



Addressing a National Crisis

Too Many People with Mental Illnesses in our Jails

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JUSTICE ★ **CENTER**
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

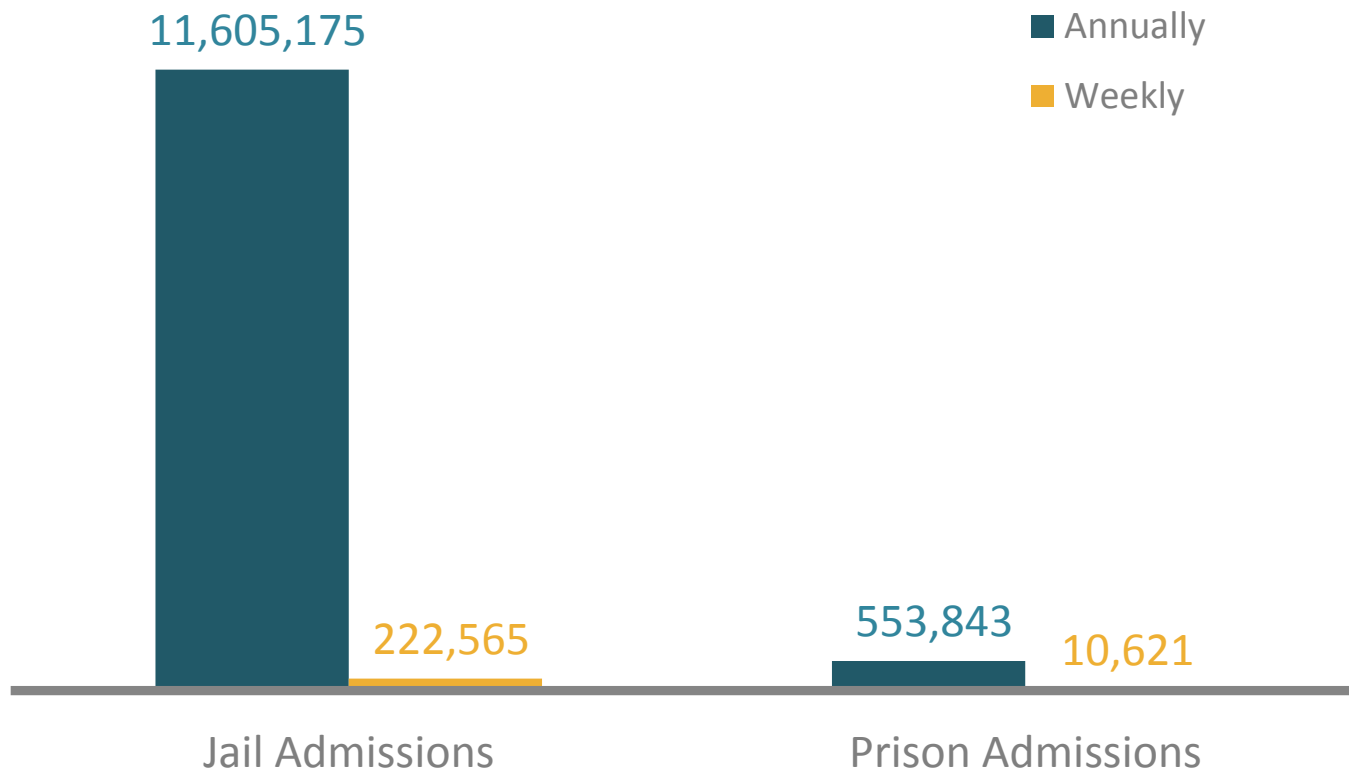
01.

Mental Illnesses in the Criminal Justice System: How did we get here?



Jails are Where the Volume is

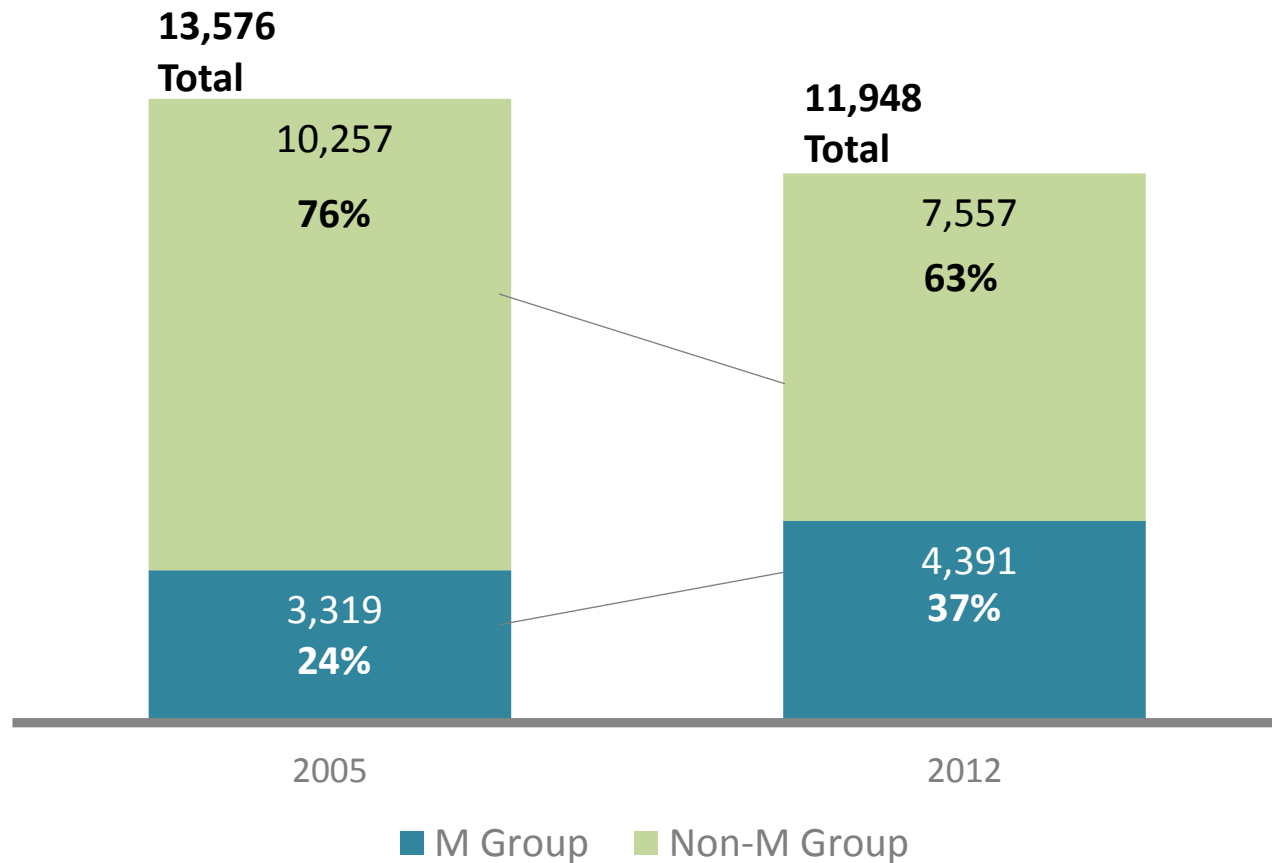
Number of Admissions to Jail and Prison Weekly and Annually, 2012



