

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

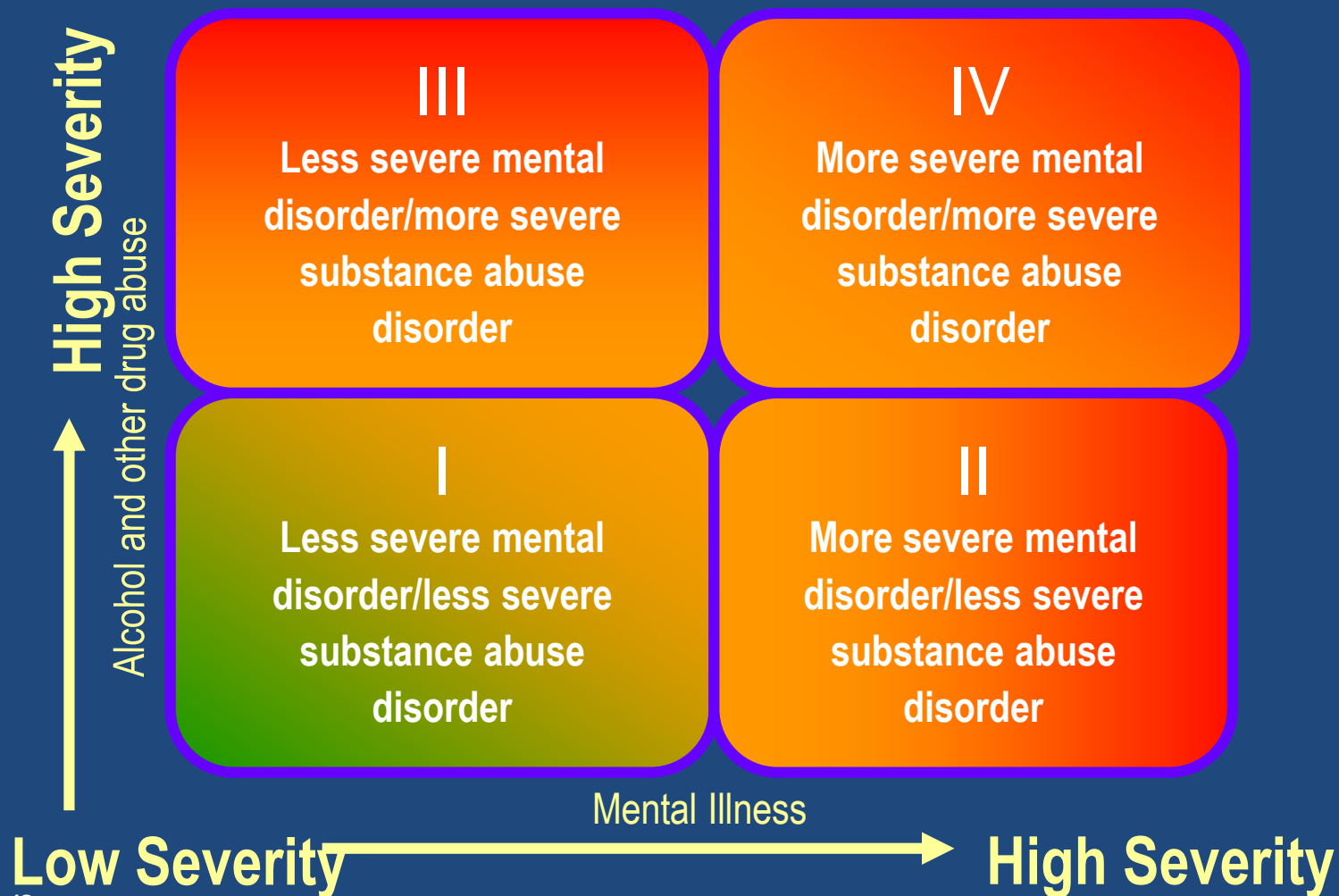
Sheryl Kubiak

Michigan State University

# 