



# Addressing a National Crisis

## Too Many People with Mental Illnesses in our Jails

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March 12, 2019 | Douglas County, KS



**Justice  
Center**

## The “Six Questions”

JANUARY 2017

### Reducing the Number of People with Mental Illnesses in Jail Six Questions County Leaders Need to Ask

Risë Haneberg, Dr. Tony Fabelo, Dr. Fred Osher, and Michael Thompson

#### Introduction

Not long ago the observation that the Los Angeles County Jail serves more people with mental illnesses than any single mental health facility in the United States elicited gasps among elected officials. Today, most county leaders are quick to point out that the large number of people with mental illnesses in their jails is nothing short of a public health crisis, and doing something about it is a top priority.

Over the past decade, police, judges, corrections administrators, public defenders, prosecutors, community-based service providers, and advocates have mobilized to better respond to people with mental illnesses. Most large urban counties, and many smaller counties, have created specialized police response programs, established programs to divert people with mental illnesses charged with low-level crimes from the justice system, launched specialized courts to meet the unique needs of defendants with mental illnesses, and embedded mental health professionals in the jail to improve the likelihood that people with mental illnesses are connected to community-based services.

Despite these tremendous efforts, the problem persists. By some measures, it is more acute today than it was ten years ago, as counties report a greater number of people with mental illnesses in local jails than ever before.<sup>1</sup> Why?

After reviewing a growing body of research about the characteristics of people with mental illnesses who are in contact with local criminal justice systems, analyzing millions of individual arrest, jail, and behavioral health records to a cross-section of counties across the United States, examining initiatives designed to improve outcomes for this population, and meeting with countless people who work in local justice and behavioral health systems, as well as people with mental illnesses and their families, the authors of this brief offer four reasons why efforts to date have not had the impact counties are desperate to see:

**There are insufficient data to identify the target population and to inform efforts to develop a system-wide response.** New initiatives are frequently designed and launched after considerable discussion but without sufficient local data. Data that establish a baseline in a jurisdiction—such as the number of people with mental illnesses currently booked into jail and their length of stay once incarcerated, their connection to treatment, and their rate of re-arrest—informs a plan's design and maximizes its impact. Furthermore, eligibility criteria are frequently established for diversion programs without the data that would show how many people actually meet these criteria. As a result, county leaders subsequently find themselves disappointed by the impact of their initiative. Counties that recognize the importance of using this data to plan their effort often find the data they need do not exist. It is rare to find a county that effectively and systematically collects information about the mental health and substance use treatment needs of each person booked into the jail, and records this information so it can be analyzed at a system level.

**Program design and implementation is not evidence based.** Research that is emerging on the subject of people with mental illnesses in the justice system demonstrates that it is not just a person's untreated mental illness but also co-occurring substance use disorders and criminogenic risk factors that contribute to his or her involvement in the justice system. Programs that treat only a person's mental illness and/or substance use disorder but do not address other factors that contribute to the likelihood of a person reoffending are unlikely to have much of an impact. Further, intensive supervision and limited treatment resources are often not targeted to the people who will benefit most from them, and community-based behavioral health care providers are rarely familiar with (or skilled in delivering) the approaches that need to be integrated into their treatment models to reduce the likelihood of someone reoffending.



Released in January 2017

1. Is your **leadership** committed?
2. Do you have **timely screening and assessment**?
3. Do you have **baseline data**?
4. Have you conducted a **comprehensive process analysis** and service inventory?
5. Have you prioritized **policy, practice, and funding**?
6. Do you track **progress**?



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1. Reduce the number of people with SMI and SUD **booked** into jails



2. Shorten the **length of stay** in jails for people with SMI and SUD



3. Increase the percentage of people **connected to treatment**



4. Reduce rates of **recidivism**

# Initial Data Review

Data Reviewed from Douglas County Sheriff's Office  
and Criminal Justice Services



**LSIR – Community  
Corrections**  
(Oct 2017 to Dec 2017)

**Serious Mental Illness  
(SMI) Confirmations**  
(Jan 2017 to Dec 2017)

**CAGE-AID substance  
use screen**  
(Jan 2017 – Dec 2017)

**LSIR – District Court**  
(Jan 2017 to Dec 2017)

**All Mental Health Flags**  
(ever)

**Booking Report**  
(Jan 2015 – Dec 2017)

Additional data we will review:

1. Recidivism by release type and LOS
2. Number of SMI and MH Flags booked more than once
3. How much cumulative time people with SMI and MH spent in the year
4. Additional deep dive into Failure to Appear rates

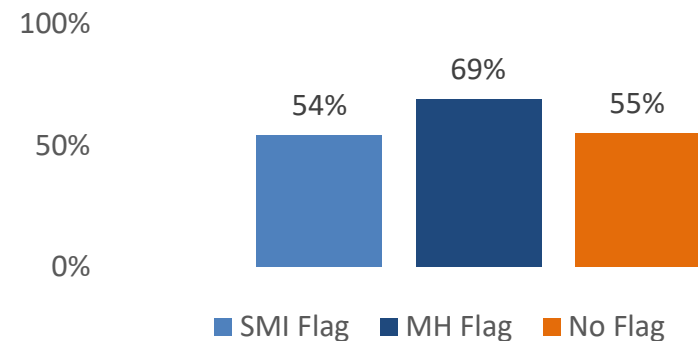
# Failure to Appear is the Top Charge for People Booked into Jail in 2017

Top Charges – SMI Flag	N = 467
Failure to Appear	169
Probation Violation	45
Domestic Battery	38
Municipal/County Violation – Other Offense	34
Criminal Trespassing	13

Top Charges – MH Flag	N = 1,623
Failure to Appear	478
Municipal/County Violation – Other Offense	181
Domestic Battery	141
Probation Violation	137
Driving Under the Influence – 1 <sup>st</sup>	75

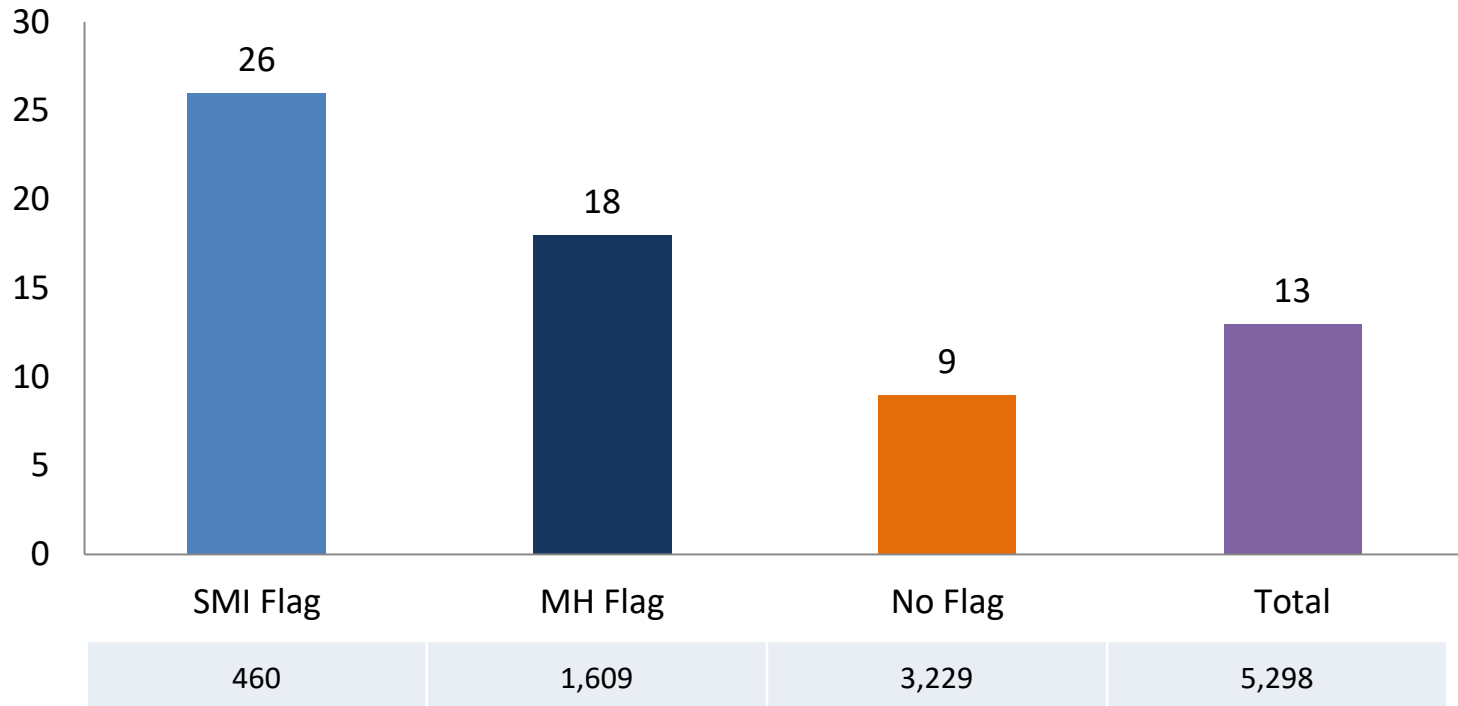
Top Charges – No Flag	N = 3,263
Failure to Appear	885
Driving Under the Influence	433
Municipal/County Violation – Other Offense	331
Domestic Battery	211
Probation Violation	108

