POLICY RESEARCH, INC.

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RETHINKING JAILS AND BEHAVIORAL HEALTH:

Strategies, Challenges, and Successes Midway through the MacArthur Foundation's Safety and Justice Challenge

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The misuse and overuse of jails are two of the leading problems facing America's criminal justice system. Research shows that even a small amount of time spent in jail before trial significantly increases an individual's probability of conviction[1] and raises their chances of receiving more time behind bars.[2] To help combat this issue and create fairer, more effective justice systems, the John D. and Catherine T. MacArthur Foundation (MacArthur Foundation) created the Safety and Justice Challenge (SJC). The initiative began in 2015 a commitment to provide support to local leaders determined to tackle this fundamental driver of over-incarceration in America. Through a competitive solicitation process and multiple rounds of funding, the initiative has grown to include over 50 jurisdictions across 32 states, known as Network Sites, and the investment by the MacArthur Foundation has surpassed $200 million to date.

Network Sites are divided into two groups: Implementation Sites, which receive substantial funding to implement ambitious reforms, and Innovation Sites, which receive shorter-term support to design and test a single innovative program or project. As part of their participation in the SJC, Network sites developed formal implementation plans containing multiple jail reduction strategies. Many sites included strategies that focused on the over-incarceration of individuals with behavioral health needs, or incorporated strategies focused on behavioral health as their work progressed. **This report examines SJC sites' behavioral health strategies, challenges, and successes as the initiative enters its 5-year mark.**

OCTOBER 2019

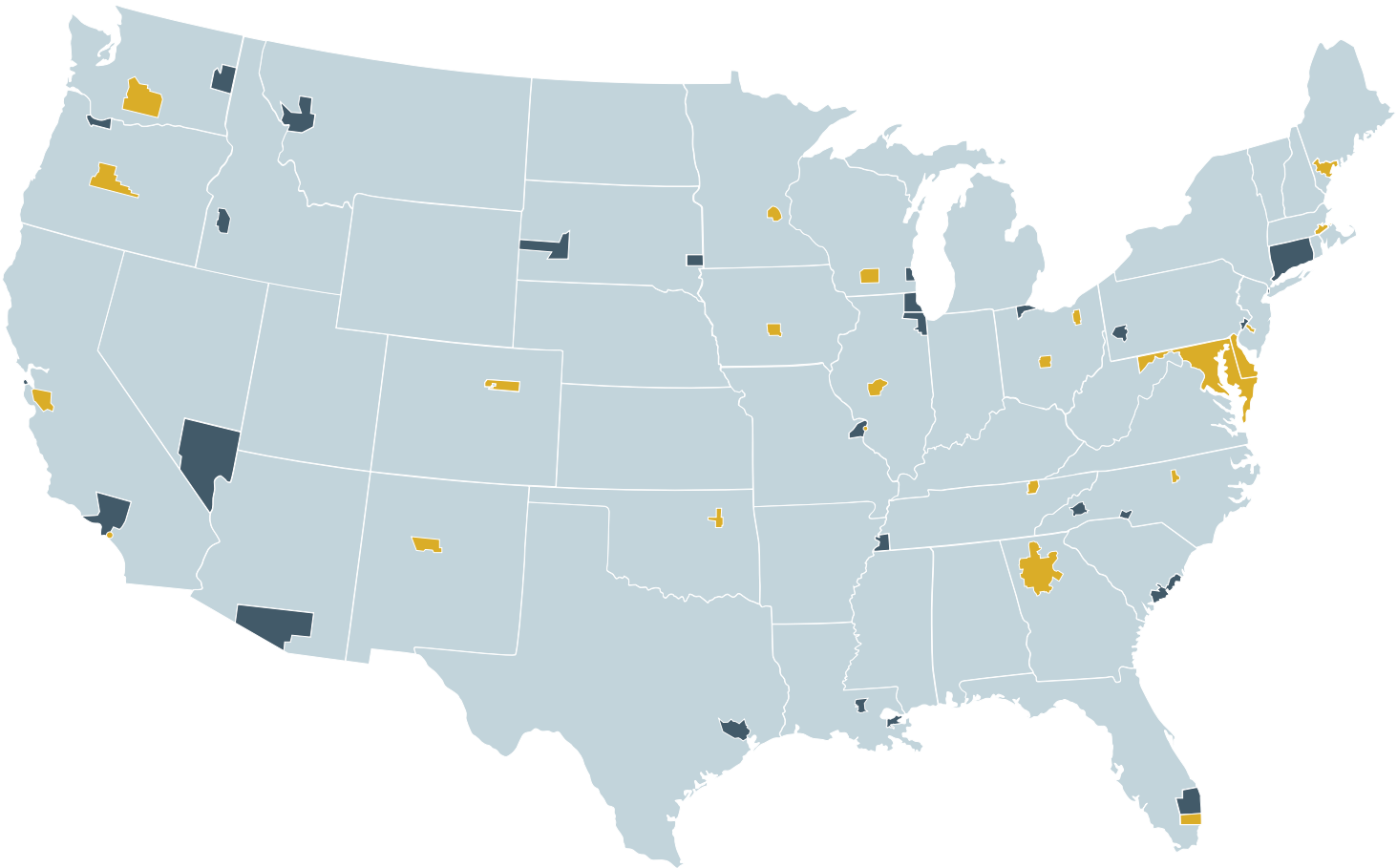
MACARTHUR SJC NETWORK OF SITES

IMPLEMENTATION SITES:

Ada County, ID
Allegheny County, PA
Buncombe County, NC
Charleston County, SC
Clark County, NV
Cook County, IL
East Baton Rouge Parish, LA
Harris County, TX
Lake County, IL
Los Angeles County, CA
Lucas County, OH
Mecklenburg County, NC
Milwaukee County, WI
Spokane County, WA
Minnehaha County, SD
Missoula County, MT
Multnomah County, OR
New Orleans, LA
New York, NY
Palm Beach County, FL
Pennington County, SD
Philadelphia, PA
Pima County, AZ
San Francisco City and County, CA
St. Louis County, MO
State of Connecticut
Shelby County, TN

INNOVATION SITES:

Adams County, CO
Bernalillo County, NM
Broward County, FL
Camden County, NJ
Campbell County, TN
City of Atlanta, GA
City of Long Beach, CA
City of Saint Louis, MO
Cumberland County, ME
Dane County, WI
Deschutes County, OR
Durham County, NC
Franklin County, OH
Gwinnett County, GA
Hennepin County, MN
Norfolk County, MA
Polk County, IA
Sangamon County, IL
Santa Clara County, CA
State of Delaware
State of Maryland (Baltimore City)
Summit County, OH
Tulsa County, OK
Yakima County, WA



SJC Sites' Behavioral Health Strategies

Through their involvement in the SJC, Network Sites receive financial and technical support. The MacArthur Foundation engaged Policy Research, Inc. (PRI) to provide intensive technical assistance to the SJC Network on issues related to the over-incarceration of individuals with mental illness and/or substance use disorders. An estimated 14.5 percent of men and 31 percent of women admitted to jail have a serious mental illness—rates that are 4 to 6 times higher than that of the general population.[3]

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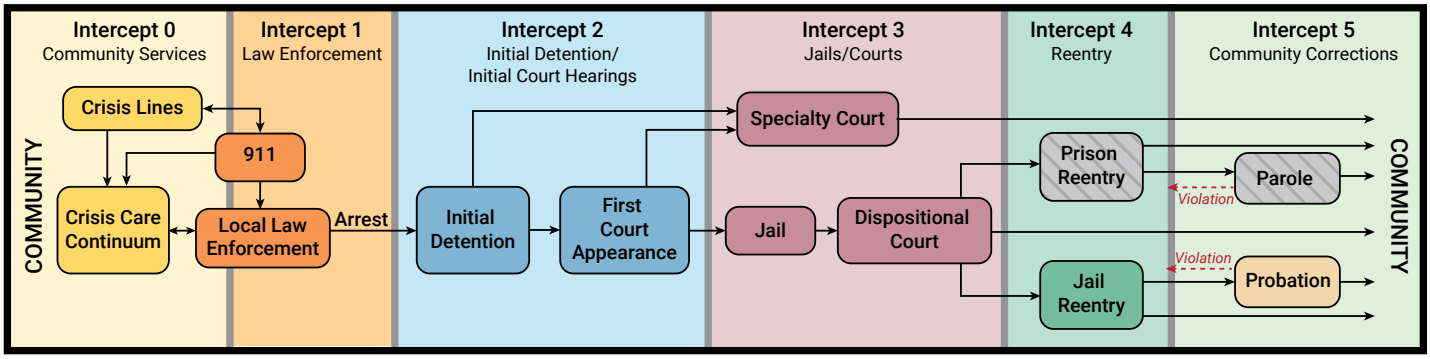
Locally driven SJC strategies focused on people with behavioral health needs extend through various aspects of the criminal justice system and include:

- implementing pre-arrest and pre-trial diversion in coordination with law enforcement;
- improving case processing efficiency;
- enhancing in-jail services and reentry planning; and
- providing probation alternatives to violation.

The image on page four shows the range of SJC Implementation Sites' behavioral health strategies, as plotted across the Sequential Intercept Model (SIM), a conceptual model to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal justice system.

