

# Research Brief

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## **A Case Study of Hinds County's (MS) Justice and Mental Health Collaboration Team**

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### **Abstract**

This case study examined the establishment of a Justice and Mental Health Collaboration Team (JMHCT) to address problems associated with incarcerating the mentally ill in Hinds County, Mississippi. This report utilized a mixed-method case study research design. A case study is a research technique that narrowly investigates a single individual, event, or situation to help identify unique aspects of the topic investigated. A review of quantitative data identified baseline characteristics indicating approximately 40% of the jail population screened positive for a serious mental illness (SMI). A review of qualitative data identified published stories related to interactions between individuals with mental illnesses and law enforcement. Additionally, two interviews with JMHCT stakeholders identified key issues, challenges, and potential solutions associated with the collaboration team. A review of qualitative data highlighted many issues faced by the JMHCT ranging from collecting data to getting participation from key stakeholders to securing needed services. This case study found using a "JMHCT" approach could be an effective means for organizing, identifying, and developing solutions that help reduce the number of incarcerated persons with mental illness.

### **Introduction**

Following a series of federal violations and subsequent lawsuits, the United States Department of Justice (USDOJ) entered into a consent decree with Hinds County Mississippi in June 2016. One of the consent decree's primary purposes was to reduce the number of seriously mentally ill persons in the Hinds County jail system. Outlined in Section IV (Substantive Provisions) of the consent decree are 14

areas of concern: (A) protection from harm; (B) use of force standards; (C) use of force training; (D) use of force reporting; (E) use of force supervisor reviews; (F) incident reporting and review; (G) sexual misconduct; (H) investigations; (I) grievance and prisoner information systems; (J) restrictions on the use of segregation; (K) youthful prisoners; (L) lawful basis for detention; (M) continuous improvement and quality assurance; and (N) criminal justice coordinating committee (United States v. Hinds County, 2016 p. 15). The consent decree comprehensively addresses issues surrounding Hinds County jail operations including the handling of persons with serious mental illnesses. If Hinds County fails to correct the deficiencies and violations identified in the consent decree, the USDOJ can impose substantial financial and legal penalties against Hinds County. This case study presents one approach Hinds County is taking to address problems identified in the consent decree regarding incarcerating persons with mental illnesses. That approach calls for the establishment of a Justice and Mental Health Collaboration Team (JMHCT).

## **Research Design**

This brief utilizes a mixed-method case study research design for examining the Hinds County JMHCT. A case study is a research technique that narrowly investigates a single individual, event, or situation in depth (Grand Canyon University, n.d.). While case studies are usually qualitative in nature (i.e., based upon perceptions, attitudes, beliefs, personal accounts), this case study also incorporates quantitative elements (i.e., the use of numerical-based facts, descriptors, and details). Qualitative case studies tend to explore and focus on personal observations and descriptions of a situation or event. Quantitative case studies tend to focus on answering questions related to how and why a situation/event exists or takes place. This research utilizes both approaches to provide the reader with more in-depth understanding of the Hinds County Justice and Mental Health Collaboration Team (JMHCT). The case study design is a good approach to use in examining situations often unique to a given environment or context. While Hinds County is not the only county in Mississippi (or the United States) to face challenges related to reducing the number of incarcerated mentally ill persons, it is unique based upon its history, organizations, situations, and individuals involved in addressing those challenges. Using a case study design can help facilitate a greater, more in-depth understanding of the challenges and potential solutions surrounding the justice/mental health issues faced by Hinds County. The following sections provide more insight on how Hinds County is addressing those challenges and potential solutions by utilizing the JMHCT approach.

## **System Failures Involving the Mentally Ill**

In September 2016, a Hinds County circuit court judge ordered a defendant, housed at the Hinds County Detention Center on no pending charges, remanded to the Mississippi State Hospital at Whitfield.

The defendant's incarceration began in 2011 with an aggravated assault charge that stalled in the system. As of February 2017, the defendant was order back into the Hinds County Detention Center on a murder charge (Gates, 2017). As of the writing of this research brief, the defendant remains housed at the Hinds County Detention Center.

