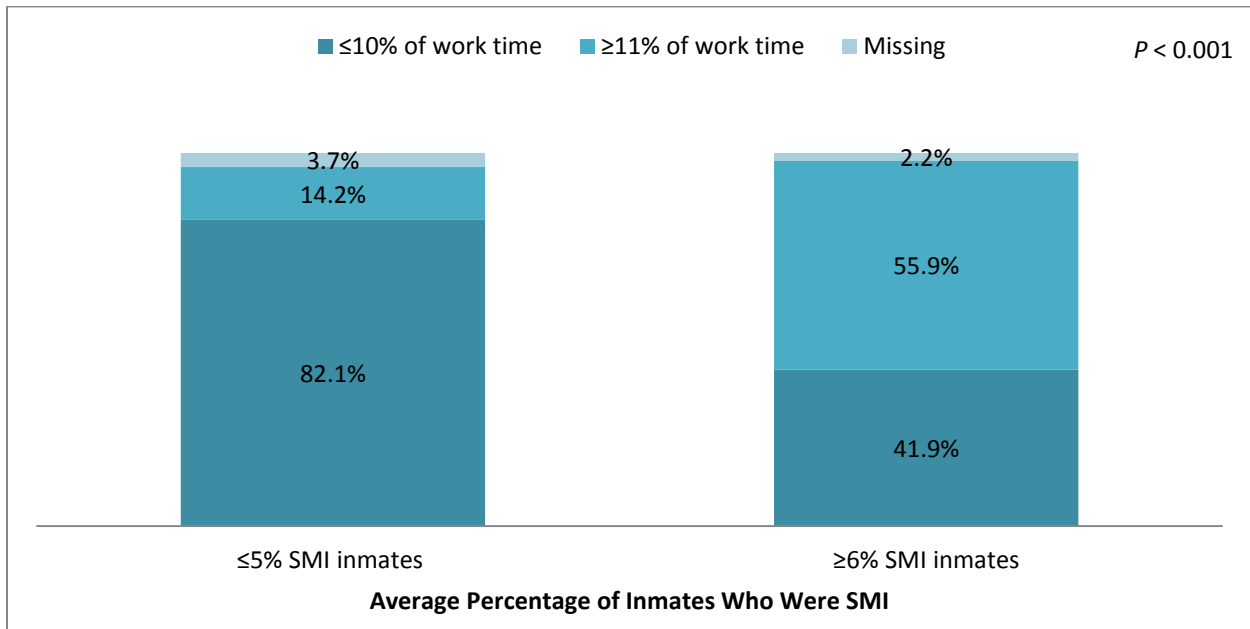


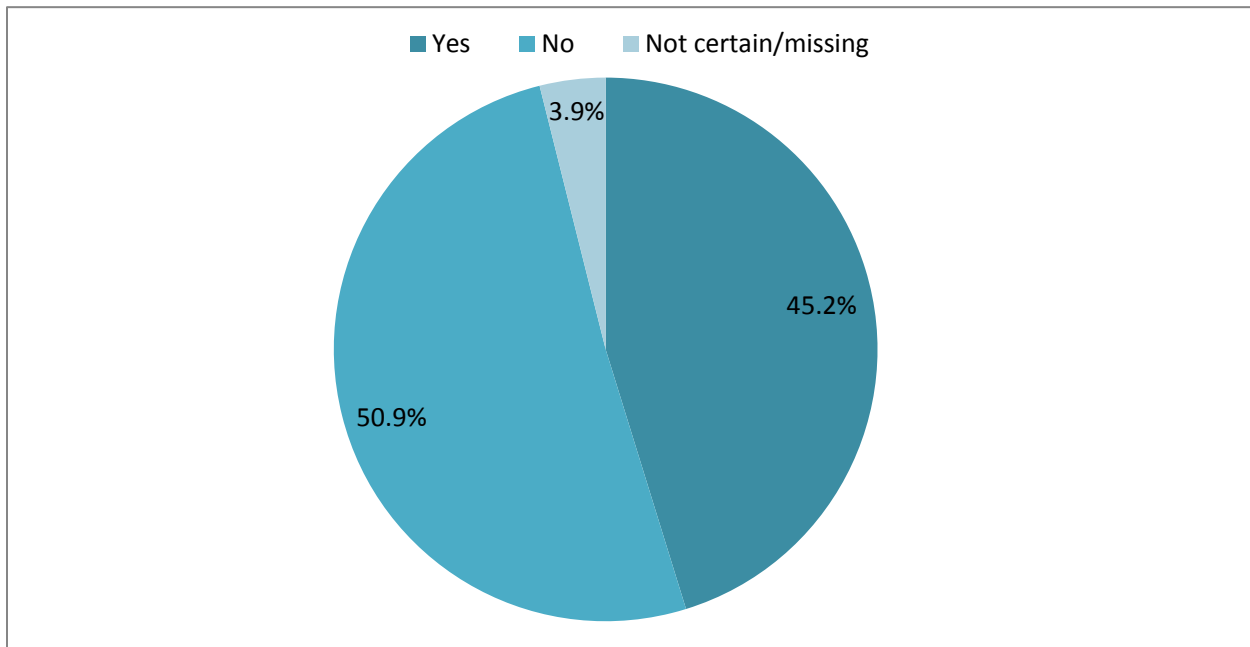
Figure 31. Distribution of Jails, by Percentage of Total Jail Staff’s Work Time Spent Handling Issues Concerning Seriously Mentally Ill (SMI) Inmates and by Average Percentage of Inmates Who Were SMI



Is Treatment for Seriously Mentally Ill Inmates Offered Inside Jail Facilities?

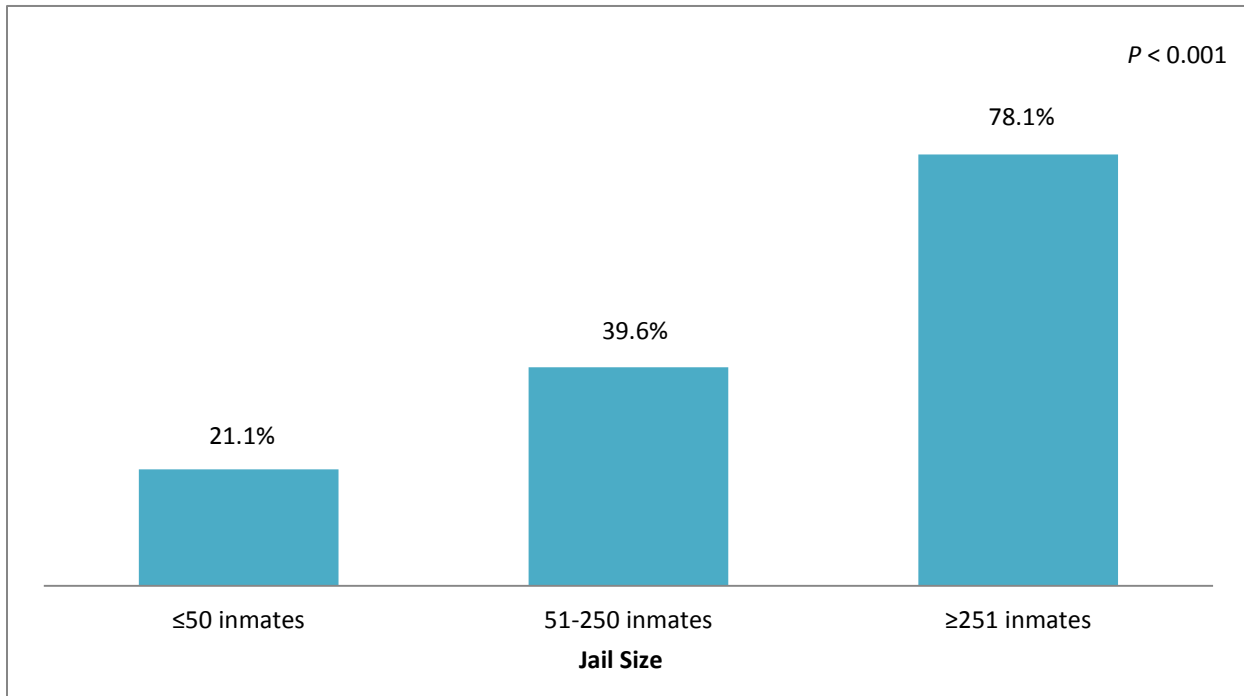
When asked whether treatment for seriously mentally ill inmates is offered inside the jail facility, less than half (45.2%) of the jails reported offering such treatment (Figure 32).

Figure 32. Distribution of Jails, by Whether Treatment for Seriously Mentally Ill Inmates Is Provided Inside Jail Facilities



Although 78.1% of the large jails reported offering mental health treatment, only 39.6% and 21.1% of medium and small jails, respectively, reported offering mental health treatment ($P < 0.001$) (Figure 33).

Figure 33. Percentage of Jails Providing Treatment for Seriously Mentally Ill Inmates Inside Jail Facility, by Jail Size



Twice as many jails with large seriously mentally ill inmate populations reported offering mental health treatment as jails with small seriously mentally ill inmate populations (62.4% vs. 32.1%, $P < 0.001$) (Figure 34).

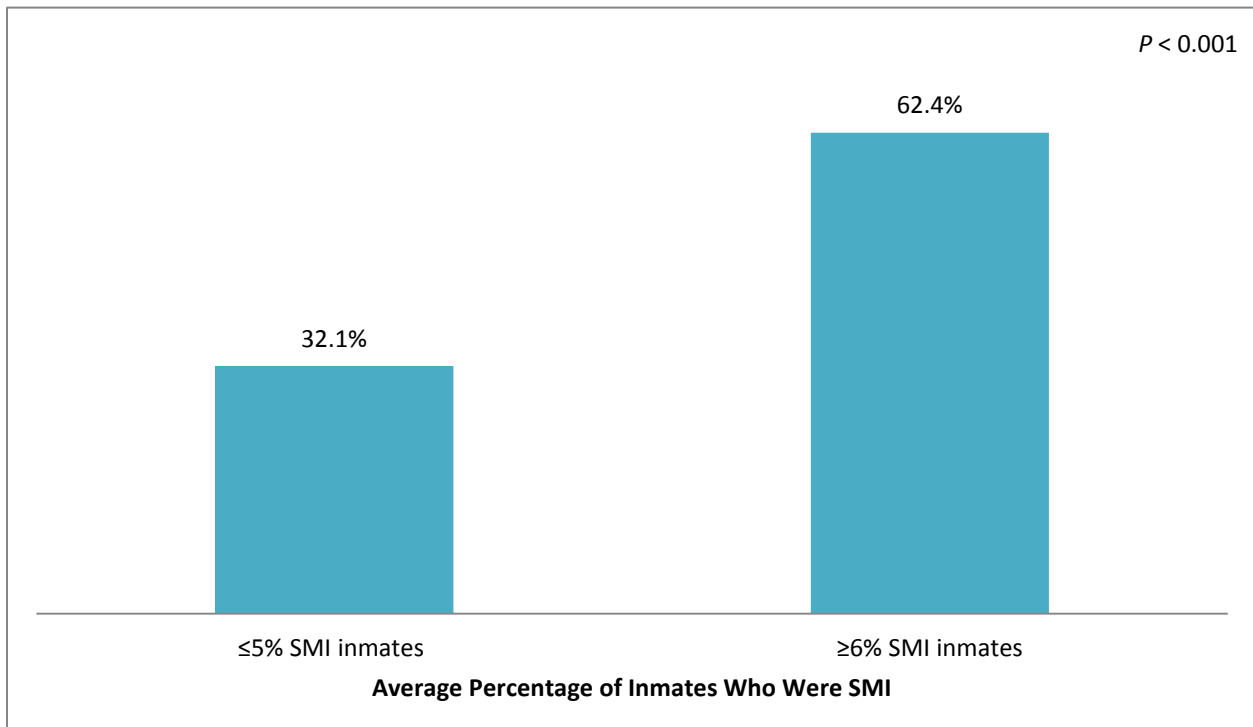
Below are some comments from the respondents regarding the challenges they face in offering treatment to these inmates:

“Huge state budget cuts have curtailed most of their services.”

“The [county’s mental health and mental retardation] budget cuts have really put a burden on this jail and fails to provide for the wellbeing [of the seriously mentally ill inmates].”

“[U]nless a true mental crisis situation is taking place[,] we have no resources other than a medical PA who is able to help with needed medications.”

Figure 34. Percentage of Jails Providing Treatment for Seriously Mentally Ill (SMI) Inmates Inside Jail Facility, by Average Percentage of Inmates Who Were SMI



Several jails that reported offering mental health treatment cited help from their counties in this regard:

“We do not have mental health treatment in our facility but we have mental health coverage provided by our County Health Department. They help evaluate offenders in crisis and connect them to resources in the community.”

“County Mental Health does our suicide-risk assessments on inmates who claim to want to harm themselves and have been placed on suicide watch.”

“Our local mental health facility will come to the jail and talk with mental health needs inmates. They rarely do any ‘treatment.’ Just prescribe drugs and advocate transfer to overcrowded mental health facilities away from our county.”

“County Mental Health Center ... provide[s] follow-up care when inmates are released. They also provide Substance Abuse sessions inside the Jail.”

“Health and Welfare, they come in and meet with the inmate and if need be[, the inmate is] transported to a hospital that is run by the state.”

“Mental Health/Mental Retardation agency evaluates the mentally ill we come into contact with following threats of suicide or who are a danger to others or themselves.”

