

# Intersections Between Mental Health and Criminal/Legal Systems

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# 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

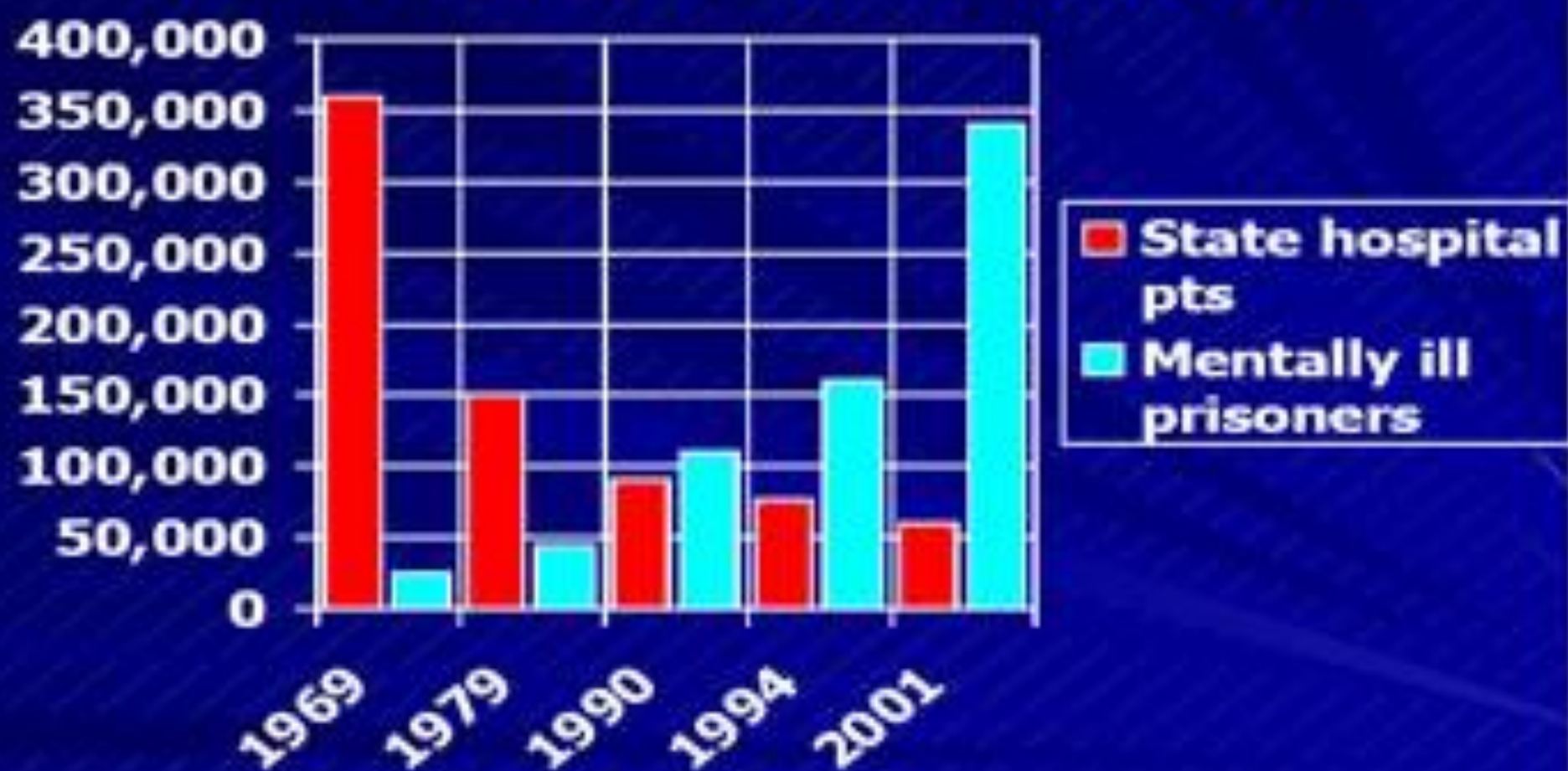
# Other Important Considerations

- 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)

