

Intersections Between Mental Health and Criminal/Legal Systems

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April 2015

Mental Health ↔ Mental Illness

- Depending upon your measure, when you measured and the site of measurement – there are between 6% and 64% of persons in jails or prisons have a mental health problem/illness.
 - Time:
 - Increasing rates
 - Site:
 - Jails have higher rates of mental illness than prisons
 - Measure:
 - Mental Health Problem (current symptoms and/or recent treatment)
 - Severe and Persistent Mental Illness (SPMI) or Serious Mental Illness (SMI)
 - Situational Mental Health Problem

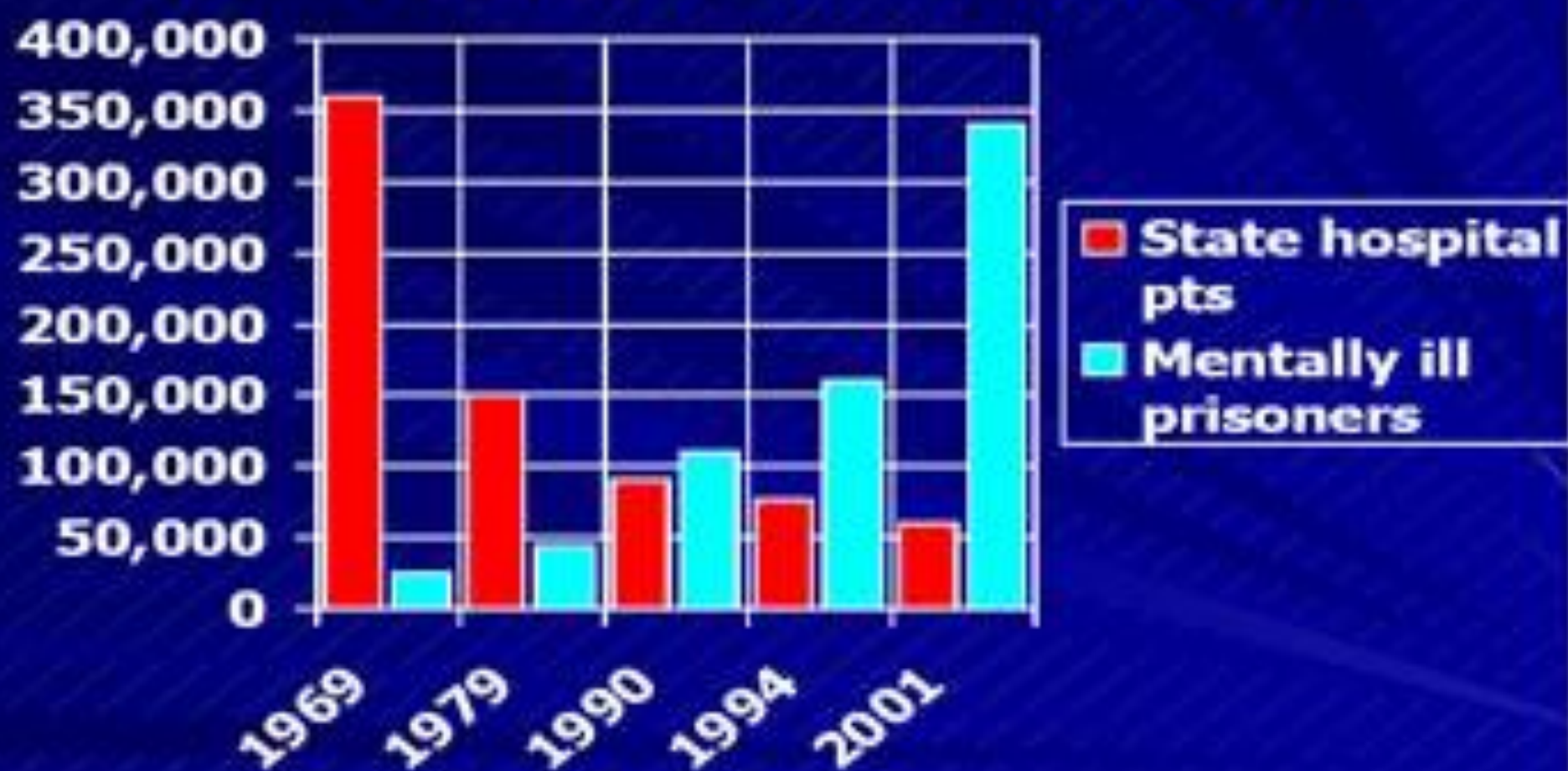
Other Important Considerations

- Those with mental health problem entering prisons/jails are more likely to have a substance use disorder than those without (James & Glaze, 2006).
 - 75% of those w MH problem
 - 53% of those without
- Prisons/Jails can also be sites that exacerbate mental health symptoms – or endanger the possibility of new traumatic experiences.
 - Medication changes
 - Environments chaotic and loud
 - Assaults

System Failures?

