

**Mental Health Correctional Policies
and Practices by Minnesota Counties**

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Summary

Nationally and locally, crucial intervention and support services for individuals with mental illness are fragmented, difficult to access, and sometimes inadequate. An identified result is the increasing number of such individuals that are involved with the criminal justice and correctional systems. Consumers, advocates, and service providers in Minnesota have recognized the need to improve and/or build cooperation and collaborative efforts within and across systems to best serve those with severe and persistent or severe mental illness, in the right place, at the right time, in the right way.

The 2002 Minnesota State Legislature through Minnesota Chapter Laws 2002, Chapter 220, Section 15, Subdivision 2, required the Department of Corrections to report on mental health correctional policies and procedures in the State of Minnesota. To gather data for this report, the Departments of Human Services and Corrections each conducted a survey on the collaborative practices of county social services and community corrections (Appendices B and C). The surveys queried practices in the following areas:

- Identification of adults with Severe and Persistent Mental Illness (SPMI) and juveniles with Severe Emotional Disturbance
- Identification of policies and practices for case collaboration between county social services and community corrections
- Identification of formal structures for collaborative service planning

Survey responses indicate numerous informal collaborative practices, but few formal structures currently in place. When collaboration occurs in the juvenile services systems, joint planning takes place by utilizing the juvenile collaborative model for wraparound services. Although few formal structures are in place for the adult offender with serious and persistent mental illness, informal case collaboration is occurring through the county mental health case management system and adult mental health initiatives.

Department of Corrections Survey Impressions

The goal of the survey was to determine if there were formal policies and procedures currently in place for social services and corrections collaboration on mutual clients. Complete survey results can be found in Appendix B. Summary impressions of the results are:

- There was a 67 percent total response rate.
- Of the responses, there were no adult corrections units with formal structures for identification of SPMI. No written policies or procedures were included in the responses. None are indicated to be in place for adult corrections; some exist for juveniles.
- Identification of mental illness comes primarily from an outside source and then from the client interview.
- Additional information on mental health is obtained from standardized correctional screening instruments, including the LSI and POSIT.

- Juvenile services have more structures for collaboration.
- Collaboration is initiated by mental health providers, the social services case manager, family members, and corrections agents.
- Of the responding counties, 38 percent have committees to address mutual interests; 31 percent do not but numerous informal arrangements with other existing committees are utilized.

Department of Human Services Survey Impressions

The goal of the survey was to determine if there were formal policies and procedures currently in place for county social services and corrections collaboration on mutual clients, as well as identifying current procedures already in place that could enhance collaboration with minimal or no cost. Complete survey results can be found in Appendix C. Summary impressions of results are:

- There was a 97 percent total response rate.
- Of the responses submitted, 62 percent indicated that no planning or administrative committee exists at the county level to address issues of mutual interest; 21 percent indicated that ad hoc meetings occur as needed.
- Identification of mutual clients occurs primarily during the intake interview for case management services.
- A total of 56 percent of county social service units report receiving telephone calls from corrections staff to discuss specific caseload issues.
- Notification from parole/probation officers as a way to initiate case coordination was reported by 72 percent of responders.
- Case coordination occurs at the request of the client, according to 69 percent of responses received.

Laws 2002, Chapter 220, Art 6, Section 15

Sec. 15. [COLLABORATIVE CASE PLANNING FOR CERTAIN MENTALLY ILL PERSONS UNDER CORRECTIONAL SUPERVISION; POLICIES AND PRACTICES; REPORTS REQUIRED.]

Subdivision 1. [DEVELOPMENT OF POLICIES AND PRACTICES.] Correctional and social services agencies in each county that delivers direct case management services shall develop policies and practices that maximize collaborative case planning for adult and juvenile offenders under correctional supervision who have been diagnosed with serious and persistent mental illness or severe emotional disturbance. To the degree resources are available, the policies and practices must determine how to:

- (1) ensure that the offender receives the best possible mental health case management expertise;
- (2) determine which case management model best delivers case management services;
- (3) maximize the efficiency of case management services; and
- (4) maximize the recoupment of federal financial participation of medical assistance and other forms of funding.

Subd. 2. [REPORTS REQUIRED.] By December 31, 2002, the agencies described in subdivision 1 shall submit a report on their mental health correctional policies and practices to the department of corrections. By March 1, 2003, the commissioner of corrections shall submit a statewide report on the mental health correctional policies and practices to the chairs and ranking minority members of the senate and house of representatives committees and divisions with jurisdiction over mental health and corrections policy and funding.

Minnesota Department of Corrections Survey

State of Minnesota legislation requires the Minnesota Departments of Human Services and Corrections to gather information on current practices of collaboration between community social services and corrections.