Percent of Probation Violations That Are Technical, 2017\*



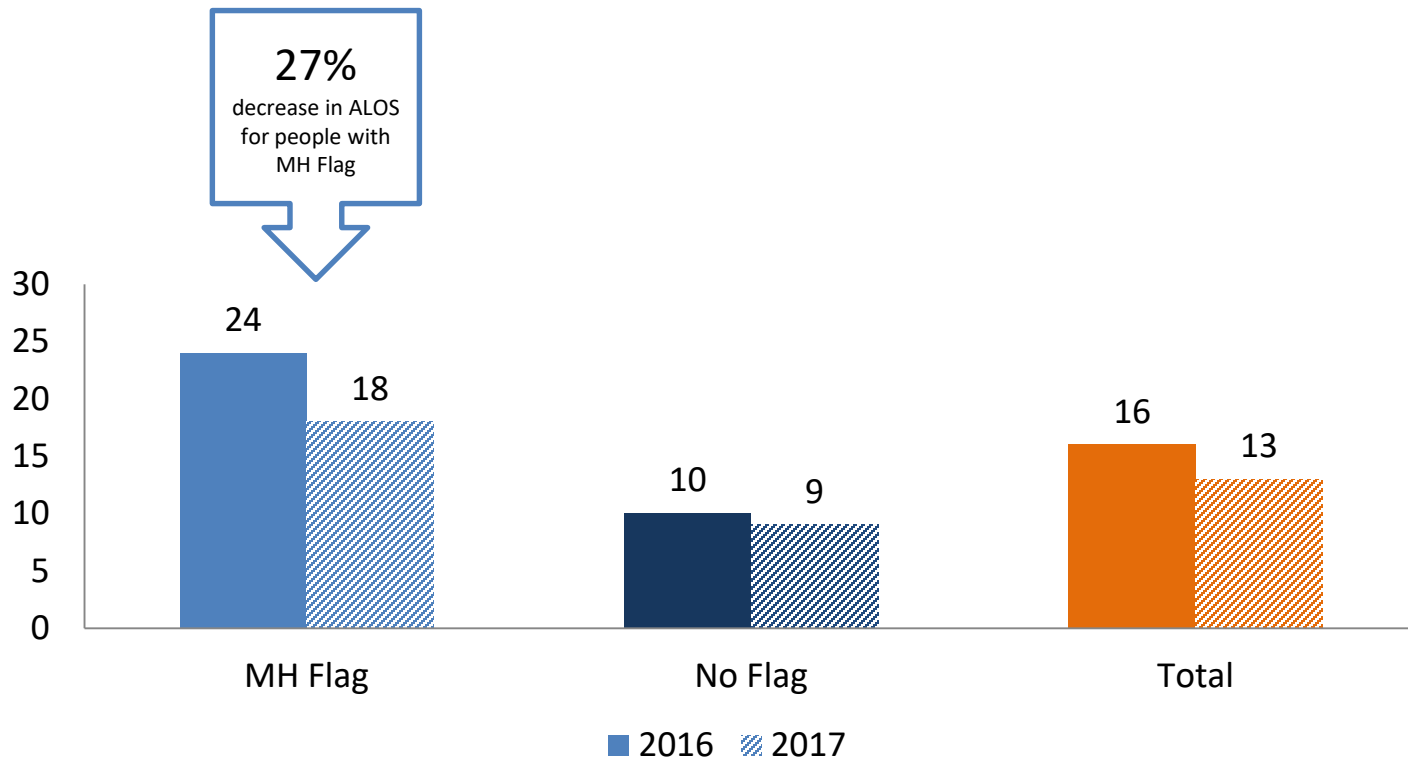
\*Probation violations without other charges are thought to be technical violations.