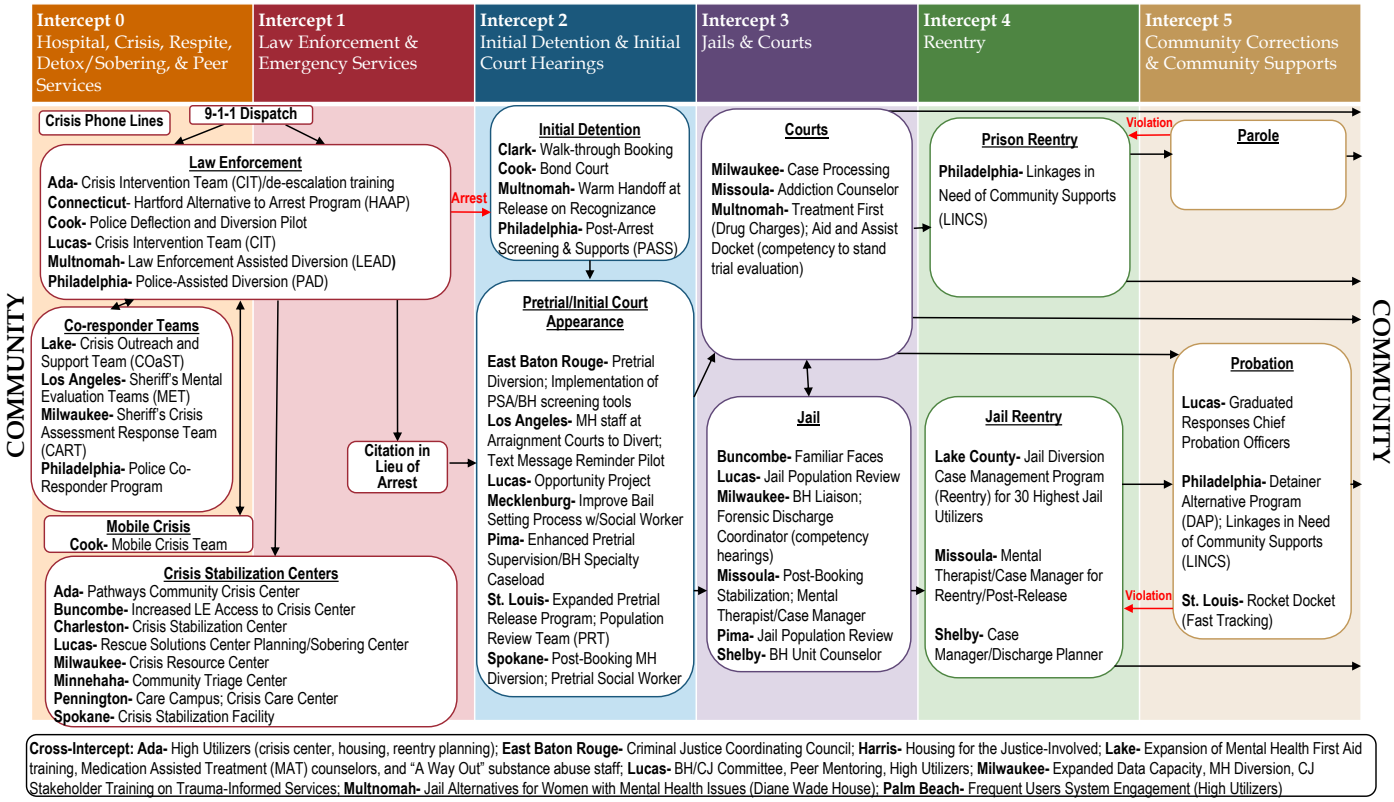
SEQUENTIAL INTERCEPT MODEL



Abreu, Dan, Travis W. Parker, Chanson D. Noether, Henry J. Steadman, and Brian Case. "Revising the Paradigm for Jail Diversion for People with Mental and Substance Use Disorders: Intercept 0." *Behavioral Sciences & the Law*, 35, no.5–6 (September 2017), 380–395. https://doi.org/10.1002/bsl.2300.

SJC IMPLEMENTATION SITES' BEHAVIORAL HEALTH STRATEGIES ACROSS THE SEQUENTIAL INTERCEPT MODEL

Note: Many jurisdictions have other initiatives focused on behavioral health needs, however only programs/strategies funded by or related to the SJC are shown here.



In addition to the Implementation Sites shown, many Innovation Sites also focused on reducing the unnecessary incarceration of individuals with behavioral health needs, and developed strategies accordingly. Sample strategies include:

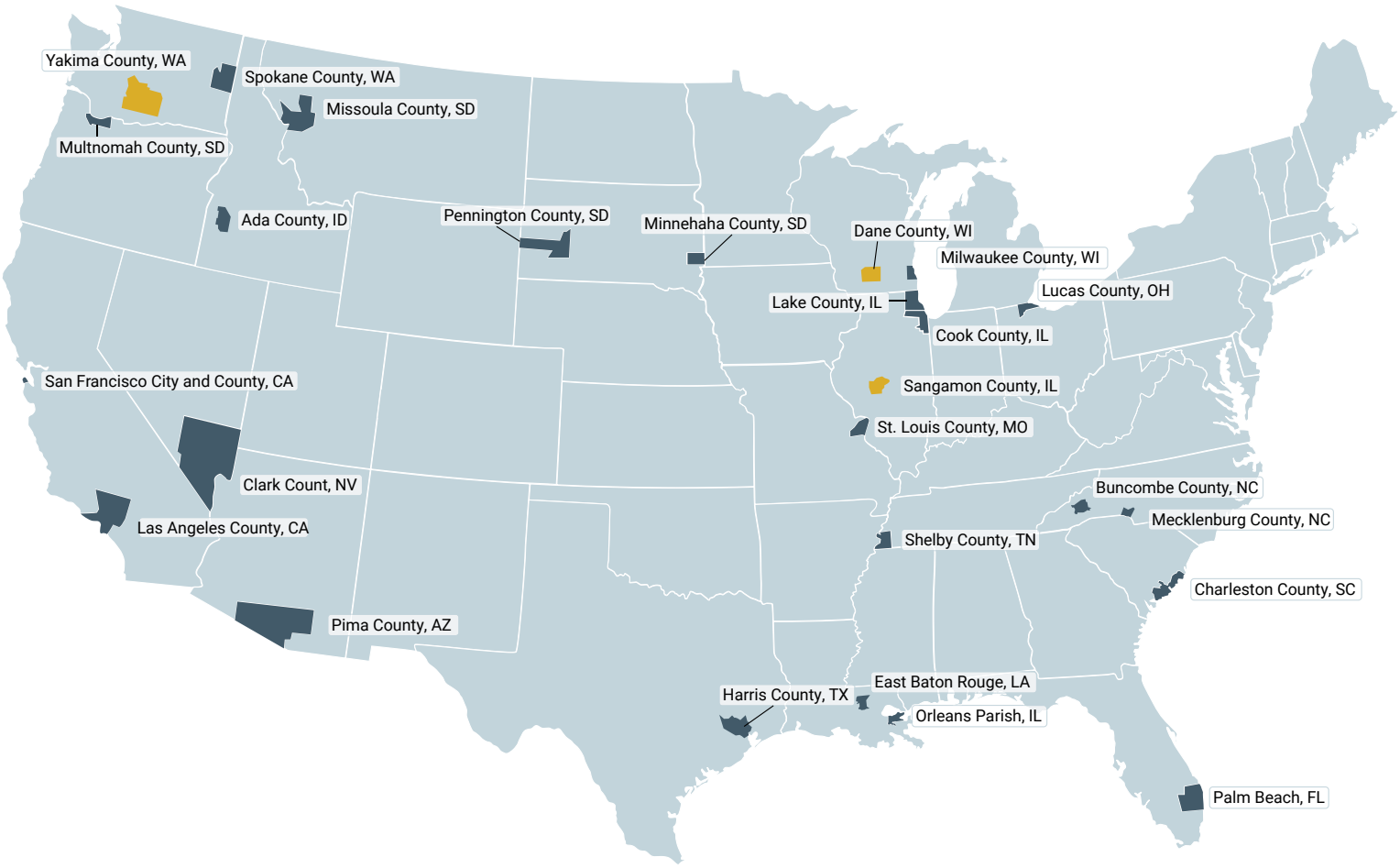
- Implementing law enforcement-directed diversion in Bernalillo County, New Mexico
- Expanding Crisis Intervention Team (CIT) training in Polk County, Iowa
- Planning for a community crisis center in Sangamon County, Illinois
- Enhancing data sharing through the City of Long Beach, California's innovative Justice Lab
- Using smartphone apps to link individuals to services in Gwinnett County, Georgia
- Expanding the community-based continuum of care in Santa Clara County, California through screening and assessment, housing, and behavioral health treatment

Part of PRI's technical assistance to Network Sites over the first 5 years included facilitating SIM Mapping Workshops (SIM Workshops). SIM Workshops bring together community stakeholders to discuss evidence-based and emerging best practices within the fields of behavioral health and criminal justice. The SIM Workshop illustrates how people with behavioral health needs flow through the local criminal justice system and identifies opportunities and resources for diverting people into treatment and out of jail when appropriate. As of November 2019, PRI facilitated SIM Workshops with 23 Implementation Sites and 3 Innovation Sites.

SJC SITES THAT HAVE RECEIVED SIM MAPPINGS

IMPLEMENTATION SITES:			INNOVATION SITES:
Ada County, ID	Lucas County, OH	Pima County, AZ	Dane County, WI
Buncombe County, NC	Mecklenburg County, NC	San Francisco City and County, CA	Sangamon County, IL
Charleston County, SC	Milwaukee County, WI	Shelby County, TN	Yakima County, WA
Clark County, NV	Minnehaha County, SD	Spokane County, WA	
Cook County, IL	Missoula County, MT	St. Louis County, MO	
East Baton Rouge Parish, LA	Multnomah County, OR		
Harris County, TX	Orleans Parish, LA		
Lake County, IL	Palm Beach County, FL		
Los Angeles County, CA	Pennington County, SD		

Note: In addition to their original SIM Workshops, PRI facilitated a subsequent SIM update of one or more Intercepts with Cook County, Illinois; Lake County, Illinois; Mecklenburg County, North Carolina; and Multnomah County, Oregon through the SJC.



Through the SIM mapping process, stakeholders identified local "gaps" in their services and systems, particularly for individuals with behavioral health needs. The workshops culminate with participants developing ranked lists of priorities for change and identifying initial action steps around some of these priorities, which helps inform SJC sites' current and future behavioral health strategies. In fall 2019, PRI performed an analysis of the 26 SIM Workshops held across Network sites and identified common behavioral health gaps and priorities among the sites. As part of the analysis, PRI assessed the most frequently identified gaps and priorities, grouping them into broader topical categories.

The chart below shows the most frequently identified 13 gap categories (see Appendix for further breakdown of gap categories) across the SJC sites that participated in a SIM Workshop, as well as the percentage of sites that reported the category as a gap (81 percent or higher, in all cases). The chart also shows the percentage of sites that subsequently identified each gap category as a top priority for change. For many categories, the percentages are similar, as one would expect issues identified as top service or systemic gaps to also be considered as high priorities for change. However, this was not the case for the categories of jail administration, transportation, medication, and staffing. Each of these categories was identified as a gap at between 81 to 92 percent of SIM Workshops, but only as a priority for change in 12 to 44 percent of SIM Workshops.