Jails Report Increases in the Numbers of People Mental with Illnesses

NYC Jail Population (2005-2012)

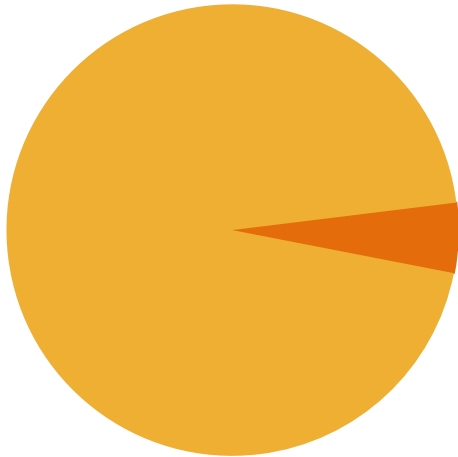
Average Daily Jail Population (ADP) and ADP with Mental Health Diagnoses



Mental Illnesses: Overrepresented in Our Jails

General Population

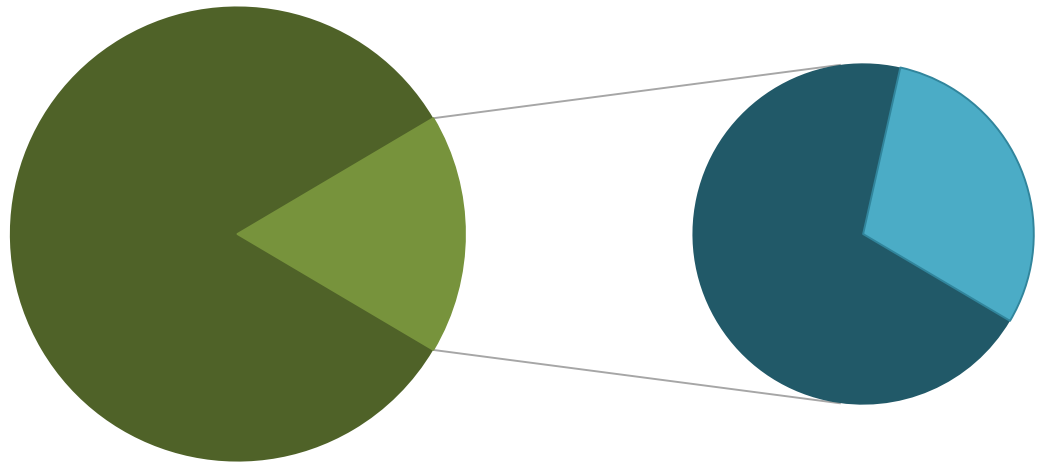
5% Serious Mental Illness



Jail Population

17% Serious Mental Illness

72% Co-Occuring Substance Use Disorder



We've All Experienced this Crisis in One Way or Another



County is ready, but is it able to deal with mentally ill?



