Addressing a National Crisis
Too Many People with Mental Illnesses in our Jails

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April 28, 2016 | Little Rock, AR
01.
Mental Illnesses in the Criminal Justice System: How did we get here?
Jails are Where the Volume is

Number of Admissions to Jail and Prison Weekly and Annually, 2012

- **Jail Admissions**
  - Annually: 11,605,175
  - Weekly: 222,565

- **Prison Admissions**
  - Annually: 553,843
  - Weekly: 10,621
Jails Report Increases in the Numbers of People Mental with Illnesses

NYC Jail Population (2005-2012)

Average Daily Jail Population (ADP) and ADP with Mental Health Diagnoses

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>M Group</th>
<th>Non-M Group</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>13,576</td>
<td>3,319</td>
<td>10,257</td>
<td>24%</td>
</tr>
<tr>
<td>2012</td>
<td>11,948</td>
<td>4,391</td>
<td>7,557</td>
<td>37%</td>
</tr>
</tbody>
</table>

24% of the total population in 2005 had mental health diagnoses compared to 37% in 2012.
Mental Illnesses: Overrepresented in Our Jails

General Population

5% Serious Mental Illness

Jail Population

17% Serious Mental Illness
72% Co-Occurring Substance Use Disorder
<table>
<thead>
<tr>
<th>Source</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Salt Lake Tribune</td>
<td>Mentally ill Mainer is ready, but is it able to deal with mentally ill?</td>
</tr>
<tr>
<td>The Columbus Dispatch</td>
<td>Mentally ill inmates at Franklin County Jail stay longer</td>
</tr>
<tr>
<td>TUCSON NEWS NOW</td>
<td>Inmates with mental health issues inundate Pima County Jail</td>
</tr>
<tr>
<td>Southeast Missourian</td>
<td>Nearly a third of county inmates require drugs for mental illness</td>
</tr>
<tr>
<td>BDN MAINE</td>
<td>Mentally ill Mainers are still warehoused, but now it’s in jail</td>
</tr>
<tr>
<td>rtv6 abc</td>
<td>Johnson County Sheriff: Mental health is number one problem</td>
</tr>
<tr>
<td>KXAN</td>
<td>Mental health crisis at Travis County jails</td>
</tr>
<tr>
<td>THE EMPORTIA GAZETTE</td>
<td>Jail violence increasing due to mental illnesses</td>
</tr>
</tbody>
</table>
Factors Driving the Crisis

- Disproportionately higher rates of arrest
- Limited access to health care
- Low utilization of EBPs
- More criminogenic risk factors

- Longer stays in jail and prison
- Higher recidivism rates
Incarceration Is Not Always Directly Related to the Individuals’ Mental Illness

7.5% 10.7% 17.2% 64.7%

Source: Peterson, Skeem, Kennealy, Bray, and Zvonkovic (2014)
Predicting Future CJ contact: Criminogenic Risk

Risk

- ≠ Crime type
- ≠ Dangerousness or violence
- ≠ Failure to appear
- ≠ Sentence or disposition
- ≠ Custody or security classification level

Risk

= How likely is a person to commit a crime or violate the conditions of supervision?
A Framework for Prioritizing Target Population
Counties Nationwide are Stepping Up

Over 100 million people reside in Stepping Up counties
Arkansas Steps Up

- Craighead County in FY2010 for the Project Intercept program
- Craighead County in FY2011 for the Life Improvement for Teens project
- Crittenden County in FY2014 for Project ReSTORE

4 counties passed Stepping Up resolutions

3 grants through the Justice and Mental Health Collaboration Program
50 Counties Attend the National Stepping Up Summit

37 states are represented at the Summit, including Arkansas
Counties Step Up but Face Key Challenges: Why is it so hard to fix?
Key Challenges Counties Face: Observations from the Field

1. Being data driven
2. Using best practices
3. Continuity of care
4. Measuring results
Challenge 1 - Being data driven: Policymakers Face Complex Systems with Limited Information
Challenge 1 - Being Data Driven:
Not Knowing the Target Population

