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

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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

2005

- Total: 13,576
  - M Group: 3,319 (24%)
  - Non-M Group: 10,257 (76%)

2012

- Total: 11,948
  - M Group: 4,391 (37%)
  - Non-M Group: 7,557 (63%)
Mental Illnesses: Overrepresented in Our Jails

5% Serious Mental Illness

17% Serious Mental Illness
72% Co-Occurring Substance Use Disorder
<table>
<thead>
<tr>
<th>Source</th>
<th>News Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Salt Lake Tribune</td>
<td>Mentally ill Mainers are still warehoused, but now it’s in jail</td>
</tr>
<tr>
<td>The Columbus Dispatch</td>
<td>County is ready, but is it able to deal with mentally ill?</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>
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<tr>
<td>BDN MAINE</td>
<td>Mentally ill Mainers are still warehoused, but now it’s in jail</td>
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<tr>
<td>rtv6abc</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
- 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

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

Low Criminogenic Risk (low)
- Low Severity of Substance Abuse (low)
  - Group 1: I-L
    - CR: low
    - SA: low
    - MI: low
- Serious Mental Illness (med/high)
  - Group 2: II-L
    - CR: low
    - SA: low
    - MI: low
  - Group 3: III-L
    - CR: low
    - SA: med/high
    - MI: low
  - Group 4: IV-L
    - CR: low
    - SA: med/high
    - MI: low

Medium to High Criminogenic Risk (med/high)
- Low Severity of Substance Abuse (low)
  - Group 5: I-H
    - CR: med/high
    - SA: low
    - MI: low
- Serious Mental Illness (med/high)
  - Group 6: II-H
    - CR: med/high
    - SA: low
    - MI: low
  - Group 7: III-H
    - CR: med/high
    - SA: med/high
    - MI: low
  - Group 8: IV-H
    - CR: med/high
    - SA: med/high
    - MI: med/high
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
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

<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>
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</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)
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?

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
| 🟠 | 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

Diagram:
- 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

Questions:
- 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

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

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

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

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

**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

<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>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*

Survey Questions Sent to Arkansas County Jails
<table>
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<tr>
<th>Next Steps: Increase Capacity and Support for Rural Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Utah, Connecticut, Oklahoma, &amp; Ohio:</strong> Statewide CIT training academies</td>
</tr>
<tr>
<td><strong>Texas and North Carolina:</strong> Statewide requirements &amp;/or contracts for validated screening tools</td>
</tr>
<tr>
<td><strong>Ohio and New York:</strong> Statewide training for Evidence Based Practices Curricula</td>
</tr>
<tr>
<td><strong>Utah:</strong> Regional hubs for tele-screening and tele-psychiatry (26 states use tele-psychiatry in correctional facilities)</td>
</tr>
</tbody>
</table>
THANK YOU

For more information, contact:
Will Engelhardt, Senior Policy Analyst, CSG Justice Center – Wengelhardt@CSG.org
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