

Access to Mental Health Services for Those Involved in the Criminal/Legal System

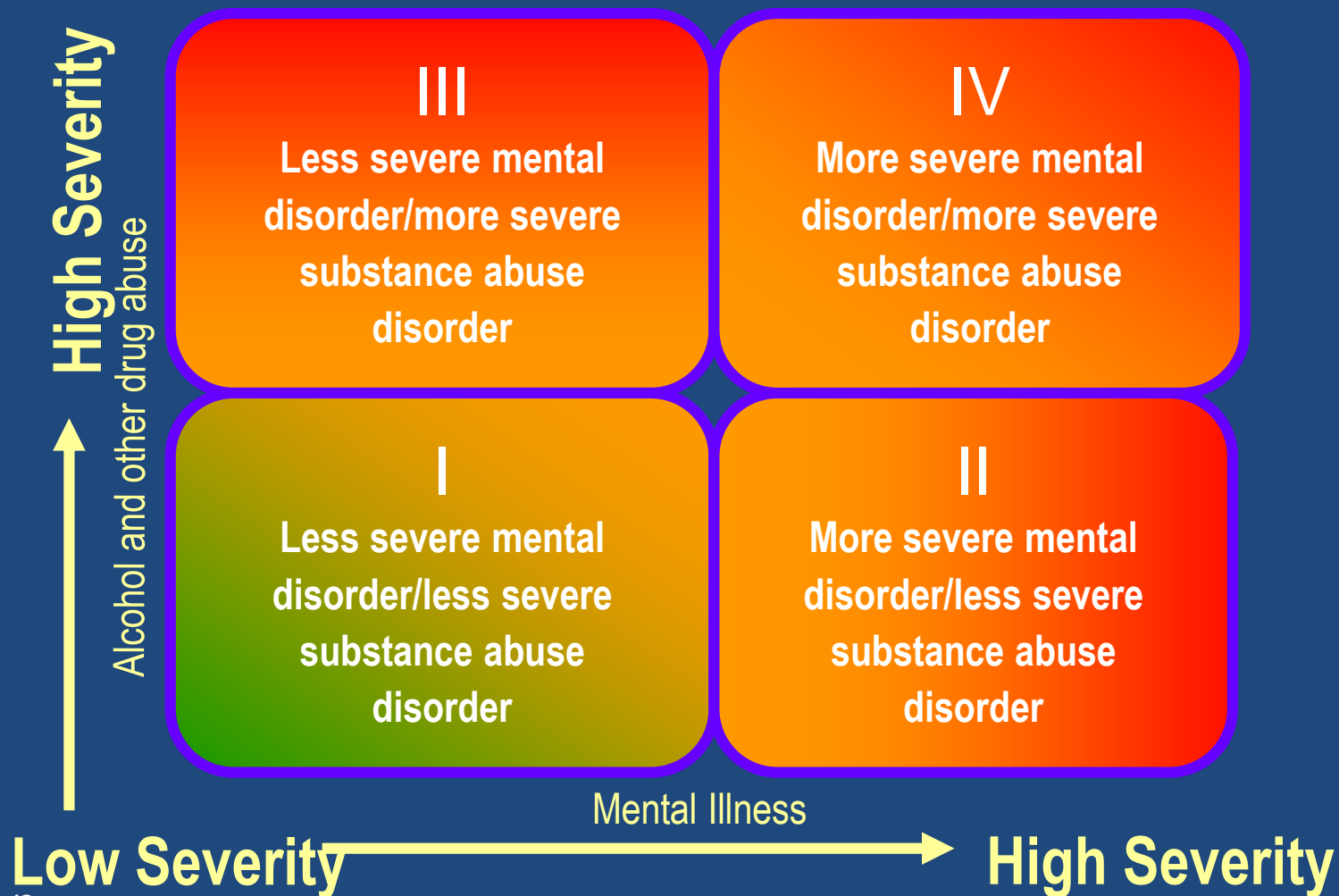
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Criminal/Legal System and Mental Health

