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CREATING DATA-INFORMED STRATEGIES TO UNDERSTAND THE NEEDS OF PEOPLE IN YOUR JAIL

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Why Do We Need to Know Who Is in Our Jails?

Since 2016, Policy Research, Inc. (PRI) has partnered with the John D. and Catherine T. MacArthur Foundation's Safety and Justice Challenge (SJC) to reduce the number of individuals with mental illness, substance use disorder, and other complex needs involved, or at risk of involvement, with the criminal legal system. While many of the cities and counties participating in the SJC initiative have made great strides toward reduction of overall incarceration in local jails, it is vital that jurisdictions create policies and procedures to examine which populations remain incarcerated.

We know that nationally…

- People of color are overrepresented in jails and prisons. General strategies to reduce jail populations may disproportionately reduce white populations and not address and eliminate racial disparities.
- People who are incarcerated are more likely to have mental health needs, substance use disorders, cognitive disabilities, and/or brain injuries than the general population.
- People with mental illness or other complex needs often have longer lengths of stay and cost more to care for while incarcerated.
- People who experience multiple jail bookings in a relatively short period (i.e., "people with frequent jail contact") are also more likely to be people of color and to experience homelessness and have behavioral health needs (Zottola et al., 2023).

Strategies to understand and address jail population needs include systematic use of validated (evidence-based) health screening, objective classification policies and practices, and effective data management and analysis. Each jail's general and specific population needs will impact operational costs, diversion opportunities, health care delivery, jail and community provider collaboration, and reentry services. While jails typically collect many data points, including through jail management systems and personal health care records, this resource focuses on aggregated, non-identifying health information that can be analyzed to understand the needs and trends of people incarcerated within local jails.

Why Is this Complicated?

For many reasons, jail management and jail health care providers and related data systems typically operate in parallel silos. While the individual served is common to both systems and actions may be interdependent, the systems are transactional for only the limited authorized users of each system. This separation has historically made it challenging for jails to create comprehensive data-informed strategies that are inclusive of local priorities, population trends, and costs. Restrictions on sharing protected health information (PHI) in the Health Insurance Portability and Accountability Act (HIPAA) or Title 42: Public Health, Part 2—Confidentiality of Substance Abuse Patient Records (42 CFR Part 2) are also commonly misunderstood, resulting in misapplying the laws to be more restrictive than actual language requires (Abernathy, 2014).

Where to Start

To better understand the needs of people in your jail through data-informed strategies, it can be helpful to complete three tasks:

1. Conduct an initial crosswalk of what information is currently being collected by the jail custody and jail health care systems.

Before initiating any new policies, it is important to note what data is currently being collected and by whom. Jail intake screening may include information provided from the arresting or transporting officers, booking questions such as a health questionnaire, current medication or disability accommodations, or formal validated tools such as the Brief Jail Mental Health Screen. The contracted jail health care provider(s) will also have separate screening tools and potentially data collection systems. If so, what data platforms/systems are used for correctional data and for health care data? Conducting a crosswalk of collected data at the aggregate level may also identify instances of unnecessary duplication in current data collection processes, which will save both staff time and stress on individuals to share the same information repeatedly.

2. Complete a landscape scan of the data currently being collected by both systems.

After conducting an initial crosswalk of what information is currently collected by both jail custody/management and jail health care systems, it can be helpful to gain additional detail about current processes through a data landscape scan. The landscape scan might include questions such as:

- Are data collection processes documented through facility policies and health care provider contracts?
- How and when is information collected? Is it through standardized screening and assessment or informally?
- Who "owns" the data (jail administration, medical/dental/mental health providers, etc.)?
- What is the data integrity process (i.e., who is responsible for collecting, updating, purging, analyzing, and presenting or reporting on the data)? How and when is data reported, including through routine data pulls or pre-formed or customized reports?
- Who has access to health care data? Who can enter, view, or change health care data?
- Are any data points or systems currently being combined and analyzed (e.g., average length of stay, pretrial services eligibility, charge type, court status, housing units, people with frequent jail contact, etc.)?