Laws 2002, Chapter 220, Art 6, Section 15 [Collaborative Case Planning for Certain Mentally Ill Persons Under Correctional Supervision; Policies and Practices; Reports Required] Subdivision 1 [Development of policies and practices]: Correctional and social services agencies in each county that delivers direct case management services shall develop policies and practices that maximize collaborative case planning for adult and juvenile offenders under correctional supervision who have been diagnosed with serious and persistent mental illness or severe emotional disturbance.

The following questions are an effort to determine current collaborative methods that may already be occurring between both state and county corrections and social services. Please take a moment to complete the following questions: *58 out of 87 counties responded = 67% response rate*

Do you currently have written procedures in place to identify offenders under correctional supervision diagnosed as seriously and persistently mentally ill? If the answer is no, what is your method for identifying the seriously and persistently mentally ill person under correctional supervision?

- Yes, We have a written procedure and it is attached. *Two percent had a written procedure for juveniles. None for adults.*
- No, and we use one or all of the following methods (please check all that apply) *No adult unit had a written procedure*
 - 1. Documentation from an outside source. *81%*
 - 2. During an intake interview. *64%*
 - 3. While conducting a social history. *62%*
 - 4. Other corrections procedure (Please explain): *35%*
 - Referral from Corrections Center Caseworker*
 - Contracted mental health assessments*
 - LSI-R (most frequently occurring method)*
 - Family Collaterals*
 - Use psychological reports to identify SPMI*
 - Jail intake data*
 - PSI*
 - All juvenile clients are screened for mental health with POSIT*

Do you currently have written procedures in place for case coordination with social services?

- Yes, We have a written procedure and it is attached. *Two percent - juvenile only*
- No, and we use one or all of the following methods (please check all that apply)
 - 5. The offender volunteers information/ requests case coordination. *69%*
 - 6. Notification by parole/ probation officer initiating case coordination. *67%*
 - 7. Notification by social services case manager initiating case coordination. *66%*
 - 8. Mental Health provider requests case coordination. *67%*
 - 9. Family member requests/ other requests case coordination. *67%*
With consent of offender and releases signed
 - 10. Unable to coordinate (please explain). *5%*

Does your county have a case planning/ administrative committee, with corrections and social services staff members, to address issues of mutual interest?

- Yes *38%*
 - Shared Cases Between Social Services and Corrections – Juvenile Training Committee*
 - Criminal Justice Meeting, Child Protection Meeting, Tri County Relapse Initiative, Domestic Abuse Committee, Criminal Justice Committee, Case Management Council, Collaborative Advisory Committee, Child Protection Team, Domestic Violence Team, Corrections Advisory Board*
- No *31%*
 - Local criminal justice/ corrections board is a forum to discuss corrections/ social services issues and needs.*
 - Informal coordination of services*
 - A local criminal justice committee meets informally.*
 - Informal criminal justice committee meets periodically but not for this purpose*
 - No formal committee. We serve together on numerous committees, collaborative and meetings.*
 - Youth Services coordinator*
 - Invited Social Services to advisory meetings and recently director started attending.*

**Minnesota Department of Human Services
Survey Regarding Current Case Coordination Procedures for
Serious and Persistent Mentally Ill Offenders**

The following questions are an effort to determine current methods that may already be occurring between both state and county corrections and county social services. Please take a moment to complete the following questions. *97% response rate; n = 85*

Check all that apply:

What is your method for identifying individuals on a Rule 79 caseload who are required to report to a probation officer/supervising agent?

- ÿ 1. While completing an Initial Intake Form 51%
- ÿ 2. While conducting a social history 40%
- ÿ 3. While completing a Functional Assessment 29%
- ÿ 4. Other county procedure/form (please attach)
- ÿ 5. When assisting client with completing a housing application 16%
- ÿ 6. When assisting client with completing a job application 8%
- ÿ 7. After receiving a phone call from a county or state corrections staff 56%
- ÿ 8. No current systematic effort 35%

Check all that apply:

What is your method for case coordination with county corrections staff?

- ÿ 9. The offender volunteers information/requests case coordination 69%
- ÿ 10. Notification by parole/probation officer initiating case coordination 72%
- ÿ 11. Mental health provider requests case coordination 52%
- ÿ 12. Family member/other requests case coordination 28%
- ÿ 13. Unable to coordinate (please explain) _____

Check all that apply:

What is your method for working with the court system (on behalf of a current client) at the time of a client's pre- or post booking for misdemeanor criminal charges such as vagrancy, drunkenness, disorderly conduct, shoplifting, etc?

- ÿ 14. The offender requests the Rule 79 case manager to act as advocate (go to court) 54%
- ÿ 15. Corrections staff contacts the county case manager for intervention assistance 58%
- ÿ 16. No current procedure 42%

Does your county have a planning/administrative committee, with corrections and social service staff members, to address issues of mutual interest?

- ÿ 17. Yes 20%
- ÿ 18. No 62%
- ÿ 19. Ad hoc meetings 21%