



Addressing a National Crisis:

A Vision for Reducing the Number of People with Mental Illnesses in Jails

Fred C. Osher, M.D. | June 16, 2016 | Ohio Stepping Up Summit, Columbus, OH.



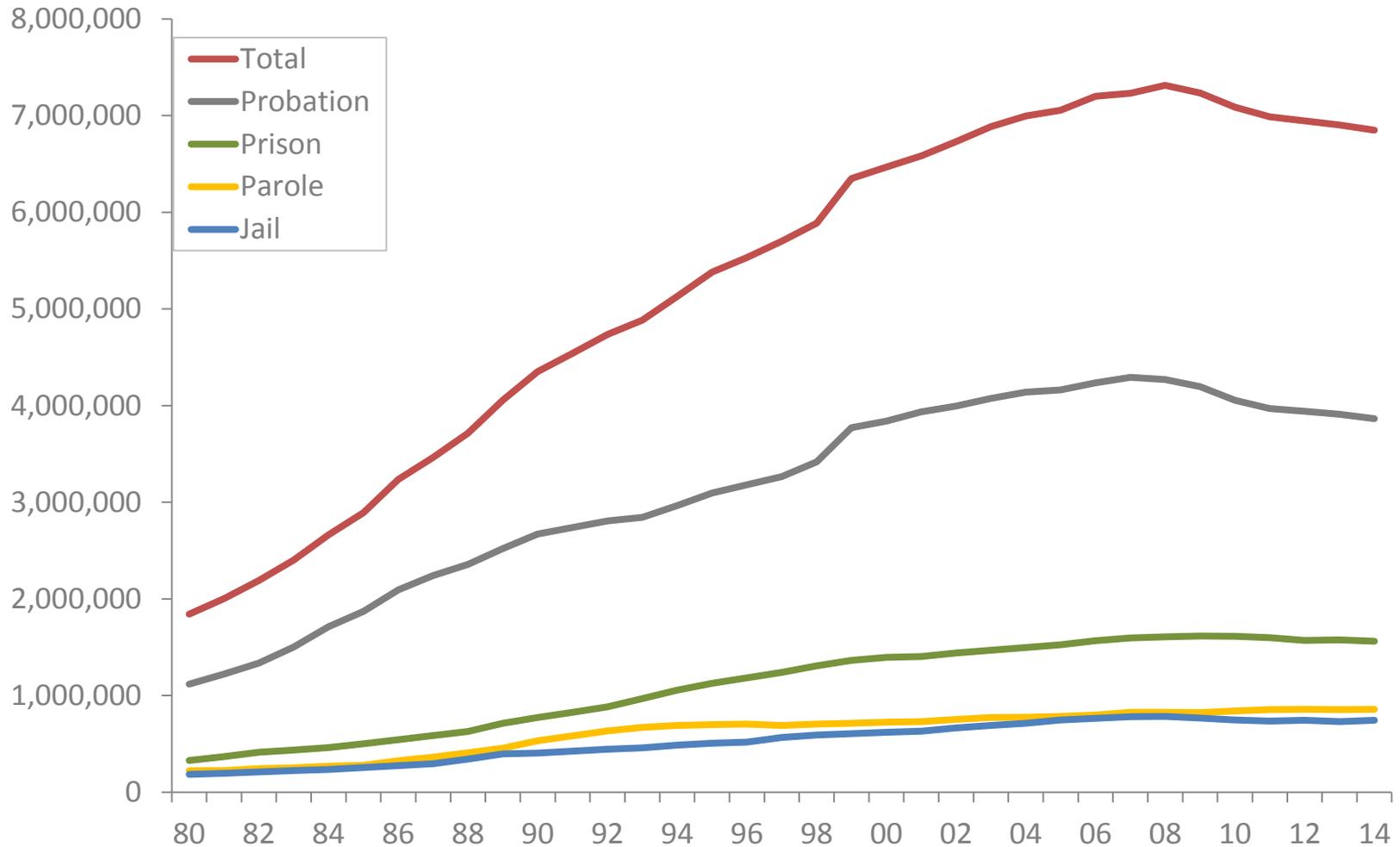
01.

Mental Illnesses in the Criminal Justice System: How did we get here?