“[A] State Contracted Mental Health facility[provides] counseling services. State Mental Hospital is overcrowded and [is] not much use to us.”

“There is ... cooperation between a designated mental health deputy, community mental health centers, the state mental health facilities, and our contract mental health company.”

Below are some responses from the jails that reported offering mental health services in-house. However, many of those jails contract mental health care to outside mental health providers who come to the jail (often on an as-needed basis) to provide mental health evaluation or treatment:

“There is a mental health professional available and 24/7 nursing. A psychiatrist comes monthly. This is a huge cost.”

“A certified Psychiatrist comes to the jail weekly to have 1 on 1 contact with people who request (or are requested by staff) help [from X Community Mental Health].”

“County Behavioral health[.] We contract with them for psychiatric triage and care.”

“We have evaluators on staff to make recommendations to on the type of treatment administered.”

“We [have] a contract with our local Behavioral Health Services to provide a level of care to our mentally ill inmates, most of the care is provided at the jail. We occasionally send inmates to our local hospital or the state hospital.”

“We have contracted Mental Health services provided via annual contract.”

“Medical Services [provides] full time nursing staff, on-call physician who makes daily visits, on call jail psychiatrist who interviews mentally ill inmates[.] Full-time Mental Health Program Coordinator who administers care given to mentally ill inmates.”

“We have a contract with a medical company to provide both medical and mental health services to our inmates. The psychologist that comes into our jail each week coordinates with the doctor from the company that is assigned to our facility.”

Types of Mental Health Treatment Provided Inside Jail Facilities

The survey asked whether three types of mental health treatment are provided inside jail facilities: pharmacy services, group psychotherapy, and individual psychiatric care.

Less than half (41.7%) of the jails reported providing pharmacy services (Figure 35), with more large (73.4%) than medium (37.4%) and small (16.9%) jails reporting providing these services ($P < 0.001$) (Figure 36).

Figure 35. Percentage of Jails Providing Types of Mental Health Treatment Services for Seriously Mentally Ill Inmates Inside Jail Facility

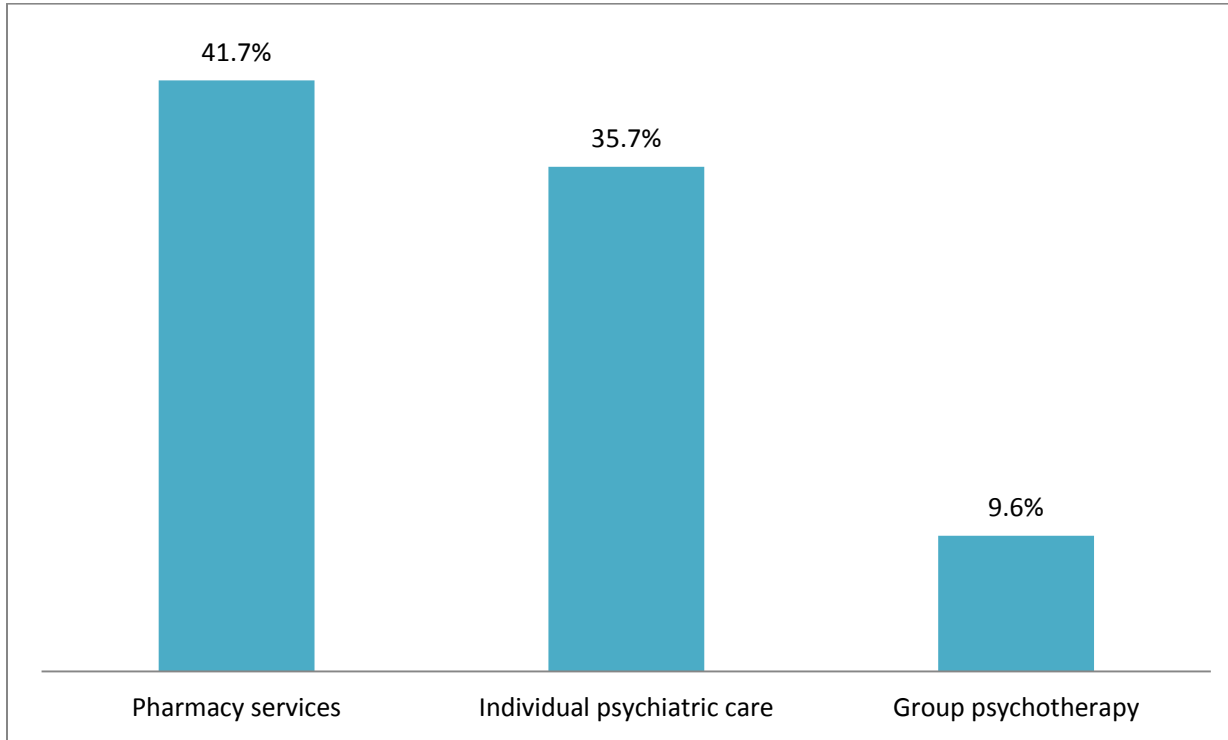
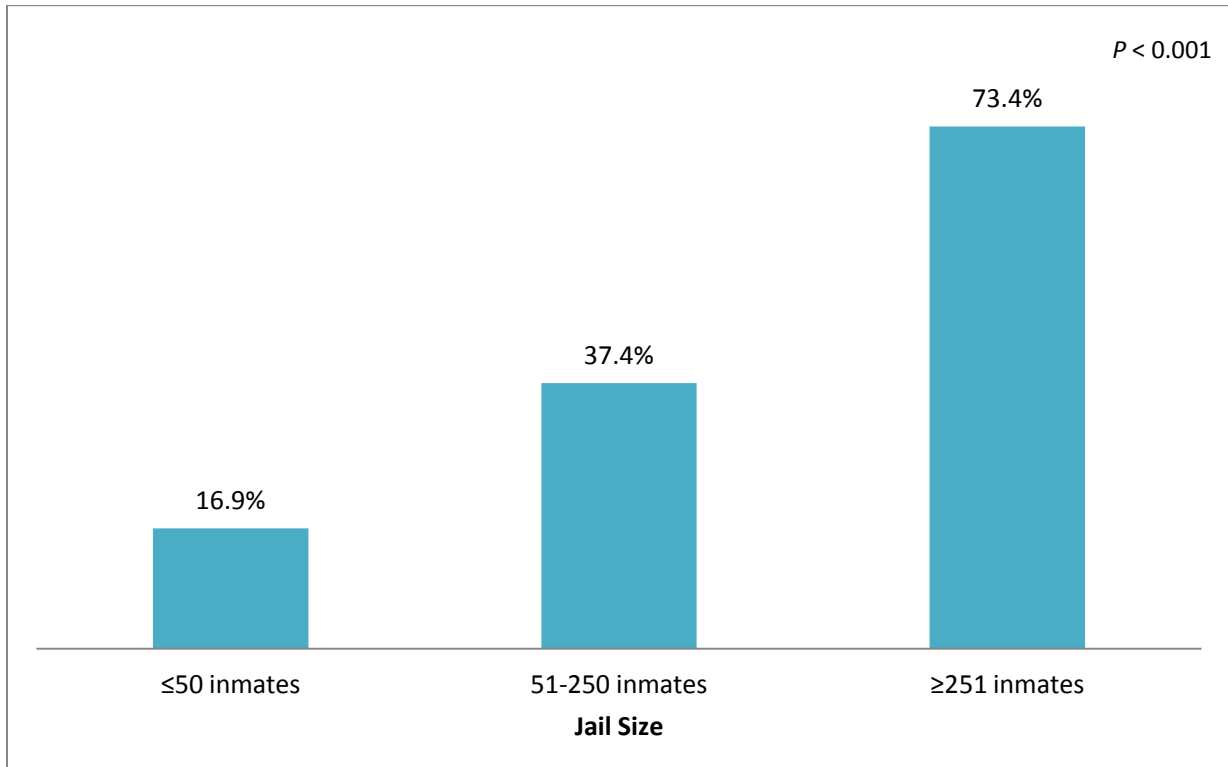


Figure 36. Percentage of Jails Offering Pharmacy Services to Inmates Inside Jail Facility, by Jail Size



In addition, while 58.1% of the jails with large seriously mentally ill inmate populations provided these services, only 29.1% of the jails with small seriously mentally ill populations reported offering these services ($P < 0.001$) (Figure 37).

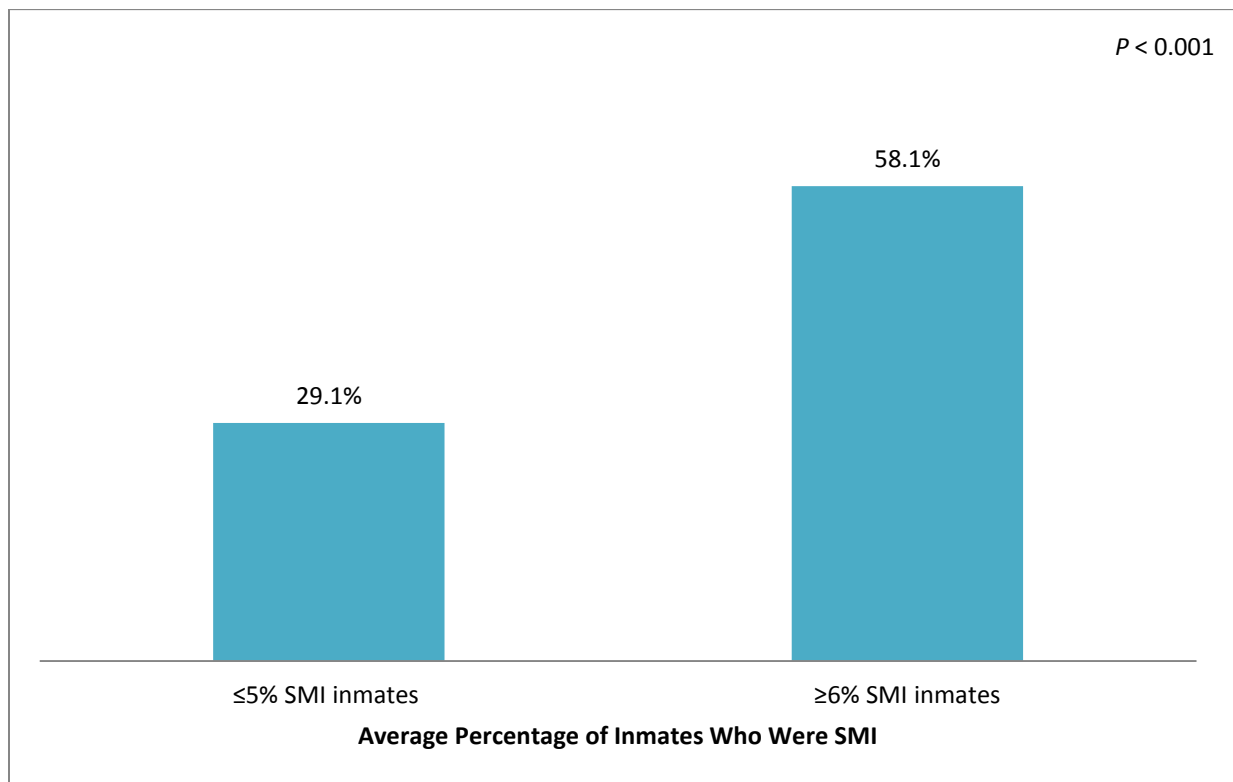
The cost of medications for the seriously mentally ill inmates was a concern for many jails. Below are some related comments:

“The cost of medications to treat the mental illnesses has increased substantially.”

“The costs of the medications to treat the mentally ill are incredibly expensive. If it wasn’t for the wonderful working relationship I have with our local community mental health department, these costs could devastate the county.”

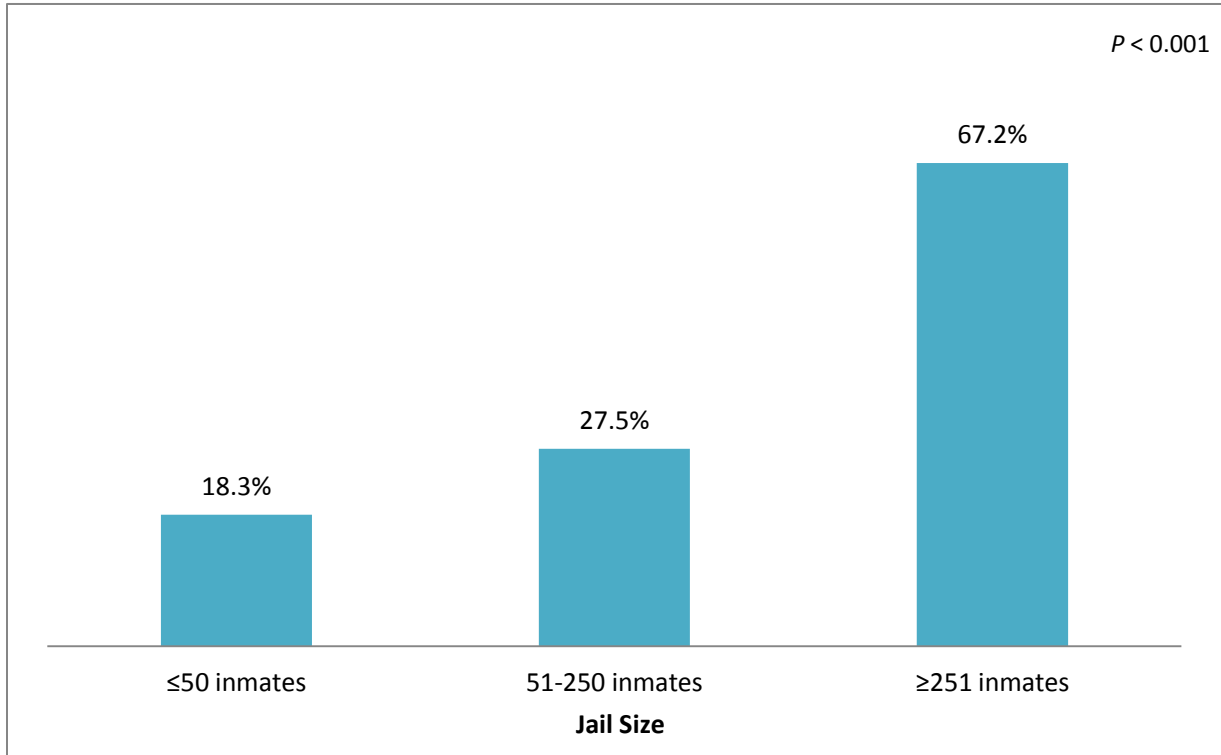
“These medications are extremely expensive (average \$1200/month) and are a huge drain on budget resources.”