While there could be multiple explanations for this situation (for example, perhaps the gap seemed too insurmountable to focus on during the action planning session, or it could be possible that the needed stakeholders to address the issue were not present), it is important to note that both the sample size and research design are limited, so it is difficult to draw definitive conclusions about why gaps and priorities were or were not identified at a majority of SIM Workshops.

TOP GAP CATEGORIES	PERCENTAGE OF SITES THAT IDENTIFIED GAP AS A PRIORITY FOR CHANGE
Crisis Response (100%)	76%
Discharge & Reentry (96%)	80%
Communication & Collaboration (92%)	88%
Data Collection, Analysis, & Sharing (92%)	76%
Housing (92%)	88%
Jail Administration (92%)	20%
Screening, Assessment, & Evaluation (92%)	56%
Continuum of Care (88%)	76%
Transportation (88%)	40%
Diversion (85%)	60%
Medication (85%)	44%
Peer Support (81%)	56%
Staffing (81%)	12%

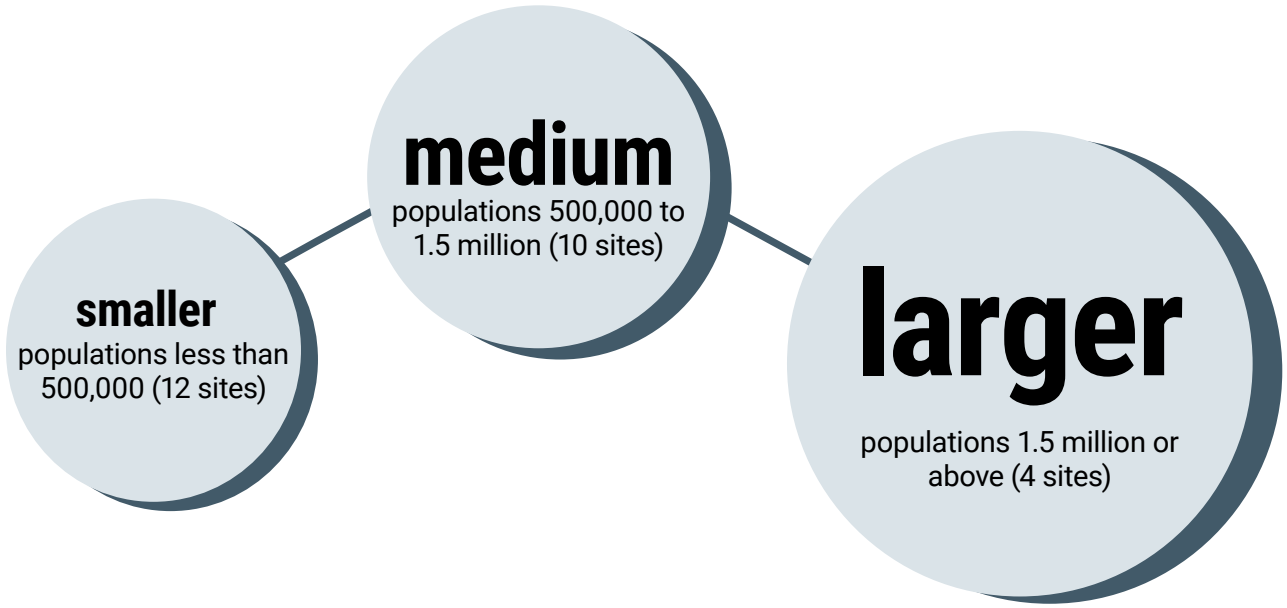
There are valuable takeaways in the data for Network sites and partners of the SJC. While most SJC sites listed jail administration and hospital administration as gaps (92 percent and 65 percent respectively), few sites chose to concentrate on these significant issues during their SIM strategic planning (20 percent and 0 percent respectively). Though much of the SJC work focuses on early diversion at Intercepts 0 and 1, most of the sites reported struggling with gaps *across* their criminal justice systems, including at jail/prison

discharge and reentry to the community (Intercept 4), emphasizing the need for systemic reform. These data also show the importance of partnerships between the community and the criminal justice system. Crisis response and the continuum of care, communication and collaboration between and within systems, data collection, housing, transportation, and peer support are all crucial gaps to be filled to achieve the goal of true system change.

Though much of the SJC work focuses on early Intercept diversion, most of the sites reported struggling with gaps across their criminal justice systems, including at jail/prison discharge and reentry to the community, emphasizing the need for systemic reform.

There were also some notable distinctions in SIM gaps and priorities based on SJC jurisdiction population. The 26 sites were divided into three categories: populations less than 500,000 (12 sites), populations 500,000 to 1.5 million (10 sites), and populations 1.5 million or above (4 sites), subsequently referred to as "smaller," "medium," and "larger" sites respectively. Lack of sufficient outreach and services for Veterans was reported as a gap in 75 percent of the smaller jurisdictions, but only in 22 percent of medium jurisdictions and 40 percent of larger jurisdictions. The identification of racial disparity as a gap had a reverse correlation to jurisdiction size, with 42 percent of smaller sites, 33 percent of medium sites, and 20 percent of larger sites reporting the gap. Crisis response, housing, jail administration, and screening, assessment, and evaluation were all identified as gaps in 100 percent of both smaller and larger sites, and between 78 to 100 percent of medium sites. Again, it is difficult to draw firm conclusions from the data, but there is value in pursuing further analysis as Network Sites move forward in the initiative.