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

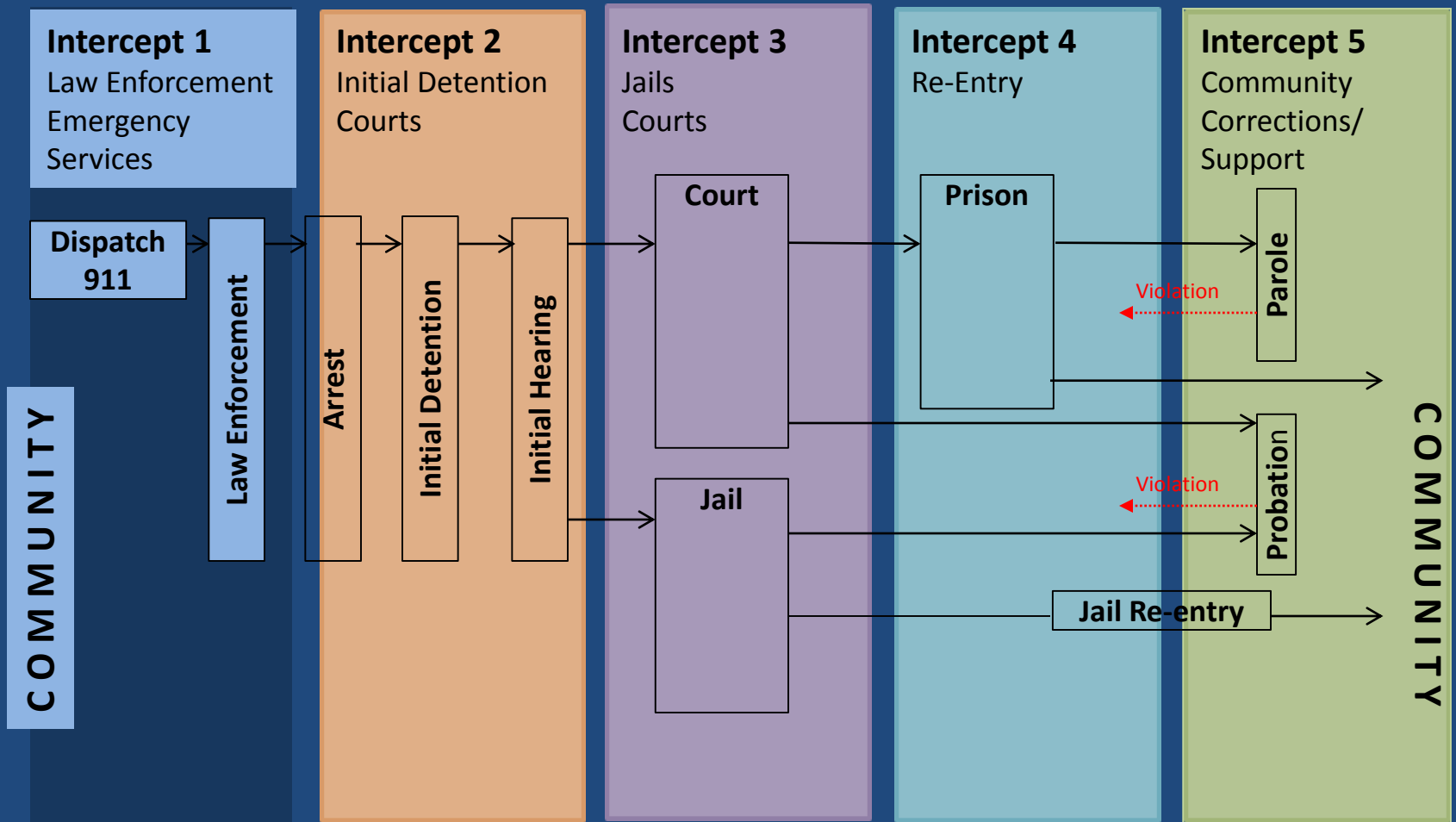
Mild to moderate      **III**  
Mental illness symptoms  
*Severe substance use*  
*disorder*