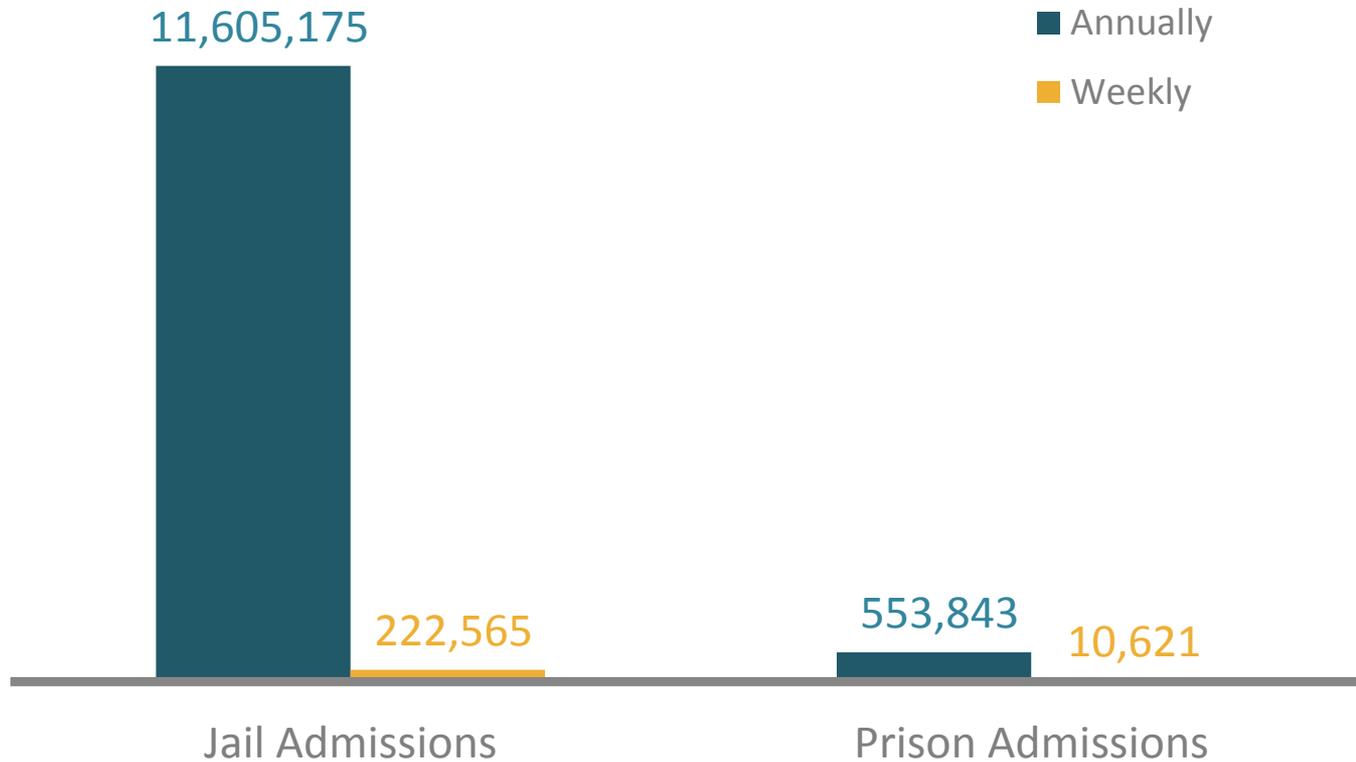
Millions of Adults Now Under Correctional Supervision

Bureau of Justice Statistics 1980 - 2014



... Jails are Where the Volume is

Number of National Admissions in a Week and a Year for
Jails and Prisons, 2012



While Jail Populations Have Declined...

Inmates Confined in Local Jails at Midyear and Percent Change in the Jail Population, 2000-2013