- Law enforcement involvement in mental health crises could be defined as a symptom of system failure (Bazelon Center, 2011)
 - Funding declines in mental health (12% of 1955 levels)
 - Reactive versus Proactive?
 - Crises vs Prevention?
- If so, there are steep challenges to the service system to address the root causes of such a failure.

"Trans-Institutionalization" (Criminalization of the Mentally Ill)

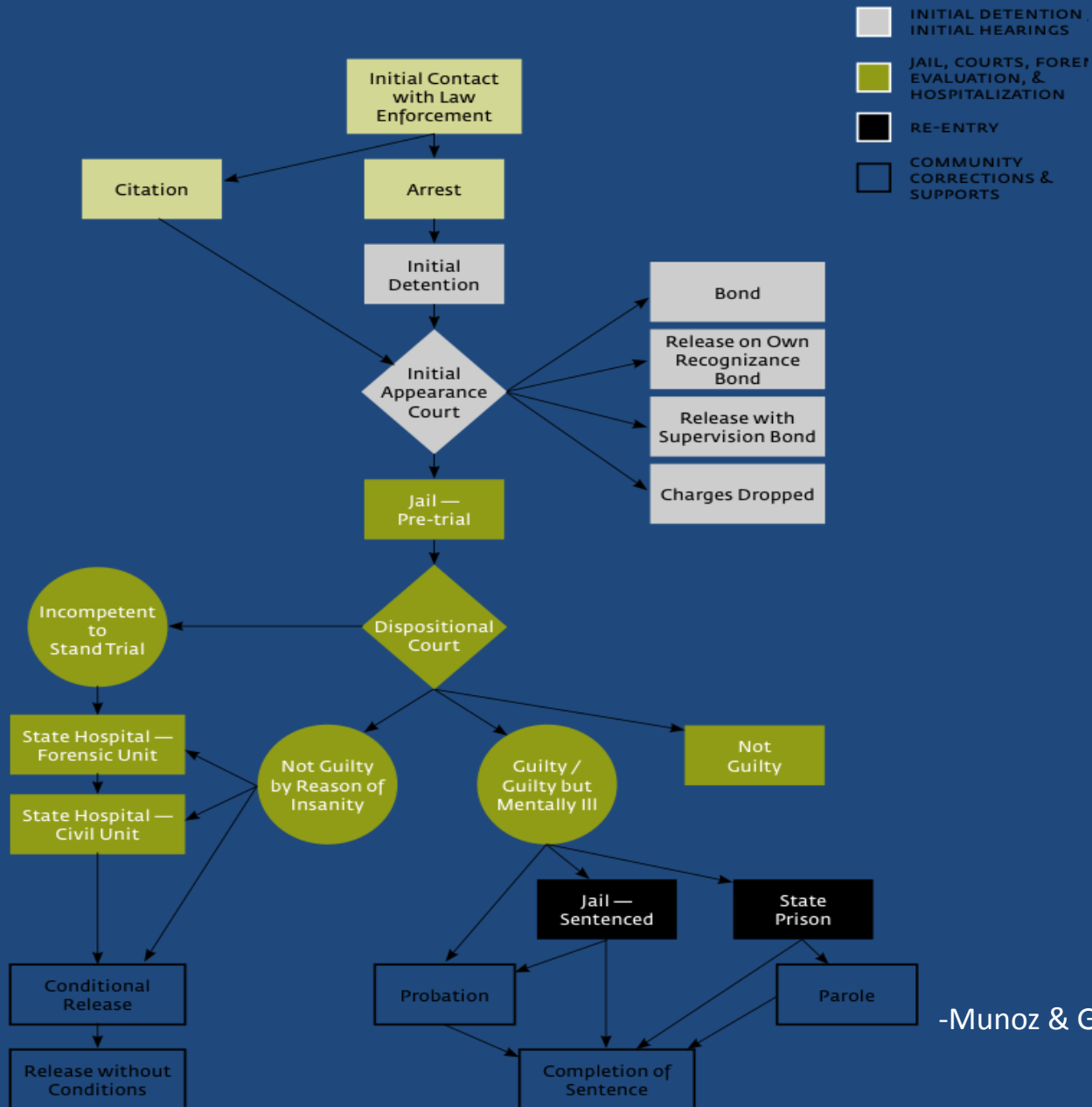


Source: US Dept. of Health Human Services & Dept of Justice statistics

Things to Consider

- Cost of mental health treatment within prisons or jails much more expensive than community based treatment;
- Alternatives (treatment/support) in the community can be provided *without increasing the risk to public safety through higher criminal recidivism rates*;
- Not all criminal activity among those with mental illness is a result of their illness.