THE 26 SITES WERE DIVIDED INTO THREE CATEGORIES:



What's Working?
SJC Successes with Behavioral Health Strategies

Law Enforcement Diversion Initiatives

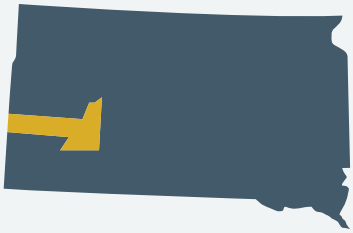
One of the most common strategies across Network sites working to reduce criminal justice involvement of individuals with behavioral health needs has been the creation or expansion of pre-booking law enforcement diversion. This recognizes that law enforcement is often the first to respond to individuals in crisis and is uniquely positioned to play a dual role across Intercepts 0 and 1. Law enforcement-led diversion strategies at Intercepts 0 and 1 include Law Enforcement Assisted Diversion (LEAD) or similar programs, law enforcement/behavioral health partnerships, such as those through the co-responder and mobile crisis models, and specialized response through Crisis Intervention Team training (CIT) or homeless outreach teams.

Site Example: Philadelphia, Pennsylvania

Philadelphia, Pennsylvania instituted Police-Assisted Diversion (PAD) pre-booking diversion for low-level drug, retail theft, and prostitution-related offenses through the SJC. Individuals receive a wide array of harm-reduction services as well as community-based, trauma-informed, intensive case management. The initial pilot program has since expanded from two police districts (the 22nd and 39th in North Philadelphia) to three. The third district's (the 24th district) efforts are centered on the opioid epidemic. Philadelphia is also piloting a police/behavioral health co-responder program to respond to individuals with mental illness and intellectual disabilities and connect them with supports, rather than incarceration.

Crisis Stabilization Centers

Inseparable from the conversation around law enforcement diversion is the question "divert to what?" **Crisis response was listed as the first, second, or third gap in 100 percent of the SJC SIM Workshops.** Community behavioral health resources are lacking in many jurisdictions across the country, and may be inaccessible to law enforcement, or have limited hours or capacity in cases where they do exist. Several SJC sites have focused on the planning and development of crisis triage/stabilization centers with law enforcement-friendly policies, such as a no wrong door approach, 24/7 operation hours, and quick drop-off turnaround times. It is vital that community partners support first responders' diversion efforts.

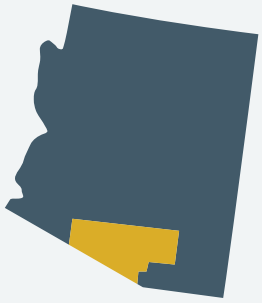


Site Example: Pennington County, South Dakota

Pennington County, South Dakota opened its Care Campus in September 2018 through a partnership between the Sheriff's Office, Pennington County Health and Human Services, Rapid City Police Department, and Behavior Management Systems. Services at the campus include detoxification, outpatient treatment, transitional services and access to long-term treatment options, housing, medication and healthcare services, and employment assistance. Also offered are the co-located Crisis Care Center, available for up to 24-hour observation and assessment, and a 64-bed residential treatment floor that opened in October 2019. Law enforcement has immediate access to intake coordinators upon arrival in order to facilitate a smooth transition.

Increasing Intercept 2 Diversion

Intercept 2, which contains initial detention, pretrial services programming, and first court appearance, is generally a shorter time period and an often-overlooked opportunity for diversion. As most individuals housed in local jails are pretrial and can be assessed as low- to medium-risk,[4] this is understandably a key focus area for SJC sites in reducing their jail populations.



Site Example: Pima County, Arizona

Pima County, Arizona implemented an Enhanced Pretrial Supervision strategy in year two of the SJC, which introduced a non-clinical behavioral health screening administered pre-initial appearance to all individuals charged with felonies to better inform release decisions. Additionally, the strategy added a specialty caseload for pretrial supervision, with a lower supervision ratio and enhanced coordination with behavioral health providers for individuals charged with non-violent felonies.

Outreach to High Utilizers/Familiar Faces

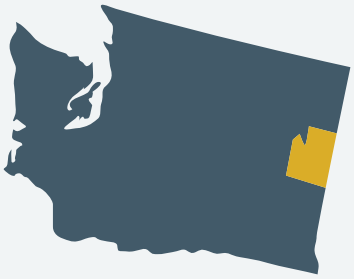
Some SJC sites have focused on a smaller group of individuals who repeatedly cycle through jails, as well as shelters, hospitals, and/or other costly crisis services, and may be known as high utilizers or familiar faces. The Corporation for Supportive Housing has provided technical assistance to some sites through its Frequent Users Systems Engagement (FUSE) model, which helps to identify this population and then provide outreach including supportive housing, leading to better health outcomes and cost avoidance/savings.

Site Example: Lake County, Illinois

Lake County, Illinois expanded its Jail High Utilizer Program (developed through previous SJC Innovation funding) to provide culturally sensitive intensive case management services to 30 to 60 individuals per year who are high utilizers of jail. Individuals with 3 or more jail bookings within 12 months are identified by jail reentry specialists and referred to an intensive case manager. These individuals then receive assessments to determine their needs, reentry services to reduce recidivism, and warm handoffs to individualized and coordinated multi-agency community resources. The resources are targeted to reduce recidivism and address practical needs, including substance use, mental health, physical/dental health, housing, employment, and transportation.