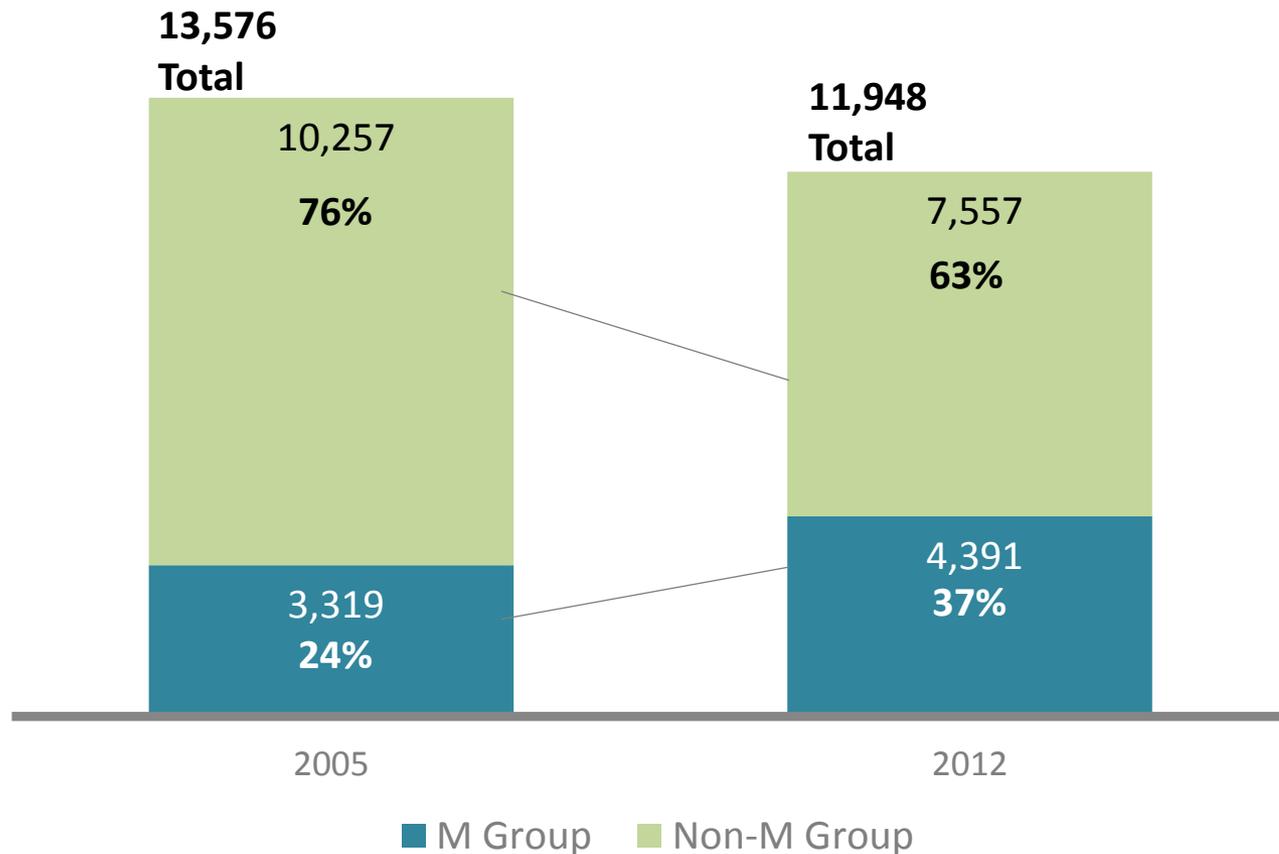
Number of Inmates at Midyear



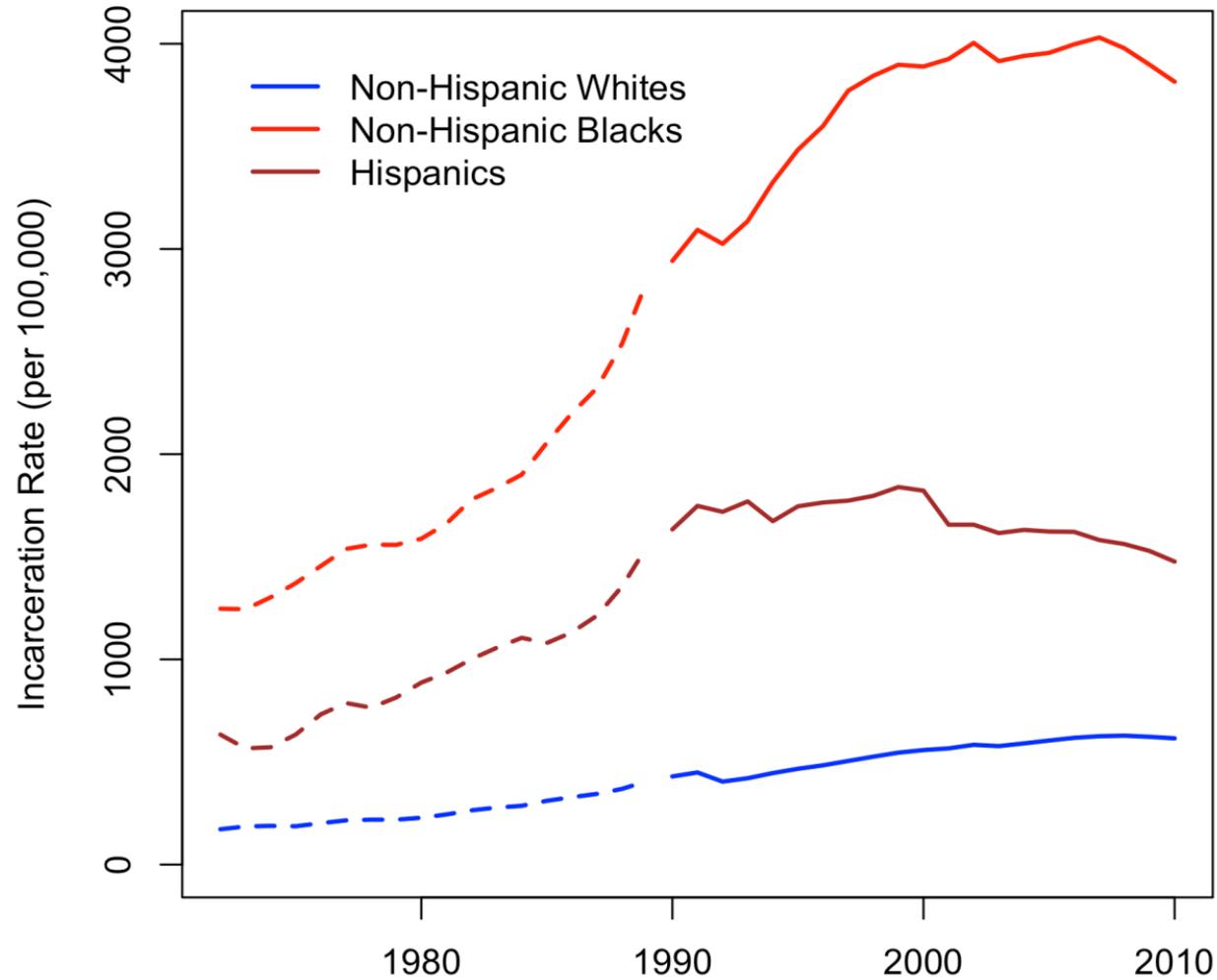
... Jails Report Increases in the Numbers of People with Mental Illnesses

NYC Jail Population (2005-2012)