Mentally ill Mainers are still warehoused, but now it's in jail



Mentally ill inmates at Franklin County Jail stay longer



Johnson County Sheriff: Mental health is number one problem



Inmates with mental health issues inundate Pima County Jail



Mental health crisis at Travis County jails



Nearly a third of county inmates require drugs for mental illness



Jail violence increasing due to mental illnesses

Factors Driving the Crisis



Disproportionately higher rates of arrest



Longer stays in jail and prison



Limited access to health care



Higher recidivism rates

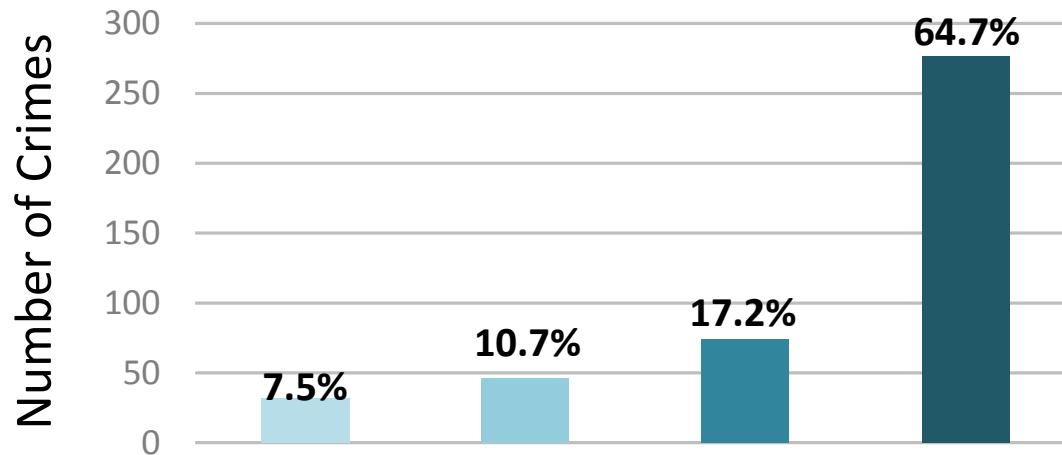