Transition Planning and Wrap-around Service Engagement at Reentry

In order to increase protective factors, help individuals engage in recovery, and avoid the revolving door of recidivism, it is also necessary to focus on community reentry for those already in jail (Intercept 4). A best-practice reentry model begins early in the individual's jail stay and ideally involves both dedicated transition planning by the jail and in-reach by community providers. Transition planning improves reentry outcomes by organizing services around an individual's specific risk and needs in advance of release, including medication access, benefits enrollment or re-enrollment, linkage to community providers, and more. Some SJC sites, such as Missoula County, Montana, have used funding to create one or more case manager positions within the jail to fill this role.



Site Example: Spokane County, Washington

The Spokane County, Washington Resource Center opened in April 2019 and provides a collaborative approach with wrap-around services for those needing help with cultural resources, housing, finance, legal, pre-employment, legal aid/justice, health, and other basic needs. Over 25 area providers are co-located to provide residents a wide range of necessary services with the intent of keeping individuals housed by helping them find needed resources. The center provides counseling, assessments, and peer support services tailored to individuals recently released from the justice system.

Challenges and Missed Opportunities

Lack of Focus on the Behavioral Health Population

Although some Network Sites did not include a strong initial focus on behavioral health strategies in their implementation plans, significant portions of their local jail populations still consisted of individuals with behavioral health needs. Some of these individuals have been diverted through other SJC strategies, however, as there may not have been an intentional focus on community-based behavioral health needs, many people consequently became involved in the justice system once again. Some Network Sites have anecdotally reported that the percentage of incarcerated persons with serious mental illness is increasing in their jurisdictions, as the overall numbers and percentages of their jail populations are decreasing, which is a trend reflected across the country as "low-hanging fruit" diversion strategies are implemented.

In addition, several sites focused on incarcerated individuals with moderate to high behavioral health needs. These same sites were also focused on diverting individuals who pose a moderate to high public safety risk or risk for recidivism. Sites may have overlooked people who pose a low public safety risk and have moderate to high behavioral health needs, resulting in them languishing longer in jail. **It is important to consider the risk and needs of all populations as sites move forward.**

The Importance of Data

Some Network Sites did not begin their involvement with the SJC with a data-informed comprehensive understanding of exactly who was in their local jails. In order to propose diversion strategies and estimate impact, it is acutely important to know which populations are entering (and reentering) the jail, which begins with valid and reliable screening. In addition to formalizing screening protocols at arraignment and the jail, Network Sites have become more aware of the need for high-quality, cross-systems data sharing. It is not uncommon for jurisdictions to implement *programs* to address behavioral health needs at particular Intercepts without using data to understand larger systemic issues, including individual client needs, service matching, and resource leveraging and sustainment at the private, local, state, and federal levels.

When a Strategy Ends

The value of good data is also underscored when a jail population reduction strategy is discontinued. Multiple Network Sites have made the decision to modify or halt an implementation strategy that did not prove to be as effective as originally anticipated. This may have been due to low program participation, lack of collaboration among key stakeholders, difficulty hiring needed staff, or larger systemic issues. Using data to analyze the challenges and perform a "strategy autopsy" is vital, and Network Sites that were able to be flexible and receptive to course corrections midway through the SJC have weathered this the best.

Conclusion

The MacArthur Foundation's SJC supports a monumental task: to reduce over-incarceration in America's jails and create fairer, more effective justice systems. The cities, counties, and states currently engaged in the SJC have become a virtual community with ample opportunities for peer-to-peer sharing through online discussions and exchange, site visits, technical assistance, participation at in-person conferences, and more. Policy Research, Inc. has seen some Network Sites make great progress with their strategies for individuals with behavioral health needs since the initiative began in 2015. Policy Research, Inc. is committed to supporting the Network Sites through their challenges and successes as they move forward.

Citation

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Notes

1. Christopher T. Lowenkamp, Marie VanNostrand, and Alexander Holsinger, "Investigating the Impact of Pretrial Detention on Sentencing Outcomes," *Laura and John Arnold Foundation*, (November 2013): 3-4, https://craftmediabucket.s3.amazonaws.com/uploads/PDFs/LJAF_Report_state-sentencing_FNL.pdf.
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APPENDIX:
Further Descriptions of Top Gaps Identified During Sequential Intercept Model (SIM) Mapping Workshops