Care: Substance Abuse System

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

Care: Jails, hospitals, ER

# Sequential Intercept Model

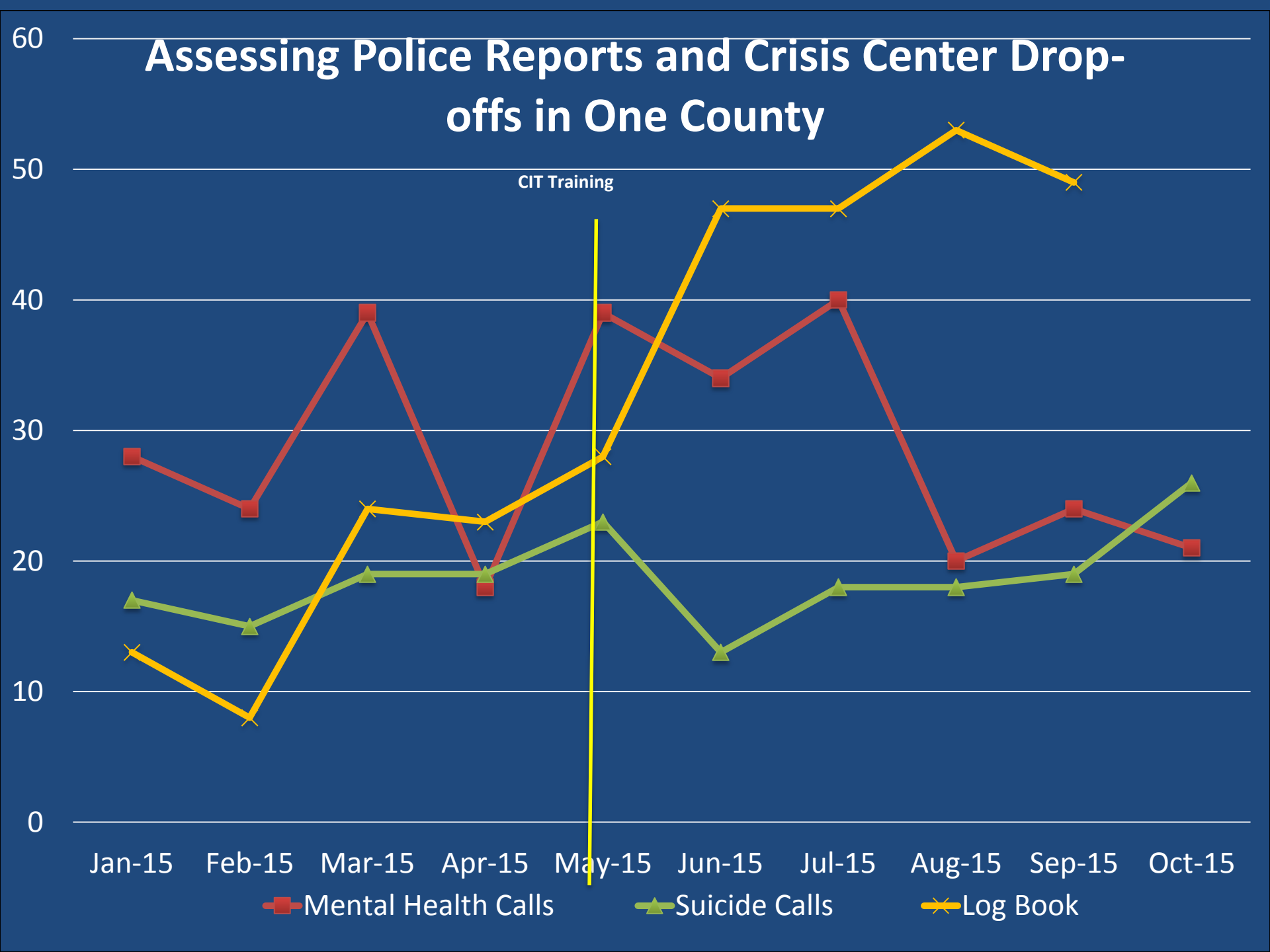


# Law Enforcement

- Burden of Police Officers as 1<sup>st</sup> 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.