Figure 37. Percentage of Jails Providing Pharmacy Services to Inmates Inside Jail Facility, by Average Percentage of Inmates Who Were Seriously Mentally Ill (SMI)



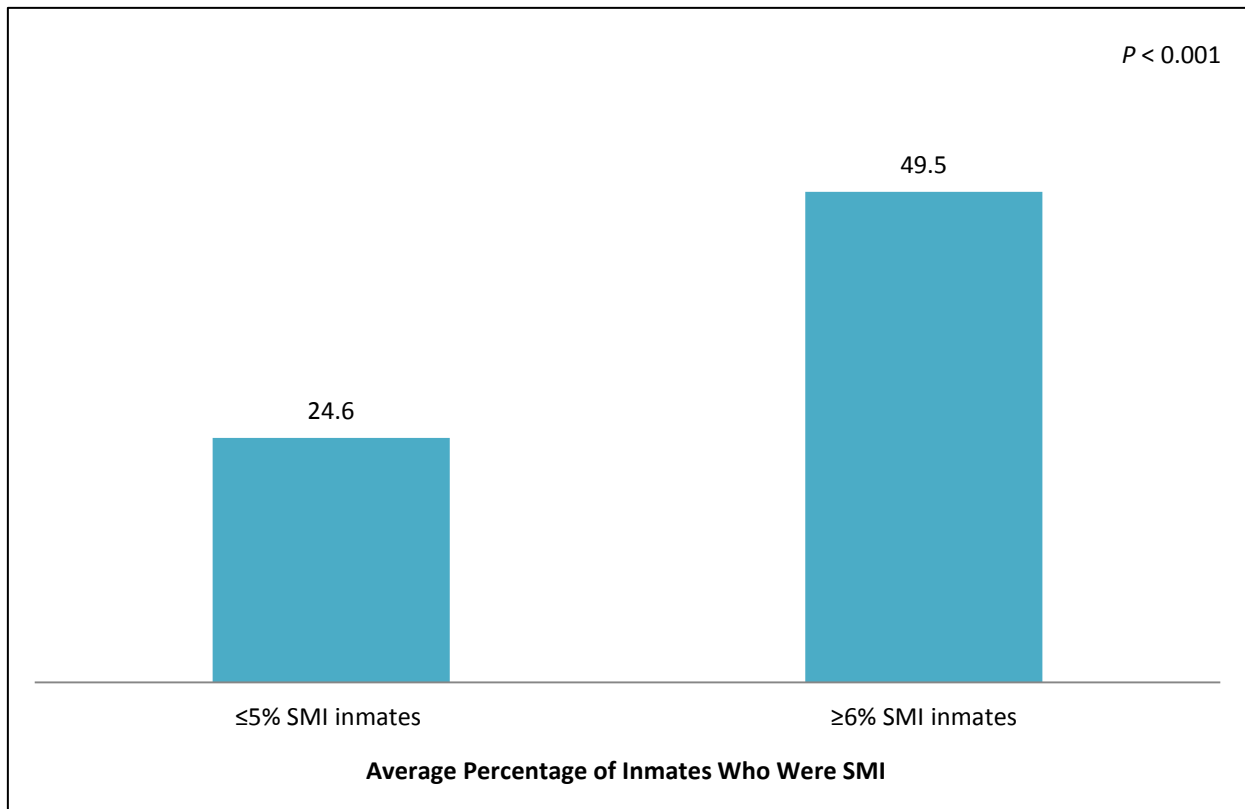
About a third of the jails (35.7%) reported providing individual psychiatric care (Figure 35). More large jails (67.2%) than medium (27.5%) and small (18.3%) jails provided these services ($P < 0.001$) (Figure 38).

Figure 38. Percentage of Jails Offering Individual Psychiatric Care to Inmates Inside Jail Facility, by Jail Size



Nearly twice as many jails with large seriously mentally ill populations provided these services as jails with small seriously mentally ill populations (49.5% vs 24.6%; $P < 0.001$) (Figure 39).

Figure 39. Percentage of Jails Providing Individual Psychiatric Care to Inmates Inside Jail Facility, by Average Percentage of Inmates Who Were Seriously Mentally Ill (SMI)



Only a small proportion (9.6%) of the jails reported providing group psychotherapy (Figure 35). Overall, 18.8% of large jails, 11.0% of medium jails and no small jails provided group psychotherapy ($P = 0.003$) (Figure 40).

Furthermore, 17.2% of the jails with large seriously mentally ill populations provided group psychotherapy, compared with just 4.5% of the jails with small seriously mentally ill populations ($P = 0.007$) (Figure 41).

Figure 40. Percentage of Jails Offering Group Psychotherapy to Inmates Inside Jail Facility, by Jail Size

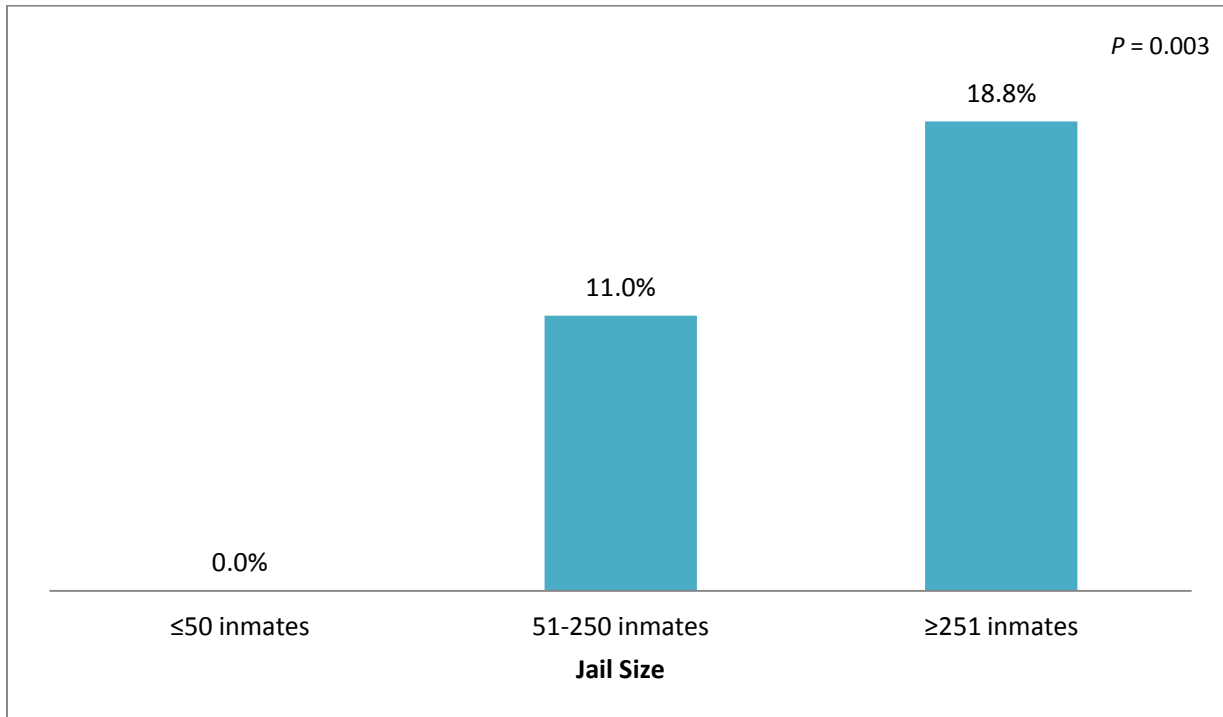
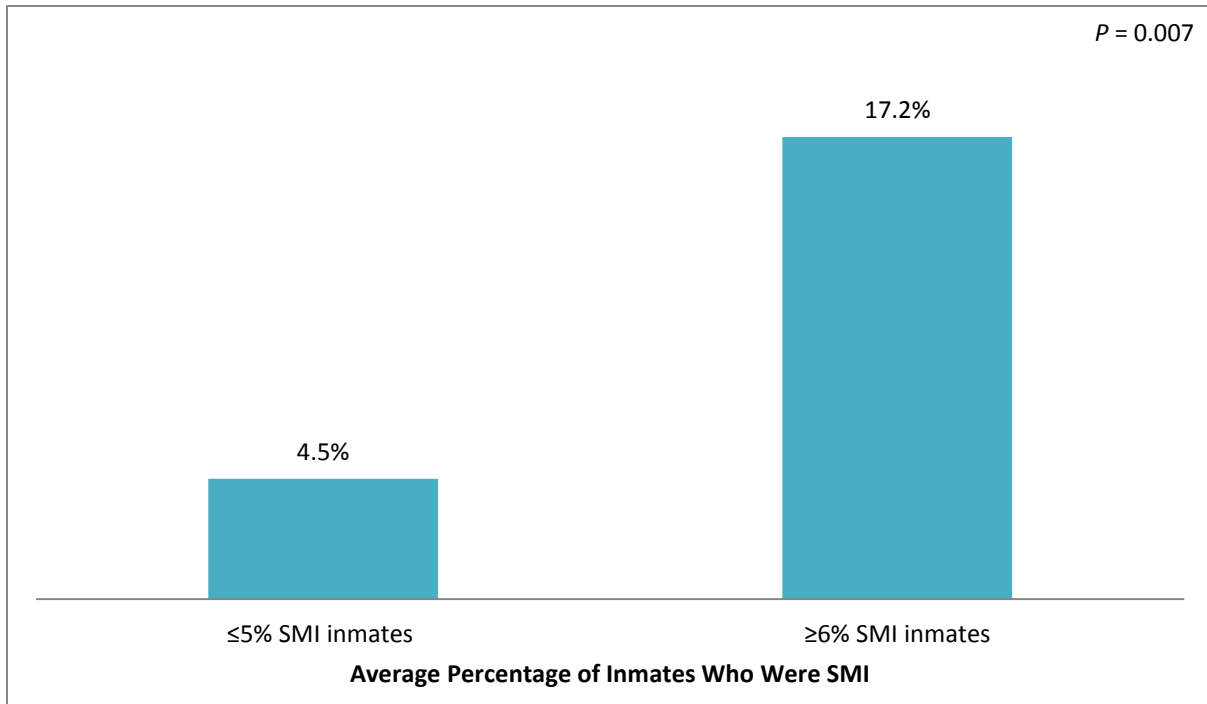


Figure 41. Percentage of Jails Providing Group Psychotherapy to Inmates Inside Jail Facility, by Average Percentage of Inmates Who Were Seriously Mentally Ill (SMI)



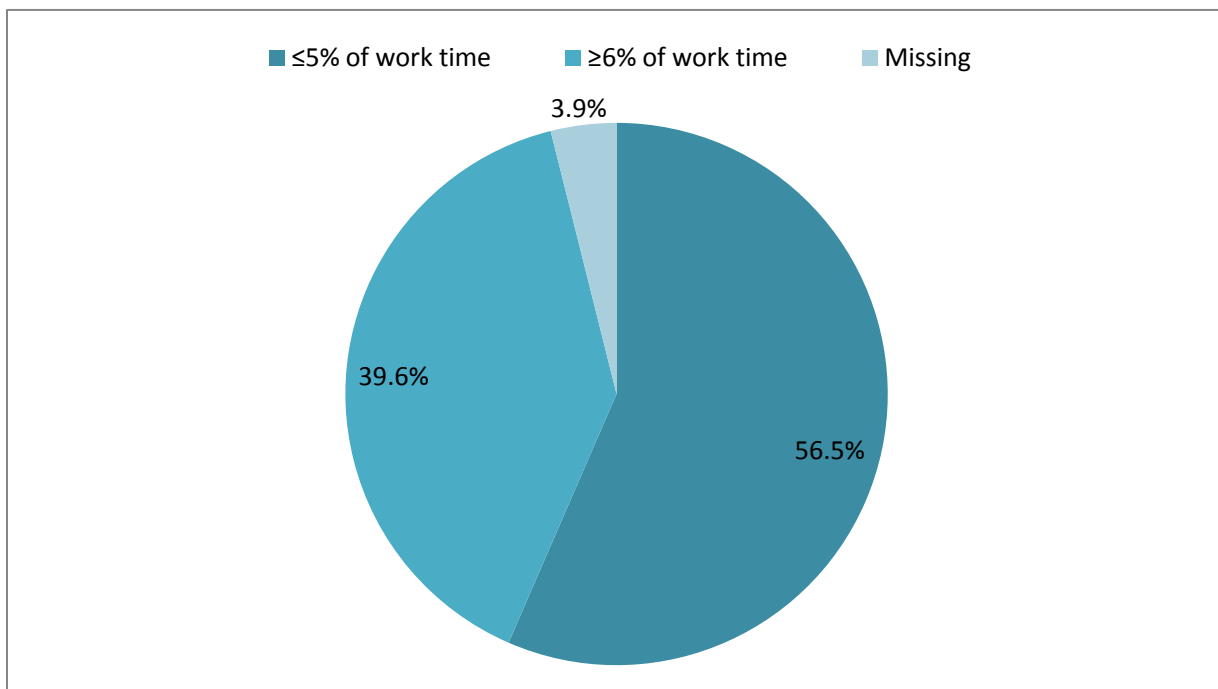
Time Transporting Mentally Ill Persons to Emergency Rooms or Hospitals

“We have to transport these individuals to a neighboring county for mental health treatment. If the subject is in custody[,] the hospital requires the jail staff to stand guard with the person, as long as they are there.”