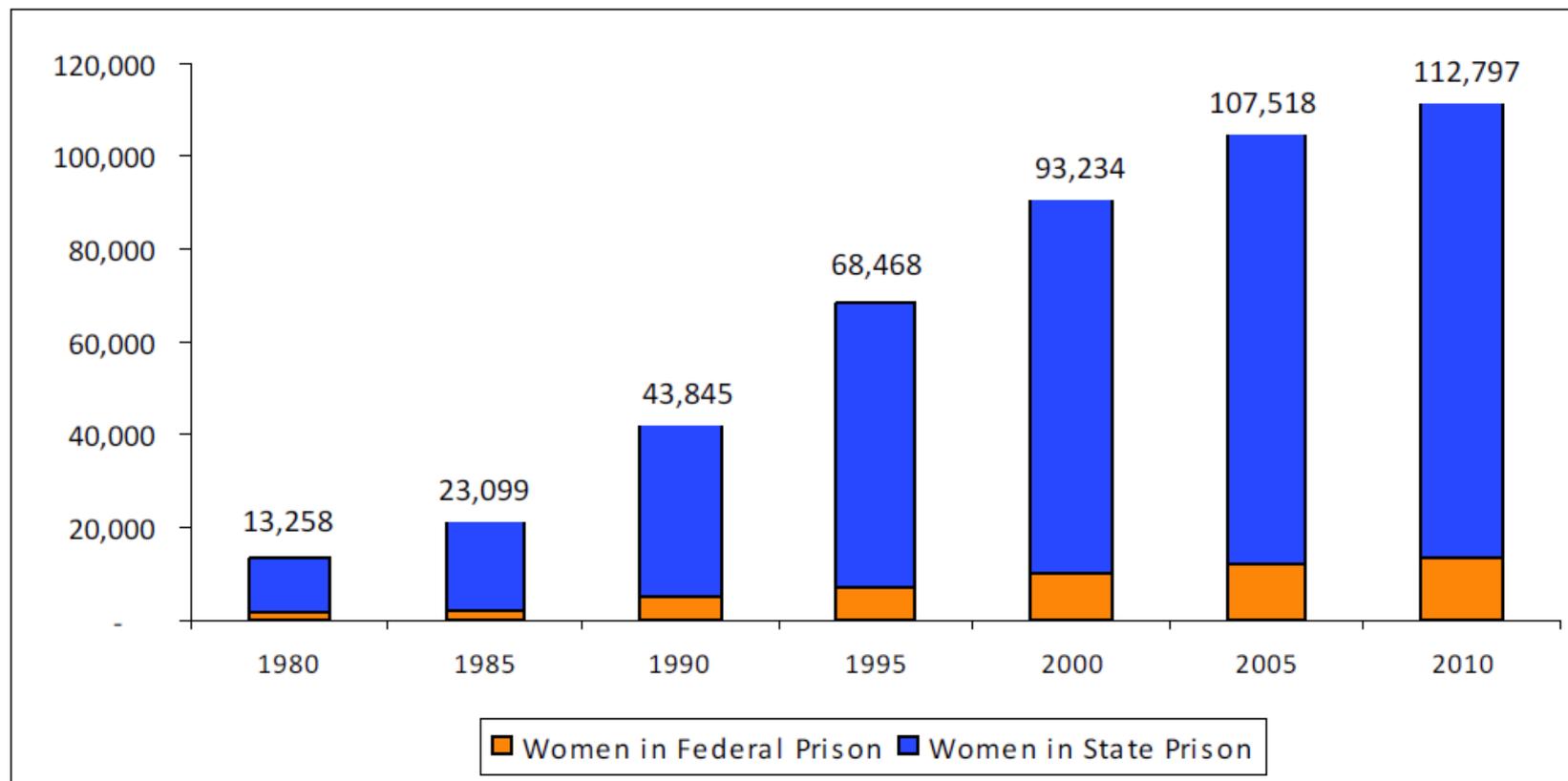
Average Daily Jail Population (ADP) and ADP with Mental Health Diagnoses