Low utilization of EBPs

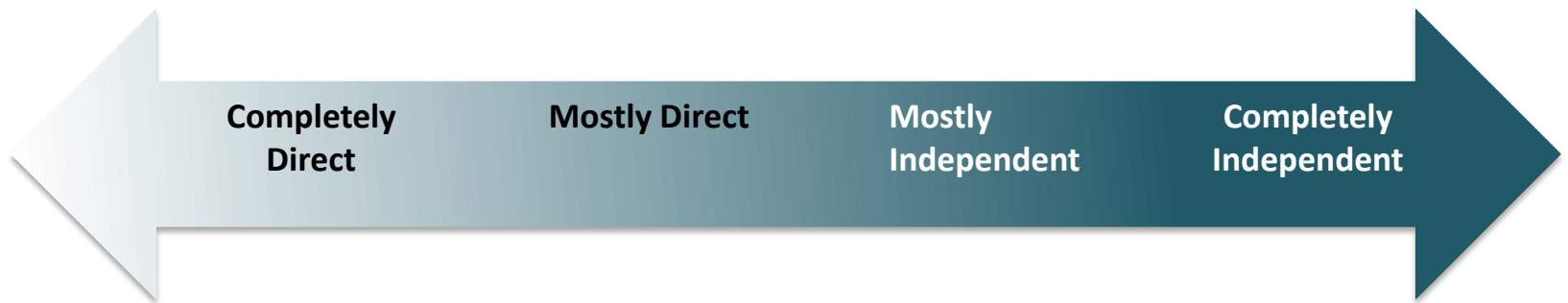


More criminogenic risk factors

Incarceration Is Not Always Directly Related to the Individuals' Mental Illness



Continuum of Mental Illness Relationship to Crime



Predicting Future CJ contact: Criminogenic Risk

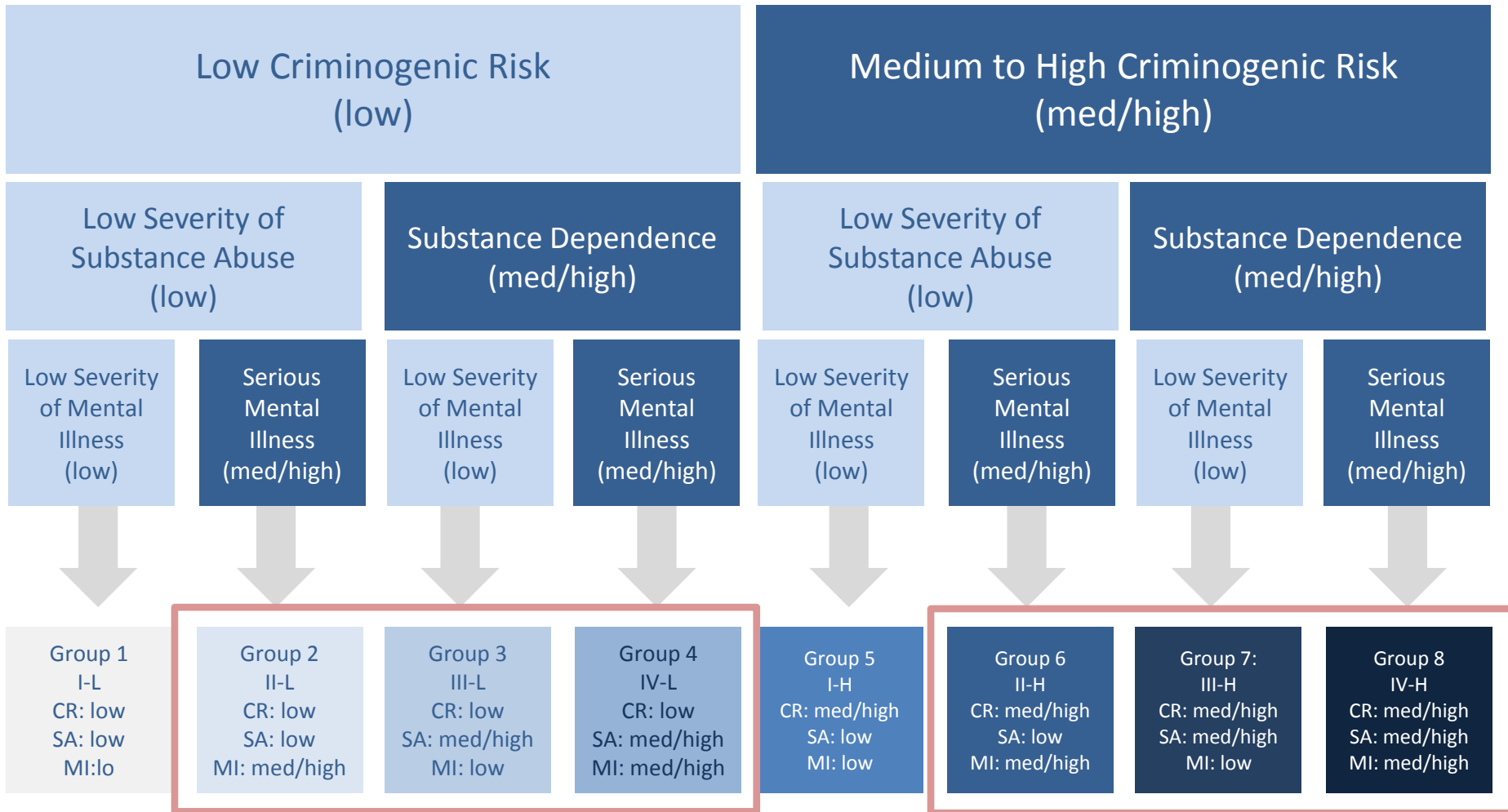
Risk

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

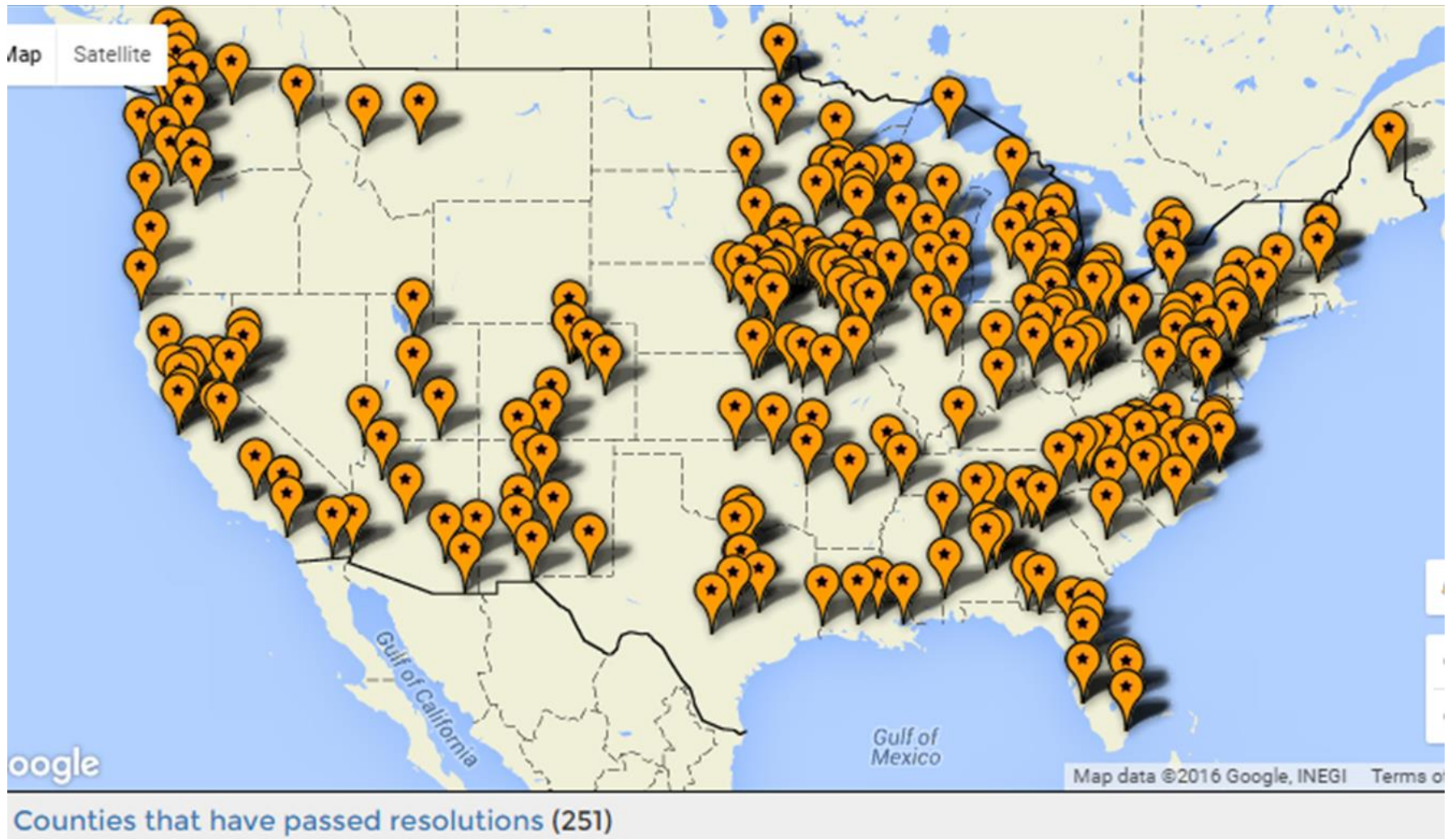
Risk

= How likely is a person to commit a crime or violate the conditions of supervision?

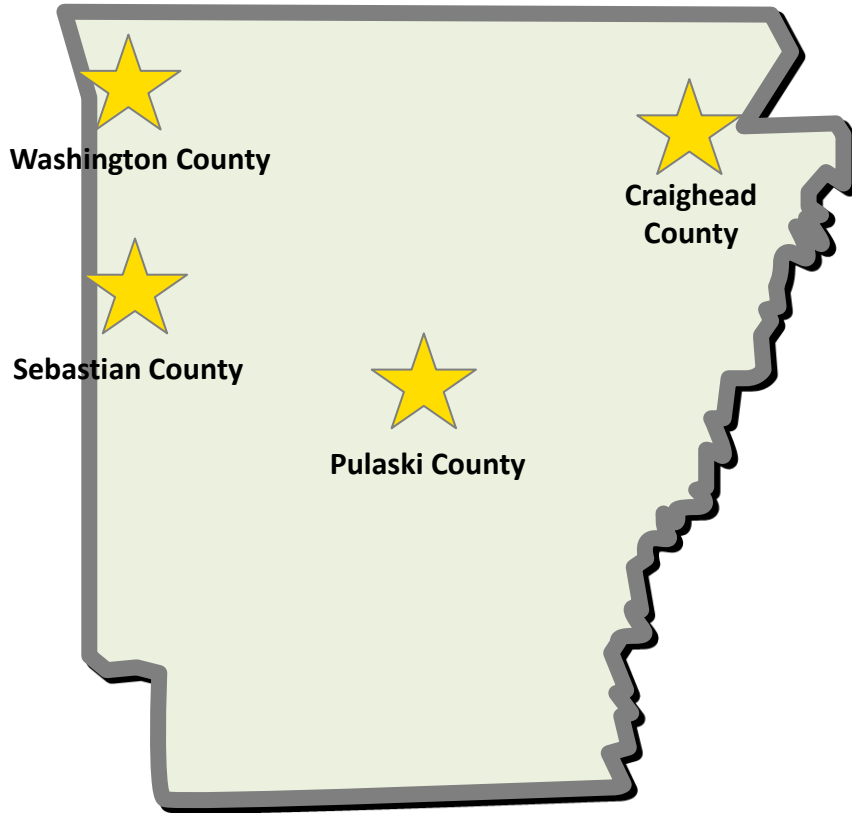
A Framework for Prioritizing Target Population