The survey asked, “Approximately, what percentage of sheriff’s deputy total time (including time working inside and outside of the jail), if any, involves transporting mentally ill persons to emergency rooms or hospitals for mental health treatment and pre-scheduled medical or psychiatric appointments?”

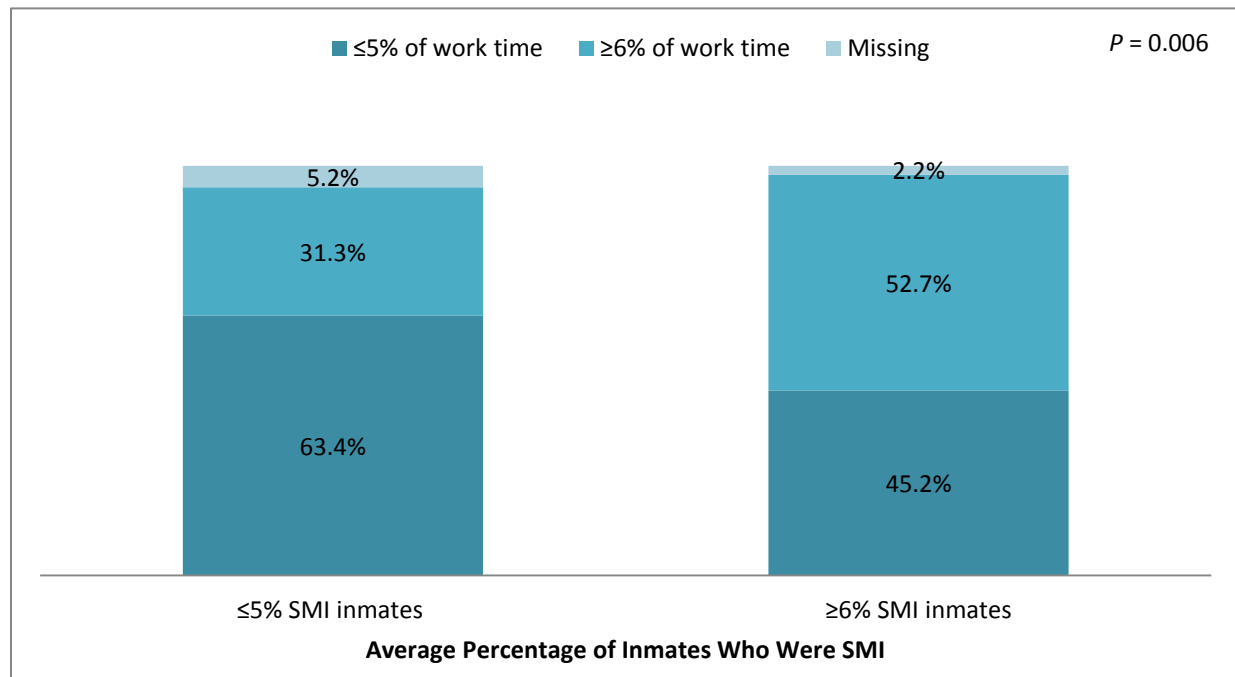
Less than half (39.6%) of the jails reported that 6% or more of their sheriff’s deputies’ time involved transporting mentally ill persons to treatment outside of jail facilities, whereas 56.5% of the jails reported that 5% or less of their sheriff’s deputies’ time was dedicated to this task; 3.9% did not answer this question (Figure 42).

Figure 42. Distribution of Jails, by Percentage of Sheriff’s Deputies’ Work Time Transporting Mentally Ill Persons to Emergency Rooms or Hospitals for Mental Health Treatment



There was no statistically significant association between jail size and transportation-for-treatment time. However, a little over half (52.7%) of the jails with large seriously mentally ill inmate populations reported that 6% or more of their sheriff’s deputies’ time involved transporting these inmates for treatment. In contrast, just 31.3% of the jails with small SMI inmate populations reported that 6% or more of their sheriff’s deputies’ time involved transporting these inmates for treatment ($P = 0.006$) (Figure 43).

Figure 43. Distribution of Jails, by Percentage of Sheriff’s Deputies’ Work Time Transporting Mentally Ill Persons and by Average Percentage of Inmates Who Were Seriously Mentally Ill (SMI)



Type of Staff Coordinating Mental Health Treatment in Jails

The survey asked, “Who has the primary responsibility for coordinating mental health treatment in your jail?” We categorized responses to this question as professionals with mental health training (such as designated mental health deputies, physicians, nurses, and social workers), professionals with no mental health training (such as sheriff’s deputies), or unknown/missing.

While 59.6% of the jails reported that professionals with mental health training have the primary responsibility for coordinating mental health treatment in jails, 27.8% reported that professionals with no mental health training have this responsibility in jails. The remaining 12.6% either did not disclose their staff’s type or did not answer this question (Figure 44).

More large (78.1%) and medium (68.1%) jails than small jails (29.6%) reported that health care professionals with mental health training have the primary responsibility for coordinating mental health treatment (*P* < 0.001) (Figure 45).

Figure 44. Distribution of Jails, by Type of Staff Who Have the Primary Responsibility for Coordinating Mental Health Treatment

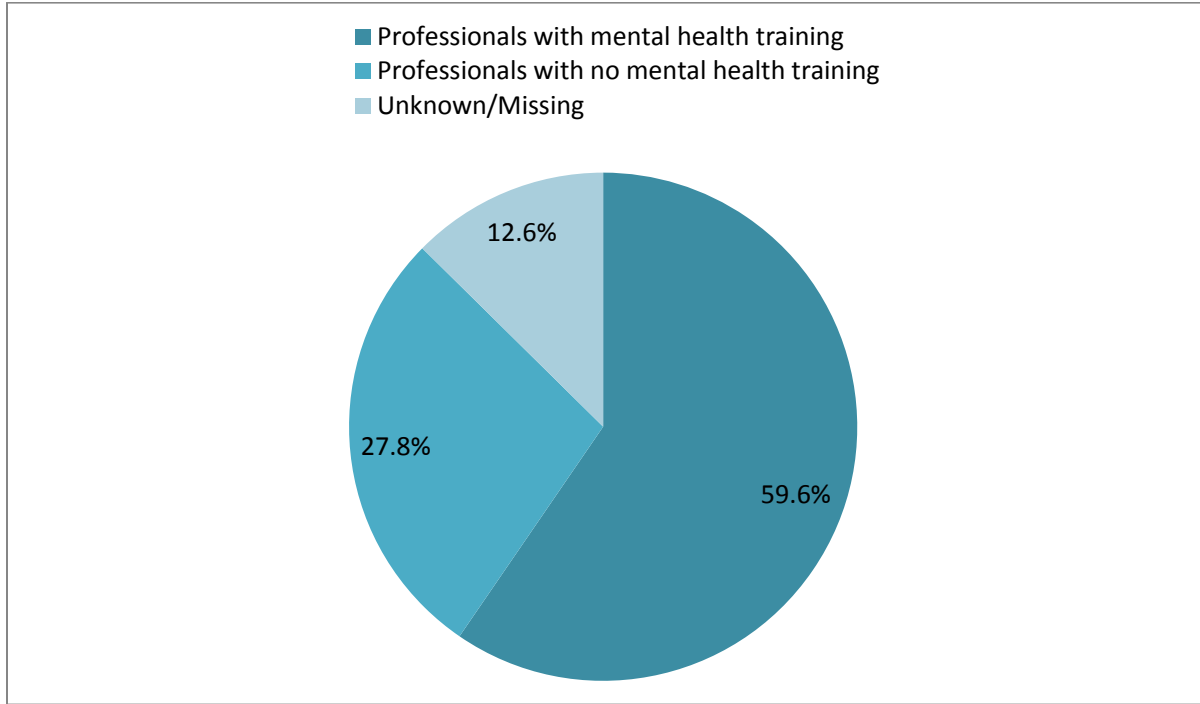
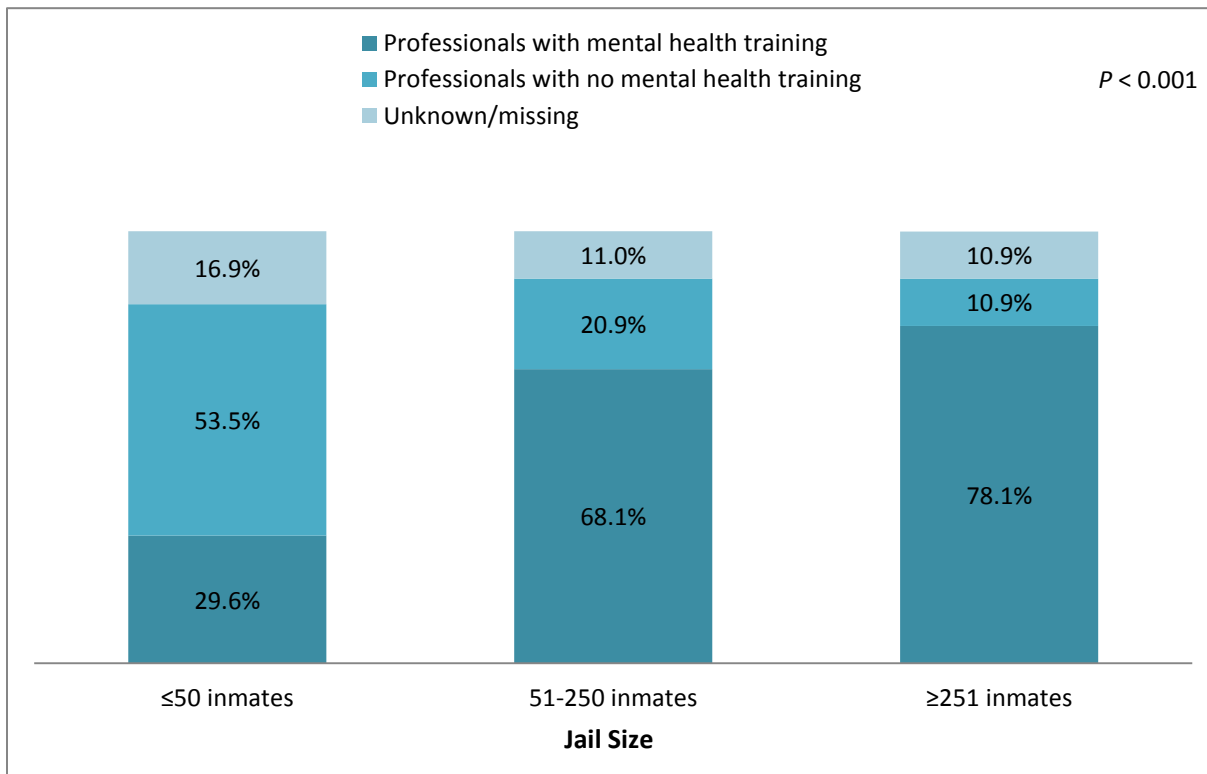
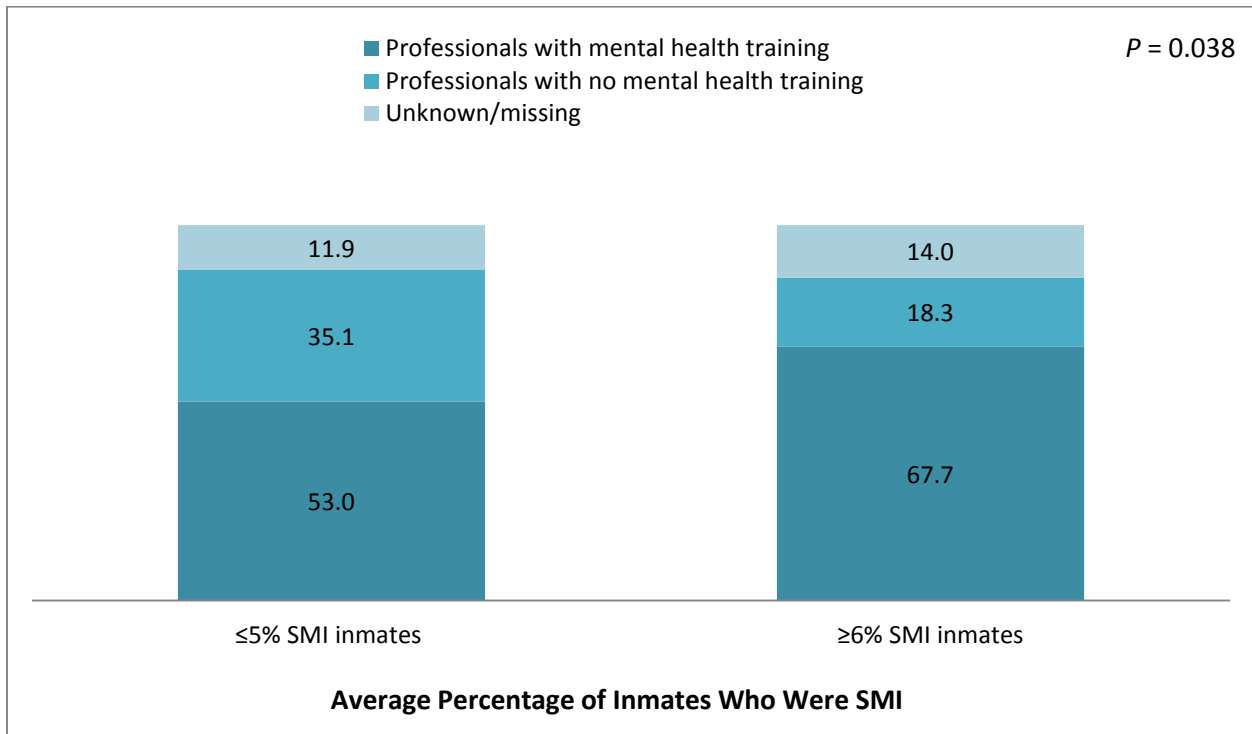