- Defining 'mental health' and 'substance use disorders'
 - who gets treatment where....
- Defining the Criminal/Legal Continuum: Where/How do people with mental health needs get services/treatment.
- Thinking about all effected:
 - Perpetrators (offenders)
 - Victims (Survivors)

The Four Quadrants



Combination and levels of illness

Mild to moderate **I**
Mental illness symptoms
*Low to moderate
substance use disorder*

Care: Primary Health

Severe **II**
mental illness symptoms
*Low to moderate
Substance use disorder*

Care: Mental Health System

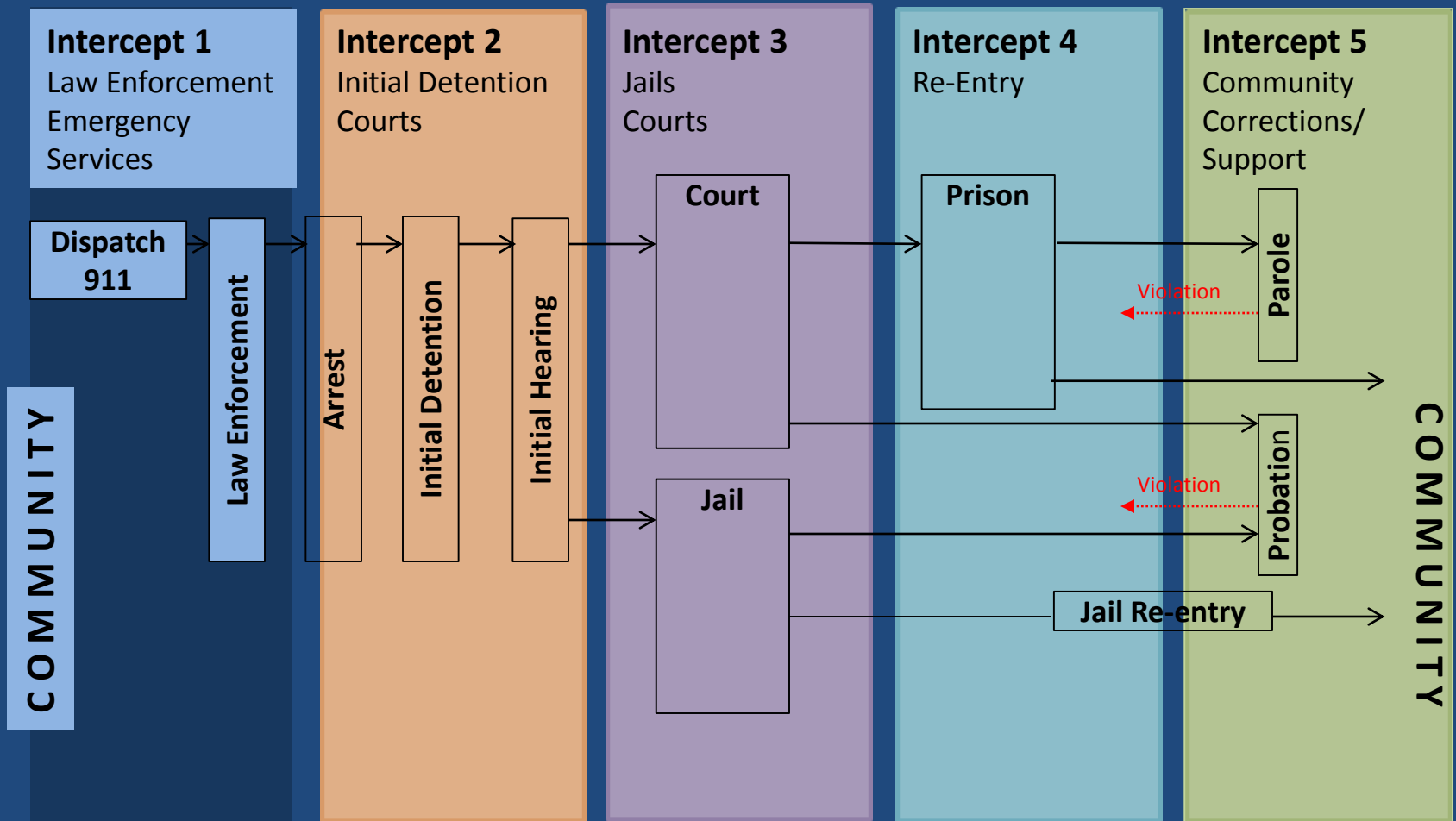
Mild to moderate **III**
Mental illness symptoms
*Severe substance use
disorder*