Another key piece of the landscape scan is determining what the local goals are around creating data-informed strategies. Have there been previous discussions on the topic? Are there any data-related agreements with the jail already in place? Creating new data-informed strategies might be prompted by the following:

- Curiosity
- Local population needs such as:
  - » Individuals who are homeless,
  - » Individuals who have behavioral health needs
  - » Individuals who experience frequent jail contact
- Enhanced diversion planning
- Interest from a new jail administration or criminal legal system planning body
- Understanding/managing costs
- Policy changes
- A focus on disparities and equity
- An increase in jail deaths

Understanding the "why" helps create transparency between those involved and clarity around shared and separate goals.

3. Build clarity around key definitions.

Given that various systems may have their own working language and terminology, initiating discussions around definitions is valuable. Building clarity around defining key terms within and across systems will improve accurate data collection and create more productive and focused conversations. Jurisdictions may create data dictionaries that include agency-specific as well as shared definitions. Data dictionaries can help jurisdictions learn how individual data points are collected, entered, coded, and stored from each system. Examples of key terms to include in a data dictionary are:

- Mental illness
- Serious mental illness
- Mental health
- Withdrawal
- Withdrawal management
- Substance use treatment
- Diversion
- Pretrial
- Holds
- Release eligibility
- Booking
- Person who is incarcerated/inmate
- Reentry
- Medication consistency and continuity
- Recidivism
- Violation/revocation

Building and Enhancing Data Collection Processes

STANDARDS FOR JAIL DATA COLLECTION

After completing a data system crosswalk, landscape scan, and creating a data dictionary, jurisdictions are ready to explore specific data collection processes and tools. Typically, jail intake and jail health care staff are mandated to follow established minimum standards, which include information on data collection and screening. Jurisdictions may look to the following national organizations for guidance and to any existing state-specific accreditation standards or legislation requiring collection of certain local data:

- National Commission on Correctional Health Care (NCCHC) Standards for Jails, Prisons, Juvenile Facilities, Mental Health Services, and Opioid Treatment Programs
- American Correctional Association (ACA) Standards
- American Bar Association (ABA) Standards for Criminal Justice: Treatment of Prisoners
- National PREA Resource Center PREA Standards for Prisons and Jail
- State-Specific Examples:
  - » Arkansas: Criminal Detention Facility Standards
  - » Colorado House Bill 19-1297
  - » Illinois: County Jail Standards
  - » Nebraska: Minimum Jail Standards for Adult Jail Facilities
  - » New York: Minimum Standards for Local Correctional Facilities
  - » Oregon: Standards for Local Correctional Facilities
  - » Texas Commission on Jail Standards
  - » Washington Association of Sheriffs and Police Chiefs Accreditation Standards

In the absence of mandatory minimum standards, or when facility administrators wish to build on these standards by instituting more robust data collection processes, jails should incorporate evidence-based screening tools. In some cases, jails use multiple specialized instruments to perform comprehensive screening and needs assessment.

Discussion of individual screening tools is beyond the scope of this resource; however, the Substance Abuse and Mental Health Services Administration's (SAMHSA) 2019 publication *Screening and Assessment of Co-Occurring Disorders in the Justice System*, provides an overview of evidence-based practices including instrument selection and detailed descriptions of recommended instruments. Individual screening tools should ideally be validated and reliable. Many validated screens outlined in the SAMHSA publication are free and available in the public domain.

SPOTLIGHT ON THE SJC IMPACT NETWORK

In 2023, PRI surveyed the SJC IMPACT Network, a group of jurisdictions focused on the overincarceration of people with behavioral health and other complex needs. Data included in this report represent 58 responses received across 16 IMPACT Network sites.