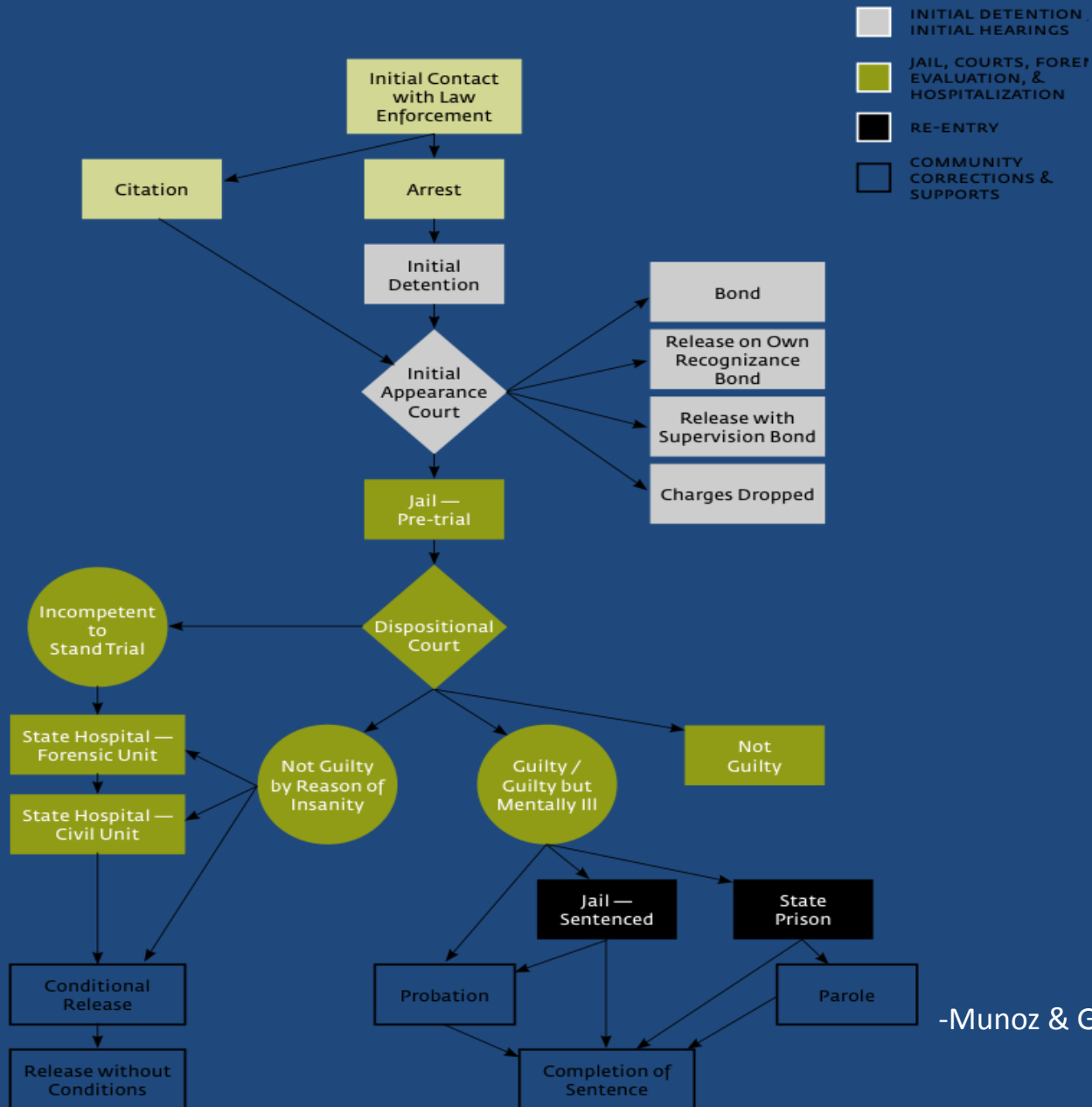


Source: US Dept. of Health Human Services & Dept of Justice statistics