Figure 45. Distribution of Jails, by Type of Staff Who Have the Primary Responsibility for Coordinating Mental Health Treatment and by Jail Size



More jails with large seriously mentally ill inmate populations (67.7%) than jails with small seriously mentally ill inmate populations (53.0%) reported that professionals with health care training have the primary responsibility for coordinating mental health treatment in their jails ($P = 0.038$) (Figure 46).

Figure 46. Distribution of Jails, by Type of Staff Who Have the Primary Responsibility for Coordinating Mental Health Treatment and by Average Percentage of Inmates Who Were Seriously Mentally Ill (SMI)



Resources to Handle a Psychiatric Emergency

The survey asked, “During a normal workday, what professional staff or other resources do you have available to handle a psychiatric emergency?” There were three types of responses to this question:

- (a) Transporting seriously mentally ill inmates for outside help:

“None in the jail[;] we have to transport to the local emergency room and/or get an emergency [commitment] signed by a judge and transport them to the designated place for mental evaluation[,] which the nearest place is 40 miles away and then [sometimes] we must transport.”

“Must call Community Mental Health and [h]ope they will come and evaluate the inmate.”

“None besides the local ambulance service to transport to medical/mental health facility.”

“Very little - we have a very limited protocol for when we are able to call for crisis intervention. The jail is said to be a ‘safe environment’ for these folks.”

“NONE; other than transport them to be evaluated at a local hospital.”

(b) Help from in-house staff (who are often part-time):

“We have a jail nurse [who] is in our facility for only 9 hours a week. Other times, they are evaluated through the local emergency room.”

“During a normal work day we have a local doctor (who is also the coroner) as well as the Emergency Room at our disposal should there be a psychiatric emergency.”

“One mental health nurse and an infrequent mental health [doctor].”

“We have on call 24/7 staff available to assist us with emergency psychiatric services as well as a fully licensed dual therapist that is in our facility approx. 40 hours per week [and] a full time and part time RN in the facility.”

“24 hour medical coverage is provided at our facility, we have an RN in place, we have a mental health court liaison, we have a psychiatrist/psychologist on call as well.”

“Our mental health program Coordinator, full-time nursing staff with access to mental health medications, on-call physician who visits the jail M-F for 4 hours a day. An on-call psychiatrist who is on call for 24 hours a day.”

“All my Deputy Correctional Officers are trained to handle psychiatric emergencies. However, in rare instances where they would require more assistance, they have an on-call community mental health person that can come to our facility 24 hours a day/7 day[s a week].”

“A full time nurse for the initial contact/incident. We also have an on call psychiatric nurse practitioner who will respond to the detention center. Counselors from ... mental health can be called in or the inmate can be transported to the hospital.”

“Our contracted medical [staff] uses Skype for onsite interviews with mental health professionals.”

(c) Help from the county or outside contractors:

“We do not have any full time professional staff in the facility, we call [outside mental health organizations] for help.”

“Our mental health care provider is 45 miles away. We are currently using televideo to coordinate appointments with patients. If an emergency occurs[,] a crisis counselor will come to our facility to meet with the inmate face to face.”

“The mental health staff have resources from their agency, and the ability to get someone into the State Hospital.”

“We can also contact the County Mental Health crisis team to provide an emergency assessment and recommendation.”

“On call crisis worker through local county mental health. Psychiatrist two hours each week.”

“[Contactor] would be called to do an evaluation on inmates that are showing signs of mental illness. ... Hospital is available for emergency mental illness care.”

“We would contact our medical/mental health provider or do a 72 hour hold at the local hospital if necessary.”

“We have contract[ed] crisis intervention by our contract mental health provider, we also train all custody staff in dealing with mental health crisis.”

Support System for Mentally Ill Persons After Release

“For those [seriously mentally ill inmates] still in crisis we take [them] to the hospital for continued services. Most unfortunately simply wander back into the community where they self-medicate and experience the revolving door.”

The survey asked, “Does your sheriff’s department offer a support system for mentally ill persons following their release?” Overall, only 20.9% of the jails reported offering such support system for mentally ill persons following release (Figure 47). More large (35.9%) than medium (19.8%) and small (9.9%) jails reported offering such a system ($P = 0.007$) (Figure 48).

Figure 47. Distribution of Jails, by Whether the Sheriffs’ Departments Offer a Support System for Mentally Ill Persons Following Release

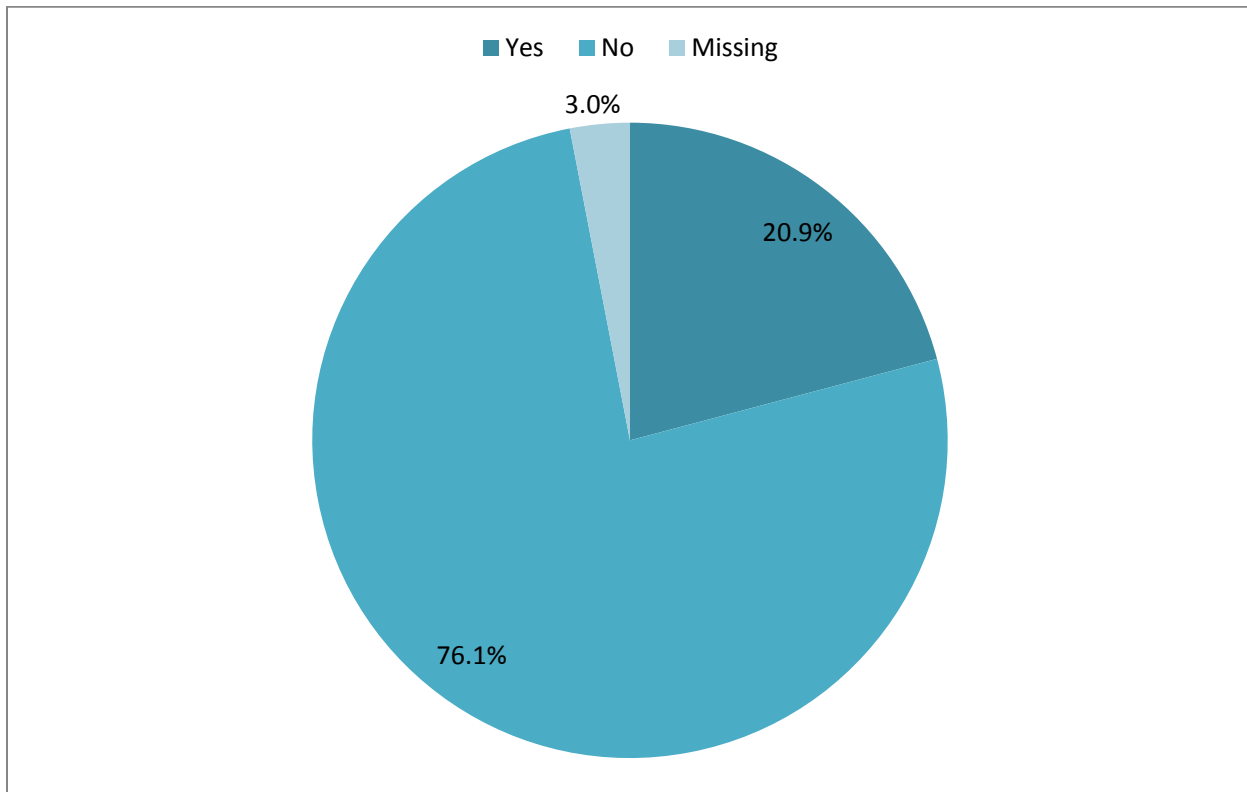
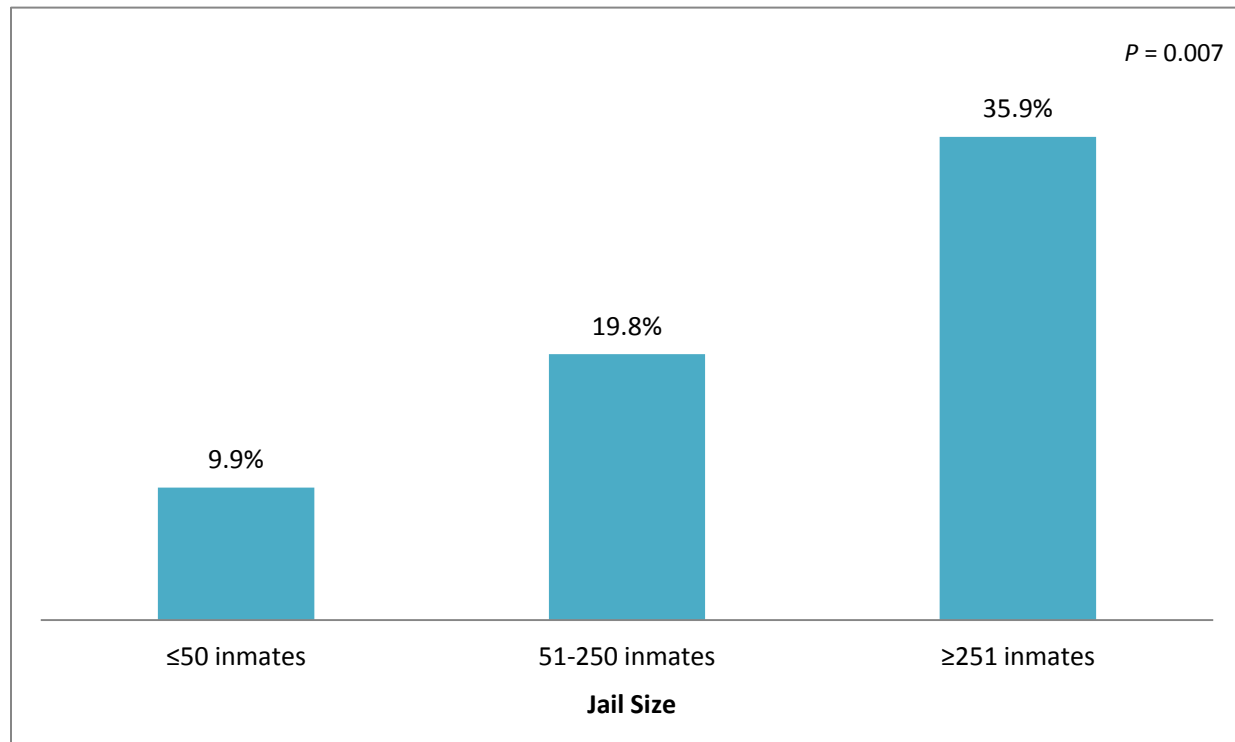


Figure 48. Percentage of Sheriffs' Departments Offering a Support System for Mentally Ill Persons Following Release, by Jail Size



The majority of the jails that reported offering a post-release support system described their system as simply referral of the inmates to community resources. Some jails mentioned that they provide the inmates with a few days' supply of medications upon their release. A few jails mentioned developing a pre-release plan and coordinating post-release with the county or other community support services. A few jails mentioned that post-release programs are managed by their counties. However, most of these jails did not provide information related to the number of seriously mentally ill inmates who receive these services.

One jail reported a well-defined support program for mentally ill women inmates after release. This program appears to be funded by a grant from the Department of Justice, as part of the Second Chance Act. This act was designed to reduce recidivism in the criminal justice system. The following detail was provided by the jail staff's respondent about this program:

"This program provides case management services, housing, vocational services, support services, pro-social events, job clubs, job fit, career access and arranging mental health and substance abuse treatment referrals within the county. 50% of the women enrolled in this program have serious mental illness. Currently 190 women have enrolled."

A few jails mentioned other interventions at various diversion stages to decrease the number of inmates with serious mental illnesses in their jails:

"We started working more closely with our courts to help speed up the time in which it takes to process and evaluate these mentally ill patients."