<table>
<thead>
<tr>
<th></th>
<th>County A</th>
<th>County B</th>
<th>County C</th>
<th>County D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Assessment</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓ -</td>
</tr>
<tr>
<td>Substance Abuse Assessment</td>
<td></td>
<td></td>
<td>✓ -</td>
<td></td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>✓ -</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dynamic Risk Factor</th>
<th>Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of antisocial behavior</td>
<td>Build alternative behaviors</td>
</tr>
<tr>
<td>Antisocial personality pattern</td>
<td>Problem solving skills, anger management</td>
</tr>
<tr>
<td>Antisocial cognition</td>
<td>Develop less risky thinking</td>
</tr>
<tr>
<td>Antisocial associates</td>
<td>Reduce association with criminal others</td>
</tr>
<tr>
<td>Family and/or marital discord</td>
<td>Reduce conflict, build positive relationships</td>
</tr>
<tr>
<td>Poor school and/or work performance</td>
<td>Enhance performance, rewards</td>
</tr>
<tr>
<td>Few leisure or recreation activities</td>
<td>Enhance outside involvement</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Reduce use through integrated treatment</td>
</tr>
</tbody>
</table>

Andrews (2006)
Challenge 2 – Using Best Practices: The Science to Service Gaps

Past Year Mental Health Care and Treatment for Adults 18 or Older with Both SMI and Substance Use Disorder

- Mental Health Care Only: 45.2%
- Both Mental Health Care and Treatment for Substance Use Problems: 11.4%
- Treatment for Substance Use Problems Only: 3.7%
- No Treatment: 39.5%

2.5 Million Adults with Co-Occurring SMI and Substance Use Disorder

NSDUH (2008)
Challenge 3 – Continuity of Care
Existing Services Only Reach a Small Fraction of Those in Need

10,523
Individuals

969
People with serious mental illness

2,315
People with serious mental illness based on national estimates

609
Received treatment in the community

1,706
Did NOT receive treatment in the Community

926
LOW RISK

1,389
HIGH/MOD RISK

Example from Franklin County, OH
Challenge 4 – Tracking Progress: 
Focusing County Leaders on Key Outcomes Measures

Outcome measures needed to evaluate impact and prioritize scarce resources

1. **Reduce** the number of people with mental illness booked into jail

2. **Shorten** the length of stay for people with mental illnesses in jails

3. **Increase** the percentage of people with mental illnesses in jail connected to the right services and supports

4. **Lower** rates of recidivism
03.
Effective Strategic Plans: How do we move forward?
Overarching Goal

There will be fewer people with mental illnesses in our jails tomorrow than there are today.
How do We Know if a County is Positioned to Reduce Number of People with Mental Illness in Jail?

Six Key Questions

1. Is your leadership committed?
2. Do you have timely screening and assessment?
3. Do you have baseline data?
4. Have you conducted a comprehensive process analysis and service inventory?
5. Have you prioritized policy, practice, and funding?
6. Do you track progress?
Is your Leadership Committed?

- Mandate from county elected officials
- Representative planning team
- Commitment to vision, mission and guiding principles
- Designated project coordinator and organized planning process
- Accountability for results
Do You have Timely Screening and Assessment?

- Is there a system-wide definition of:
  - ☐ Mental illness
  - ☐ Substance use disorders
  - ☐ Recidivism

- Screening and assessment:
  - ☐ Validated screening and assessment tools
  - ☐ An efficient screening and assessment process

- Electronically collected data
Do You have Baseline Data?

Ability to measure:

☐ Prevalence rate of mental illnesses in jail population
☐ Length of time people with mental illness stay in jail
☐ Connections to community-based treatment, services and supports
☐ Recidivism rates

Electronically collected data
Have You Conducted a Comprehensive Process Analysis and Service Inventory?

- System-wide process review
- Inventory of services and programming
- Identified system gaps and challenges
  - Process problems
  - Capacity needs
  - Population projections
- Evidence Based Practices Identified
Have You Prioritized Policy, Practice and Funding?

- A full spectrum of strategies
- Strategies clearly focus on the four key measures
- Costs and funding identified
- County investment
Do You Track Progress?