Sequential Intercept Model



-Munoz & Griffin, 2006

Goals of Sequential Intercept

- Envisions a series of 'points of interception'
- Interventions at these points that prevent entry or further penetration into CJ System
- 'Cross System' collaboration between legal/CJ, advocates and treatment providers.

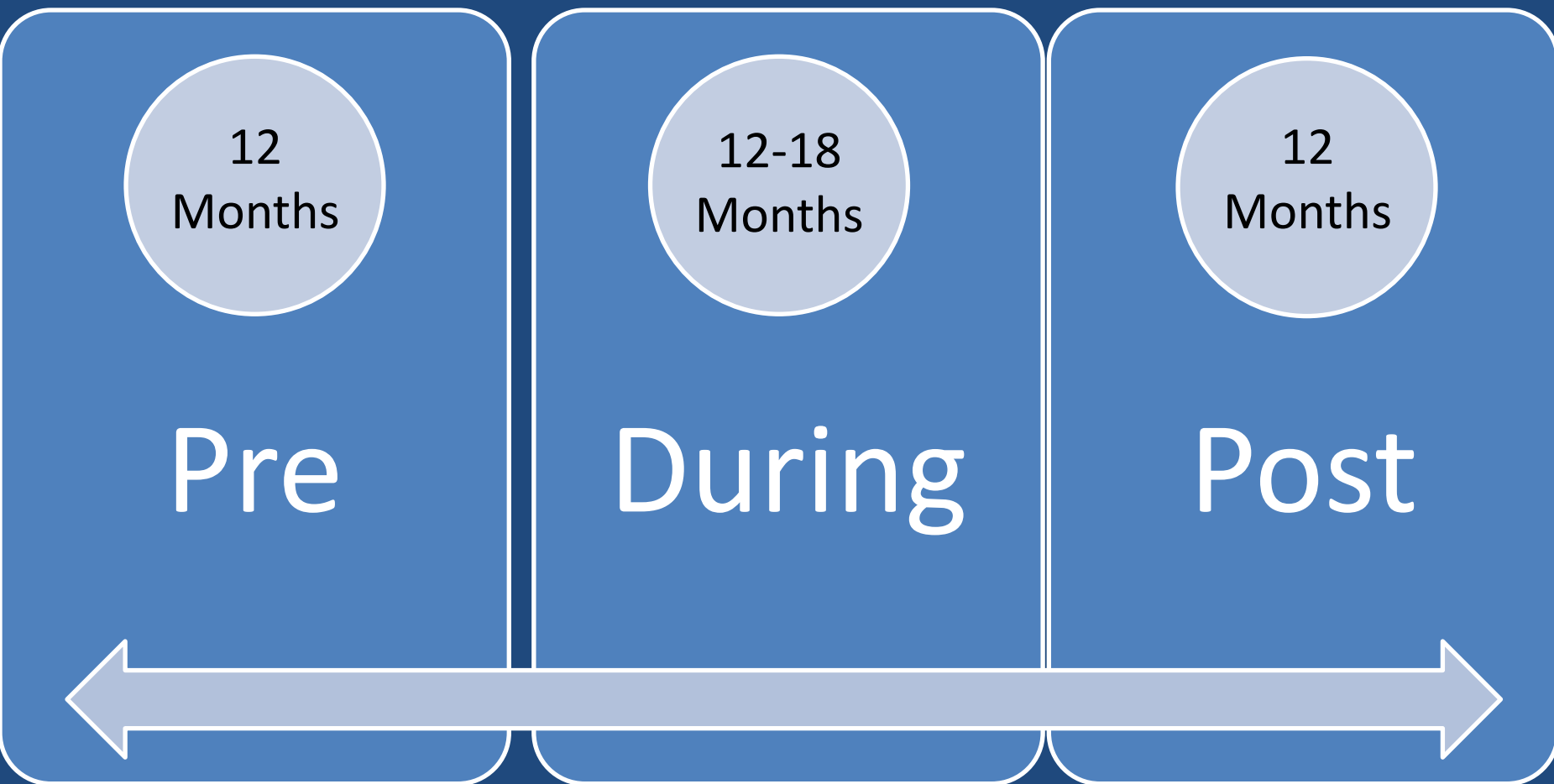
Sequential Intercept: Michigan Examples

- Governor's Diversion Council
 - Pilot Diversion Programs around the state
 - Overall Goal: Reduce the number of individuals with SMI within jails
 - Pilots are primarily:
 - Intercept 1: Law Enforcement Intercept
 - Intercept 3 and 4: Post Booking Diversion and Jail Services
- Mental Health Courts
 - Initial funding in 2009 by SCAO/MDCH
 - Evaluation of Pilots in 8 Counties
 - Long-term Evaluation in Wayne County

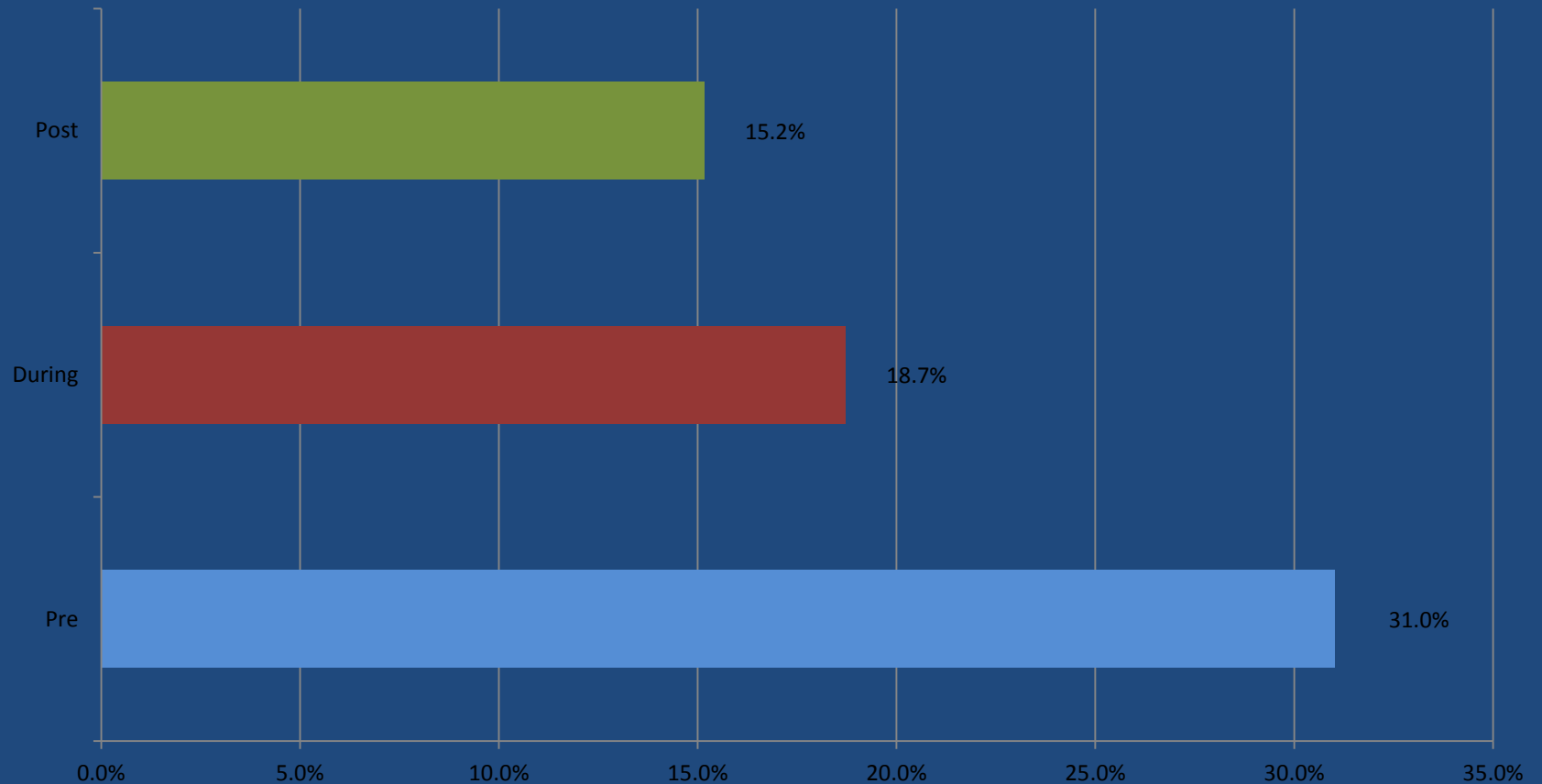
Statewide MHC Evaluation

- 8 Courts Evaluated: Berrien, Genesee, Jackson, Livingston, Oakland, Grand Traverse, St. Clair, and Wayne.
- 678 unique individuals entered MHCs between 1/1/09 and 12/31/11
- Eight courts varied in the numbers served, ranging from 22 to 166 participants.
- Average age of 35; range 18-64