"We have now initiated a Behavioral Health Deferred Prosecution Program which starts at the jail with identification and assessment."

“Controls have been put in place to screen and monitor more closely the inmates that are mentally ill. Policy and procedure development has also changed to focus more on recognizing and dealing with serious mentally ill inmates.”

“We developed a ‘Core Team’ to handle mental health housing. We have a dedicated housing unit for mental health patients. We have 5 jails in our county.”

Discussion

As part of a policy of deinstitutionalization, state psychiatric hospitals have been progressively closed or downsized since the 1960s. The failure to provide treatment for seriously mentally ill patients living in the community has led to many of them committing offenses related to their untreated mental illness. Thus, the numbers of seriously mentally ill individuals in the nation's jails have progressively increased. Over the past two decades, there have been a series of reports detailing the effects of incarceration on these seriously mentally ill individuals. The present survey is a detailed look at the perspectives of the men and women who staff the jails about the effect of the seriously mentally ill inmates on them.

Our survey had a response rate of 40.1% and captured staffs' perspectives from 230 randomly selected jails that had a cumulative average daily inmate population of approximately 68,000. Most states were represented in this jail sample. The regional distribution of our county respondents was comparable to the county distribution in our sampling frame. Ninety-three percent of the surveys were completed by experienced jail law enforcement staff who had been at the current jail for two years or more, with a median reported tenure of 13 years at the current jail.

Slightly over a quarter (27.8%) of our respondents were large jails (251 or more average inmates). In contrast, 40% of these jails were medium-size (51 to 250 average inmates) and 30.9% were small (50 or fewer average inmates).

The vast majority of the jails (95.7%) reported having inmates with serious mental illnesses from September 1, 2010, to August 31, 2011. With respect to the overall prevalence of serious mental illnesses among jail inmates, we found that more than a third (40.4%) of the jails reported having a large (6% or more) seriously mentally ill population, whereas more than half (58.3%) of the jails reported having a small (5% or fewer) seriously mentally ill population.

However, these estimates are likely confounded by two facts: (1) higher percentages inmates who were seriously mentally ill inmates were more common in large jails than in small jails; and (2) more small and medium than large jails participated in our study. For example, when we considered a 16% or more cutoff point to denote jails with large seriously mentally ill inmates, we found that about 21.3% of the jails met this criterion. However, when jail size was taken into consideration, 31.3% of large, 13.2% of medium, and only 4.2% of small jails reported that 16% or more of their inmate population were seriously mentally ill. Therefore, decision-makers and other interested parties need to keep these variations by jail size in mind when trying to understand the prevalence of serious mental illnesses across various jails in the U.S.

While these high numbers of incarcerated people who are seriously mentally ill reflect a grave moral tragedy in their own right, they also demonstrate that the jail system has effectively become the "asylum of last resort" for our nation's failing public mental health treatment system. Our survey showed that most county jails are reporting major problems with seriously mentally ill inmates, including the necessity of watching them more closely for suicide, their need for greater attention, and their being abusive of, or abused by, other inmates. We also found that these problems associated with housing seriously mentally ill inmates were quite common in

jails, regardless of jail size. Some survey respondents from small jails remarked that even a single inmate with serious mental illness can put a huge stress on the whole facility due to limited jail staff and lack of mental health care support from the local county mental health departments.

Our survey highlights the fact that caring for seriously mentally ill inmates in county jails is particularly unfair for jail law enforcement staff. As many respondents aptly stated, they have been trained for corrections work, not as mental health professionals. Close to half of the jails reported that 2% or less of their initial training for staff and sheriffs' deputies was allotted to issues specifically dealing with seriously mentally ill inmates. As for annual training, 60.4% of the jails reported that only two hours or less of their training were allotted to dealing with seriously mentally ill inmates. Even when offered, the training was mostly characterized as inadequate. Initial police academy training offered to jail law enforcement staff was described by our survey respondents as being mostly a short introduction to mental illness that did not include enough focus on the skills necessary for dealing with these inmates. Many law enforcement staff reported that, due to reasons including lack of funding and unavailability of specialized trainers, they do not undergo annual training regularly. Instead, some respondents stated that they rely on their on-the-job experience to figure out how to deal with inmates with serious mental illnesses.

Despite such limited training, about a third of the jails reported that 11% or more of their staff and sheriff's deputies' total work time involves handling seriously mentally ill inmates. Additionally, about 40% of the jails reported that 6% or more of their sheriff's deputies' time involves transporting mentally ill persons to treatment outside the jail facilities.

Our survey shows that slightly more than half of our respondents have implemented housing or staffing changes to accommodate seriously mentally ill inmates. Specifically, a third (33.9%) of the jails reported transferring more mentally ill offenders to facilities other than jail (such as forensic units of state mental hospitals), and a little over a quarter (27.8%) have implemented inmate housing-facility changes (such as increasing the number of beds reserved for people with mental illnesses). In terms of staffing, slightly over a quarter (27.4%) of the jails reported hiring full- or part-time non-law-enforcement staff members (including nurses, social workers, and psychiatrists). However, only 3.5% reported hiring deputies with experience in dealing with seriously mentally ill people. Generally, more large jails and those with more inmates with serious mental illnesses reported implementing such changes, compared with medium-size and smaller jails and those with fewer inmates with serious mental illnesses.

Previous research has shown that the jail system is not equipped to handle people with medical conditions in general, let alone those with serious mental illnesses. For example, one study showed that 68.4% of local jail inmates with a persistent medical problem had received no medical examination during incarceration.²¹ Yet we found that 45.2% of our survey respondents have managed to offer some sort of treatment for seriously mentally ill inmates inside the jail facilities. For example, about a third (35.7%) of the jails reported providing individual psychiatric care, whereas 9.6% reported providing group psychotherapy. When it comes to medications, which are central to stabilizing people with serious mental illnesses, 41.7% of the jails reported offering pharmacy services.

²¹ Wilper AP, Woolhandler S, Boyd JW, et al. The health and health care of US prisoners: Results of a nationwide survey. *Am J Public Health.* 2009;99(4):666–672.

We find it encouraging that some jails were able to provide some treatment services to a portion of their seriously mentally ill population, despite facing resource and funding limitations. At the same time, it remains concerning that adequate treatment options were not provided to all of these inmates. Particularly, it is well known that seriously mentally ill inmates are more likely to have discontinued their medications for some time prior to their incarceration. These inmates become much more symptomatic and their conditions worsen if they receive no treatment while incarcerated in jails.

Some survey respondents commented that psychiatric medications represent a significant cost for their jails. Often when jails are unable to provide seriously mentally ill inmates with psychiatric medications, they use other options to handle their disturbances, such as solitary confinement or restraining devices.²² Therefore, it is not surprising to find that segregation of seriously mentally ill inmates was occurring in 68.7% of the jails in our survey, given the lack of adequate treatment for these inmates in jails. Moreover, segregation of seriously mentally ill inmates was reported more frequently in jails with large populations of such inmates. However, segregation can be harmful to many of these inmates if it involves prolonged isolation, as it can exacerbate their psychological stressors to the point of necessitating acute psychiatric hospitalization.²³

Our survey did not examine the costs associated with treating seriously mentally ill individuals in county jails. However, previous studies have shown that housing these inmates in jails is significantly more expensive than housing other inmates. For example, one study estimated that the cost of jailing an individual with a serious mental illness can cost taxpayers almost three times as much as jailing other inmates.²⁴ Another report regarding juvenile inmates in California showed that the estimated cost per seriously mentally ill inmate receiving intensive psychiatric treatment in jail was approximately \$12,000 more than the cost of an inmate without mental illness during an average 35-day incarceration period (assuming he/she receives mental health assessments and monitoring, psychiatric medications and related visits, individual and group psychotherapy, and transportation to court hearings).²⁵

On the other hand, the costs associated with community-based treatment programs for people with mental illness are much lower than those of county jails.²⁶

Our finding that less than a quarter of all jails offer a support system for mentally ill persons following release and the lack of hospital or community-based treatment alternatives explain why many of these inmates return to the jails after their release. In fact, a third of the jails described the recidivism rate for these inmates as higher or much higher than that of the general inmate population. Additionally, two-thirds of the jails reported seeing more or far more seriously mentally ill inmates, compared to five to 10 years ago.

²² Torrey EF, Zdanowicz MT, Kennard AD, et al. *The Treatment of Persons With Mental Illness in Prisons and Jails: A State Survey*. Arlington, VA: Treatment Advocacy Center; 2014.

²³ Fellner J. A corrections quandary: Mental illness and prison rules. *Harvard Civil Rights*. 2006;41(1999):391-412.

²⁴ Health Management Associates. Impact of Proposed Budget Cuts to State Hospitals. Washington, DC; 2011. <http://www.thecherokeean.com/styles/RSHreport.PDF>. Accessed March 23, 2016.

²⁵ Cohen E, Pfeifer J. Costs of Incarcerating Youth with Mental Illness. Final Report Prepared for the Chief Probation Officers of California and the California Mental Health Directors Association. 2011. <https://www.ncjrs.gov/App/AbstractDB/AbstractDBDetails.aspx?id=265882>. Accessed March 28, 2016.

²⁶ Cooper A. The ongoing correctional chaos in criminalizing mental illness: The realignment's effects on California jails. *Hastings Women's Law J*. 2013;24(2):339-361.

Besides the structural and staffing challenges associated with housing seriously mentally ill inmates in the jail system, our survey respondents stated time and time again that they feel conflicted about the presence of these individuals in jails. We learned anecdotally that the current failure of the public mental health system jail has often put jail officers and other staff in a variant of a “double bind” situation in relation to the seriously mentally ill inmates. They are obligated to find ways to provide mental health treatment for these inmates while they are in their jails. Yet, by doing so, they continue to make their jails “dumping grounds” where these inmates continue to recidivate after their release due to the lack of community-based treatment. Their double bind is heightened by the fact they have no jurisdiction in the majority of states to follow up on these inmates after their release.

Survey Limitations

We acknowledge the following limitations of our study. First, our response rate was only 40.1%. However, our true response rate based on sheriffs’ departments that operate jails may have been higher, because some sheriffs’ departments (mainly those in rural areas) do not operate jail facilities, and they likely never bothered to answer our survey. Additionally, our efforts to reach several of these sheriffs’ departments to confirm whether they operated a jail were unsuccessful because we either did not have their current phone numbers or received no response to our voice messages.

Second, our results are subject to the general limitations of survey research, including recall bias and lesser precision than other types of observational research. Particularly, the reported estimates of the numbers of seriously mentally ill inmates in county jails were likely underestimated because the numbers are largely based on the jail staff’s observation of inmates’ behavior, rather than objective mental health assessments in all cases. For example, an inmate who is talking loudly to him/herself is more likely to be noticed and counted than one who quietly whispers to voices (auditory hallucinations) only when alone. Likewise, an inmate who gets into fights because of paranoid delusions is more likely to be noticed than one whose delusions do not manifest in the presence of others. Additionally, under the best of circumstances, the screening, diagnosis, and assessment of individuals with serious mental illness is very difficult. Therefore, these disorders are often underdiagnosed in the criminal justice system.

Third, our study is based on survey data from 2011. Since then, as detailed by the spate of lawsuits^{27,28,29} and media reports,^{30,31,32} the problem has gotten worse.

²⁷ Monk, J. Negligent SC prison system agrees to reforms for the mentally ill. *The Herald*. June 2, 2016. [<http://www.heraldonline.com/news/local/article81305677.html>]

²⁸ Serres, C. Legislative auditor urges overhaul of mental health services for jail inmates. *StarTribune*. March 3, 2016. [<http://www.startribune.com/state-auditor-urges-overhaul-of-mental-health-services-for-jail-inmates/370921631/>]

²⁹ American Civil Liberties Union of Pennsylvania. ACLU-PA settles lawsuit over unconstitutional delays in treatment for hundreds of defendants with severe mental illness. January 27, 2016. <https://www.aclupa.org/news/2016/01/27/aclu-pa-settles-lawsuit-over-unconstitutional-delays-treatme>. Accessed June 20, 2016.

³⁰ Gonzalez H. Housing mentally ill inmates challenges county resources: Grant may help finance new facility. *The Camarillo Acorn*. February 5, 2016.

³¹ Morse D. Mental health court weighed. *The Washington Post*. July 23, 2015.

Notwithstanding these limitations, our survey of a mostly experienced group of law enforcement staff — who were keen to additionally provide numerous useful comments about their experiences handling seriously mentally ill inmates — provides a compelling perspective of the challenges faced by county jails caring for inmates with serious mental illnesses across the country.

Recommendations

Given that individuals with serious mental illnesses do not belong in jails, the findings of our survey highlight how the public mental health system has failed. Therefore, there is a need to transform the current system from continuing to criminalize the seriously mentally ill individuals toward actually treating them. Such a transformation will require a concerted and collaborative effort from legislators, and state and county agencies, to provide an adequate number of state psychiatric beds for stabilizing mentally ill individuals and placing them in effective community mental health treatment programs. Additionally, this system needs to hold high-level state and county mental health officials accountable for any failures of the public mental health treatment system. Until such treatment options and accountability systems are established, the following frequently cited, but inadequately utilized, recommendations can reduce the number of seriously mentally ill individuals in jails and improve the conditions of those who are there.