On February 14, 2019, a mother called the 911 emergency service for assistance with her son who was having a psychotic episode (Gowdy, 2019a). The son (age 31) received a diagnosis of Paranoid Schizophrenia as a child (Gowdy, 2019b). The mother insisted on the police sending officers who would not hurt her son but simply transport him to the hospital. Upon police arrival, an altercation ensued and according to the mother, the officers "beat her son to death" (Gowdy, 2019b). The son received hospitalization, not for his mental health episode, but for the extensive injuries received from the police altercation. The son succumbed to his injuries six days later, February 20, 2019. The Hinds County Coroner found the son's internal injuries consistent with strangulation and suffocation. During the investigation of the incident, evidence revealed that not only did the officers use excessive force, but also neither of them filed the necessary incident reports. The death was ruled a homicide on February 21, 2019, and the involved officer have since been terminated (Gowdy, 2019a).

Along with the previously mentioned accounts, there are other anecdotal stories of system failures as related to interactions between the correctional system and the mentally ill in Hinds County. For example, a Major at the Hinds County Raymond Detention Center (HCRDC) spoke of an individual with a severe mental illness who has repeatedly cycled in and out of the Hinds County jail for the past six years. Another county official recounted an incident involving a military veteran discharged from service with a severe mental illness. The veteran did not receive the help that needed and later allegedly committed a murder. All of the previous examples illustrate the complexity of issues surrounding the interaction between persons with mental illness and the correctional system. Incidents such as these are unfortunately common in Hinds County and across the nation.

### "Frequent Flyers" and the Mentally Ill

Jails across the nation all too often have "frequent flyer" inmates that routinely cycle in and out of the system for a variety of reasons including mental illness. Hinds County and other jails across the nation are increasingly becoming involuntary psychiatric units (Baldwin & Johnson, 2018). The national movement towards decriminalizing and deinstitutionalizing the serious mentally ill provides a platform for changing how to address those issues. As per the consent decree between Hinds County and the U.S. Department of Justice (USDOJ), Hinds County must actively address the poor treatment and management of serious mentally ill inmates (United States v. Hinds County, 2016). This research brief examines one

approach Hinds County is using to comply with the federal consent decree. That approach is the utilization of a collaboration of agencies and individuals who deal directly with the issue of incarcerated mentally ill persons. In Hinds County (MS), that approach is the “Justice and Mental Health Collaboration Team” (JMHCT).

### **Justice and Mental Health Collaboration Team**

During the 2016-2017 fiscal year, the Mississippi Urban Research Center (MURC) at Jackson State University pursued seven research priorities with one being the treatment of mentally ill persons. Around that same time, the USDOJ and Hinds County entered into a consent decree requiring Hinds County to improve conditions at its correctional facilities, including the treatment of persons with mental illness. In the Spring of 2018, the USDOJ released a grant availability notice for its Category 1 Collaborative County Grant Program aimed at reducing the prevalence of mental disorders in jails. MURC and the Hinds County Board of Supervisors (HCBOS) collaborated to apply for the grant and later received notification of the application’s acceptance. The grant award mandated the creation of a collaboration team composed of stakeholders representing different aspects of the justice/mental health system. Hinds County’s “Justice and Mental Health Collaboration Team” (JMHCT) includes stakeholders representing the Hinds County Sheriff’s Office; the Jackson Police Department; the Hinds County Circuit Court’s Office; the Hinds County District Attorney’s Office; the Hinds County Public Defender’s Office; and other support services organizations. The JMHCT convenes monthly to plan various approaches, strategies, assessments, and potential interventions to reducing the number of mentally ill persons incarcerated in Hinds County.

To date, the JMHCT has collected baseline data on the mental health status of persons being incarcerated; conducted an analysis of various county policies and practices; inventoried the various facilities in Hinds County responsible for mental health and substance abuse treatment; and inventoried the availability of housing, transportation, employment, and other support services in the area. To assist with the collection of baseline data, the JMHCT implemented a mental health screening assessment administered to all inmates booked into the Hinds County Raymond Detention Center (HCRDC). This assessment assists the individual, correctional system, and community by screening for mental illnesses that otherwise may go un-diagnosed. This also assists the HCRDC staff and court system by providing information on how the mental illness may have affected the individual’s alleged crime; and whether that individual may need special provisions due to their suspected mental illness. The JMHCT activities help create bridges of communications among organizations serving the mentally ill population.

In February 2019, JMHCT stakeholders attended a strategic planning retreat to recommend an intervention to help reduce the prevalence of mental illness at the HCRDC. The next major milestone for the JMHCT involves submitting a “planning and implementation guide” to the HCBOS and the U.S. Department of Justice. Acceptance of the JMHCT “planning and implementation guide” by the U.S. Department of Justice can help Hinds County receive a Category 3 Implementation Grant.