Care: Substance Abuse System

Severe **IV**
mental illness symptoms
*Severe substance use
disorder*

Care: Jails, hospitals, ER

Sequential Intercept Model

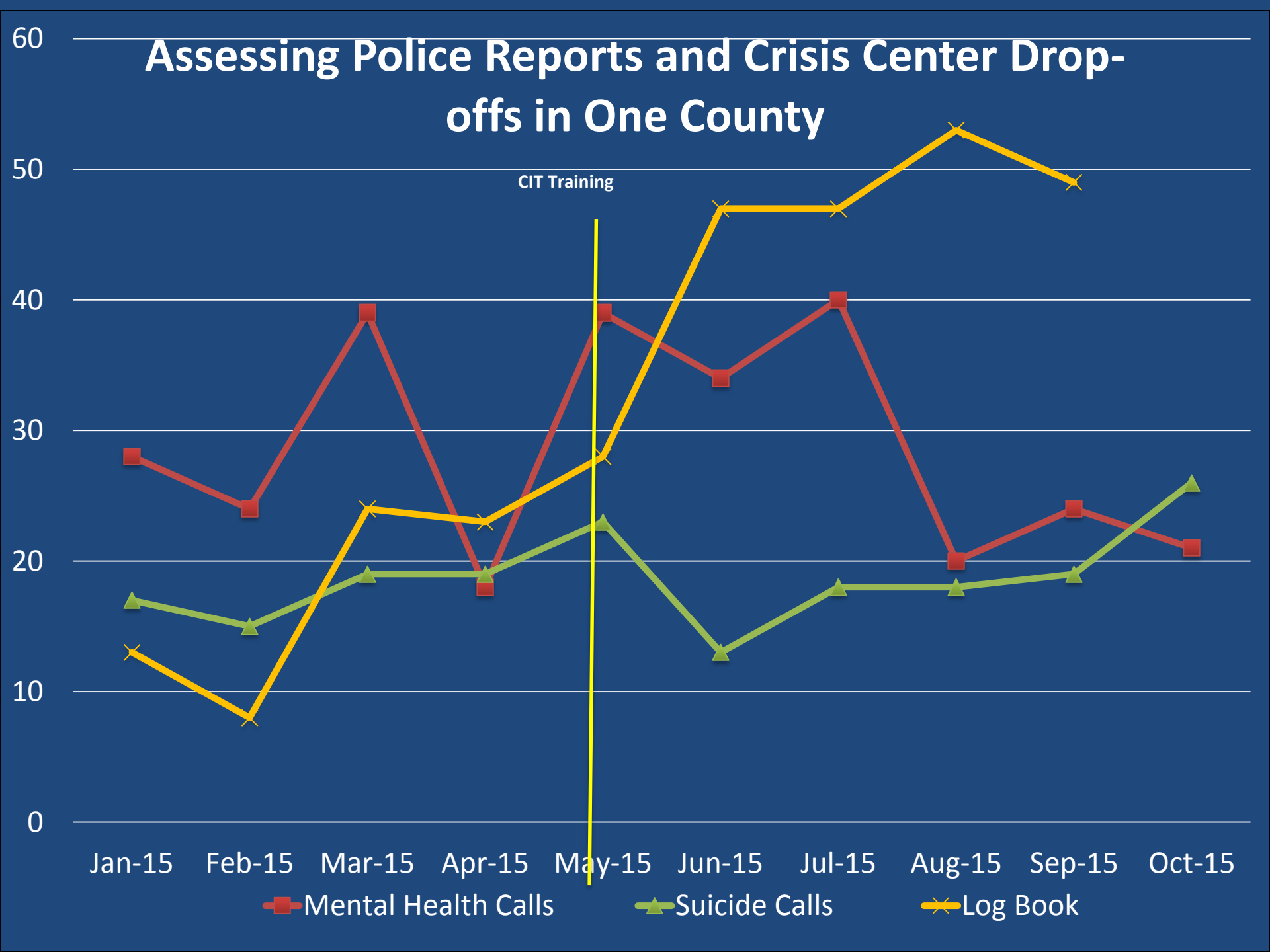


Law Enforcement

- Burden of Police Officers as 1st Responders
 - Crisis Intervention Training (CIT)
 - De-escalation techniques
 - Knowledge of community resources
- **Lack of Crisis Centers with 24-hour access**
- Hospital ER as one alternative
 - Long waits for officers
 - Lack of Psychiatric beds
- Jail as a back-up???

Assessing Police Reports and Crisis Center Drop-offs in One County

CIT Training



■ Mental Health Calls

▲ Suicide Calls

✕ Log Book

Jail Booking (admission)

- Half of those booked into jail report a past year 'mental health problem'; 66% substance use disorder (James & Glaze, 2006).
 - 12 million individuals booked into jails each year in the U.S.
 - Wayne Co. Jail: Daily capacity 2,600; annually 40K
- About half of those booked into jail have 'suicidal ideation' and 13-20% have attempted.
 - suicide is 8 to 14 times greater than the general population.