"Beginning at the earliest points of contact with the criminal justice system and the jail in particular, adults are universally screened for _____ using a validated standardized instrument:"

Mental health needs:		*41%* yes		*27%* yes with limitations
Substance use disorders:		*24%* yes		*27%* yes with limitations
Violence and trauma-related symptoms:		*12%* yes		*20%* yes with limitations
Disabilities: (intellectual/developmental, cognitive, brain injury, and hearing loss)		*10%* yes		*17%* yes with limitations
Suicide risk:		*32%* yes		*24%* yes with limitations

Specific Indicators for Data Collection

We have discussed the goals and benefits of creating a robust data collection process. To help jails understand and address their population needs, we have outlined several categories of aggregate-level indicators (as opposed to individual PHI) facility administrators should consider when building their data-informed strategies.

MENTAL HEALTH INDICATORS

- Upon booking into the jail, is there any formal data collection around **mental health/ mental illness**?
    - » If so, what screening tool is used?
    - » What is the percentage screening positive (weekly, monthly, annually)?
- Upon a positive initial screen, is a more comprehensive **mental health assessment or evaluation** tool used for linkage to services or housing/caseload assignment?
    - » If so, what is it? Who conducts it?
    - » What is the time between the initial screening and full assessment?
- Is there a process outside of the initial booking screening for the incarcerated individual, custodial staff, or other staff to self-refer or refer the individual for mental health services?
    - » If so, what is the process? How are referrals tracked?
- What are the **categories or acuity levels of mental illness** within the facility?
- What is the **total number/percentage of individuals receiving jail-based mental health treatment** services?
    - » What is the number/percentage of individuals receiving jail-based mental health treatment services, *broken down by acuity level of mental illness*?
        - What is the number/percentage of individuals seeing a psychiatrist?
    - » What is the number/percentage of individuals receiving jail-based mental health treatment services who are *pretrial, sentenced, or on a hold for another facility, correctional agency, or law enforcement agency*?
    - » What is the number/percentage of individuals with mental illness, by acuity level in the jail, who are receiving *individualized treatment plans*?
- What is the **number/percentage of individuals receiving psychotropic medications**?
    - » What is the number/percentage of individuals receiving psychotropic medications, *broken down by acuity level of mental illness*?
    - » Are psychotropic medications *discontinued or changed* while at the jail? How often and for which medications?

  - » If *long-acting injectable medications* are available at the jail, what is the number/percentage of individuals receiving them?
  - » Upon entering the jail, are individuals *currently prescribed psychotropic medication referred for an initial psychiatric evaluation* within a specified period? If so, how is this defined?
- Is **restrictive or specialized housing** used for people with mental illness? If so, how/when?
- Do individuals with mental illness have the opportunity for **non-pharmacological mental health interventions** (e.g., EMDR, group treatment, behavioral health education, activity therapy, counseling)?
  - » If so, what types?

SUICIDE/SELF-HARM INDICATORS

- Upon booking into the jail, is there any formal data collection around individuals' **risk of suicide or self-injurious behavior**?
  - » If so, what screening tool is used?
  - » When does the screening take place? (e.g., at booking, after attending court hearings, at regular intervals, following disciplinary action within the facility?)
- What is the **number/percentage of individuals** screening positive for suicide risk?
- Upon a positive risk screen, is a **formal safety plan** created with the individual?
  - » If so, what tool/documentation is used?
- What **routine suicide safety checks** are used by correctional officers? How is this documented?
- What is the number of documented **suicide attempts** in the facility annually?
  - » What is the number/percentage of **suicide completions** in the facility annually?
- What is the number of **fatal overdoses** in the facility annually?

SUBSTANCE USE DISORDER INDICATORS

- Upon booking into the jail, is there any formal data collection around **substance use disorders**?
  - » If so, what screening tool is used?
  - » What is the number/percentage of positive screens?
- Upon a positive initial screen, is a more comprehensive **substance use disorder assessment or evaluation** tool for services or caseload assignment used?

