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

<table>
<thead>
<tr>
<th>Quadrant</th>
<th>Mental Illness</th>
<th>Substance Abuse Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Less severe mental disorder/less severe substance abuse disorder</td>
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<tr>
<td>II</td>
<td>More severe mental disorder/less severe substance abuse disorder</td>
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## Combination and levels of illness

<table>
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<tbody>
<tr>
<td>Mild to moderate Mental illness symptoms</td>
<td>Severe mental illness symptoms</td>
</tr>
<tr>
<td>Low to moderate substance use disorder</td>
<td>Severe substance use disorder</td>
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| Care: Primary Health | Care: Mental Health System |

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<th>III</th>
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| Care: Substance Abuse System | Care: Jails, hospitals, ER |
Sequential Intercept Model

Intercept 1: Law Enforcement Emergency Services

Intercept 2: Initial Detention Courts

Intercept 3: Jails Courts

Intercept 4: Re-Entry

Intercept 5: Community Corrections/Support

Dispatch 911

Adapted from Munetz & Griffin 2006
Law Enforcement

• Burden of Police Officers as 1\textsuperscript{st} 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

- Mental Health Calls
- Suicide Calls
- Log Book

CIT Training
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)

Example of baseline data

Site A | Site B | Site C | Site D | Site E
--- | --- | --- | --- | ---
Year 1 | Year 2 | Year 1 | Year 2 | Year 1 | Year 2
0% | 5% | 10% | 15% | 20% | 25% | 30% | 35% | 40% | 45%
Comparing Characteristics of Jail Population and Those with SMI Across Pilot Sites

- Female: Population 25%, SMI 31%
- Minority: Population 36%, SMI 19%
- MH Tx (month): Population 15%, SMI 34%
- MH Meds (current): Population 14%, SMI 51%
- Jail (past yr): Population 43%, SMI 58%

Recidivism
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

- Charged: COD 18%, Non-COD 11%
- Any Conviction: COD 20%, Non-COD 9%
- Felony Conviction: COD 7%, Non-COD 4%

*N=236; 1 year discharge; significant difference on conviction*
• 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?
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CSAT 2005. TIP 42
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.