Assessing MHC using 3 Time Points

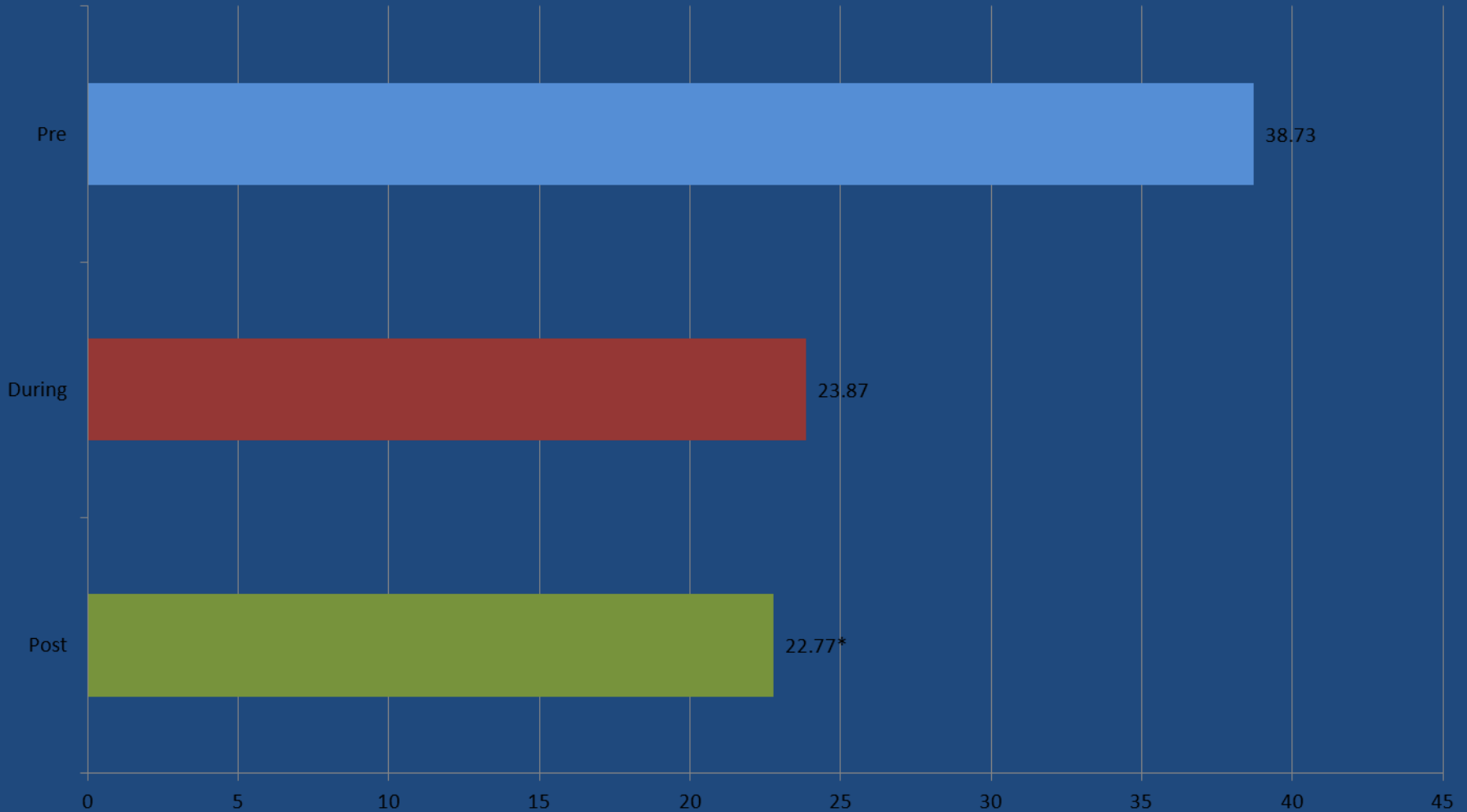


High Intensity Treatment Over Time