TOP GAP CATEGORIES	MIGHT INCLUDE THE FOLLOWING
CRISIS RESPONSE	a. Crisis triage center not being used as originally planned or at all b. Lack of a secure area within the crisis center c. No centralized crisis service bed management system
DISCHARGE & REENTRY	a. Need to address issues related to discharge from hospital emergency room, especially access to medications b. Limited resources for post-emergency room referral and follow-up especially after hours c. Staff at the crisis center are not required to follow up with individuals after they have left and they reportedly do not provide warm handoffs to community services
COMMUNICATION & COLLABORATION	a. Lack of communication between jail and hospital concerning medical clearance b. Many of the relationships/partnerships are informal collaborations, which places their sustainability in question c. There is a lack of diversion coordination d. There are many hospitals in the county, which makes coordination difficult e. There are gaps in care coordination across providers and hospitals f. There is a need for increased provider-to-provider communication g. Information from the arresting officer and jail booking is not available to the judge at arraignment h. There are gaps in communication between Municipal, Magistrate, State, and Superior Court i. Providers/courts/probation "out of sync" sometimes j. Jail mental health records are not accessible to community providers without a signed release k. Larger issue of how to keep everyone notified for inmates who were previously connected with providers and/or county agencies
DATA COLLECTION, ANALYSIS, & SHARING	a. No specific Crisis Intervention Team (CIT) data being collected on diversion and the impact on the reduction of arrests b. The pre-booking diversion process is not clear due to lack of data c. Data is not integrated across mental health and criminal justice partnering agencies, which leaves potential funding opportunities untapped d. A data dashboard is needed to understand how people in crisis encounter 911, law enforcement, hospitals, and mobile crisis services and the responses of each of these services e. Lack of centralized data collection/information sharing f. There is a lack of data utilization, although it is often collected g. The existing databases are not in communication/working together h. Many community-based organizations come into the jail to do in-reach, but there is no data sharing between them i. There is no data on the number of scheduled vs. unscheduled releases j. While probation does an excellent job of data collection, there is not an accurate method to determine if the data currently being collected is the data that is actually needed

HOUSING

a. No supportive housing programs straight from diversion
b. People that get placed in shelters cannot get housing immediately
c. There is a lack of both available transitional and permanent supportive housing
d. Housing barriers related to landlord regulations
e. There is insufficient affordable housing
f. The housing demand is much greater than the supply
g. Housing requirements are very restrictive for persons with mental health issues and criminal histories
h. Safe and affordable housing is limited and poses a barrier for people in recovery
i. There is no formal organization working with landlords to increase housing for this population
j. Lack of immediate/emergency housing
k. A lack of funding and inability to pay are barriers for housing

JAIL ADMINISTRATION

a. Mental health housing in the jail is essentially single-cell without programming
b. Limited access to internet in the jail to help with online application for benefits
c. Phone calls from jail have a high cost, even if the detainee is unable to reach someone

SCREENING, ASSESSMENT, AND EVALUATION

a. Need more effective screening on front-end to get into treatment courts
b. Lack of trauma screening in jail facilities
c. There is a gap in early lockup screening information getting to the court in time to use as mitigation during bond hearings
d. Community corrections does not conduct screening to identify behavioral health needs. Staff use case history and officer identification to generate referrals
e. Psychiatry evaluation appointments can take 3 to 6 months for those not linked to jail diversion
f. Without appropriate screening and assessment tools, it is likely that clients are not getting the services and support they need resulting in technical violations and new offenses

CONTINUUM OF CARE

a. Access to services in a timely manner is problematic. There is a lengthy waiting list for outpatient and psychiatric services
b. Outpatient commitments are underutilized in part due to the commitment's impact on the right to own a firearm
c. Urgent care is not linked to police and has a wait list
d. Transition options from crisis stabilization/civil commitment are not readily accessible
e. Lack of continuum of care from acute services to stabilization to recovery
f. It is difficult to commit people with serious mental illness to treatment services through the civil commitment process
g. There are not enough service providers who work with individuals involved in the criminal justice system

TRANSPORTATION

a. Lack of transportation for individuals being released from jail
b. Transportation is a large gap at all intercepts based on the county layout. Individuals can wait for hours for transportation to and from services
c. Lack of transportation leads to missed court dates and additional rearrests and detention

DIVERSION

a. Limited access to appropriate diversion services
b. There is a lack of diversion coordination
c. First responders need established protocols for how to handle certain situations and options for diversion and linkage to treatment
d. Lack of pre-plea diversion
e. Diversion barriers due to conflicting rules and regulations
f. No formal Intercept 2 diversion

MEDICATION

a. There is a need for better management and treatment of individuals who are noncompliant with medications
b. There is a desire to expand medication-assisted treatment and to expand the methadone capacity
c. Because of the shortage of psychiatrists, it often takes up to 6 weeks to receive a prescription for psychotropic medication
d. There is no medication in lockup; this poses problems, particularly on weekends
e. Some concerns that jail treatment staff are reluctant to prescribe for some individuals
f. Not all medications prescribed in the community are on the jail formulary
g. It can take 6 months to get medication in the community
h. Inconsistent medication at discharge
i. Follow up with treatment referrals for medication continuation is poor, which causes frequent relapses

PEER SUPPORT

a. There is a need for peers to be present in the emergency department
b. Limited access to peer support services
c. Peer services are underutilized
d. Intercept 2 has no peer staff utilization
e. No peers are working within the jail to provide evidence-based practice in-reach
f. Peer support specialists are not involved in the Community Diversion Program
g. No forensic peers to support reentry
h. There is no peer support made directly available to probationers
i. Peer in-reach is needed in the jail

STAFFING

a. Short-staffed at 911 call centers
b. There is high turnover in the police department
c. There is difficulty around physician recruitment
d. Provider shortage, especially for psychiatrists
e. Emergency rooms at local hospitals are not staffed to readily address behavioral health crises
f. High turnover with court staff
g. Recruitment of behavioral health staff has many barriers
h. The jail is short staffed—it's hard to hire and retain good staff and maintain adequate and innovative services