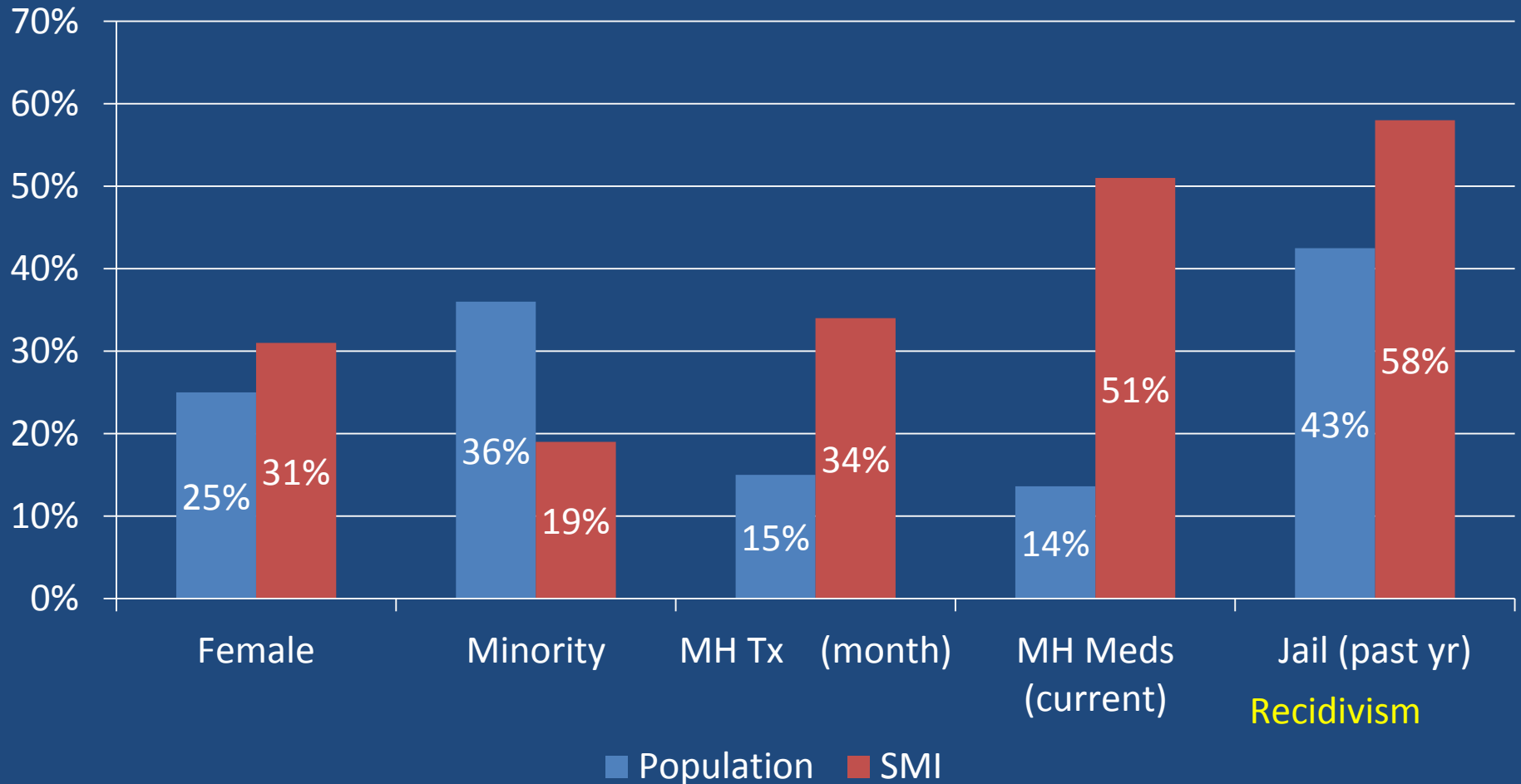
Limitations within Jails

- What's a 'problem' and what is SMI?
 - Situational versus Serious and persistent mental illness?
- Mental health screening/assessment
 - Jail staff NOT trained to detect symptoms
 - Tools are often 'risk' driven, not valid MH screening tools
- Treatment within the jail
 - Medication – Jail Formularies vs. Community prescriptions
 - Observation/Suicide watch
- Coordination with CMH or other Alternatives
 - Whose client? Whose responsibility? Who funds?

Proportion of those booked into the Jail with SMI (K6)



Comparing Characteristics of Jail Population and Those with SMI Across Pilot Sites