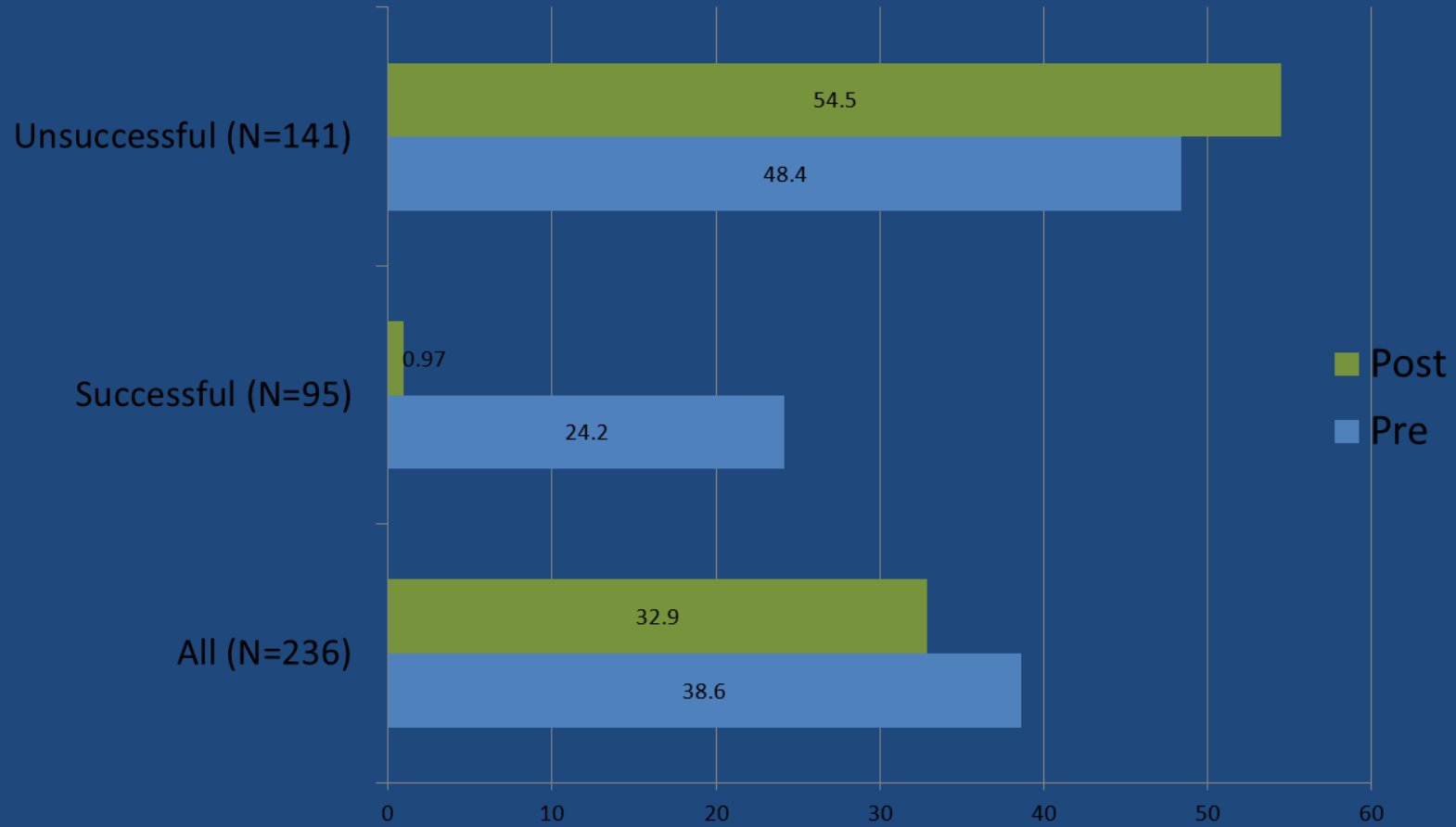
Note: Includes full discharge sample

Jail Days

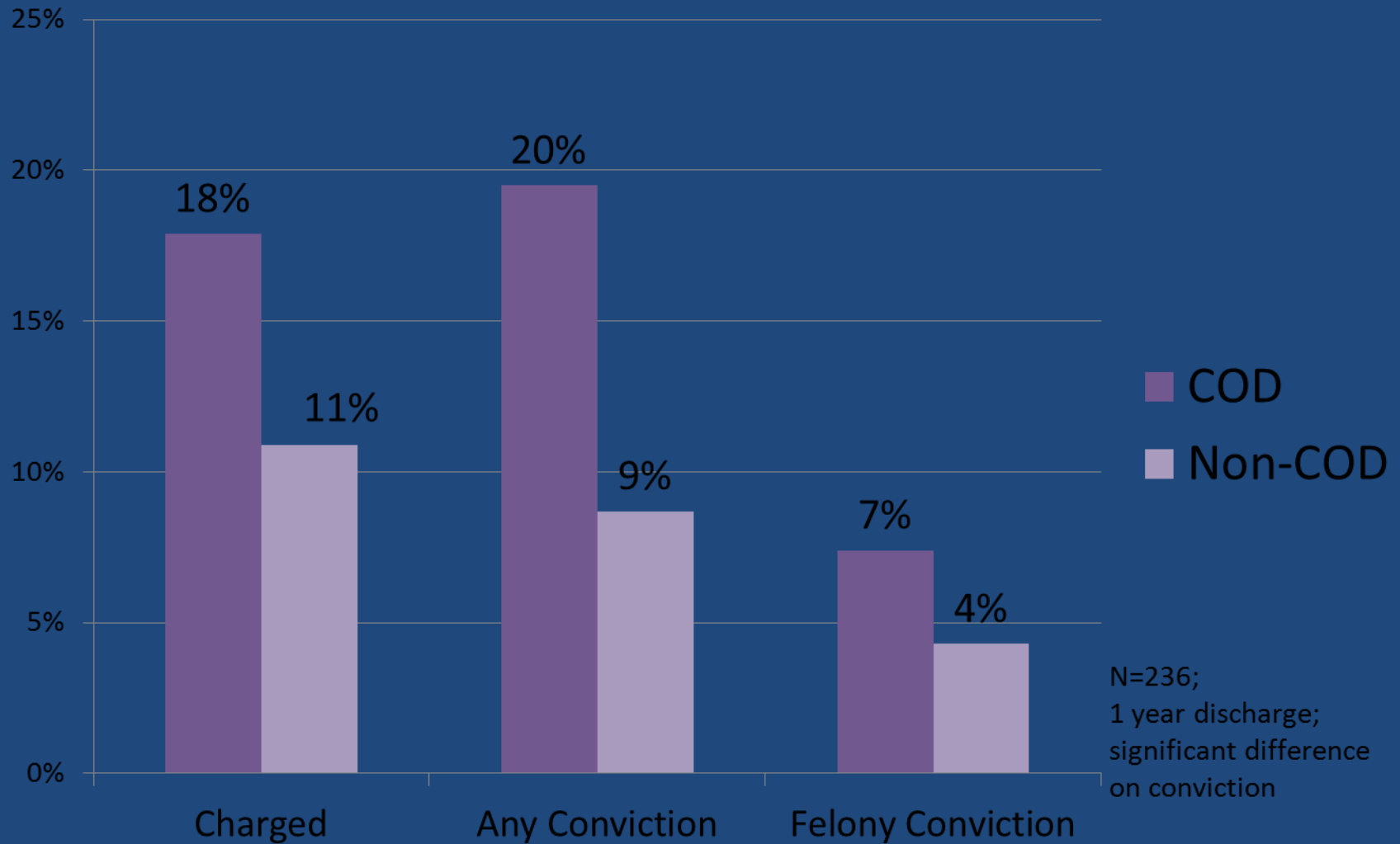


Caution: Discharge Sample of 450; some not discharged full year

Jail Days: 1 year after discharge (n=236)