Counties Nationwide are Stepping Up



Arkansas Steps Up

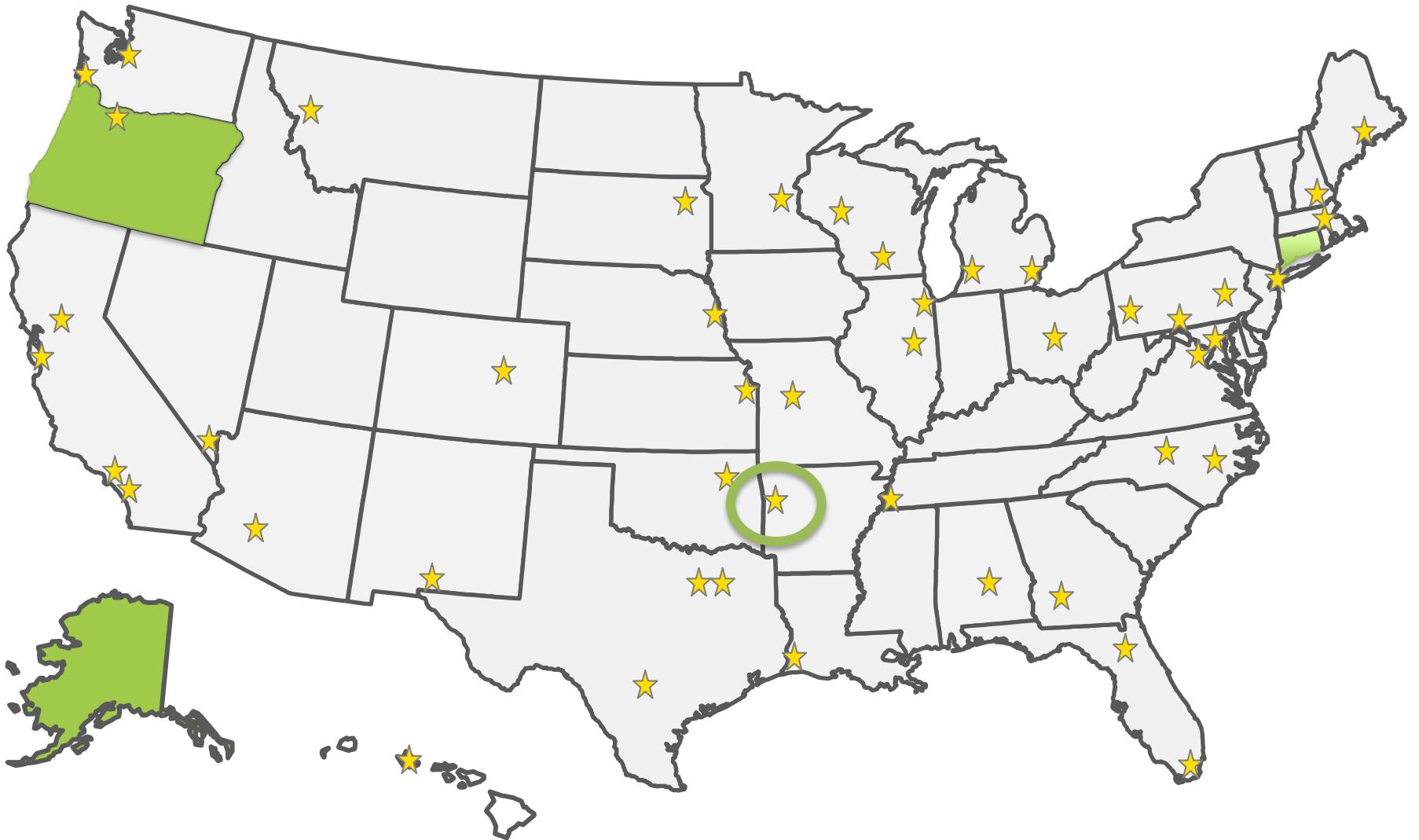


- Craighead County in FY2010 for the Project Intercept program
- Craighead County in FY2011 for the Life Improvement for Teens project
- Crittenden County in FY2014 for Project ReSTORE

 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

02.

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.