Who is Incarcerated?: Disproportionate Representation

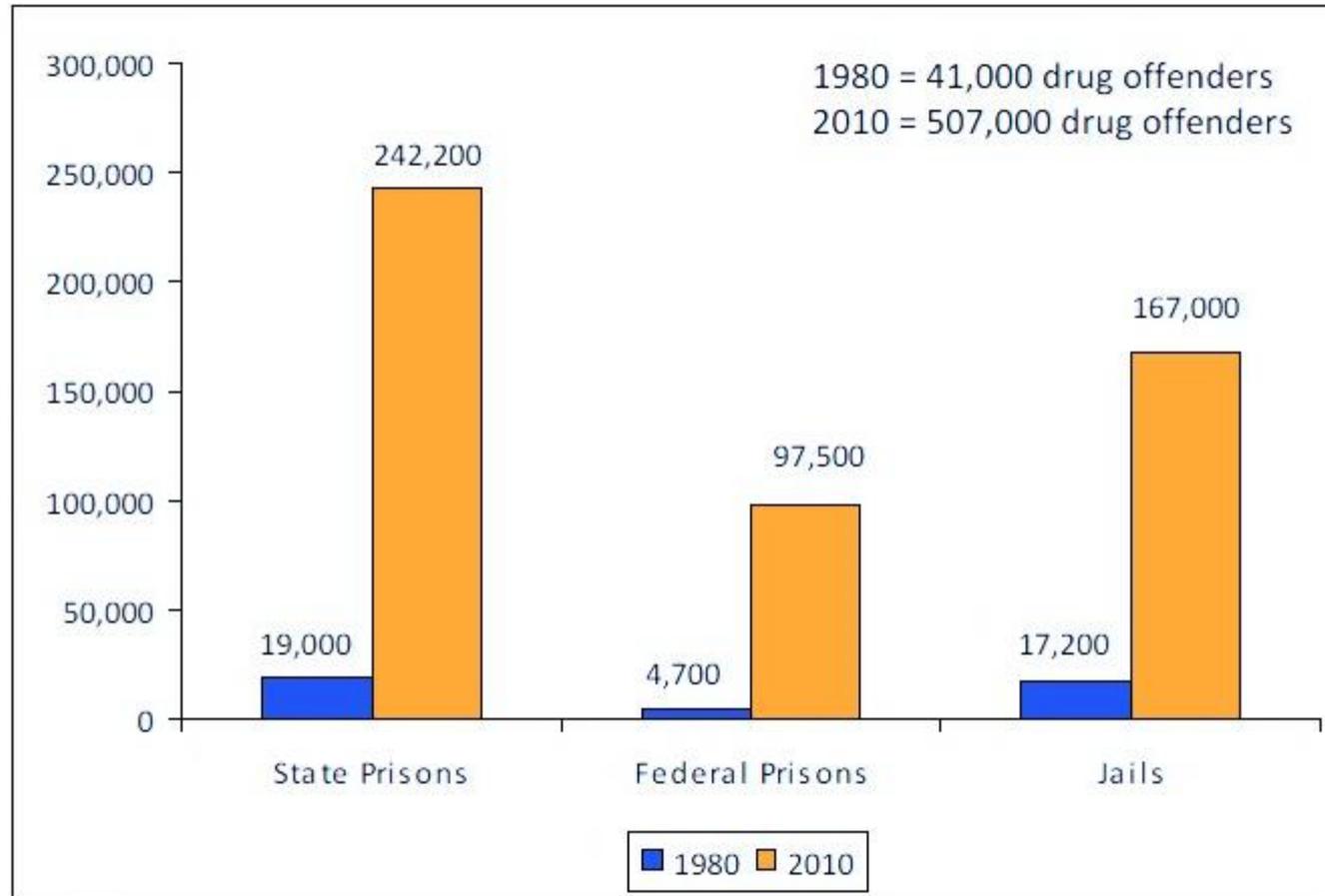


Substantial Increase in the Number of Women: Federal and State Prisons (1980-2010)



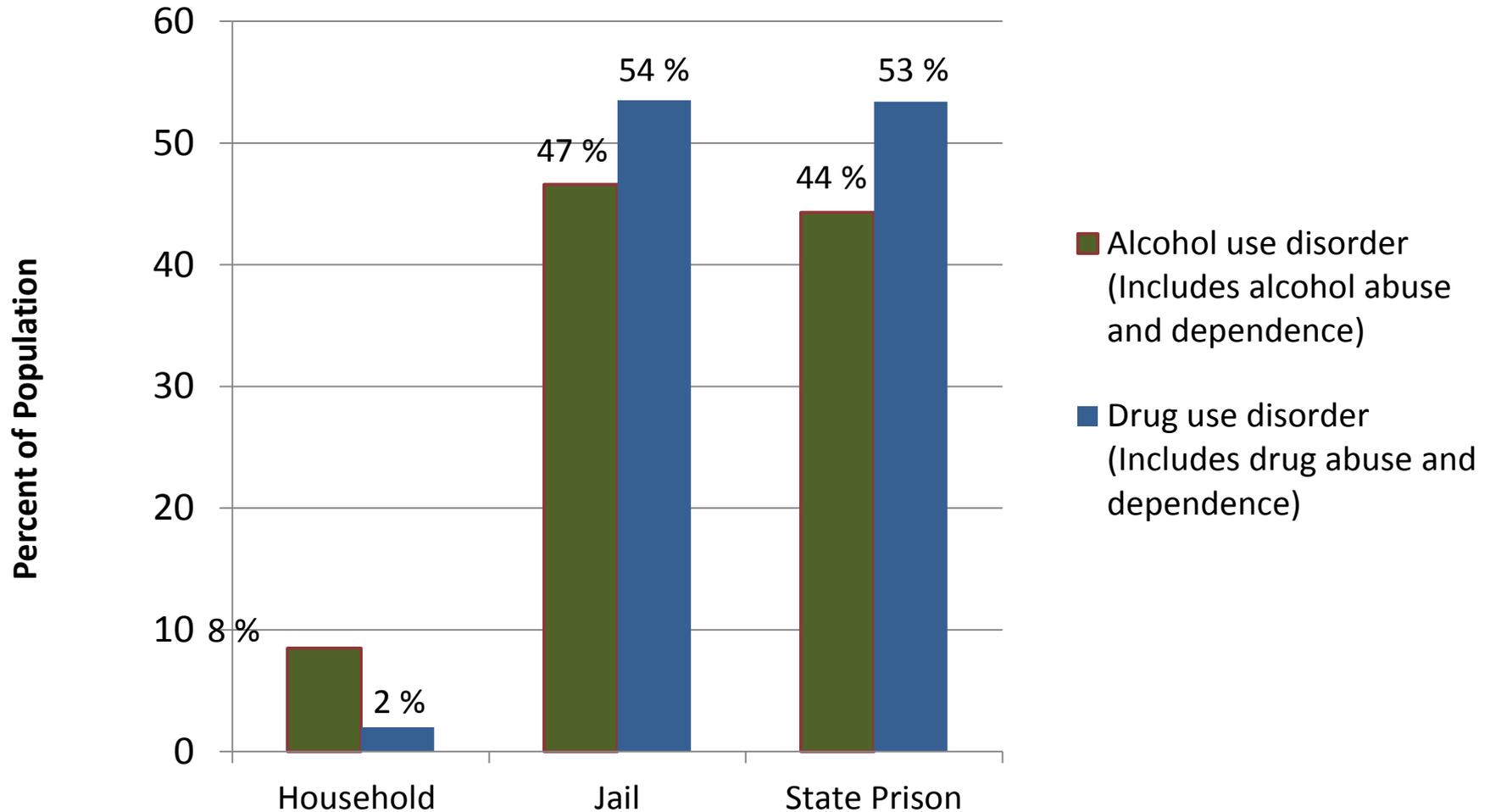
Source: Guerino, P., Harrison, P. M., & Sabol, W. (2011). *Prisoners in 2010*. Washington, DC: Bureau of Justice Statistics.