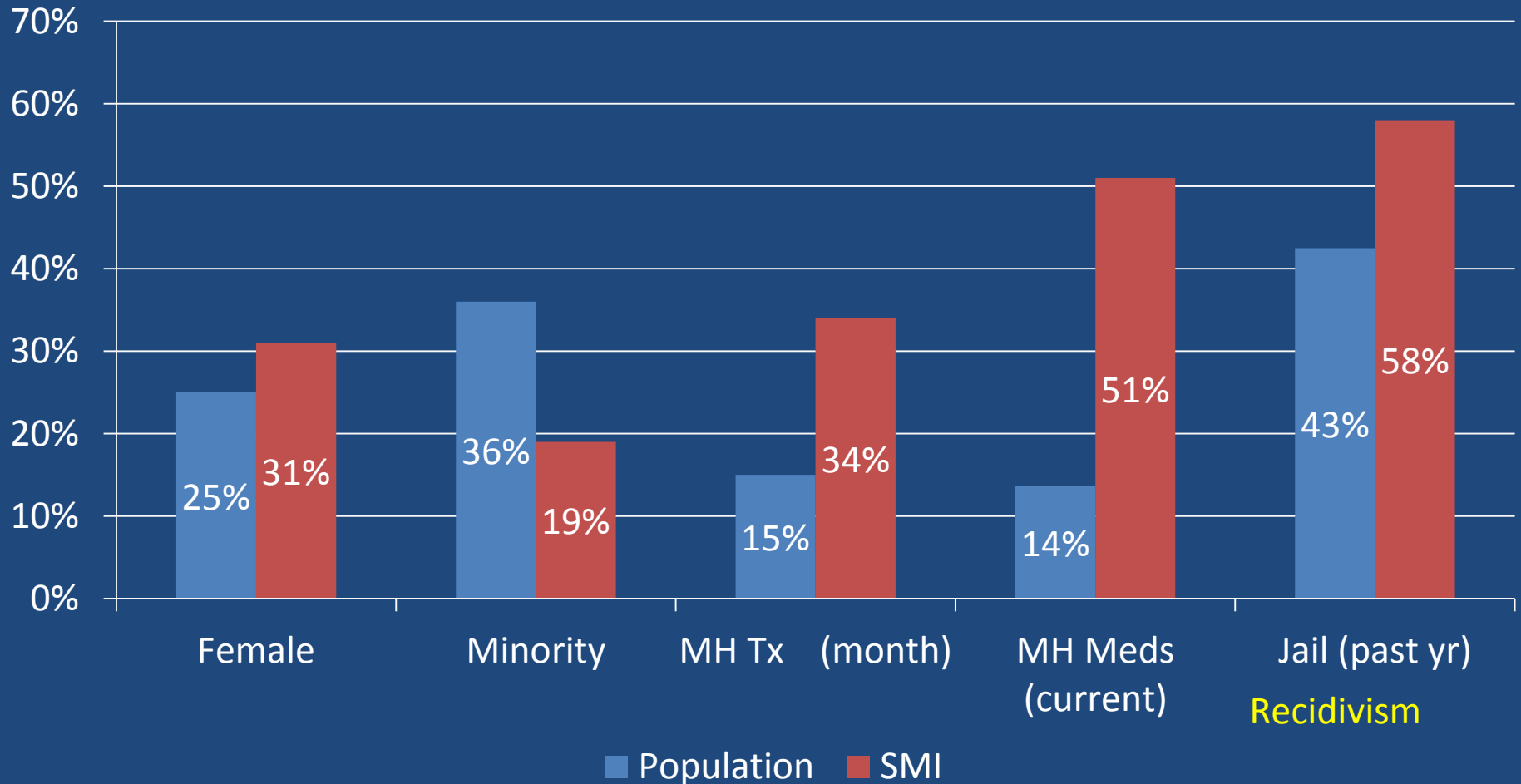
# Limitations within Jails

- 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)