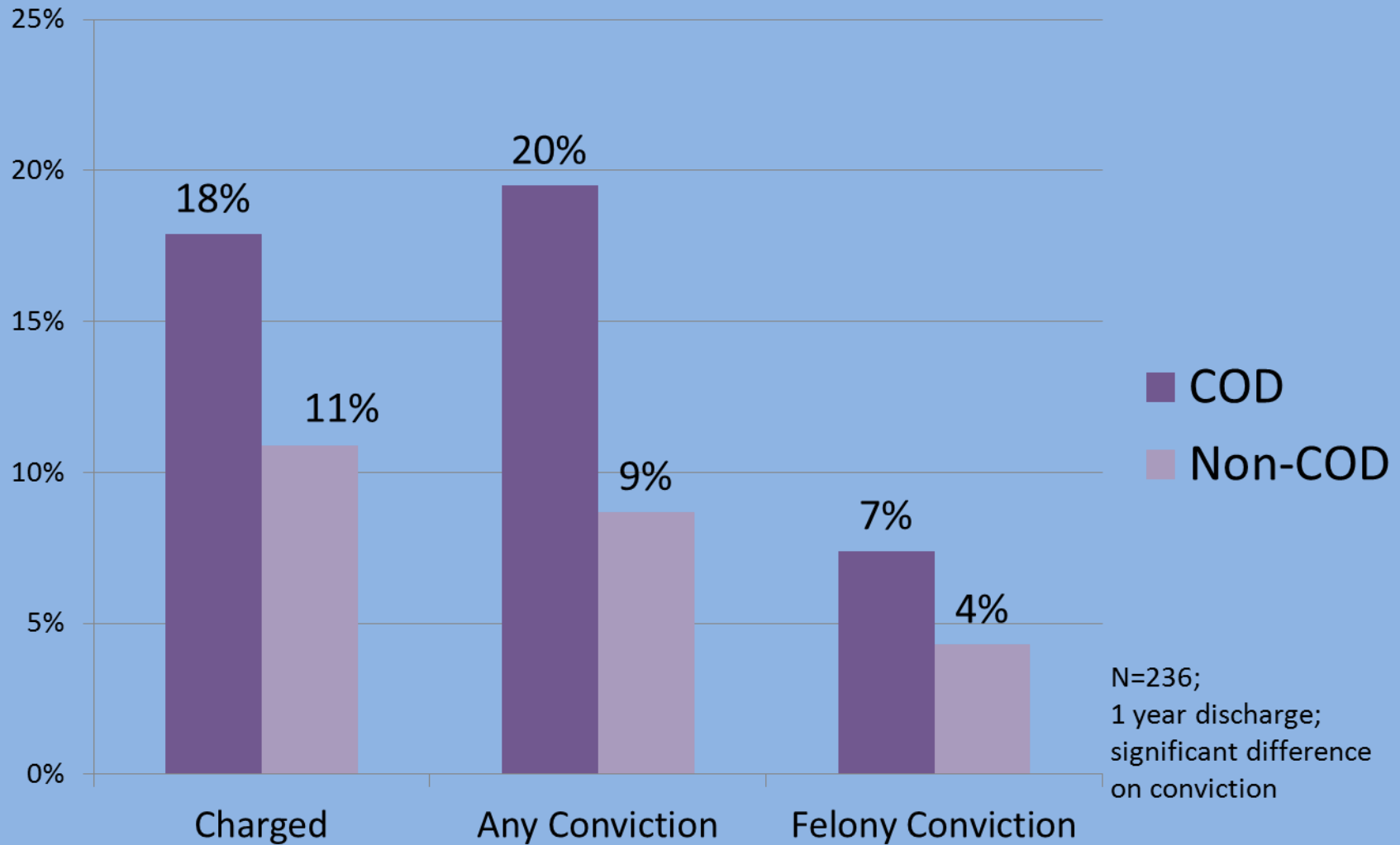


Jail Alternatives

- Diversion
 - Team approach: Jail, prosecutors, MH professionals
 - MI Adult Mental Health (n=20) or Drug Courts (n=32)
 - Forensic Alternative Community Treatment (FACT)
 - Continuity of care with CMH providers

- What about others who have not been 'identified' or partnered with service?

Comparing Recidivism Among MH Court Participants: COD/Non-COD



- Issues with Alternatives/Re-entry
 - Continuing Treatment
 - In-reach/Out-reach
 - Medicaid suspensions/re-activations
 - Housing
 - Employment