Rising Number of People in Prisons and Jails for Drug Offenses (1980 -2010)



Sources: Guerino, P. M., Harrison, P., & Sabol, W. (2011). *Prisoners in 2010*. Washington, DC: Bureau of Justice Statistics; Mauer, M. and King, R. (2007). *A 25-Year Quagmire: The War on Drugs and its Impact on American Society*. Washington, DC: The Sentencing Project.

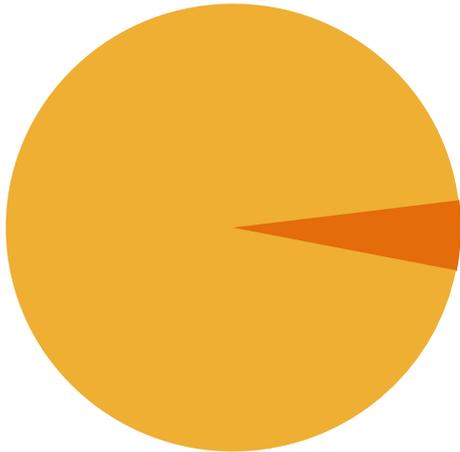
Alcohol and Drug Use Disorders: Household vs. Jail vs. State Prison



Mental Illnesses: Overrepresented in Our Jails

General Population

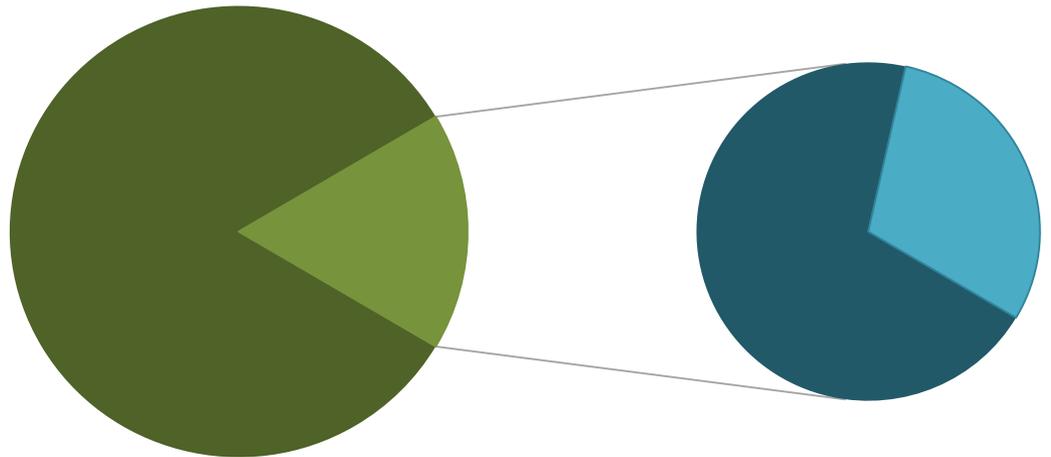
5% Serious Mental Illness



Jail Population

17% Serious Mental Illness

72% Co-Occurring Substance Use Disorder



We've All Experienced this Crisis in One Way or Another



County is ready, but is it able to deal with mentally ill?