## **JMHCT Data Collection**

### University-assisted Activities

Between January 8, 2018 and February 28, 2018, Jackson State University’s Clinical Psychology Doctoral Program and Clinical Social Work Program collaborated with JMHCT to collect intake data and determine the prevalence of mental health disorders among inmates booked into the Hinds County Raymond Detention Center (HCRDC). Eight students and one professor participated in data collection activities. The clinical psychology and clinical social work students performed initial mental health screenings and assessments on inmates as they were booked into HCRDC. The assessment instrument used was the Brief Mental Health Assessment Form (BMHA), which is a three-part instrument consisting of a demographic questionnaire, a patient health questionnaire (PHQ-9), and a clinical impression assessment.

The assessment sample consisted of 43 participants with the following profile: 88% male; 79.1% Black/African Americans; 23.3% had a last grade of school completed between 7<sup>th</sup> and 11<sup>th</sup> grade; and 25.6% completed some college. Additionally, 77% of the inmates reported arrest episodes of at least two times; and 16.3% of the inmates reported they had at least five arrests. Nearly half (44.5%) of participants reported either “yes” or “not sure” when asked if they have had been diagnosed with a mental disorder. Of the 42 participants that responded affirmatively, 32.8% reported having at least one mental health disorder diagnosis. Most participants (67.1%) reported illicit drug use in the past 6 months.

An assessment of depression levels provided additional insight on each participant’s mental health status. The patient health questionnaire (PHQ-9) measured for depression by asking participants how often they experienced specific depression instances over the past two weeks. The total scores are separated into five categories --- Normal, Mild, Mild-Moderate, Moderate, and Severe. Of the participants completing the questionnaire, 46.5% scored in the Normal range; 30.2% scored in the Mild range; 16.3% scored in the Mild-Moderate range; 2.3% scored in the Moderate range; and 4.7% scored in the Severe range.

### Project Director Collected Data

From October 2018 to January 2019, JMHCT Project Director, Fredrick O’Quinn, collected baseline demographic and recidivism data at the Hinds County Raymond Detention Center (HCRDC). Information collected during this time included inmate age; arrest type; number of times the inmate recidivated; number of days inmate remained at the HCRDC; and whether the inmates screened positive for mental illness at the time of booking. The three, one-month reporting periods included October 20 to November 19, 2018; November 20 to December 19, 2018; and December 20 to January 19, 2019. Two categories provided the basis for screening inmates for mental health status: (1) those screened positive for a serious mental illness (SMI), and (2) those that did not screen positive in the general population (GEN). Table 1 provides a summary of the three-month data collection period.

Table 1 Three-Month Baseline Data Collection Period

<b>Reporting Period</b>	<b>Number Booked</b>	<b>SMI (%)</b>	<b>GEN (%)</b>	<b>Age (Avg.)</b>	<b>Length of Stay (Days)</b>	<b>Recidivism</b>	<b>Type Arrest (%Non-Violent)</b>
Oct. / Nov.	310	44.2	55.8	34.08 – SMI 35.15 – GEN	15.5- SMI 12.3-GEN	26.2-SMI 27.1-GEN	66%-SMI 68%-GEN
Nov. / Dec.	275	38.9	61.1	32.2 – SMI 32.8 – GEN	17.0- SMI 17.8-GEN	26.1-SMI 28.5-GEN	62%-SMI 65%-GEN
Dec. / Jan.	293	45.7	54.3	31.2 – SMI 35.6 - GEN	15.9- SMI 9.1-GEN	21.2-SMI 23.2-GEN	59%-SMI 63%-GEN

### **Interviews with JMHCT Members**

Interviews with Mr. Kenny Lewis and Mr. Frederick O’Quinn provided additional insight on the Justice and Mental Health Collaboration Team (JMHCT). Mr. Lewis’s role as a JMHCT stakeholder provides insight from two perspectives that are part of his daily duties. Mr. O’Quinn currently serves as the Project Director of the Justice and Mental Health Collaboration Team. During the interviews, both stakeholders answered questions regarding their involvement with the JMHCT; their perceptions of the current processes at the Hinds County Raymond Detention Center (HCRDC) for handling inmates with mental health issues; their feelings about the JMHCT project thus far; and their thoughts on future goals for the JMHCT.