# 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.



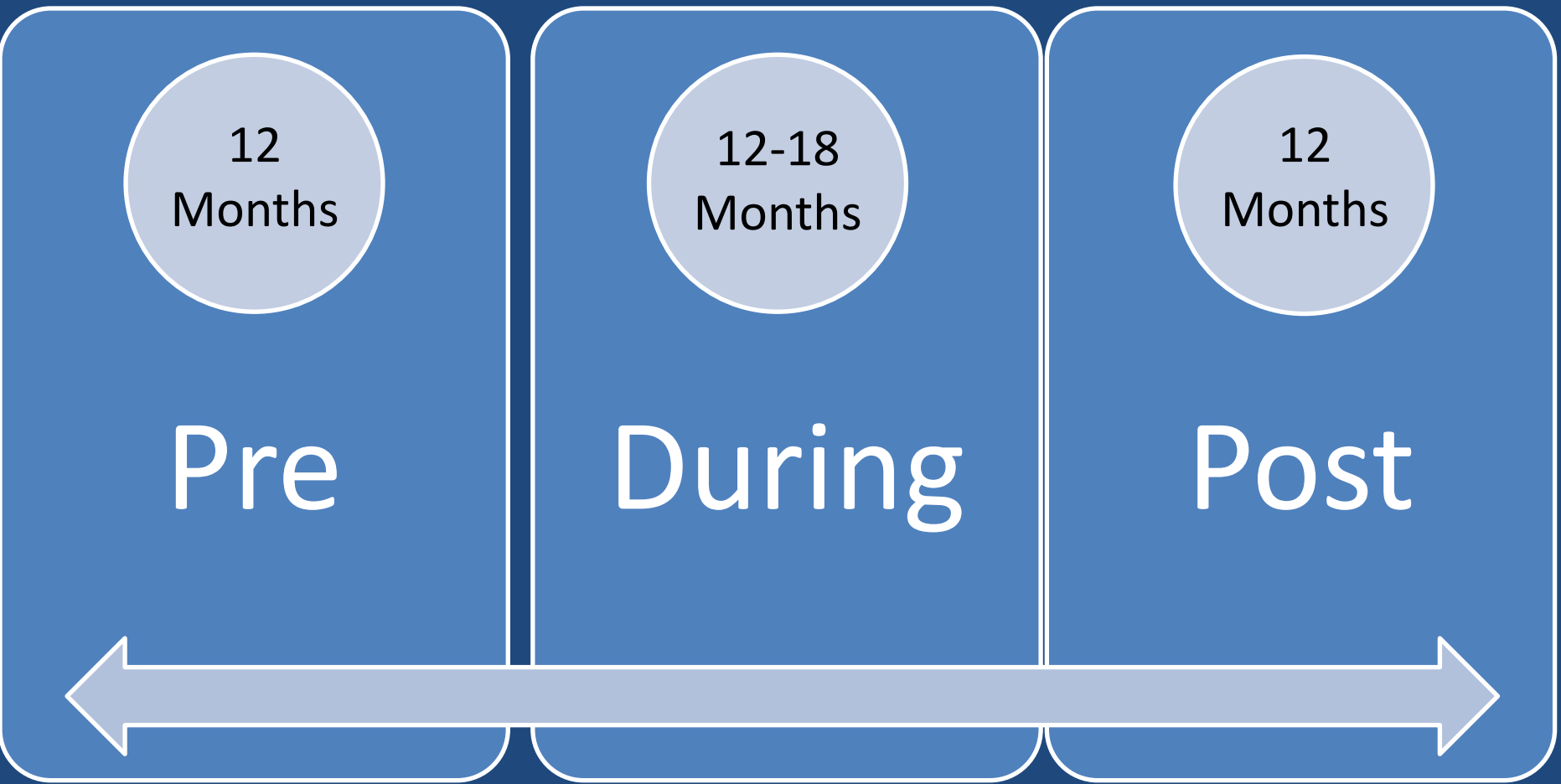
# Sequential Intercept: Michigan Examples