Mentally ill Mainers are still warehoused, but now it's in jail



Mentally ill inmates at Franklin County Jail stay longer



Johnson County Sheriff: Mental health is number one problem



Inmates with mental health issues inundate Pima County Jail



Mental health crisis at Travis County jails



Nearly a third of county inmates require drugs for mental illness



Jail violence increasing due to mental illnesses

Factors Driving the Crisis



Disproportionately higher rates of arrest



Longer stays in jail and prison



Limited access to health care



Higher recidivism rates

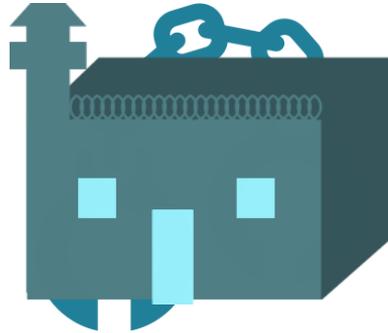


Low utilization of EBPs



More criminogenic risk factors

Factors Driving the Crisis



Disproportionately
higher rates of
arrest



Factors Driving the Crisis



Higher rates of
healthcare



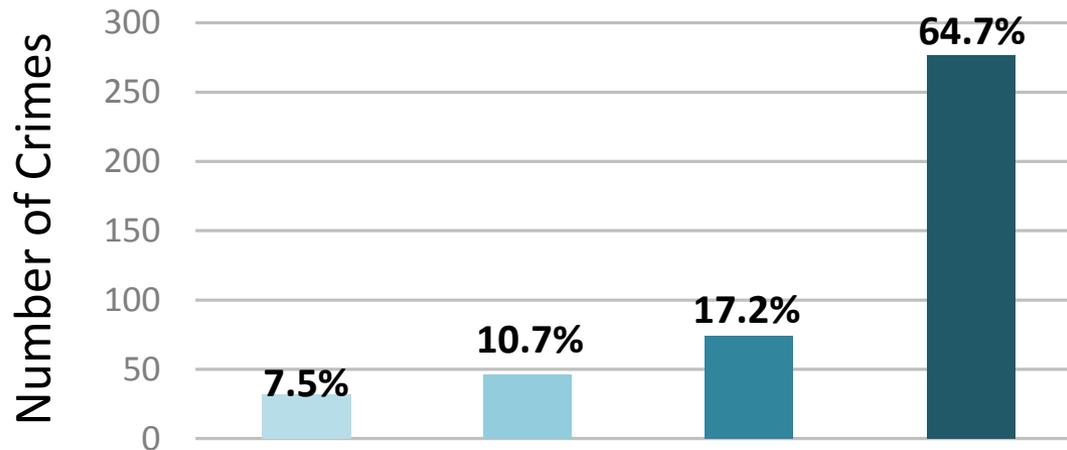
Factors Driving the Crisis



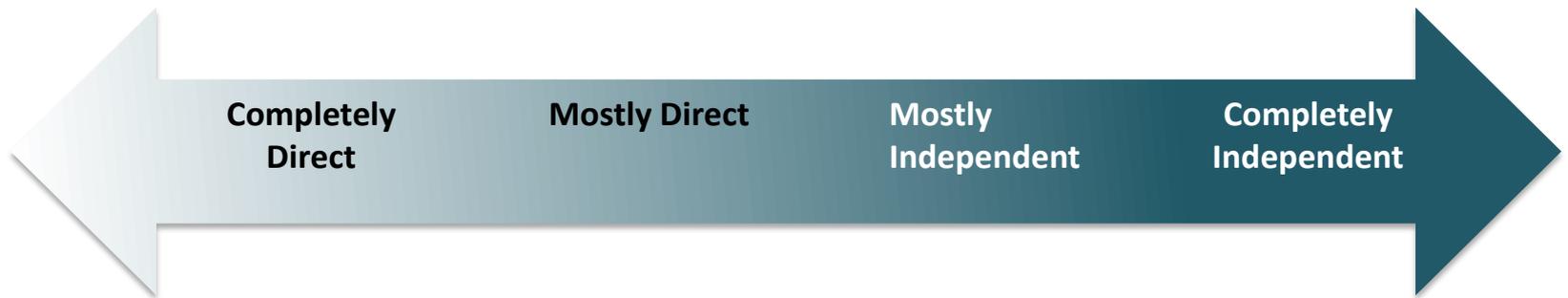
More utilization of
evidence-based
practices (EBPs)



Incarceration Is Not Always Directly Related to the Individuals' Mental Illness



Continuum of Mental Illness Relationship to Crime



Predicting Future CJ contact: Criminogenic Risk

Risk

- ≠ Crime type
- ≠ Dangerousness or violence
- ≠ Failure to appear
- ≠ Sentence or disposition
- ≠ Custody or security classification level

Risk

= How likely is a person to commit a crime or violate the conditions of supervision?

Criminogenic Risk Factors

Static

Criminal History

- Number of arrests
- Number of convictions
- Type of Offenses

Current Charges

Age at first arrest

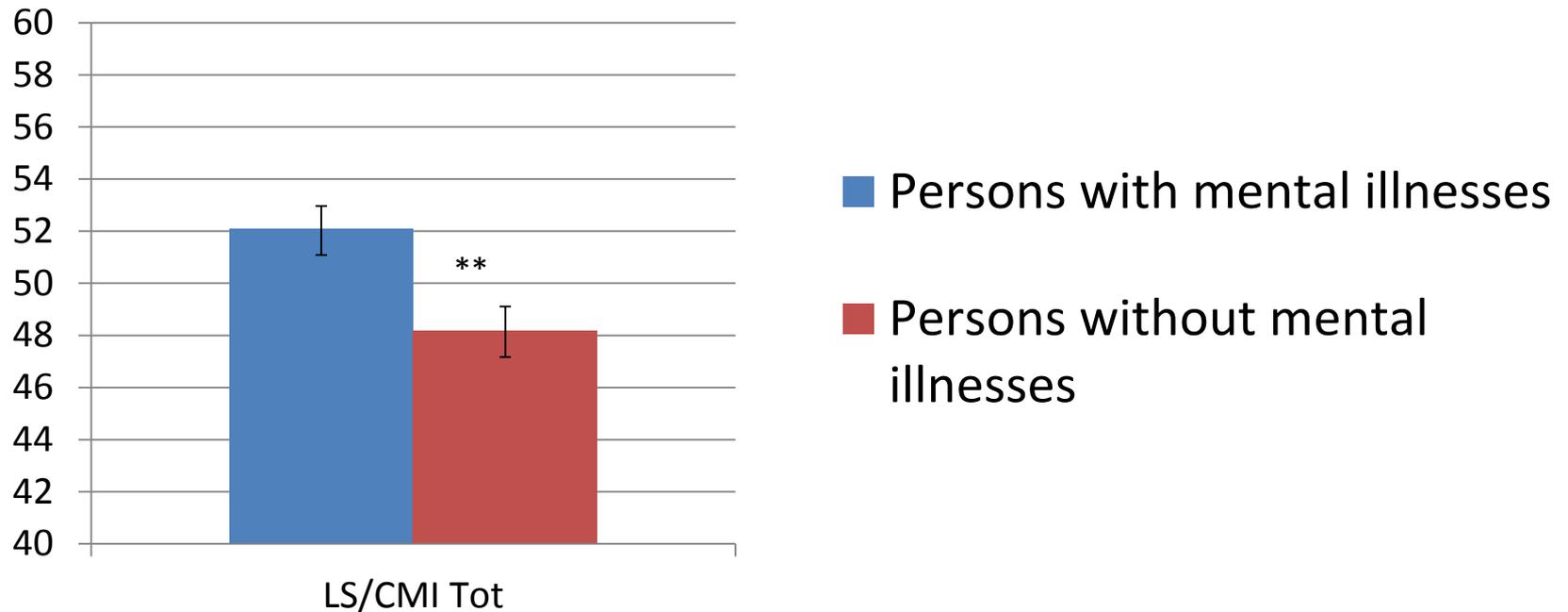
Current age

Gender

Dynamic (the “Central 8”)