#### Mr. Kenny Lewis / Court Facilitator and Quality Control Officer

Mr. Lewis is a Hinds County native and 15+ year law enforcement and justice system veteran. He currently works as a Court Facilitator and Quality Control Officer for Hinds County. In his day-to-day

duties, Mr. Lewis acts as a liaison between the HCRDC, HCBOS, and the Hinds County Court system. He interacts with inmates, attorneys, and judges as well as responds to filed motions of incompetence. Another major portion of his job is to oversee inmate release proceedings; however, the issues associated with processing mentally ill inmates in Hinds County are restricting his ability to perform his job. Mr. Lewis joined the JMHCT when the federal consent decree emerged, and the HCBOS designating him as a Quality Control Officer within HCRDC. Mr. Lewis stated his current perception of the problems in Hinds County includes the desperate need for a pre-trial diversion program, and that the SMI and homeless populations commit crimes, sometimes unknowingly, due to those issues. Mr. Lewis stated the current process for removing inmates with mental illnesses is “Like watching paint dry,” citing the average length of stay for inmates as “too long.” He went on to say it is common for inmates to reside at HCRDC for six months with no word on when and if they will go to trial. Mr. Lewis stated, “It is difficult to oversee a [release proceeding] process, that isn’t happening,” which is indicative of a compilation of problems affecting Hinds County. In specifically discussing the SMI population, Mr. Lewis expressed concern that most offenders will likely not be found guilty due to the nature of their alleged crimes and mental status, but they rarely have the chance to get the help with their mental illness. He further stated that one of the “umbrella” problems influencing SMI crimes is the lack of beds at the Mississippi State Hospital, the state’s primary mental health facility. While the process for finding an offender mentally competent or incompetent to stand trial is “much too long,” once found incompetent, the offender is often waiting months-to-years for a bed that “may or may not become available”. Thus, mentally ill inmates transfer to the HCRDC and other county jails because there is not enough room at the state mental hospital; further creating mal-adjusted SMI individuals. When asked about his involvement in JMHCT, he candidly stated, “When I joined the team, I just thought it would be another group of people meeting...I did not realize how much of a role we’d be playing in addressing the problem here in Hinds County. He went on to share his favorite parts of being involved in the team, which are working with people who truly care about the SMI population and witnessing Jackson State University’s concern in seeking to address the issues plaguing the county. He also discussed a challenging aspect of the team, stating that JMHCT has no leverage to encourage “the powers that be,” to stay involved. Mr. Lewis followed up by stating the “powers that be” include the Chief of Police, Sheriff, and Mayor of Jackson among others. When asked about goals for Hinds County and the JMHCT, Mr. Lewis stated creating a pre-trial diversion assessment tool and restorative housing would help. He further cited that many of the SMI individuals are homeless, and a lack of housing influences them to commit crimes they could avoid if they had adequate housing.

Mr. Frederick O'Quinn / JMHCT Project Director

Mr. Frederick O'Quinn is also a Mississippi native and currently works at the Mississippi Urban Research Center as Project Director of the JMHCT. Mr. O'Quinn's job duties involve disseminating information amongst JMHCT members; facilitating and planning stakeholder meetings; and developing a planning and implementation guide as required by the Category 1 Collaborative Grant. Mr. O'Quinn stated the JMHCT's development and creation followed a series of interplaying events resulting in the receipt of the Department of Justice's Category 1 Collaborative County grant in October 2017, and JMHCT's creation in March 2018.

According to Mr. O'Quinn, some of the justice/mental health problems in Hinds County include a lack of resources; a lack of communications between organizations such as the jail, public defender's office, and district attorney's office; and inadequate and/or unavailable housing. He also stated that Hinds County lacks an array of support services to help citizens. This occurs due to agencies behaving as if the problem with SMI individuals does not involve them; thereby resulting in SMI individuals failing to connect with needed services. In summation of his perceptions of the problem, Mr. O'Quinn stated, "At the heart of the problem is the failure of the state and local governments to care for the mentally ill." When asked his thoughts on the current process for serving the mentally ill, his response included positive and negative observations. His positive observations viewed the JMHCT project as progressing well in the areas of selecting a mental health screening assessment tool; discussing priority aims for the JMHCP; and the selection of a diversion intervention. In sharing his negative observations, Mr. O'Quinn expressed discontent across several areas such as getting agency heads involved with the JMHCT; getting "buy-in" from those agencies; and the lack of urgency surrounding meeting the mandates and implications of the consent decree. Mr. O'Quinn stated the outcome of the consent decree is contingent upon resolution of the issues cited; however, different agencies are "behaving as if 'I'm not sure if I have to do that,' or 'that doesn't apply to me.'" Mr. O'Quinn went on to say, "It's as if everyone is operating off in their own silos," citing that key entities, such as the jail and the court do not consistently communicate with one another. He reiterated that the lack of support from key members is hindering the progress the county could be making. Mr. O'Quinn's future goals for both JMHCT and Hinds County are to reduce mental health stigma by increasing the understanding of mental health and mental illness; to work with a behavioral health court to develop a treatment diversion program; and to provide technical assistance services to other counties and organizations needing assistance in reducing the number of incarcerated mentally ill persons in their areas.