Comparing Recidivism: COD/Non-COD

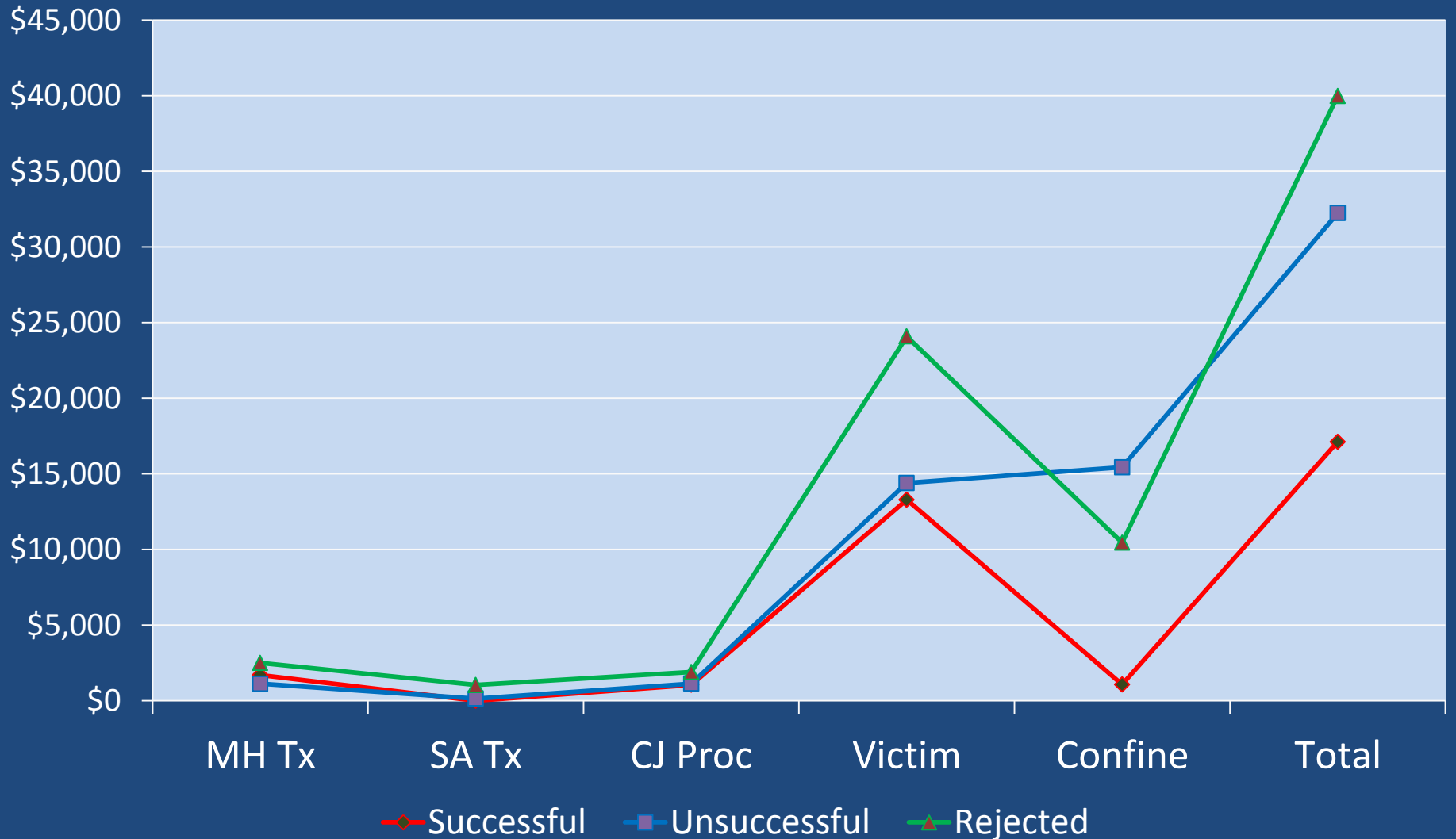


Wayne County MHC Evaluation

- Evaluation from 2009 – 2014
- Final evaluation activity was a ‘cost/benefit’ analysis of long term outcomes;
 - Comparing ‘treatment as usual’ (TAU) – n=45
 - MHC Participants
 - Successful (n=40)
 - Unsuccessful (n=65)

**Time Period for Analysis: 1 year
after screening or completion**

Average Outcome Costs by Group



Total Cost Savings for Treatment Group 1 – year Post-MHC

When compared to the TAU Group	Total Cost Savings
Successful Group	\$914,586
Unsuccessful Group	\$503,154
	\$1,417,740

Resources and References

- Bazelon Center for Mental Health Law (2011). Community Mental Health: A report on the performance improvement project in five states. www.bazelon.org.
- James, D. J., & Glaze, L. E. (2006). *Mental health problems of prison and jail inmates*. (NCJ Publication No. 213600). Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics.
- Kubiak, S.P., Tillander, L., Comartin & Roddy, J. (2014). Long-term outcomes and cost analysis associated with an urban mental health court. Report submitted to Flinn Foundation of Michigan; Wayne County Mental Health Authority; 3rd Circuit Court of Michigan.
- Kubiak, S.P., Tillander, L., Comartin, E., & Ray, B.R. (2012). Statewide Mental Health Court Outcome Evaluation – Aggregate Report. Report submitted to Michigan Department of Community Health.
- Munoz & Griffin, 2006
- National Alliance on Mental Illness (2014). Mental Illness Facts and Numbers; www.nami.org.