- 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

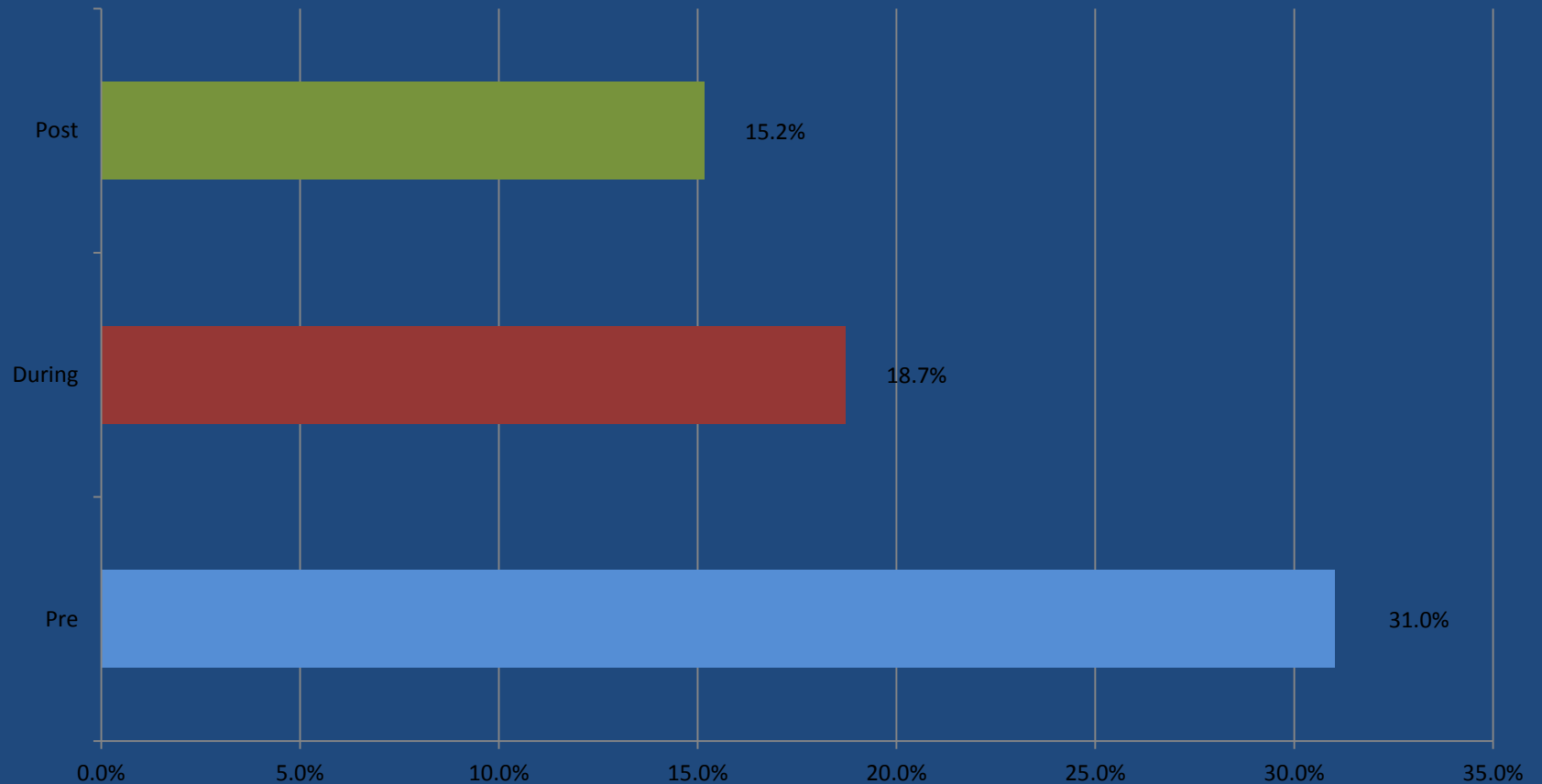
# Statewide MHC Evaluation

- 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

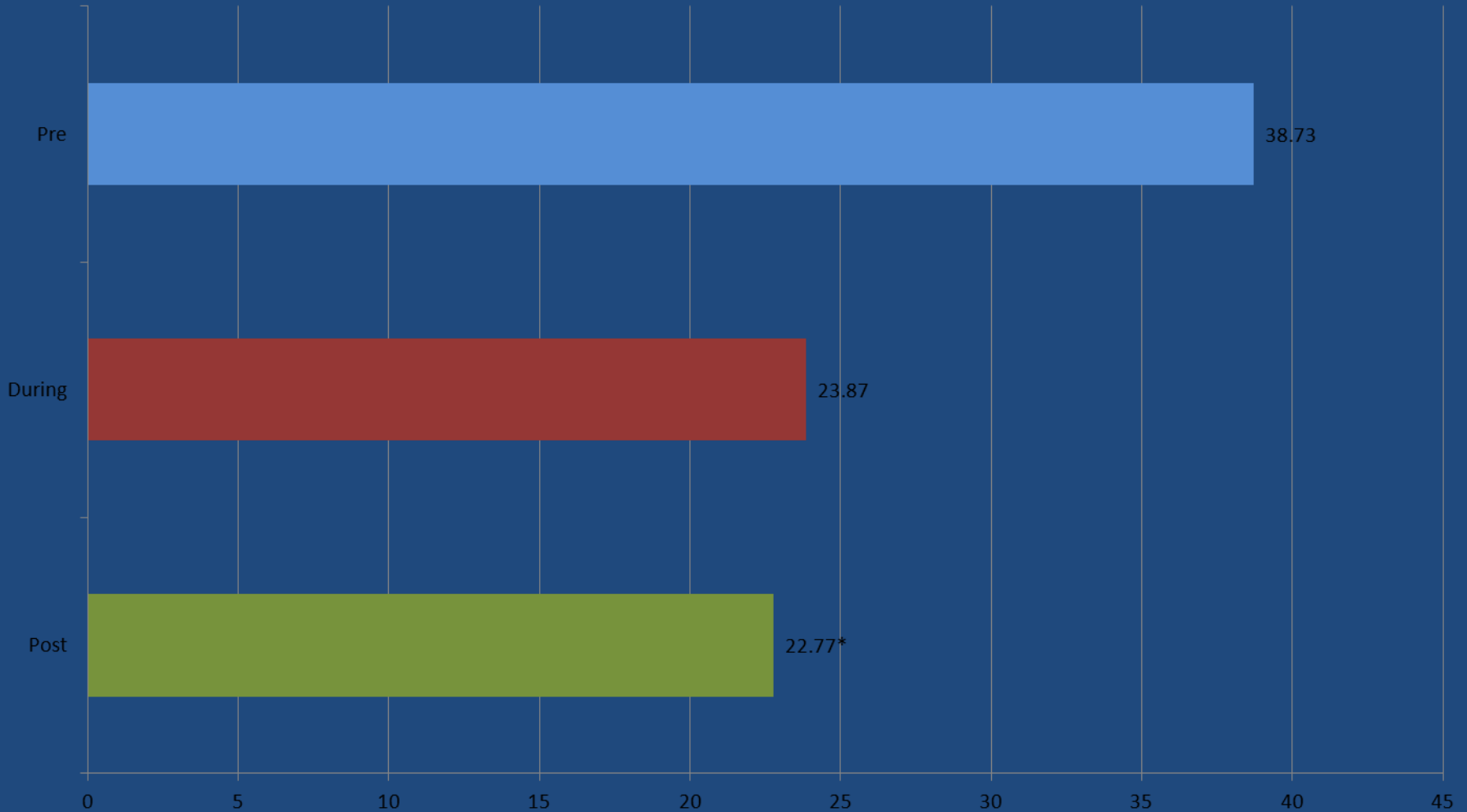