## Summary of Interviews

The two stakeholders' interviews provided deeper insight into issues impacting the number of incarcerated mentally ill persons in Hinds County. Mr. Lewis and Mr. O'Quinn expressed concern and gave honest critiques of the current justice and mental health systems in action. They both gave immediate and long-term recommendations on improving the current systems. Their backgrounds and involvement with the JMHCT provided clarity from two different perspectives on this multifaceted issue: (1) Mr. Lewis discussing the incarceration and criminal justice side of the issue; and (2) Mr. O'Quinn discussing issues related to research and developing programs and services. Summarily, both interviewees see the JMHCT as helping to reduce problems associated with reducing the number of incarcerated mentally ill persons in Hinds County.

## **Conclusions**

In America, there is a growing movement towards the deinstitutionalization of the mentally ill. Deinstitutionalization refers to a policy of shifting treatment of the mentally ill from state mental health facilities to community-based mental health care. While this change has decreased the number of patients residing in mental health hospitals by approximately 90% (Lutterman, Berhane, Phelan, Shaw, & Rana, 2009), many of those SMI individuals are receiving substandard, if any, care. As previously discussed earlier, jails and prisons have become holding facilities for much of America's SMI population. One of the reasons jails and prisons have become holding facilities in Mississippi is due to a lack of available beds for long-term treatment. The Mississippi State Mental Health Hospital has less than 20 available beds for long-term treatment of the mentally ill. Thus, the number of SMI individuals receiving adequate treatment and housing at the state level is far below the number needing such services.

In Hinds County, data collected indicates that approximately 40% of individuals entering detention screen positive for a serious mental illness (SMI). The federal consent decree between the United States Department of Justice (USDOJ) and Hinds County identified a multitude of issues needing improvement at the Hinds County Raymond Detention Center (HCRDC), including the handling of persons with serious mental illnesses. The movement towards deinstitutionalization and decriminalization, along with the legal impetus provided by the federal consent decree, helped establish the need for a Justice and Mental Health Collaboration Team (JMHCT) in Hinds County. The JMHCT's goal of reducing the number of incarcerated mentally ill persons in Hinds County presents many challenges, obstacles, and opportunities. This case study of the JMHCT highlights many of those issues ranging from collecting needed data to getting participation from key stakeholders to securing needed services. As of this writing, the JMHCT will soon complete its primary task of preparing a "planning and

implementation guide” to direct future activities of reducing the number of incarcerated mentally ill persons in Hinds County. As chronicled in this case study, this task of reducing the number of incarcerated mentally ill persons will not be quick nor easy. But also chronicled in this case study, especially as articulated during the two stakeholders’ interviews, there is a collective determination to not only reduce the number of mentally ill incarcerated individuals in Hinds County, but also improve the quality of life for those individuals and the community as well. With the JMHCT having stakeholders such as Mr. Kenny Lewis and Mr. Frederick O’Quinn, achieving that goal seems very possible and likely to happen. In closing, this case study finds using a “JMHCT” approach can be an effective means for organizing, identifying, and developing solutions that help reduce the number of incarcerated persons with mental illness.

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*Note on Lead Author*

Ms. Cene Harris served as the lead author for this case study report. Ms. Harris is a doctoral student with the Jackson State University’s Psychology Department and conducted an internship at the Mississippi Urban Research Center (MURC) during the Spring 2019 semester. As part of her internship experience, she conducted research activities to further MURC’s goal of providing technical assistance to help other counties and organizations evaluate their internal and external processes; identify key influential factors impacting services; and develop implementation plans addressing issues associated with incarcerating the mentally ill. Ms. Harris consistently demonstrated her commitment to helping improve the quality of life for persons with mental illness. For her past and ongoing work in this area, the Mississippi Urban Research Center expresses its sincere gratitude and appreciation for her working to make Mississippi a better place for all of its residents, especially those with mental illness.

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