

## **RECOMMENDATIONS OF THE WORKGROUP ON MENTAL HEALTH, SOLITARY CONFINEMENT, AND INCARCERATION**

### **Recommendation 1** (No Operating Cost)

The current structure, design, condition, and staffing of significant portions of the jail contribute to serious safety concerns for inmates and staff and the unnecessary and inhumane use of solitary confinement for individuals with mental health, health, substance abuse, or developmental disability needs. The workgroup recommends that the county remodel and/or renovate significant portions of the jail to reflect a more humane, modern, and efficient design in order to:

- Address the safety, supervision, and treatment needs of inmates with mental health, developmental disability, substance abuse, or health issues; and
- Eliminate the use of solitary confinement; and
- Provide needed space for increased inmate programming activities.

### **Recommendation 2** (Cost)

The county should develop a culturally relevant community-based crisis, assessment, and resource center focused on supporting individuals in the community and diverting individuals with mental health, substance abuse, or developmental disability issues from being booked and admitted to the jail. Such a facility/program should include:

- The capacity to serve as jail diversion by accepting and safely managing referrals of individuals taken into custody by law enforcement who believe (or based on prior contacts know) the individual has mental health issues; and
- The capacity to assess and address the immediate mental health need(s) of the individual referred by law enforcement or at subsequent points of the justice/custody process and link the individual with on-going services and supports; and
- The capacity to house individuals for a time period as determined by medical or health professionals; and
- The capacity to serve as a non-crisis resource center for individuals and families seeking assistance in dealing with mental health issues;

### **Recommendation 3** (Cost)

Increase the number and “reach” of mobile crisis response staff/teams available on a 24/7 basis to work in-person and in collaboration with law enforcement, utilizing successful models such as the Mobile Urgent Treatment Team (MUTT, Wraparound Milwaukee), the Crisis Intervention Team (CIT) model, or other best practice models for dealing with emergent situations involving individuals with mental health, substance abuse, or developmental disability needs.

#### **Recommendation 4 (Cost)**

The county should invest resources and/or collaborate with other agencies and providers to develop more culturally relevant and family-centered outreach and engagement services and staff to provide additional mental health services in the community, including the use of non-traditional peer support specialists and para-professionals. These services should be located in neighborhoods or areas of the county that are readily accessible to individuals in the community or those transitioning from more acute levels of care, for example the crisis/resource center referenced in Recommendation #2.

#### **Recommendation 5 (Cost)**

In order to better address the needs of inmates with mental health, substance abuse, or developmental disability needs, the county should add culturally relevant staff to work in collaboration with current mental health, substance abuse, or developmental disability services and community resources to provide:

- improved mental health/substance abuse assessments at various points in the process;
- additional case management & advocacy services for inmates, including advocacy for expediting the court process as may be appropriate;
- increased family engagement & outreach; and
- increased reentry supports for those inmates.

This should include non-traditional para-professionals and peer support specialists.

#### **Recommendation 6 (Cost)**

The county should invest additional resources to create and sustain a culturally diverse workforce and a comprehensive training program to improve the skills of all staff related to trauma-informed care, de-escalation of crises, and professional communications.

#### **Recommendation 7 (No cost)**

The initial goal of reforms is to reduce the use (frequency) and length of time (duration) solitary confinement & administrative segregation is used, while working toward a goal of eliminating its use. The county should review current policies and practices related to the use of all administrative segregation and solitary confinement and develop a performance based plan that includes establishing baseline data/measures and reduction timelines/goals. The review should include additional input from community stakeholder groups with a particular focus on issues related to the disparate impact on inmates of color and the harmful impact on individuals with mental health, substance abuse, developmental disability, or health issues.

#### **Recommendation 8 (No cost)**

The County Executive should take the lead in developing a leadership team that brings together key stakeholders, providers, advocates, and others to explore:

- The current system of financing mental health services in the public and private sector and identify opportunities or strategies to enhance collaboration and/or the more

effective use of public and private resources and to increase funding through securing grants or other resources focused on improving mental health service outcomes; and

- Development of more cost effective, coordinated, sustainable, and comprehensive services to support individuals with mental health, developmental disability, and substance abuse issues in the community, reducing the need for jail and/or hospital diversion and supporting reentry

### **Recommendation 9 (No cost)**

The county should support the development of a plan to deliver additional training and resources for judicial officials, attorneys, and others involved in the court process by utilizing:

- Expertise in the community to assist in training and/or consulting with court personnel; and
- Resources developed by the Justice Center of the Council of State Governments (or similar sources) such as:
  - *Judges’ Guide to Mental Health Jargon*
  - *Judges’ Guide to Mental Health Diversion Programs*
  - *Judges’ Guide to Juvenile Mental Health Jargon*

### **Recommendation 10 (No cost)**

The county should convene a workgroup under the auspices of the Criminal Justice Council to identify and sustain strategies to improve processes and expedite cases for inmates with significant mental health, substance abuse, or developmental disability issues as may be appropriate. Development of this workgroup should increase the expertise in the judiciary, in the DA’s office, and in other related parties to serve as a resource to others in their respective roles and to help identify opportunities for diverting cases to other community resources when appropriate.

### **Recommendation Related to Data – Cost – Join with other workgroups**

Being successful in improving efforts to reduce disparities and achieve better outcomes for individuals with mental health, developmental disability, and/or substance abuse needs in the community, in the jail, and as individuals return to the community from jail will require a significantly improved capacity to collect, monitor, and analyze data. It will be important that data be available (1) for purposes of internal management use in order to monitor and promote practice changes; (2) to assist proper oversight by appropriate policy-makers; and (3) to report to the community and other stakeholders. Data improvement efforts should include the development of a “dashboard” or “report card” method that supports regular assessment of progress toward meeting established system reform goals. This “dashboard” should be developed at the same time as change initiatives.

It is clear that as it relates to the focus of the Mental Health, Solitary Confinement, and Incarceration workgroup the current capacity of the Sheriff’s Department to meet this need is

severely limited and needs to be expanded. Therefore, the workgroup recommends investing additional resources in technology and/or personnel to meet this need.

Data elements identified by this workgroup as important to monitor included being able to track:

- The number, demographics (age, race, sex, ethnicity), and mental health diagnoses of individuals with mental health, developmental disability, or substance abuse needs (ensuring appropriate confidentiality as may be required under state and federal laws);
- The nature and quantity of mental health, substance abuse, and developmental disability services provided to individuals in the jail;
- Data that tracks significant outcomes – both successful and unsuccessful
- The use of solitary confinement, including:
  - Frequency of use (duplicated and unduplicated numbers)
  - Demographics (age, race, sex, ethnicity) of inmates placed in solitary confinement
  - Reasons for solitary confinement
  - Length of time/stay in solitary confinement
  - Attempts to remove individuals from solitary confinement
  - Nature and frequency of mental health interventions for individuals in solitary confinement

If/as other resources and recommendations of this group are implemented, there will be a need to gather similarly relevant data related to the use of those programs (e.g. a community-based crisis/resource center, additional outreach services, etc.).