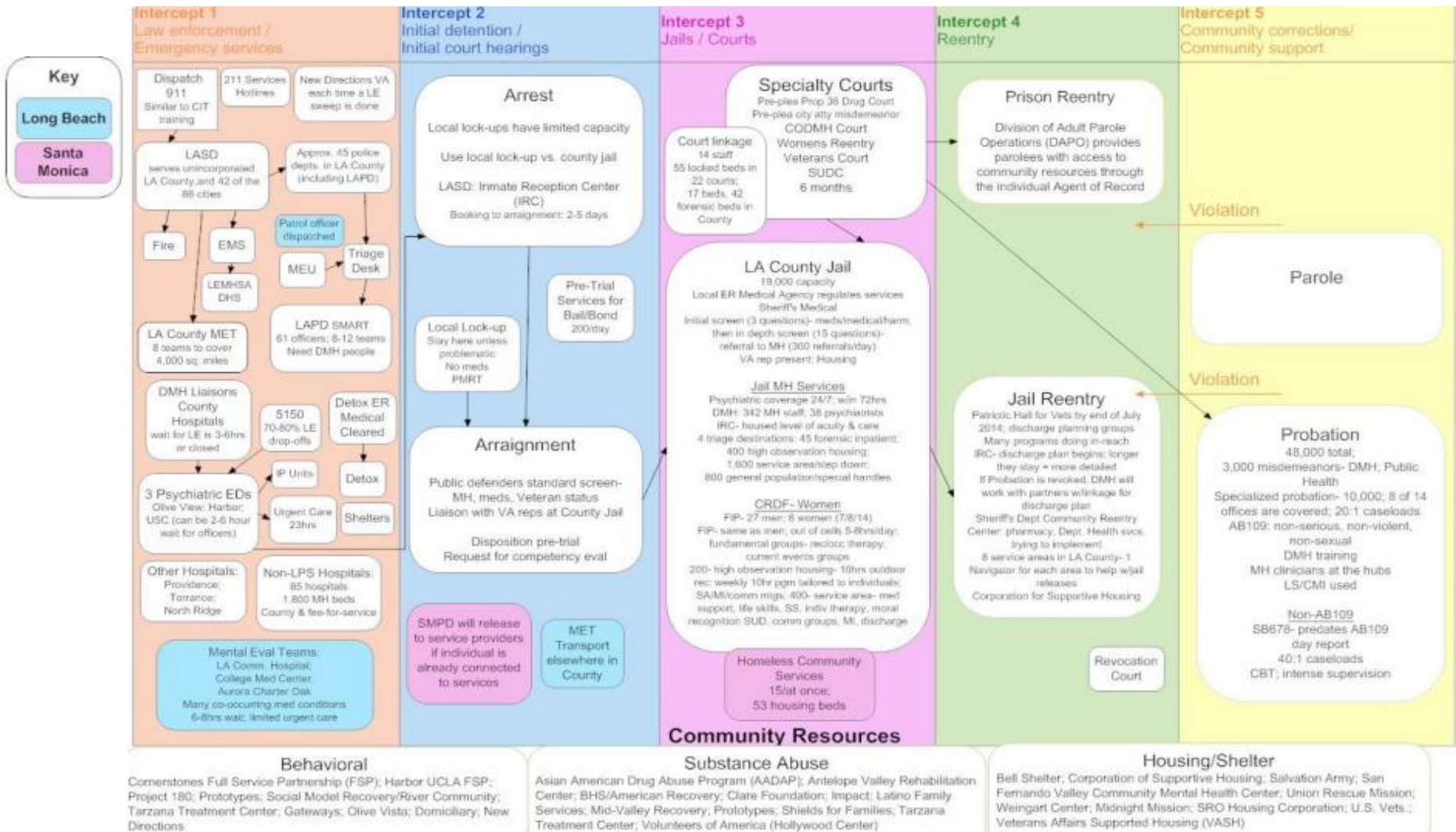
Continuity of care

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

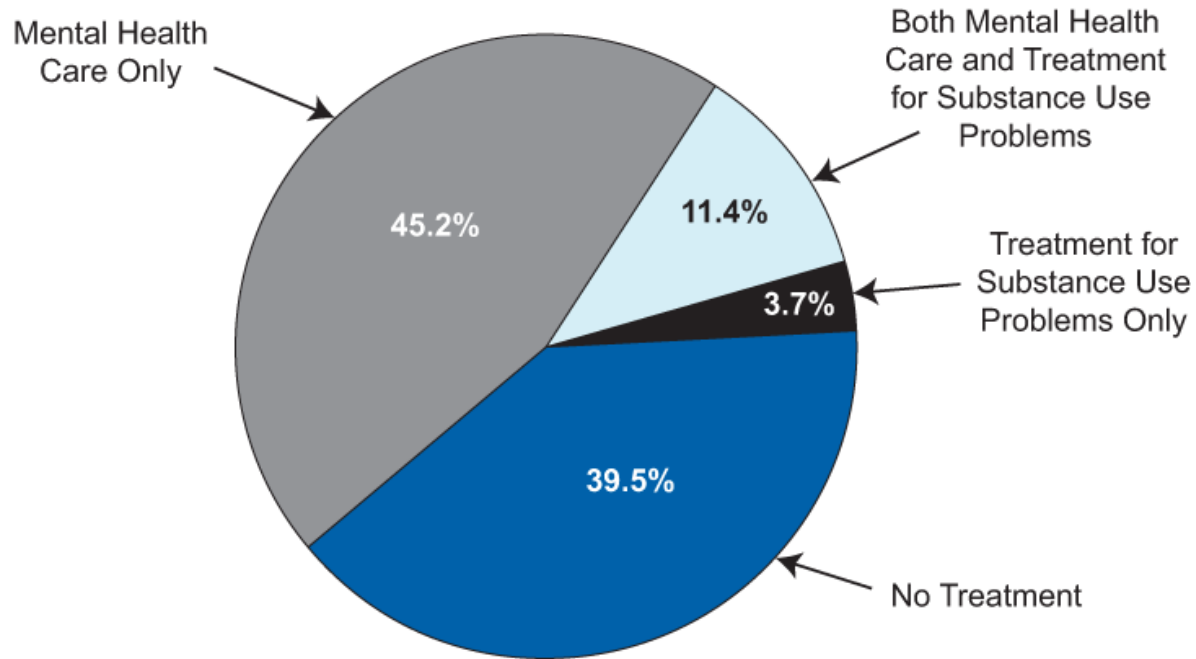
| | County A | County B | County C | County D |
|----------------------------|----------|----------|----------|----------|
| Mental Health Assessment | ✓ | ○ | ✓ | ✓ - |
| Substance Abuse Assessment | ○ | ○ | ✓ - | ○ |
| Risk Assessment | ✓ - | ○ | ○ | ○ |

Challenge 2 – Using Best Practices: Addressing Dynamic Needs

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

Challenge 2 – Using Best Practices: The Science to Service Gaps

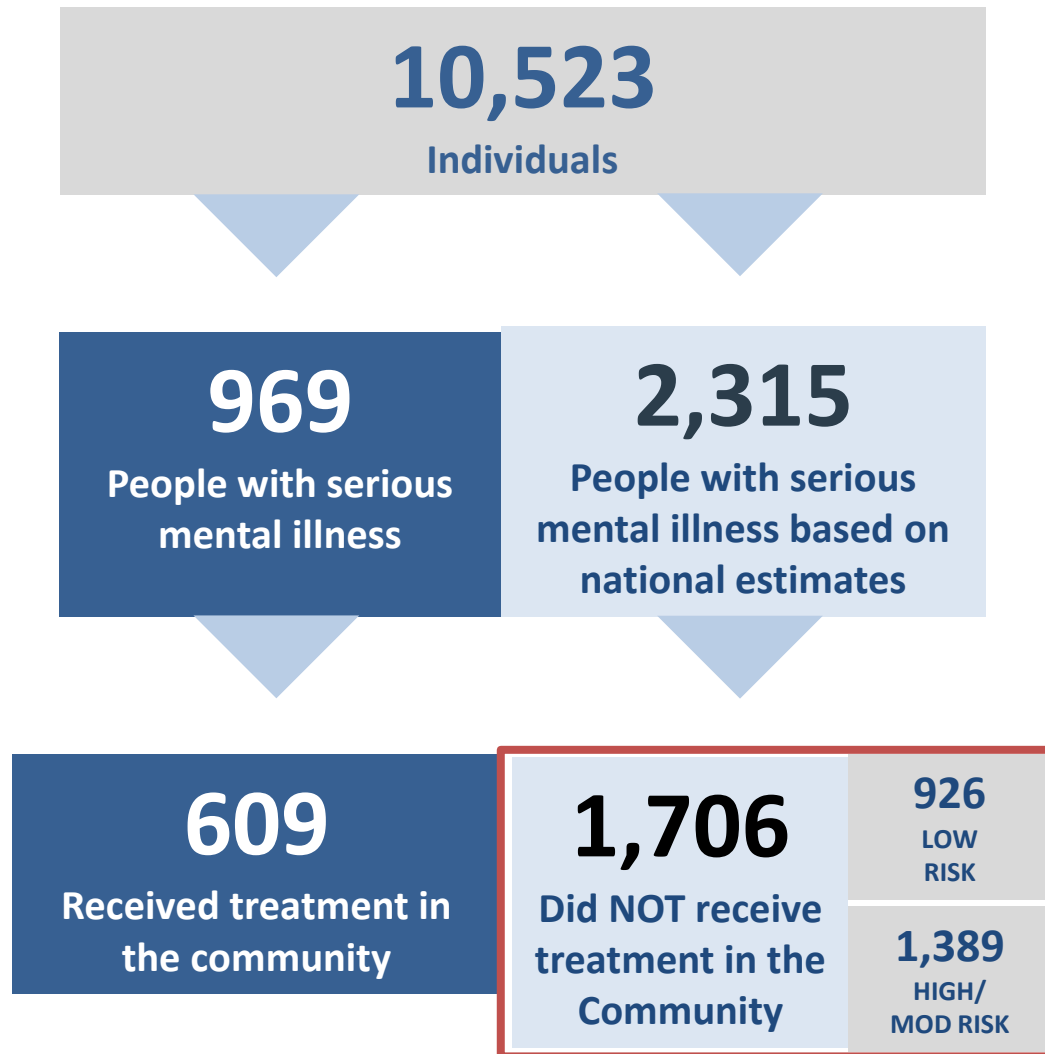
Past Year Mental Health Care and Treatment for Adults 18 or Older with Both SMI and Substance Use Disorder