  - » If so, what is it? Who conducts it?
  - » What is the time between the initial screening and full assessment?
- Is there a **process outside of the initial booking screening** for the incarcerated individual, custodial staff, or other staff to self-refer or refer the individual for substance use disorder services?
  - » If so, what is the process? How are referrals tracked?
- What is the **total number/percentage of individuals receiving jail-based substance use disorder** services?
  - » What is the number/percentage of individuals receiving jail-based substance use disorder services who are *pretrial, sentenced, or on a hold for another facility, correctional agency, or law enforcement agency*?
- Upon booking into the jail, is there any formal data collection around **opioid use disorders** specifically?
  - » If so, what screening tool is used?
  - » What is the percentage screening positive (weekly, monthly, annually)?
- Does your facility provide any **medications for treating opioid use disorder** (MOUD, e.g., methadone, buprenorphine, suboxone, and/or naltrexone), often referred to as **Medication-Assisted Treatment** or MAT?
  - » If so, *which medications for treating opioid use disorder are available* to incarcerated individuals?
  - » What is the total number/percentage of individuals *receiving MOUD*?
    - What is the number/percentage of individuals already receiving MOUD upon booking and *continued on MOUD while incarcerated*?
      - By what type of medication?
    - What is the number/percentage of individuals not previously receiving MOUD who were *inducted onto MOUD while incarcerated*?
    - What is the number/percentage of individuals with pre-set *MOUD at reentry/ discharge to the community*?
- Does your facility collect data related to **substance withdrawal needs**?
  - » If so, how are withdrawal needs identified and documented?
  - » How are withdrawal needs managed?
- What is the number/percentage of individuals receiving jail-based treatment services for **co-occurring mental health and substance use disorders**?

RACE, ETHNICITY, GENDER IDENTITY, AND AGE INDICATORS

In the 2023 survey, when SJC IMPACT Network sites were asked whether data is collected on racial disparities across the criminal justice system, only 34% reported "yes" or "yes with limitations."

- What is the **breakdown of your overall jail population**?
  - » What is your total average daily population?
  - » Broken down by race/ethnicity? How is ethnicity defined?
  - » Broken down by age?
  - » Broken down by gender identity?
- What is the number/percentage of **people of color vs. white people currently receiving jail-based mental health treatment services**?
  - » Broken down by acuity level of mental illness? Age? Gender identity?
- What is the number/percentage of **people of color vs. white people screening positive for mental illness** upon booking?
  - » Broken down by age? Gender identity?
- What is the number/percentage of **people of color vs. white people receiving jail-based substance use disorder treatment services**?
  - » Broken down by type of substance use? Age? Gender identity?
- What is the number/percentage of **people of color vs. white people taking psychotropic medication** in the jail?
  - » Taking MOUD?
  - » Broken down by age? Gender identity?
- What is the number and prevalence of **people of color vs. white people currently in jail due to a probation revocation/technical violation**?
  - » Broken down by probation type (e.g., municipal, warrant, misdemeanor, felony) or parole?
  - » Broken down by regular vs. specialty/treatment court?
  - » Broken down by age? Gender identity?

DISABILITY INDICATORS

- Upon booking into the jail, is there any formal data collection around **acquired/ traumatic brain injuries**?
  - » If so, what screening tool is used?
  - » What is the number/percentage of positive screenings?
  - » Upon a positive screen, is there any connection to relevant treatment or services?
- Upon booking into the jail, is there any formal data collection around intellectual/ developmental disabilities, hearing loss, or other disabilities?
  - » If so, what screening tool is used?
  - » What is the number/percentage of positive screenings?
  - » Upon a positive screen, is there any connection to relevant services?