# Average Length of Stay for Bookings with SMI and MH Flag Booked in 2017



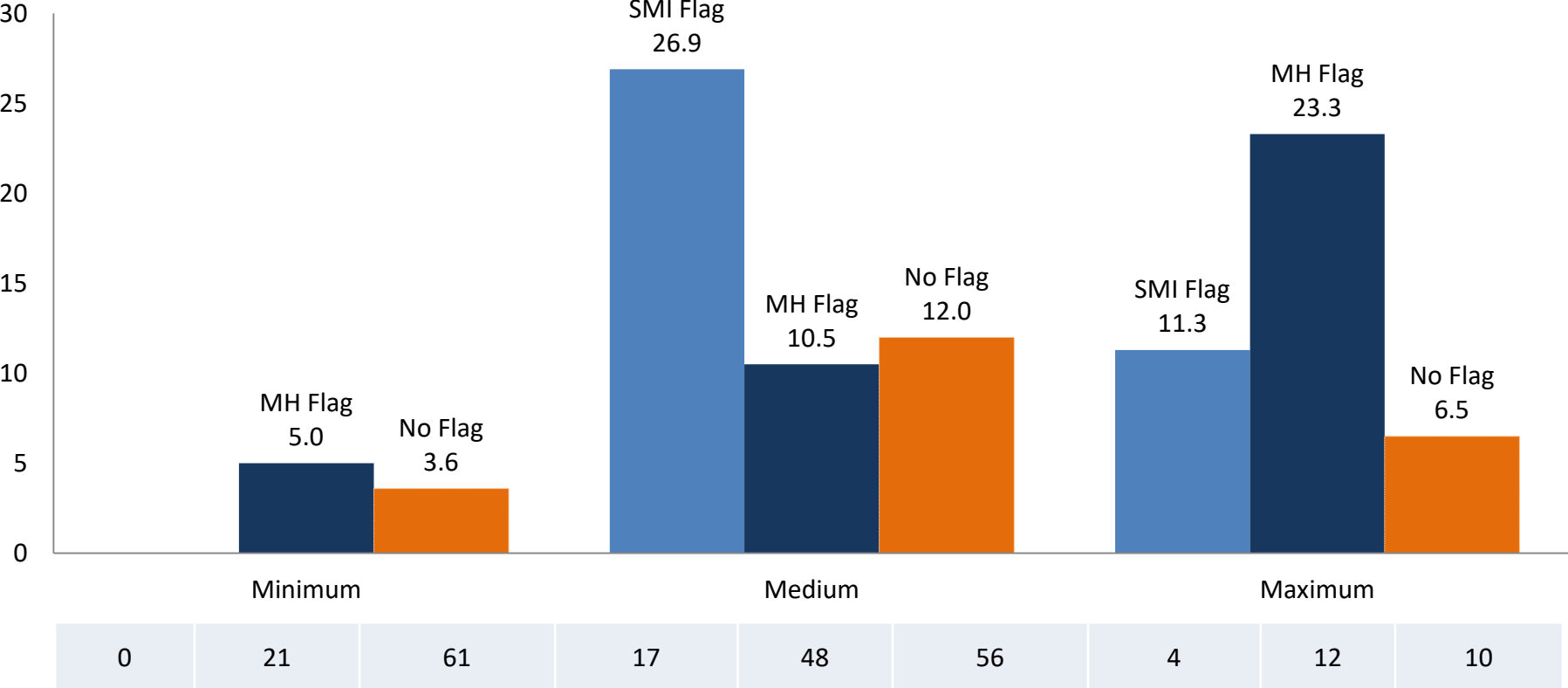
**Average length of stay for bookings for people with an SMI Flag was 17 days longer than those with no SMI or MH Flag**