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

Challenge 3 – Continuity of Care

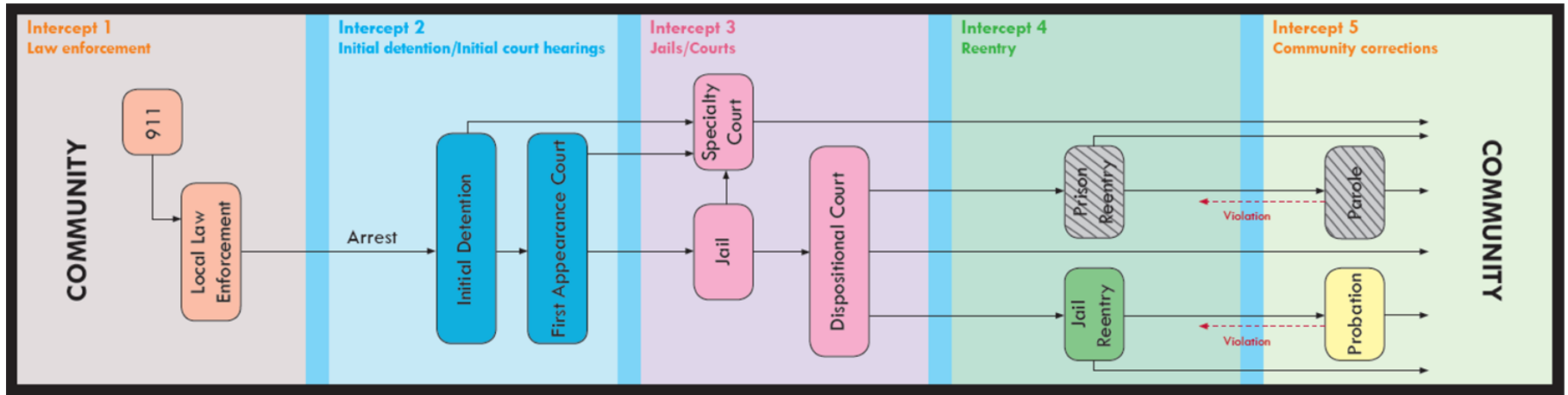
Existing Services Only Reach a Small Fraction of Those in Need



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

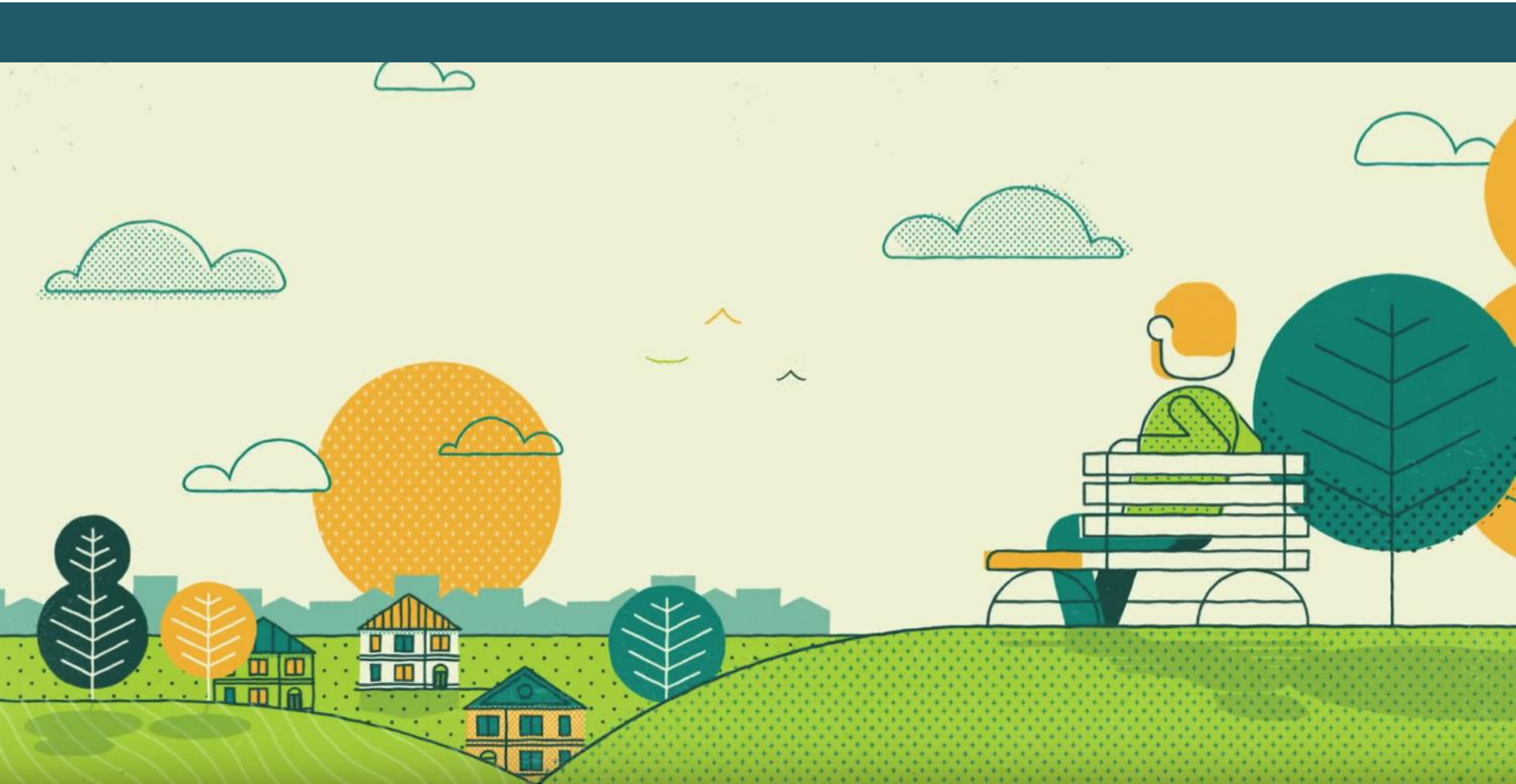
4.