OTHER INDICATORS TO CONSIDER

- What is the number/percentage of individuals whose **competence to stand trial** has been raised?
  - » Broken down by misdemeanor vs. felony charge levels?
  - » Broken down by race/ethnicity?
  - » What is the number/percentage of individuals at the jail *waiting for competence evaluation*?
    - How long are the wait times (average and range)?
  - » What is the number/percentage of individuals at the jail who have been found incompetent to stand trial and are *waiting for competence restoration*?
    - How long are the wait times (average and range)?
  - » What is the number/percentage of individuals at the jail who have been restored to competence and are waiting for their *court process to continue*?
    - How long are the wait times (average and range)?
  - » What is the number/percentage of individuals awaiting competence evaluation and/or restoration who are *taking psychotropic medications*?
    - What is the number/percentage of individuals awaiting competence evaluation and/or restoration who are *offered but not taking psychotropic medications*?
  - » How many individuals currently incarcerated have had their *competence raised or restored in the past*?

    - » If your facility has a *jail-based competence restoration program*, how many individuals are involved and at which stages?
        - What is their rate of restoration?
        - What is their length of stay (average and range)?

- Is there any formal data collection around **people with frequent jail contact** (i.e., familiar faces or high utilizers)?
    - » If so, what is your *definition of frequent jail contact* (typically a specific number of contacts over a set time period)?
    - » What is the *total number/percentage* of this population?
        - Broken down by misdemeanor vs. felony charge levels?
        - Broken down by jail length of stay?
        - Broken down by race/ethnicity? Gender identity? Age?
    - » What number/percentage of this population lists a shelter, lack of fixed address, or "homeless" as their *address/housing status*?
    - » What number/percentage of this population have *previously/currently received jail-based mental health services*?
        - Broken down by acuity level?
    - » What number/percentage of this population have previously/currently *received jail-based substance use services*?
    - » What number/percentage of this population have previously/currently had their *competence to stand trial raised*?

- Upon booking into the jail, is there any formal data collection around **prior military service**?
    - » If so, what screening tool is used?
    - » What is the number/percentage of positive screenings?
    - » Upon a positive screen, is there any connection to relevant services?

- Upon booking into the jail, is there any formal data collection around **exposure to trauma**?
    - » If so, what screening tool is used?
    - » What is the number/percentage of positive screenings?
    - » Upon a positive screen, is there any connection to treatment or relevant services?

OTHER FACILITY-BASED INDICATORS

- What is the **average length of stay** for individuals with *mental illness* vs. the general population?
- What is the **average length of stay** for individuals with *substance use disorders* vs. the general population?
- What is the **average length of stay** for individuals with *co-occurring mental health and substance use disorders* vs. the general population?
- What is the **average length of stay** for *people of color* vs. white individuals?
- What is the **cost of incarceration per day** for individuals with *mental illness* vs. the general population?
- What is the **cost of incarceration per day** for individuals with *substance use disorders* vs. the general population?
- What are the jail's **designated housing units** (e.g., mental health, substance use disorders, jail-based competence restoration) and populations?
- What is the total population of **isolation/segregation cells**?
    - » Broken down by race/ethnicity?
    - » Broken down by individuals with mental illness vs. general population?
    - » Broken down by length of stay in isolation/segregation cells?
- What do your documented **disciplinary reports** show, broken down by race/ethnicity and level of mental illness?

Conclusion

It is not uncommon for jurisdictions to implement programs to address criminal legal system diversion and behavioral health needs without using data to understand larger systemic issues. While creating robust data collection strategies at your jail may appear daunting, many of the above indicators are likely already being collected among various facility and health care staff. Taking the time to create integrated processes around collecting and sharing this information will result in a valuable resource that can help reduce potential duplication and streamline operational costs, target relevant diversion opportunities, and increase jail health and community provider collaboration. Having this population-specific information at the ready is also the first step toward performing cost analysis and justification, as well as advocating for additional funding and leveraging and sustaining opportunities at the private, local, state, and federal levels.

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SAFETY+JUSTICE CHALLENGE

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