- 1. Implementations of prebooking diversion programs to prevent entry of mentally ill persons into the justice system*

This approach involves diverting mentally ill individuals from even entering the criminal justice system (i.e., before they are even charged). It focuses on police officers in the community as the first gatekeepers of the criminal justice system, as an estimated 7% of police calls involve a person with mental illness.³³ This approach requires extensive training for police officers in the community using programs such as crisis intervention training, which prepares police officers and sheriffs' deputies to recognize the signs and symptoms of mental illness among offenders and to use discretion to determine the most appropriate disposition for such individuals.³⁴ Another example of prebooking diversion is the creation of joint police/mental health crisis response teams. Prebooking diversion programs have been shown to decrease arrests (and therefore, subsequent incarcerations) and decrease the amount of time that individuals with mental illnesses spend in custody.³⁵

³² Associated Press. Group: Colorado inmates languish in jail without mental care. October 28, 2015. <http://gazette.com/group-colorado-inmates-languish-in-jail-without-mental-care/article/1562130>. Accessed June 20, 2016.

³³ Deane MW, Steadman HJ, Borum R, Veysey BM, Morrissey JP. Emerging partnerships between mental health and law enforcement. *Psychiat Serv.* 1999;50(1):99–101.

³⁴ Testa M. Imprisonment of the mentally ill: A call for diversion to the community mental health system. *Alb Gov't L Rev.* 2015;8:405–438.

³⁵ Sirotych F. The criminal justice outcomes of jail diversion programs for persons with mental illness: A review of the evidence. *J Am Acad Psychiatry Law.* 2009;37(4):461–472.

2. *Implementation of postbooking (jail) diversion programs to direct mentally ill people to treatment programs*

Through postbooking diversion models, such as jail-based and court-based diversion programs, individuals in the jail system who have mental illnesses or addictions are identified and diverted to the mental health system.³⁶ The key elements of effective postbooking diversion programs are mental health assessment, development of individualized treatment plans for defendants, and collaboration among prosecutors, defense attorneys, and judges, if applicable. These diversion programs have been shown to be effective in channelling mentally ill persons from incarceration and reducing the time they spend in jail.³⁷ However, the use of these programs is not widespread across various states. Particularly, they are virtually nonexistent in states such as Arkansas, Iowa, Mississippi, and Rhode Island.³⁸

3. *Widespread use of assisted outpatient treatment (AOT) programs*

AOT programs are offered under legal provisions (known as Laura's Law in California and Kendra's Law in New York) that allow the courts to order certain individuals with serious mental illnesses who pose a danger to themselves or others to comply with their prescribed treatment while living in the community.³⁹ Research studies show that these programs can substantially decrease the number of mentally ill individuals who end up in jail. For example, in New York, the percentage of mentally ill individuals arrested decreased from 30% prior to the implementation of the AOT Kendra's Law program to 5% after implementation, and the percentage of those incarcerated decreased from 23% to 3%.⁴⁰ Similarly, a pilot program in Nevada County, California, showed that an AOT program was associated with a 97% reduction in the number of incarceration days for mentally ill individuals.⁴¹ Although these programs are available in 46 states and the District of Columbia, they are significantly underutilized in many of these states.⁴²

4. *Establishing careful intake screening for mental illnesses in jails*

One of the most effective ways to minimize problems associated with mentally ill individuals in jails is to identify the potential problems at the time the individual enters the jail. A variety of screening techniques are available. At a minimum, all screenings should include an assessment of suicide potential and medication history. All inmates with serious mental illnesses should be evaluated by a mental health professional within 24 hours of incarceration. If an

³⁶ Testa M. Imprisonment of the mentally ill: A call for diversion to the community mental health system. *Alb Gov't L Rev.* 2015;8:405–438.

³⁷ Steadman JJ, Naples M. Assessing the effectiveness of jail diversion programs for persons with serious mental illness and co-occurring substance use disorders. *Behav Sci Law.* 2005;23(2):163–170.

³⁸ Stettin B, Frese FJ, Lamb HR. *Prevalence of Mental Health Diversion Practices: A Survey of the States.* Arlington, VA: Treatment Advocacy Center; 2013. <http://www.tacreports.org/storage/documents/2013-diversion-study.pdf>. Accessed February 8, 2016.

³⁹ Torrey EF, Zdanowicz MT, Kennard AD, et al. *The Treatment of Persons With Mental Illness in Prisons and Jails: A State Survey.* Arlington, VA: Treatment Advocacy Center; 2014.

⁴⁰ Pataki GE, Carpinello SE. *Kendra's Law: Final Report on the Status of Assisted Outpatient Treatment.* New York, NY: New York State Governor's Office and New York Office of Mental Health; 2005.

⁴¹ Tsai G. Assisted outpatient treatment: Preventive, recovery-based care for the most seriously mentally ill. *Residents' J.* 2012;7(6):16–18.

⁴² Torrey EF, Zdanowicz MT, Kennard AD, et al. *The Treatment of Persons With Mental Illness in Prisons and Jails: A State Survey.* Arlington, VA: Treatment Advocacy Center; 2014.

inmate shows signs and symptoms of mental illness, he/she should be taken directly to a mental health care dormitory for further evaluation and treatment while in the jail.

5. Providing proper mental health treatment for seriously mentally ill inmates inside jails

The U.S. Supreme Court has affirmed decisions that hold jails accountable for providing medical care to individuals in their custody.⁴³ This issue has become a major source of litigation, and has led groups such as the American Civil Liberties Union to sue a number of states alleging constitutionally deficient levels of care. A number of states have already settled such cases.

Such care should include appropriate treatment for schizophrenia, bipolar disorder, and major depression. State laws should be amended, where necessary, to require jails to provide appropriate treatment for incarcerated people with mental illnesses, including the administration of psychiatric medications. This can be done by a nurse or other trained health care professional. Some states have provisions in their laws permitting the involuntary administration of psychiatric medications only in a hospital setting. These laws can be amended to extend the involuntary administration of these medications in jails where necessary, because people with serious mental illnesses frequently refuse to take their medications.⁴⁴ States also must provide sufficient funding for these treatments.

6. The implementation of community-based pre-trial psychiatric competency evaluation and restoration for qualifying inmates

Mentally ill pretrial offenders — most of whom are arrested for low-level, nonviolent offenses — account for the lion's share of mental-health-related issues faced by jails. Most states authorize psychiatric competency evaluation and/or competency restoration treatment in the community.⁴⁵ Such community-based treatment is an evidence-based practice for preventing the psychiatric deterioration of mentally ill inmates, protecting them from victimization, reducing related demands from them on jail personnel, and containing the cost burden of treating or jailing inmates with mental illness. In most states, the authorizing legislation for this practice is already in place but awaits implementation.

⁴³ *Ibid.*

⁴⁴ Lamb HR, Weinberger LE, Gross BH. Community treatment of severely mentally ill offenders under the jurisdiction of the criminal justice system: A review. *Psychiat Serv.* 1999;50(7):907–913.

⁴⁵ Fitch WL. *Assessment #3: Forensic Mental Health Services in the United States: 2014*. Alexandria, VA: National Association of Mental Hospital Program Directors; 2014.

<http://www.nasmhpd.org/sites/default/files/Assessment%203%20-%20Updated%20Forensic%20Mental%20Health%20Services.pdf>. Accessed May 25, 2016.

7. *The restoration of a sufficient number of state psychiatric hospitals to meet the needs of mentally ill inmates in the nation's jails*

State hospitals are typically the primary — often the only — inpatient option for inmates with serious mental illness, yet their bed numbers continue to plummet.⁴⁶ By the beginning of 2016, only 37,559 beds remained of the 560,000 beds at the peak before deinstitutionalization began — a 96.5% reduction that includes a 17% drop just since 2010.⁴⁷ This translates to a current ratio of an all-time low of 11.7 state beds per 100,000 people, compared to the ratio of 339 state beds per 100,000 people we had in 1955.⁴⁸ This bed shortage has led to the widespread practice of holding mentally ill inmates in jails while waiting for a bed to open, which has prompted lawsuits or the threat of lawsuits in over half the states and been ruled unconstitutional. Three states recently reported bed wait times averaging six months to one year.⁴⁹ The evidence is clear that the supply of public psychiatric beds urgently needs to be increased to meet the demand.

8. *Mandating jail pre-release planning for seriously mentally ill inmates*

Releasing people with inadequately treated serious mental illnesses from jails back into the community is harmful to both the system and these individuals, because many of these individuals recidivate and return to the justice system after their release. Often, this is, in part, because they lack access to mental health services that support their transition to the community. Therefore, pre-release planning that includes appropriate medical and support services is integral to successful transition of these individuals from jails into the community.⁵⁰ Only a handful of the jails in our survey mentioned using written plans for psychiatric follow-up for all mentally ill inmates prior to their release. They also did not offer much information about the percentages of seriously mentally ill inmates for whom these plans are developed. Such a plan should be developed for all mentally ill inmates. Ideally, it should identify the specific organization and care coordinator that will be responsible for the mental health treatment of the released mentally ill inmate.⁵¹ This responsibility and associated funding could be assigned either to the county's mental health system or to the jail system.

⁴⁶ Fuller DA, Sinclair E, Geller J, et al. *Going, Going, Gone: Trends and Consequences of Eliminating State Psychiatric Beds, 2016*. Arlington, VA: Treatment Advocacy Center; 2016.

<http://www.tacreports.org/storage/documents/going-going-gone.pdf>. Accessed June 7, 2016.

⁴⁷ *Ibid.*

⁴⁸ Chaimowitz G. The criminalization of people with mental illness. *Can J Psychiatry*. 2012;57(2):1–6.

⁴⁹ Fitch WL. *Assessment #3: Forensic Mental Health Services in the United States: 2014*. Alexandria, VA: National Association of Mental Hospital Program Directors; 2014.

<http://www.nasmhpd.org/sites/default/files/Assessment%203%20-%20Updated%20Forensic%20Mental%20Health%20Services.pdf>. Accessed May 25, 2016.

⁵⁰ The Sentencing Project. *Mentally Ill Offenders in the Criminal Justice System: An Analysis and Prescription*. Washington, DC; 2002. http://www.sentencingproject.org/doc/publications/sl_mentallyilloffenders.pdf. Accessed February 8, 2016.

⁵¹ Torrey EF, Zdanowicz MT, Kennard AD, et al. *The Treatment of Persons With Mental Illness in Prisons and Jails: A State Survey*. Arlington, VA: Treatment Advocacy Center; 2014.

The implementation of these recommendations can prove instrumental in managing the increasing numbers of people with serious mental illnesses in the criminal justice system. For example, a recent commentary in *The New England Journal of Medicine* provides encouraging results from a project, called the Criminal Mental Health Project (CMHP), in Miami-Dade County in Florida. This project includes prebooking/postbooking diversion and post-release case management programs, and integrates resources to pursue what is perceived in this county as “a shared community solution” for “a shared community problem.”⁵² According to the commentary, following implementation of the CMHP, the average daily census in the county jail system decreased from 7,200 to 4,000, one jail facility closed, and the number of fatal shootings and injuries of mentally ill people by police officers has fallen dramatically. The project is also credited for 4,000 diversions of defendants with mental illnesses from county jails into community-based treatment and support services, and the reduction of annual recidivism rates among its participants who committed a misdemeanor to 20%, compared with a recidivism rate of 75% among defendants not included in this program.

⁵² Iglehart JK. Decriminalizing mental illness — the Miami model. *N Engl J Med*. 2016;374(18):1701–1703.

Appendices

Appendix A. Survey Invitation Letter

Dear Sheriff:

We are writing to you regarding the problem of increasing numbers of seriously mentally ill people in U.S. jails. We invite you or your designated representative to participate in a survey consisting of 22 questions if your department operates a jail facility and 1 question if it does not. The purpose of the study is to better understand the role of sheriffs' departments in the management of seriously mentally ill inmates in county jails. We are asking you or another knowledgeable staff member in your department who can best assess this issue (e.g., your jail commander) to complete the survey within 2 weeks. The survey can be completed online at <https://www.surveymonkey.com/s/sheriffsurvey2011> (access using the password "survey2011").

The survey will ask questions about (1) your jail's experience with seriously mentally ill inmates; (2) training provided to sheriff's deputies and other jail staff on effective ways to handle mentally ill inmates; and (3) the kind of treatment and resources for the seriously mentally ill made available by your department and jail facility.

The seriously mentally ill population includes people who suffer from illnesses including schizophrenia, manic-depressive illness, and related conditions. For the purposes of this survey, the following **as stand-alone conditions are not considered serious mental illnesses**: (1) suicidal thoughts or behavior without other symptoms and (2) alcohol and drug abuse.

All responses will be kept confidential and reports related to this study will present only aggregate information across groups of jails. No individual jail or person responding to the survey will be identified in the reports. Participation in the survey is voluntary. If you choose to participate, please answer the questions to the best of your ability. Some questions require check marks beside the appropriate answers. Others ask you to provide more detail for checked answers, to give your best estimate of a number or percentage, or to say that you do not know. Completion of the survey should take 15 to 20 minutes. If you have any questions regarding this study, please contact Dr. Michael Carome, Deputy Director of Public Citizen's Health Research Group (202-588-7781 or mcarome@citizen.org), or Mr. Fred Wilson, Director of Operations at the National Sheriffs' Association (703-838-5322 or fwilson@sheriffs.org). Thank you for your assistance.

Appendix B. Questionnaire

Sheriff Survey on Seriously Mentally Ill Inmates in County Jails

If your office does NOT operate a jail, please complete the identifying information for your office and question 1 only.