# The Average Length of Stay for People Booked by DCSO Decreased between 2016 and 2017



**Average Length of stay for people with a MH Flag was 6 days longer in 2016 than 2017**

# ALOS for Medium-Risk People with the SMI Flag is More than Twice the ALOS for People with No Flag





# 48% of People with SMI Returned to DCSO Within 6 Months of Release

Return to Jail Rate For People Released,  
January to June 2017

30  
Returned for  
failure to appear

48%

78

30%

203

20%

290

25%

571

SMI Flag

N = 162

MH Flag

N = 688

No Flag

N = 1,428

Total

N = 2,279

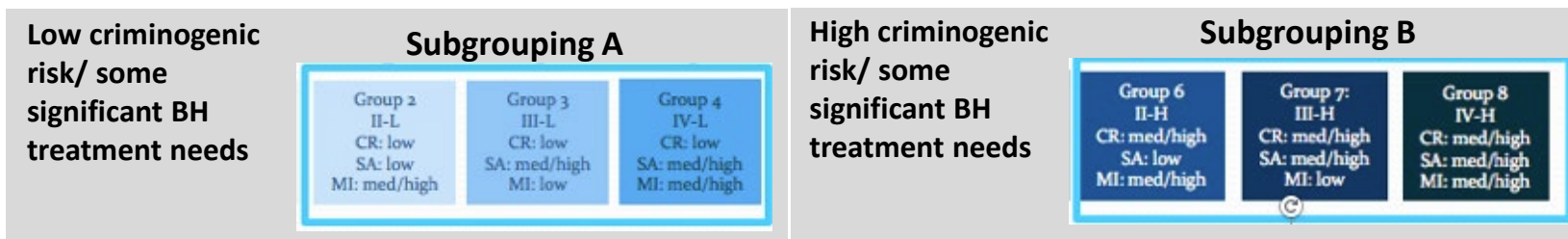
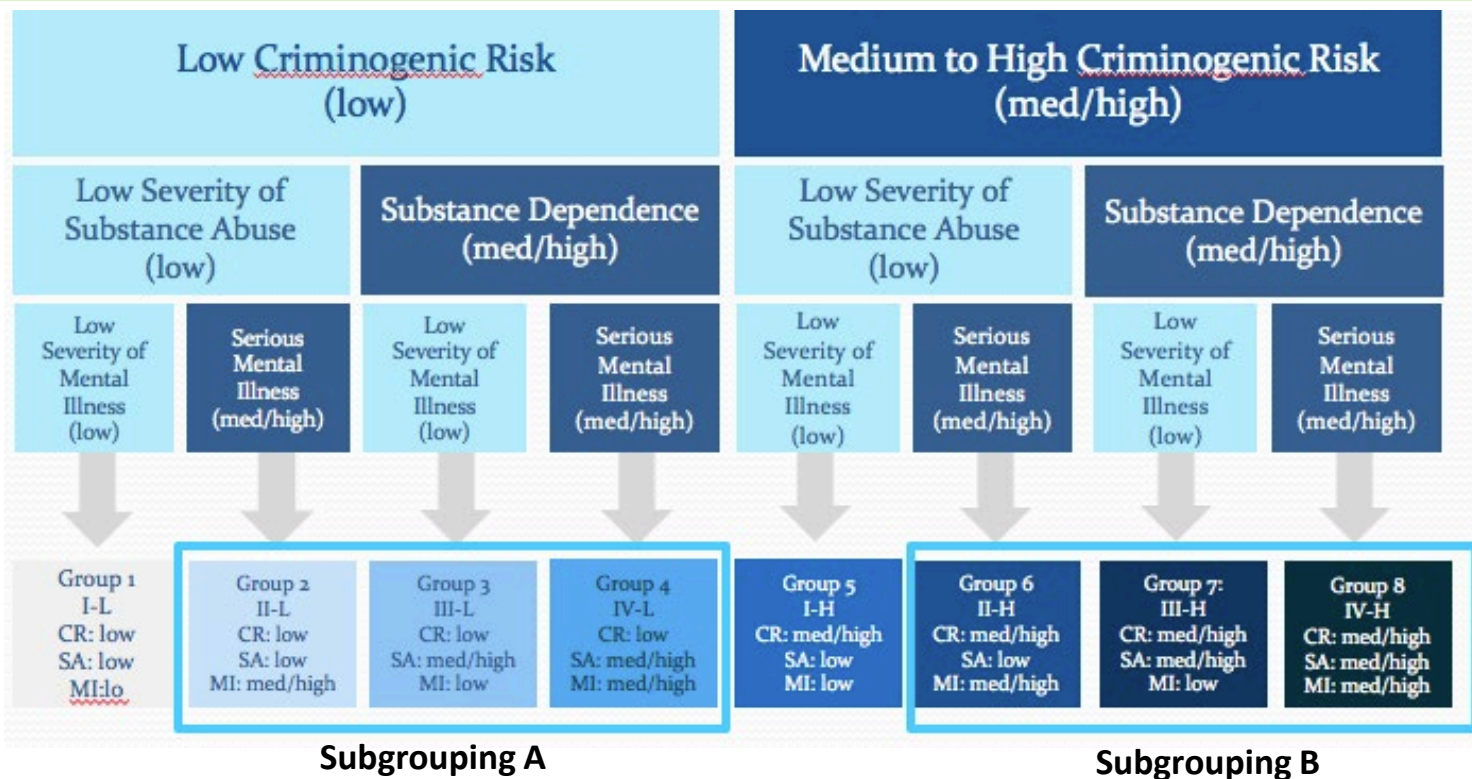
# The Problem:

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People with serious mental illnesses who are incarcerated in jail present with complex challenges that make it more likely that they will stay longer in jail and return to incarceration more often

- Three times as likely to have a co-occurring substance use disorders
- Twice as likely to have been homeless in the past year
- Four times as likely to have histories of past physical or sexual abuse
- Four times as likely to be charged with violating facility rules
- Three times as likely to be injured in a fight during incarceration
- 38% more likely to have community supervision revoked

# A Framework for Prioritizing Resources



**Divert from criminal justice system without intensive community supervision if connected to appropriate treatment and supports**

**Prioritize for intensive supervision (in lieu of incarceration or as condition of release) coordinated with appropriate treatment and supports**

# Access: Individuals with complex needs and requires a broad range of supports and services to overcome barriers and to address criminogenic and behavioral health needs

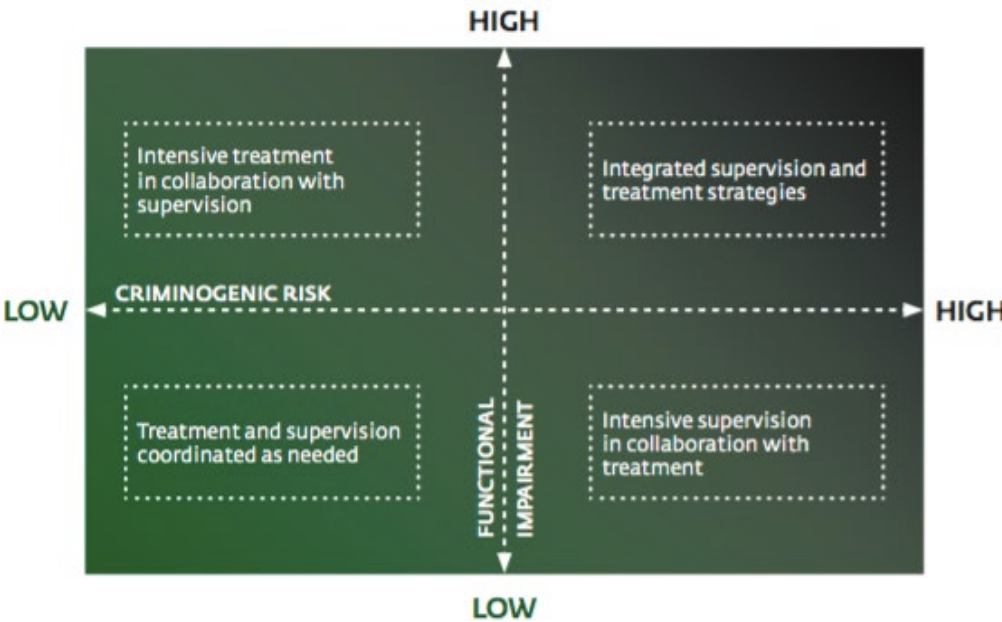
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## Common Access Challenges:

- Funding limitations
- Practical barriers (transportation, housing, etc.)
- Workforce and capacity shortages
- Waiting lists
- Provider reluctance
- Reimbursement rates
- Regional shortages