Access to Mental Health Services

CRIME VICTIMS

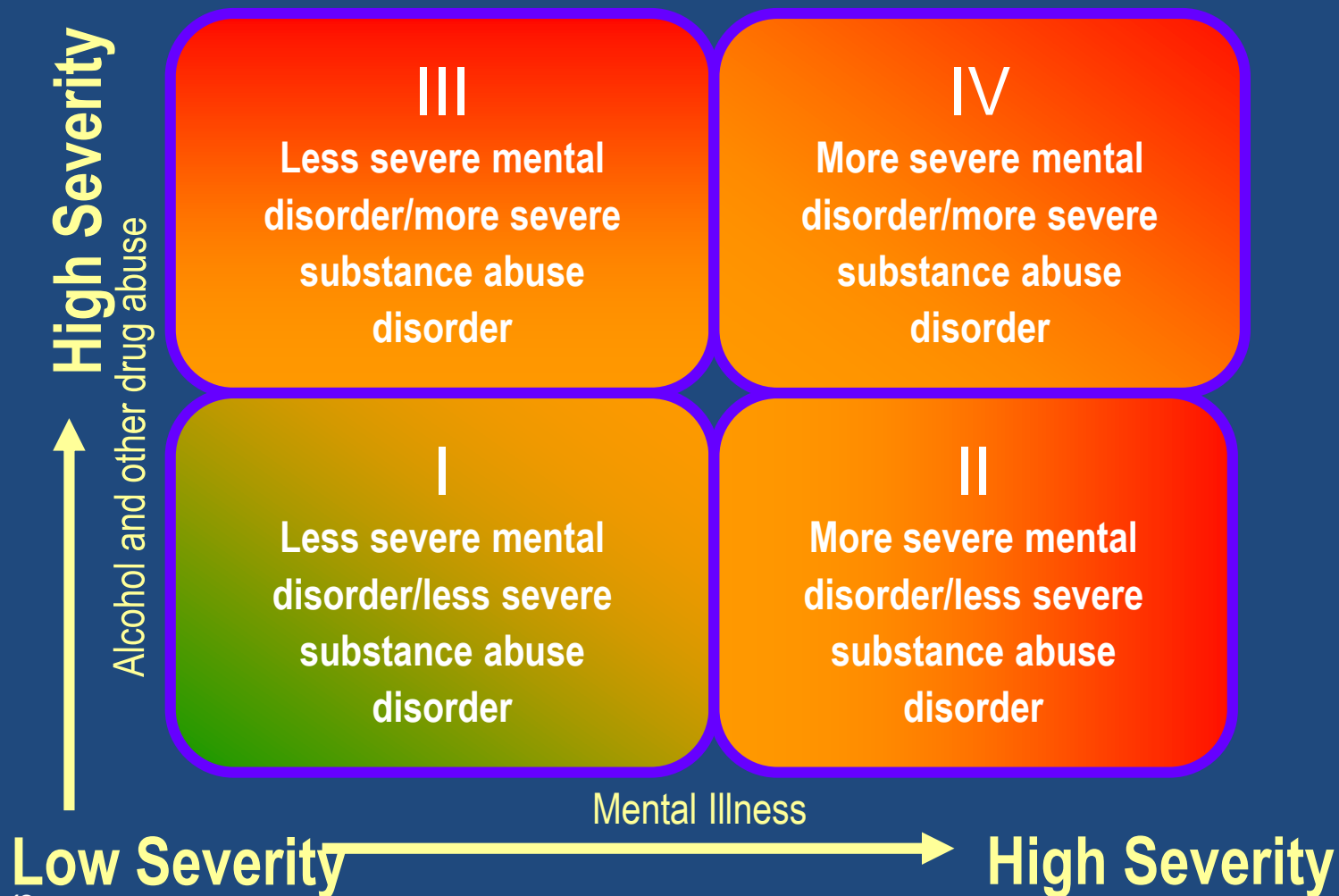
Crime Victim

- Violent victimization affects 1:20 individuals in the U.S. (5.4 million in 2014)
 - Less than half are reported to police (46%)
 - **Nationally, only 10% receive any services**
- MI data: 146,850 reported victims in 2014
 - Victimization rates for African Americans were 150 compared to 20 for whites (Rydberg & McGarrell; 2014)
 - most violent crime victims come from impoverished communities across the state (see Rydberg & McGarrell, 2014)

Services for Crime Victims

- Crime Survivors – PTSD and other MH Concerns
 - Need for short-term trauma-related treatment services
 - Generally, will not qualify for CMH
 - With Medicaid: Qualified MH Professional
 - 20 visits per year maximum
 - Resources limited in high-crime areas
 - Case Finding?
 - Emergency Room
 - Trauma-trained therapists? Trauma-informed organizations?

The Four Quadrants



Trauma Recovery Centers

- Trauma Recovery Centers (California)
 - Located in high crime communities
 - Goal: Meet client where they are to enhance recovery; decrease lingering pain/anger due to unresolved trauma
 - Home visits
 - Basic Needs
 - Trauma-specific interventions

Summary

- Individuals with serious mental health issues who intersect with the criminal/legal system are a high-risk, high-cost, and difficult to serve population.
- Based upon the historical inattention to crime survivors psychological well-being at the time of medical treatment after victimization, it seems that integration of physical and mental health treatment for specialty populations may be unfeasible.