Creating a Successful Partnership in Your County

This worksheet has been developed with content from Partnerships: Frameworks for Working Together. For more information, visit http://www.strengtheningnonprofits.org/resources/guidebooks/Partnerships.pdf.

The first step in partnership formation is to define the need for a partnership.

What is the need for this partnership? What problems are you encountering with mental illness and the jail?

If a partnership is created, what are some short-term goals?
(Example: Clear directive on who must transport mentally ill individuals.)

If a partnership is created, what are some long-term goals?
(Example: A better working relationship between county officials and the local hospital.)
The second step in partnership formation is to start the process.

- Identify potential members: Who should be involved? Do we have all the right people together? What is the appropriate level of involvement for members? This is sometimes referred to as “stakeholder analysis.”

Who are your stakeholders?

- County Judge
- Justices of the Peace
- Jailers
- LMHA
- Hospital
- Law Enforcement
- Prosecutor
- Who else?

Do you have an individual contact with each group above? If not, how can you go about getting a contact?

What is each stakeholder’s role? What is each stakeholders limitation?

Often, stakeholders are replaced with new officials that get elected or appointed. How do you integrate them into a process and get them on the same page?
After reaching out to your stakeholders, below are some additional action items.

☐ Identify responsibilities, arrangements, and objectives of leadership: Who will take the lead? Who will have responsibility for driving the partnership agenda forward? Will you meet in-person or virtually? How often will you meet?

☐ Identify the shared vision and goals: Is there a genuine shared vision and set of goals across the partnership? Does the group know and support the short-term and long-term goals?

☐ Determine plans: After the partnership begins meeting and comes up with a plan, what protocols will need to be put into place? Who else will need to be informed and trained regarding the new protocols?

☐ Evaluate the process: How can you evaluate whether the new process and partnership is working? What kind of checks can you put into place?
Brainstorming Solutions: Countywide Scenarios

Scenario 1:

Your county is having problems with your LMHA, EMS, or local hospital. For example:
(1) The LMHA says they do not have the resources to conduct all the assessments they are asked to perform and they don’t have space to take on any more patients.

(2) They are slow in responding when the jail staff is concerned about a potential suicide.

(3) EMS refuses to transport patients without an officer present because they say they’re concerned about their safety.

(4) On one occasion EMS took a subject to the nearest emergency room and left him there.

a. What can you do to address problems with the LMHA, EMS or the local hospital?

b. Who should you reach out to?

c. What other stakeholders do you engage?

d. What process can you put in place to keep open communication?
Scenario 2:

The jail sees an inmate who is suspected of having a mental illness. The paperwork is forwarded to the magistrate (JP). The judge sends the individual for an assessment report. The report is returned with no finding of mental illness. Once back in the jail the inmate continues to exhibit symptoms and begins to decline.

Alternatively, the defendant seemed fine when he was brought in and magistrated; bail was set but he has not posted bail yet. Now the deputies are becoming concerned that he is exhibiting symptoms of mental illness.

a. What are the next steps?

b. What is the best practice?

c. What resources do you have to use?

d. Is there a time frame in which you are required to act or should act?

e. Is it a good practice to have the LMHA come to the jail and see every defendant there before they are even magistrated?
Scenario 3:
The defendant is assessed and treatment is prescribed which includes anti-psychotic medication. But he says he's fine and refuses to take his medication.

a. How do you handle these situations while the person is in the jail?

b. What do you do when they are released and within 48 or 72 hours are picked up again?

c. If taking their medication was a condition of their release on a personal bond does this mean they just remain in the jail pending trial?

d. What can you do collectively to address the problem of the same person being cycled through the system over and over?
Scenario 4:

All the requirements for a personal bond under Art. 17.032 are met but there is an unwritten rule in the county that a bail bond should be set with a sufficiently high amount to make sure the defendant is not released back into the community.

a. What is the best thing to do in this situation?

b. What if the concern is that the defendant will not be able to maintain treatment because the LMHA (or county) does not have sufficient resources to supervise him?
Scenario 5:

The judge at magistration orders a 16.22 assessment but the defendant posts bail before the
LMHA can do the assessment. A condition of bond is that the defendant will comply with
keeping an appointment for the assessment but the defendant fails to keep the appointment.

a. What means do you have to ensure compliance?

b. What is the best way to ensure there is timely communication to the judge about the
defendant’s compliance (or non-compliance)?

c. How can practices be improved to make sure a defendant is assessed?