If your office does operate a jail, please complete the identifying information for your office and questions 1 to 22. Questions 2 to 22 ask about inmates in your jail who are considered to have a serious mental illness.

Serious mental illnesses include schizophrenia, manic-depressive illnesses (bipolar disorder), and related conditions. Some people with these illnesses:

- Hear voices
- Have confused or illogical thinking so that they don't "make sense"
- Have delusions — for example, they may believe that they are being pursued (paranoia) or that they are the president of the United States (delusions of grandeur)
- Behave bizarrely or inappropriately — for example, they may talk loudly to voices that only they can hear or dress bizarrely
- Have repeated periods of severe depression or act as if they are "high" (manic) when they have not, in fact, taken drugs; such mood swings are usually accompanied by confused or illogical thinking

They may also abuse alcohol or drugs, but when the alcohol or drugs wear off, the other symptoms remain.

For the purposes of this survey, the following **as stand-alone conditions are not considered serious mental illnesses** : (1) suicidal thoughts or behavior without other symptoms; and (2) alcohol and drug abuse

Please answer the questions to the best of your ability. The survey consists of 22 questions. Some questions require checking one or more choices. Others ask you to give your best estimate of a number or percentage or to say that you don't know. All responses will be kept confidential and reports related to this study will present only aggregate information across groups of jails. No individual jail or person responding to the survey will be identified in the reports.

The survey can be completed in multiple sessions on the same computer with your internet browser set to store cookies. However, please press "next" before exiting to save your responses and to ensure you resume at the last question answered. Once you have completed the entire survey, press "done" on the final page to submit your responses.

* Please provide the following information:

Title of person completing this survey:

Name of jail or office:

State:

County:

* 1. Does your office operate a jail facility?

Yes

No

Sheriff Survey on Seriously Mentally Ill Inmates in County Jails

2. How many years have you worked at this jail:

Years:

3. What was the approximate average daily inmate population of your jail from September 1, 2010, to August 31, 2011?

Approximate value:

4. On average, from September 1, 2010, to August 31, 2011, approximately what percentage of the inmates in your jail appeared to have a serious mental illness as defined in the introduction?

- None
- 1 – 5%
- 6 – 10%
- 11 – 15%
- 16 – 20%
- 21 – 25%
- More than 25%: Please provide an estimate in the box below.

Estimate percentage:

Answer to question #4 is based on:

- Jail records
- My estimate

5. Are the seriously mentally ill inmates segregated from the general inmate population into their own wards or units?

- Yes
- No

Sheriff Survey on Seriously Mentally Ill Inmates in County Jails

6. What kinds of special problems do seriously mentally ill inmates cause or encounter in jail? Check all that apply. They –

- Must be watched more closely for possible suicide
- Require other additional attention from the jail staff (Please explain in comment box)
- Disrupt normal jail activities
- Are more likely to be abused by other inmates
- Are more likely to abuse other inmates
- Increase the potential for outbreaks of violence
- Other, please specify in comment box
- No special problems
- Explain further in comment box (optional)

Comments:

7. How does the recidivism rate of seriously mentally ill inmates compare to that of the general inmate population?

- Not certain
- Lower than the general inmate population
- About the same as the general inmate population
- Higher than the general inmate population
- Much higher than the general inmate population

8. Compared to five to 10 years ago, is your jail seeing fewer or more inmates with serious mental illnesses?

- Not certain
- Fewer
- Same
- More
- Far more

Sheriff Survey on Seriously Mentally Ill Inmates in County Jails

Answer to question #8 is based on:

- Jail records
- My estimate

9. Has the increased number of mentally ill offenders in the criminal justice system caused any changes in your job or those of your jail staff and sheriff's deputies?

- Yes
- No

If "yes," please describe:

10. Has the staffing or structure of the sheriff's office or jail facility had to change to accommodate seriously mentally ill inmates?

- Yes
- No

If "yes," in which of the following ways? Check all that apply.

- Hiring deputies with experience in dealing with seriously mentally ill people.
- Hiring other full- or part-time non-law enforcement staff members, including nurses, social workers and psychiatrists.
- Changes to inmate housing facility, such as increasing the number of beds reserved for people with mental illnesses.
- Sending more mentally ill offenders to facilities other than the jail, such as hospitals for criminally insane persons.
- Other, please specify in comment box.

Comments:

11. Does the sheriff's office provide jail staff and sheriff's deputies formal training on effective ways to handle mentally ill offenders?

- Yes
- No

Sheriff Survey on Seriously Mentally Ill Inmates in County Jails

If "yes," please describe (e.g., how often does training occur, who administers the training and what skills are taught):

12. When staff and sheriff's deputies are hired for your jail, approximately what percentage of their initial basic training time specifically relates to issues dealing with seriously mentally ill inmates?

- None
- 1 – 2%
- 3 – 4%
- 5 – 6%
- 7 – 8%
- More than 8%: Please provide an estimate in the box below.

Estimate percentage:

13. On average, approximately how many hours of annual training per jail staff member / sheriff's deputy is allotted to issues specifically dealing with seriously mentally ill inmates?

- None
- Less than 1 hour
- 1 – 2 hours
- 3 – 4 hours
- More than 4 hours: Please provide an estimate in the box below.

Estimate time:

Sheriff Survey on Seriously Mentally Ill Inmates in County Jails

14. Please describe any other training or experience that has prepared you to work with seriously mentally ill individuals (e.g., job-related experience, educational background and other relevant experiences)?

15. Approximately what percentage of jail staff and sheriff's deputy total jail work time, if any, involves handling issues concerning seriously mentally ill inmates?

- None
- 1 - 10%
- 11 - 20%
- 21 - 30%
- 31 - 40%
- 41 - 50%
- More than 50%: Please provide an estimate in the box below.

Estimate percentage:

16. Is treatment for seriously mentally ill inmates provided inside your jail facility?

- Yes
- No
- Not certain

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17. What kind of mental health treatment is offered to your inmates inside your jail facility?

Check all that apply.

- Pharmacy services
- Group psychotherapy
- Individual psychiatric care
- Other, please specify in comment box:

Comments:

18. Approximately what percentage of sheriff's deputy total work time (including time working inside and outside the jail), if any, involves transporting mentally ill persons to emergency rooms or hospitals for mental health treatment and pre-scheduled medical or psychiatric appointments?

- None
- 1 - 5%
- 6 - 10%
- 11 - 15%
- 16 - 20%
- 21 - 25%
- More than 25%: Please provide an estimate in the box below.

Estimate percentage:

19. What agencies, if any, provide behavioral or mental health services to your seriously mentally ill inmates? Please briefly describe the services provided by each agency listed:

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20. Who has the primary responsibility for coordinating mental health treatment in your jail?

Sheriff's deputy

Designated mental health deputy

Other jail staff member

Social worker

Psychiatrist

Nurse

Other, please specify in comment box:

Comments:

21. During a normal workday, what professional staff or other resources do you have available to handle a psychiatric emergency? Please describe:

22. Does your sheriff's office offer a support system for mentally ill persons following their release?

Yes

No

If "yes," please describe the support system (e.g., does it include group counseling, assistance with arranging meetings with nurses and doctors, help with acquiring medications, and help with making housing arrangements?) and indicate approximately what percentage of released mentally ill offenders participate in the support system offered by the sheriff's office:

Appendix C. Survey Sample Disposition

Step	n
<i>1. Sheriffs' departments invited to participate in the survey</i>	<i>771</i>
1.a. Ineligible sheriffs' departments that reported during reminder phone calls that they do not operate a jail facility	183
1.b. Ineligible sheriffs' departments that reported in completed surveys that they do not operate a jail facility	14
<i>2. Potentially survey-eligible sheriffs' departments</i>	<i>574</i>
<i>3. Received surveys</i>	<i>274</i>
3.a. Incomplete surveys (excluded)	8
3.b. Surveys reporting not operating a jail facility (excluded)*	36
<i>4. Jail surveys used in the final analysis</i>	<i>230</i>

*22 of these responding sheriffs' departments had already indicated during reminder phone calls that they did not operate a jail facility. The remaining 14 noted this only in the surveys they completed.

Appendix D. Number of County Jails in Final Sample, by State

State	Total Jails/Counties (n=230)
1. Alabama	8
2. Arkansas	5
3. Arizona	1
4. California	6
5. Colorado	5
6. Florida	9
7. Georgia	14
8. Idaho	6
9. Illinois	14
10. Indiana	7
11. Iowa	7
12. Kansas	8
13. Louisiana	5
14. Maine	1
15. Maryland	1
16. Michigan	13
17. Minnesota	8
18. Mississippi	4
19. Missouri	10
20. Montana	3
21. Nebraska	4
22. Nevada	5
23. New Jersey	2
24. New York	6
25. North Carolina	8
26. North Dakota	2
27. Ohio	10
28. Oklahoma	3
29. Oregon	6
30. Pennsylvania	2
31. South Carolina	4
32. South Dakota	1
33. Tennessee	2
34. Texas	17
35. Utah	1
36. Virginia	7
37. Washington	4
38. Wisconsin	6
39. Wyoming	5

Appendix E. Distribution of the Sampling Frame and Final Survey Sample, by Region and State

Sampling frame (771)	n	%	Survey sample (n=230)*	n	%
Region			Region		
Midwest	251	32.6	Midwest	90	39.1
Northeast	56	7.3	Northeast	11	4.8
South	352	45.7	South	87	37.8
West	112	14.5	West	42	18.3
State (46 were included)			State (39 were included)		
Alabama	21	2.7	Alabama	8	3.5
Arkansas	14	1.8	Arkansas	5	2.2
Arizona	3	0.4	Arizona	1	0.4
California	15	2.0	California	6	2.6
Colorado	16	2.1	Colorado	5	2.2
Delaware	1	0.1	Delaware	0	0.0
Florida	15	2.0	Florida	9	3.9
Georgia	40	5.2	Georgia	14	6.1
Idaho	10	1.3	Idaho	6	2.6
Illinois	34	4.4	Illinois	14	6.1
Indiana	17	2.2	Indiana	7	3.0
Iowa	16	2.1	Iowa	7	3.0
Kansas	29	3.8	Kansas	8	3.5
Kentucky	38	4.9	Kentucky	0	0.0
Louisiana	17	2.2	Louisiana	5	2.2
Maine	5	0.7	Maine	1	0.4
Maryland	4	0.5	Maryland	1	0.4
Massachusetts	3	0.4	Massachusetts	0	0.0
Michigan	19	2.5	Michigan	13	5.7
Minnesota	22	2.9	Minnesota	8	3.5
Mississippi	15	2.0	Mississippi	4	1.7
Missouri	30	3.9	Missouri	10	4.4
Montana	17	2.2	Montana	3	1.3
Nebraska	21	2.7	Nebraska	4	1.7
Nevada	6	0.8	Nevada	5	2.2
New Hampshire	5	0.7	New Hampshire	0	0.0
New Jersey	3	0.4	New Jersey	2	0.9
New Mexico	9	1.2	New Mexico	0	0.0
New York	19	2.5	New York	6	2.6

North Carolina	22	2.9	North Carolina	8	3.5
North Dakota	11	1.4	North Dakota	2	0.9
Ohio	22	2.9	Ohio	10	4.4
Oklahoma	23	3.0	Oklahoma	3	1.3
Oregon	11	1.4	Oregon	6	2.6
Pennsylvania	19	2.5	Pennsylvania	2	0.9
South Carolina	10	1.3	South Carolina	4	1.7
South Dakota	17	2.2	South Dakota	1	0.4
Tennessee	20	2.6	Tennessee	2	0.9
Texas	56	7.3	Texas	17	7.4
Utah	10	1.3	Utah	1	0.4
Vermont	2	0.3	Vermont	0	0.0
Virginia	34	4.4	Virginia	7	3.0
Washington	5	0.7	Washington	4	1.7
West Virginia	22	2.9	West Virginia	0	0.0
Wisconsin	13	1.7	Wisconsin	6	2.6
Wyoming	10	1.3	Wyoming	5	2.2

Appendix F. Distribution of County Jails in the Final Sample with $\geq 6\%$ Seriously Mentally Ill Inmate Population, by State

State	n	% (of total respondents within state)
1. Alabama	4	50.0
2. Arkansas	2	40.0
3. Arizona	1	100.0
4. California	4	66.7
5. Colorado	3	60.0
6. Florida	2	22.2
7. Georgia	5	35.7
8. Idaho	3	50.0
9. Illinois	7	50.0
10. Indiana	3	42.9
11. Iowa	3	42.9
12. Kansas	0	0.0
13. Louisiana	0	0.0
14. Maine	1	100.0
15. Maryland	1	100.0
16. Michigan	5	38.5
17. Minnesota	3	37.5
18. Mississippi	0	0.0
19. Missouri	3	30.0
20. Montana	1	33.3
21. Nebraska	3	75.0
22. Nevada	3	60.0
23. North Carolina	3	37.5
24. North Dakota	1	50.0
25. New Jersey	0	0.0
26. New York	2	33.3
27. Ohio	5	50.0
28. Oklahoma	1	33.3
29. Oregon	5	83.3
30. Pennsylvania	0	0.0
31. South Carolina	2	50.0
32. South Dakota	1	100.0
33. Tennessee	1	50.0
34. Texas	7	41.2
35. Utah	0	0.0
36. Virginia	3	42.9
37. Washington	1	25.0
38. Wisconsin	2	33.3
39. Wyoming	2	40.0