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 are 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.

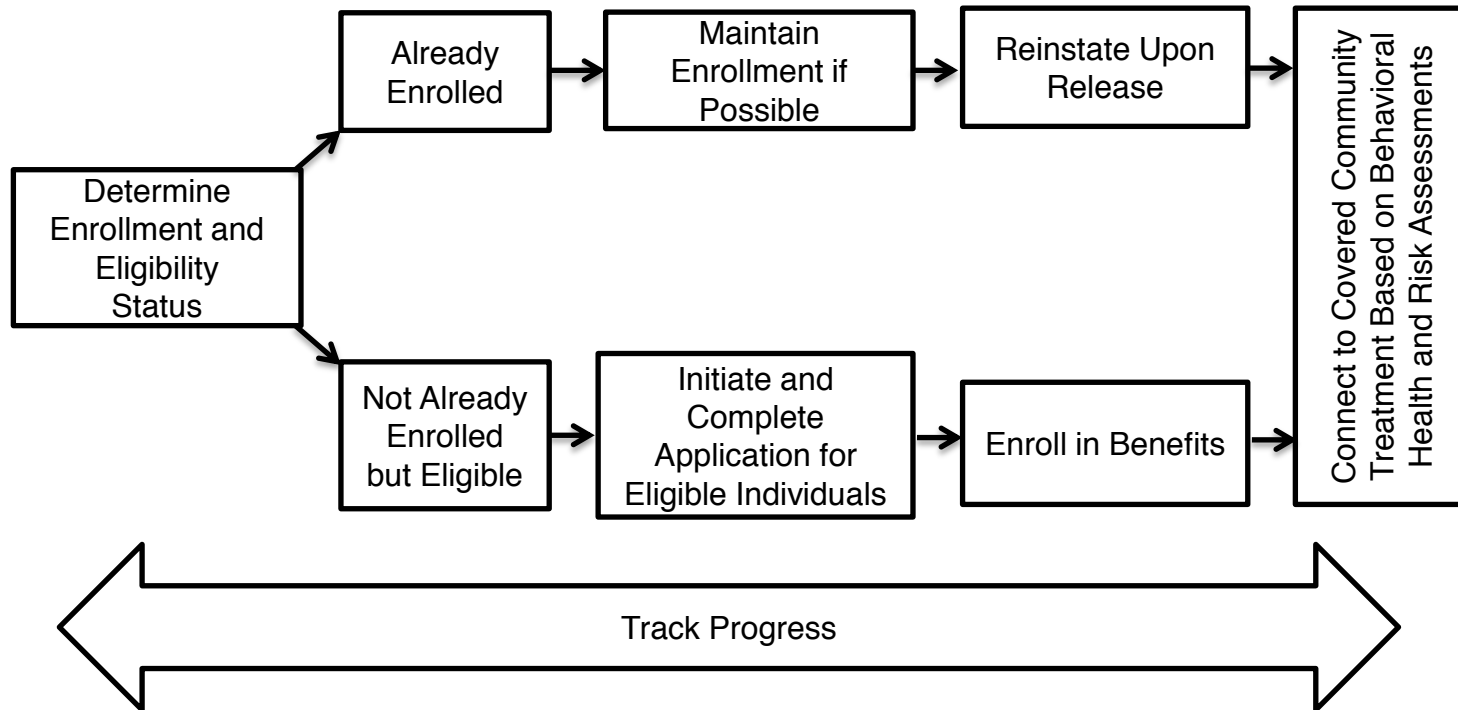
Support for Counties:
What can Arkansas do?



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



- 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


Next Steps: State Innovation Grants Cover Gaps in Medicaid



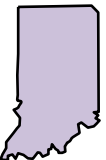
California: \$17.1 million for 3 years, starting in 2015 for services for people with mental illnesses in the criminal justice system




Ohio: \$3 million in grants in 2016 to connect offenders to treatment



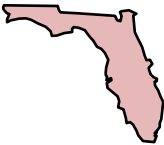
Michigan: \$3.15 million in grants starting in 2015 for jail diversion programs in 8 counties



Indiana: \$30 million in grants starting in 2015 for treatment services for the criminal justice population without insurance coverage



Massachusetts: \$1.9 million in grants starting in 2015 for pre-arrest law enforcement based jail diversion programs in 13 police departments



Florida: 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

Next Step: Help Counties that Are Key Contributors to Arkansas Prison Population Develop Alternative Options

| | Male | Female | Total |
|---|-------|--------|-------|
| Total Jail Capacity | 4,373 | 972 | 5,372 |
| Total Jail Population | 3,518 | 701 | 4,219 |
| <i>Breakdown of Total Population (the breakdowns below should sum to equal the total population entered above)</i> | | | |
| Pretrial Detainees | 1,659 | 358 | 2,017 |
| Probation Violators | 135 | 44 | 179 |
| Parole Violators | 184 | 12 | |
| Probation/Parole Violators (unable to distinguish) | 365 | 44 | 409 |
| Sentenced to Jail - Felony | 1,082 | 143 | 1,225 |
| Sentenced to Jail - Misdemeanor | 1,059 | 246 | 1,305 |
| Sentenced to ADC – Awaiting Transfer | 333 | 28 | 361 |
| Contract with ADC | 114 | 9 | 123 |
| Contract with Other | 220 | 29 | 249 |
| All Other | 25 | 7 | 32 |

Based on responses from 25 counties; some counties count an individual in more than one population category

Survey Questions Sent to Arkansas County Jails

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)



COUNTY JAIL



THANK YOU

For more information, contact:

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