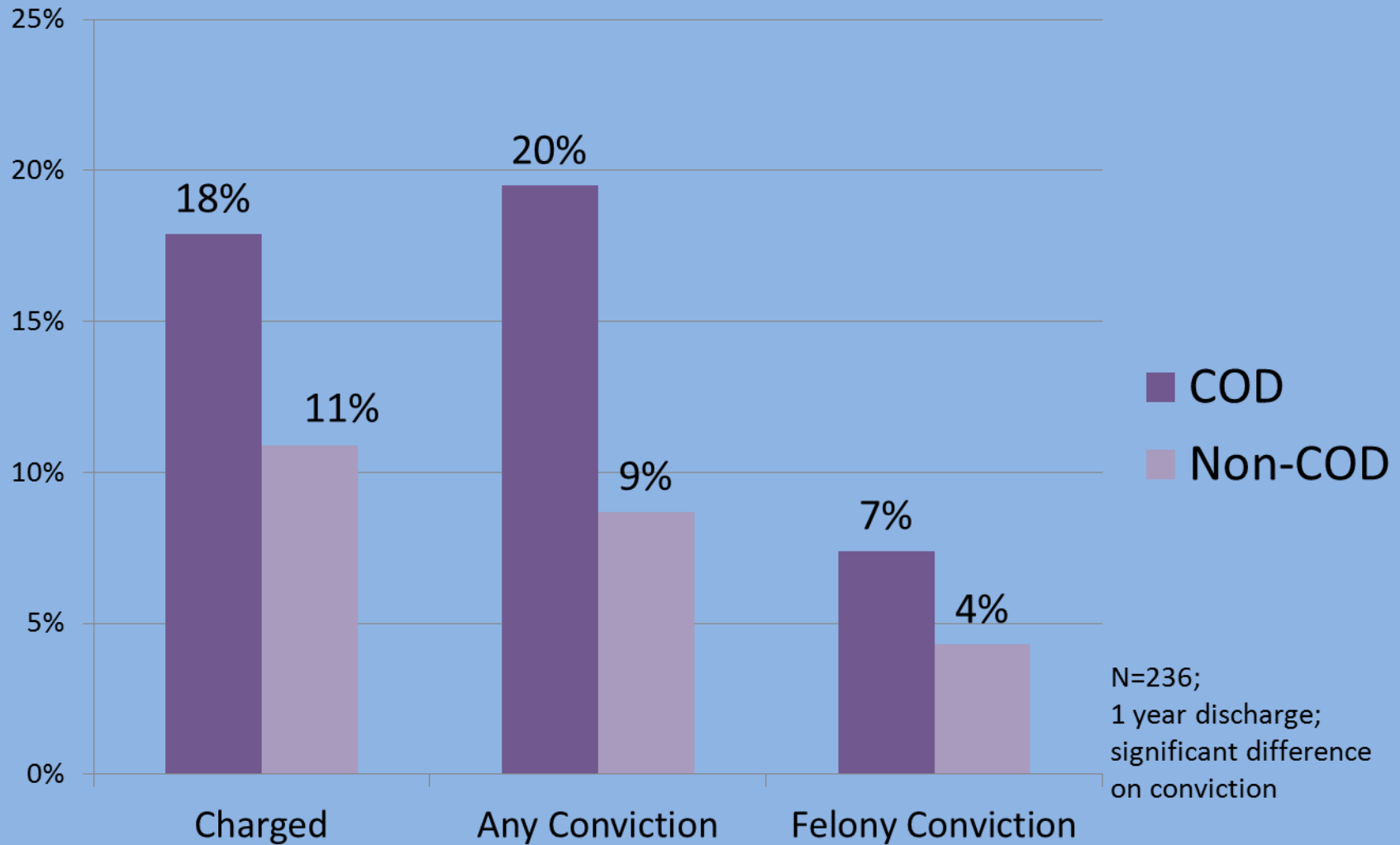
# Comparing Characteristics of Jail Population and Those with SMI Across Pilot Sites