# High Intensity Treatment Over Time



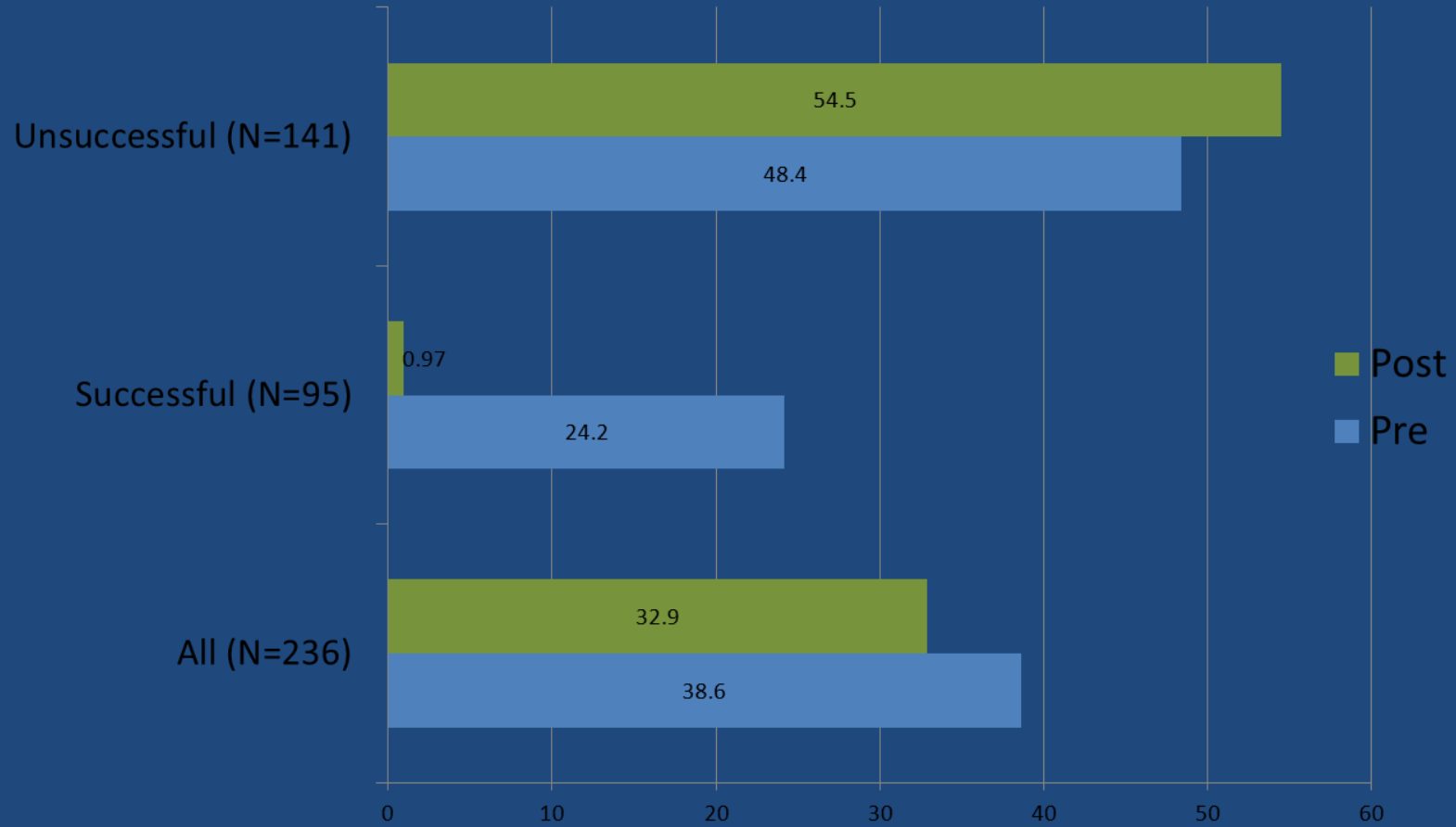
Note: Includes full discharge sample

# Jail Days

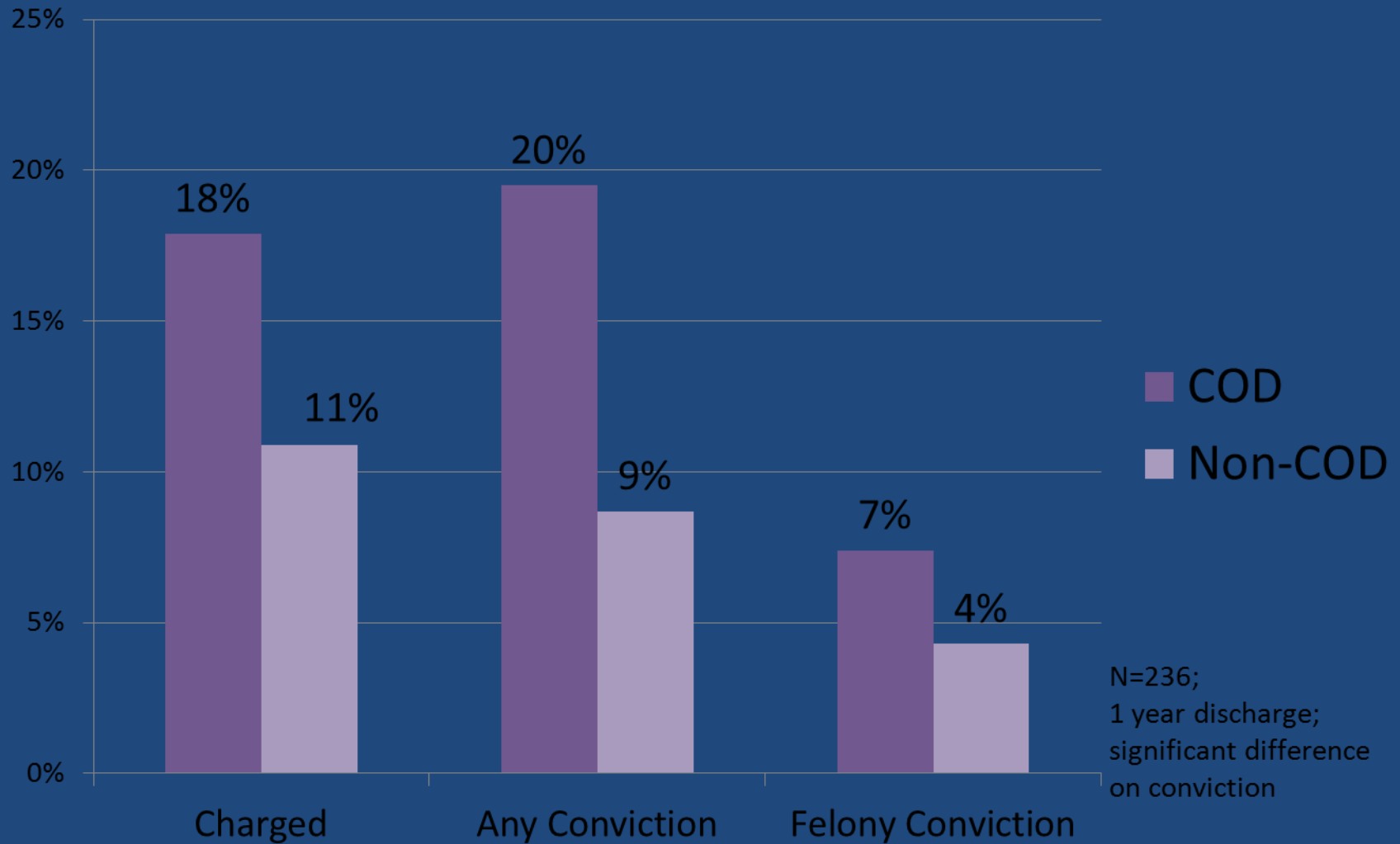