# Reducing Recidivism through Improved Probation Practices



**Targeted Supervision and Care Approaches Based on Risk-Need Assessment**

<i>RISK LEVEL:</i>	<i>MINIMUM</i>	<i>MODERATE</i>	<i>HIGH</i>
<b><u>Level 1 Violation</u></b>			
Failure to Report as Directed	Verbal Warning	Verbal Warning	Verbal Warning
Use of Drugs and/or Alcohol	Travel Restrictions	Increased Reporting	Travel Restrictions
Failure to Attend Treatment/Unsuccessful Discharge	Community Service	Travel Restrictions	Increased Reporting
Failure to Comply based on Attitude	Cognitive intervention	Community Service	Community Service
	House Arrest	Cognitive intervention	Cognitive intervention
		House Arrest 1-14 days	House Arrest 15+days
		Work Release 30 days	Work Release 45-60 days
		Jail Sanction 48-72 hours	Residential Center Commitment
			Jail Sanction 48-72 hours
<b><u>Level 2 Violation</u></b>			
Failure to Submit to Urinalysis/Abnormal Urinalysis	Verbal Warning	Verbal Warning	Verbal Warning
Quit Job/Unemployment	Travel Restrictions	Increased Reporting	Travel Restrictions
Association with known offenders	Community Service	Travel Restrictions	Increased Reporting
Change Address without Prior Permission	Cognitive intervention	Cognitive intervention	Community Service
Failure to Pay Restitution	House Arrest	House Arrest 1-14 days	Cognitive intervention
		Work Release 30 days	House Arrest 15+days
		Jail Sanction 48-72 hours	Work Release 30-60 days
			Residential Center Commitment
			Jail Sanction 48-72 hours
<b><u>Level 3 Violation</u></b>			
Unapproved Travel	Verbal Warning	Verbal Warning	Verbal Warning
Failure to Pay Court Costs	Travel Restrictions	Increased Reporting	Travel Restrictions
Failure to Complete Community Service	Community Service	Travel Restrictions	Increased Reporting
	Cognitive intervention	Community Service	Community Service
	House Arrest	Cognitive intervention	Cognitive intervention
		House Arrest 1-14 days	House Arrest 15+days
		Work Release 30 days	Work Release 30-60 days
		Jail Sanction 48-72 hours	Residential Center Commitment
			Jail Sanction 48-72 hours

**Addressing Technical Violations (e.g., Graduated Sanctions and Incentives)**

## Preliminary Recommendations

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- **Recommendation 1: Support law enforcement to improve responses to people who have mental health needs and develop opportunities to divert people who have mental health needs to treatment, when appropriate.**
- **Recommendation 2: Ensure that everyone at pretrial receives a validated pretrial risk assessment to inform pretrial release and supervision decisions, and people with SMI are connected to treatment services upon their release.**

## Preliminary Recommendations

- **Recommendation 3: Use the results of mental health screenings and substance use screenings to inform decisions about the need for further clinical assessment by a mental health professional and substance use treatment professional, Douglas County Jail population management, the delivery of behavioral health care services within the Douglas County Jail, and reentry planning.**
- **Recommendation 4: Increase the county's ability to connect or reconnect people who have SMI to community-based treatment upon their release.**

## Preliminary Recommendations

- **Recommendation 5: Enhance capacity to provide community-based behavioral health care for people released from Douglas County Jail who have SMI.**
- **Recommendation 6: Develop a plan to increase successful completion of supervision and minimize supervision revocations for people who have SMI.**
- **Recommendation 7: Track the implementation of programs along the four key measures—(1) the prevalence of people with SMI in the DCJ; (2) their average length of stay in jail; (3) how many are connected to treatment in the community; and (4) their recidivism rates —and develop a process for ongoing system analysis and outcome measurement.**



# Next Steps for Douglas County



- Complete data analyses (DCCCA, LSIR Data)



- Finalize recommendations



- Develop prioritized action



- May 14 Douglas County Day of Action
- Review of report by BJA

# Step Up Your Efforts

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- Fill out the Stepping Up County Self-Assessment to identify existing gaps in your efforts;
- Pick at least one priority for you county to fully implement by July 1,2019
- Leverage the Stepping Up Resources Toolkit to reach your goals;
- Participate in the Stepping Up Month of Action in May (details coming soon); and
- Be ready to share your accomplishments at the National Association of Counties Annual Conference in July.