- Reporting timeline of four key measures
- Process for progress reporting
- Ongoing evaluation of program implementation
- Ongoing evaluation of program impact
04. Support for Counties: What can Arkansas do?
4 Ways the State and Counties Can Partner Right Away

1. Work with county associations in your state to convert “six questions” into a tool for your state

2. Survey counties across the state vis a vis these questions

3. Convene a statewide summit

4. Use the survey and summit to design a plan to support counties across the state
Next Step: Medicaid Eligibility Status and Enrollment

- Determine Enrollment and Eligibility Status
- Already Enrolled → Maintain Enrollment if Possible → Reinstate Upon Release
- Not Already Enrolled but Eligible → Initiate and Complete Application for Eligible Individuals → Enroll in Benefits → Connect to Covered Community Treatment Based on Behavioral Health and Risk Assessments

☐ Are people screened for eligibility and enrollment status at jail?
☐ If people are enrolled, are they staying enrolled while in jail? (suspension vs. termination)
☐ If people are not enrolled, are they getting enrolled in jail in order to access benefits upon release?
Next Step: Treatments and Services that are Medicaid Reimbursable

Review which BH treatment services are currently covered by Arkansas Works. Services could include:

- Psychiatric medication upon release
- CBT interventions, based on criminogenic risk
- Case management
- Integrated MH and SUD services
- Medication-assisted therapy
- Supported employment
- Supportive housing
- In-reach services
- Peer support services

Determine what changes can be made to Medicaid plans to cover these services (state plan amendments and waivers)

Identify additional resources to address gaps in Medicaid coverage for these services
<table>
<thead>
<tr>
<th>State</th>
<th>Grant Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>$17.1 million for 3 years, starting in 2015 for services for people with mental illnesses in the criminal justice system.</td>
</tr>
<tr>
<td>Ohio</td>
<td>$3 million in grants in 2016 to connect offenders to treatment.</td>
</tr>
<tr>
<td>Michigan</td>
<td>$3.15 million in grants starting in 2015 for jail diversion programs in 8 counties.</td>
</tr>
<tr>
<td>Indiana</td>
<td>$30 million in grants starting in 2015 for treatment services for the criminal justice population without insurance coverage.</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>$1.9 million in grants starting in 2015 for pre-arrest law enforcement based jail diversion programs in 13 police departments.</td>
</tr>
<tr>
<td>Florida</td>
<td>In 2015 counties could apply for 1 or 3 year grants for initiatives that serve people with behavioral health disorders in the criminal justice system.</td>
</tr>
</tbody>
</table>
Next Step: Help Counties that Are Key Contributors to Arkansas Prison Population Develop Alternative Options

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Jail Capacity</strong></td>
<td>4,373</td>
<td>972</td>
<td>5,372</td>
</tr>
<tr>
<td><strong>Total Jail Population</strong></td>
<td>3,518</td>
<td>701</td>
<td>4,219</td>
</tr>
</tbody>
</table>

**Breakdown of Total Population** *(the breakdowns below should sum to equal the total population entered above)*

<table>
<thead>
<tr>
<th>Population Category</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretrial Detainees</td>
<td>1,659</td>
<td>358</td>
<td>2,017</td>
</tr>
<tr>
<td>Probation Violators</td>
<td>135</td>
<td>44</td>
<td>179</td>
</tr>
<tr>
<td>Parole Violators</td>
<td>184</td>
<td>12</td>
<td>179</td>
</tr>
<tr>
<td>Probation/Parole Violators (unable to distinguish)</td>
<td>365</td>
<td>44</td>
<td>409</td>
</tr>
<tr>
<td>Sentenced to Jail - Felony</td>
<td>1,082</td>
<td>143</td>
<td>1,225</td>
</tr>
<tr>
<td>Sentenced to Jail - Misdemeanor</td>
<td>1,059</td>
<td>246</td>
<td>1,305</td>
</tr>
<tr>
<td>Sentenced to ADC – Awaiting Transfer</td>
<td>333</td>
<td>28</td>
<td>361</td>
</tr>
<tr>
<td>Contract with ADC</td>
<td>114</td>
<td>9</td>
<td>123</td>
</tr>
<tr>
<td>Contract with Other</td>
<td>220</td>
<td>29</td>
<td>249</td>
</tr>
<tr>
<td>All Other</td>
<td>25</td>
<td>7</td>
<td>32</td>
</tr>
</tbody>
</table>

*Based on responses from 25 counties; some counties count an individual in more than one population category*
**Next Steps: Increase Capacity and Support for Rural Counties**

| Utah, Connecticut, Oklahoma, & Ohio: Statewide CIT training academies | Texas and North Carolina: Statewide requirements &/or contracts for validated screening tools |
| Ohio and New York: Statewide training for Evidence Based Practices Curricula | Utah: Regional hubs for tele-screening and tele-psychiatry (26 states use tele-psychiatry in correctional facilities) |
THANK YOU

For more information, contact:
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