# 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

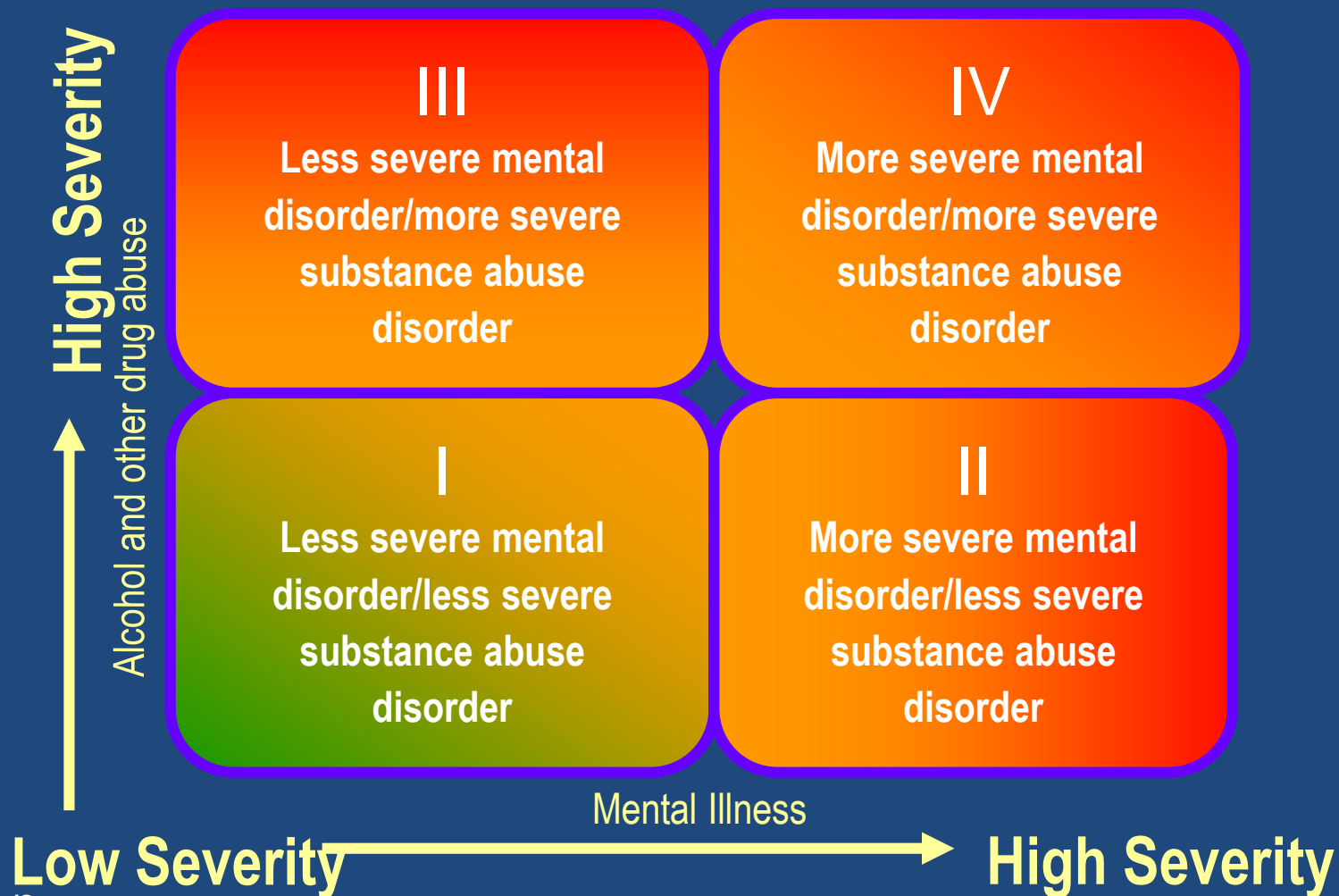
- Violent victimization affects 1:20 individuals in the U.S. (5.4 million in 2014)
  - Less than half are reported to police (46%)
  - **Nationally, only 10% receive any services**
- MI data: 146,850 reported victims in 2014
  - Victimization rates for African Americans were 150 compared to 20 for whites (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.