Caution: Discharge Sample of 450; some not discharged full year

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



# Comparing Recidivism: COD/Non-COD



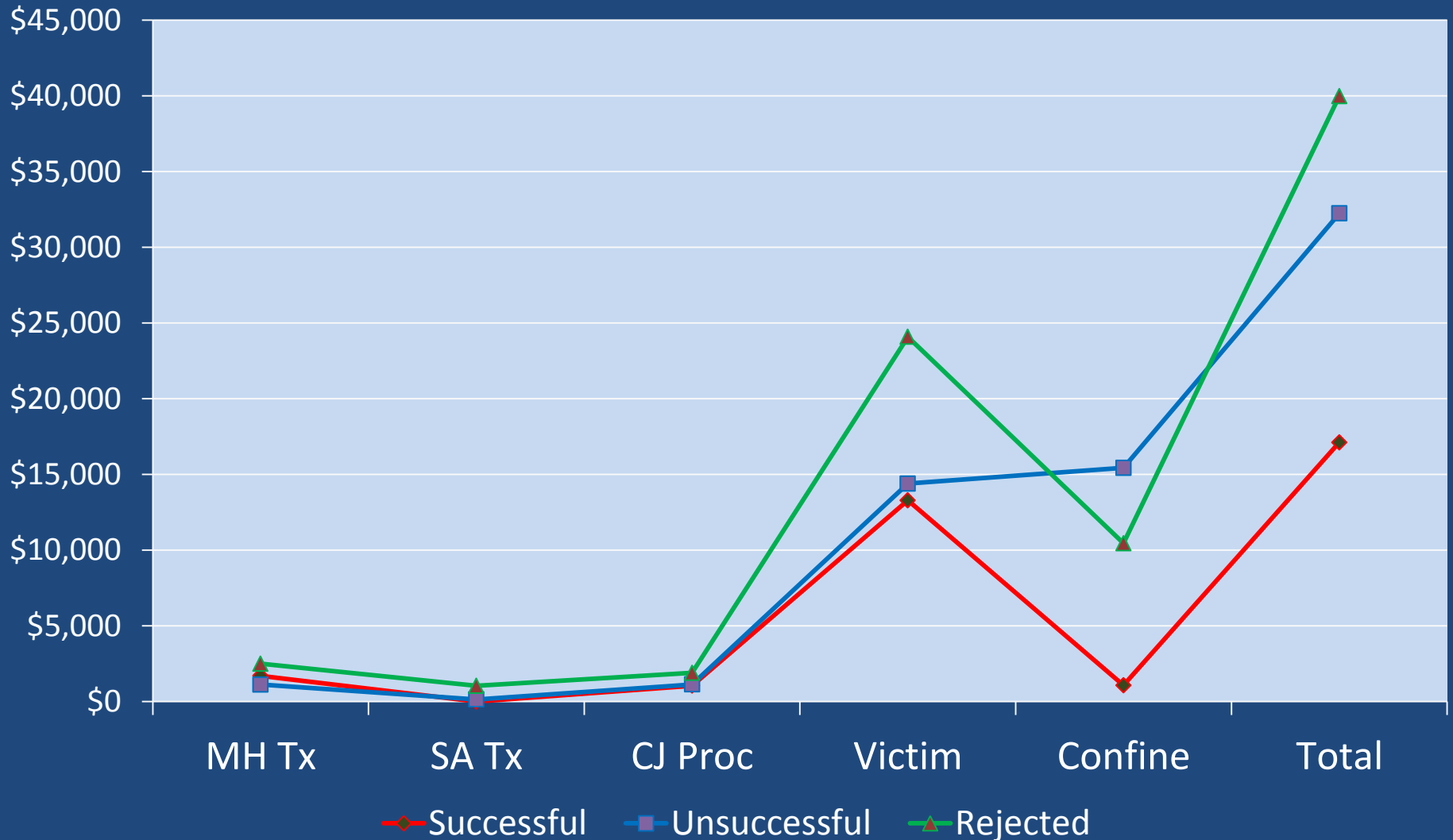
# Wayne County MHC Evaluation

- 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

<b>When compared to the TAU Group</b>	<b>Total Cost Savings</b>
<b>Successful Group</b>	\$914,586
<b>Unsuccessful Group</b>	\$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](http://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; 3<sup>rd</sup> 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](http://www.nami.org).