1. History of antisocial behavior
2. Antisocial personality pattern
3. Antisocial cognition
4. Antisocial associates
5. Family and/or marital discord
6. Poor school and/or work performance
7. Few leisure/recreation outlets
8. Substance abuse

Those with Mental Illnesses Have *Many* “Central 8” Dynamic Risk Factors



....and these predict recidivism more strongly than mental illness

Source: Skeem, Nicholson, & Kregg (2008)

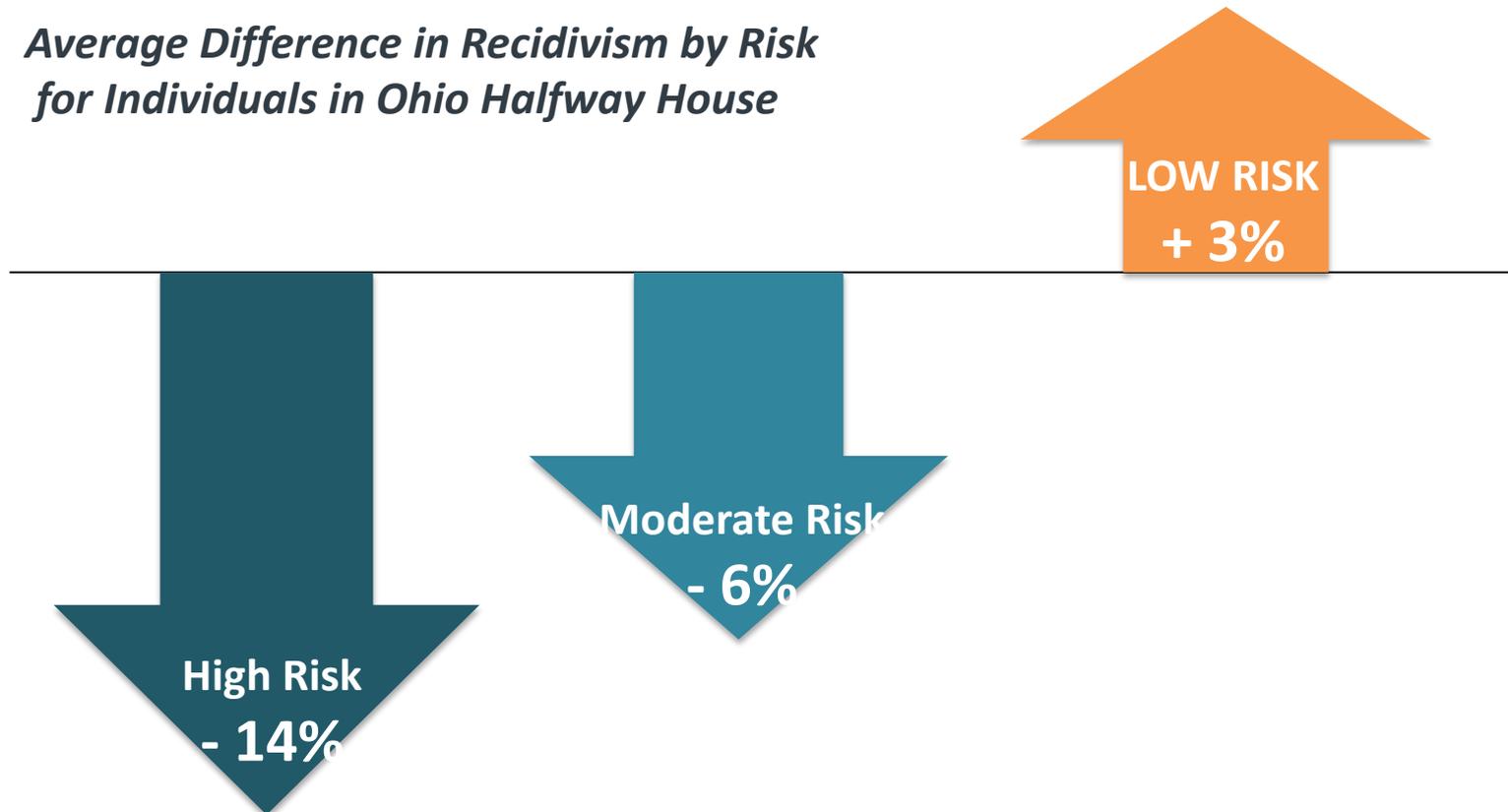
Risk-Need-Responsivity (RNR) Model

Principle	Implications for Supervision and Treatment
R isk Principle	Focus resources on higher RISK individuals; limited supervision of lower RISK individuals
N eeds Principle	Target the NEEDS associated with recidivism such as antisocial attitudes, unemployment, substance abuse
R esponsivity Principle	General and specific factors impact the effectiveness of treatment. Be RESPONSIVE to learning style, motivation, culture, demographics, and abilities of the offender

The Importance of the Risk Principle

Failing to adhere to the risk principle can **increase** recidivism

Average Difference in Recidivism by Risk for Individuals in Ohio Halfway House

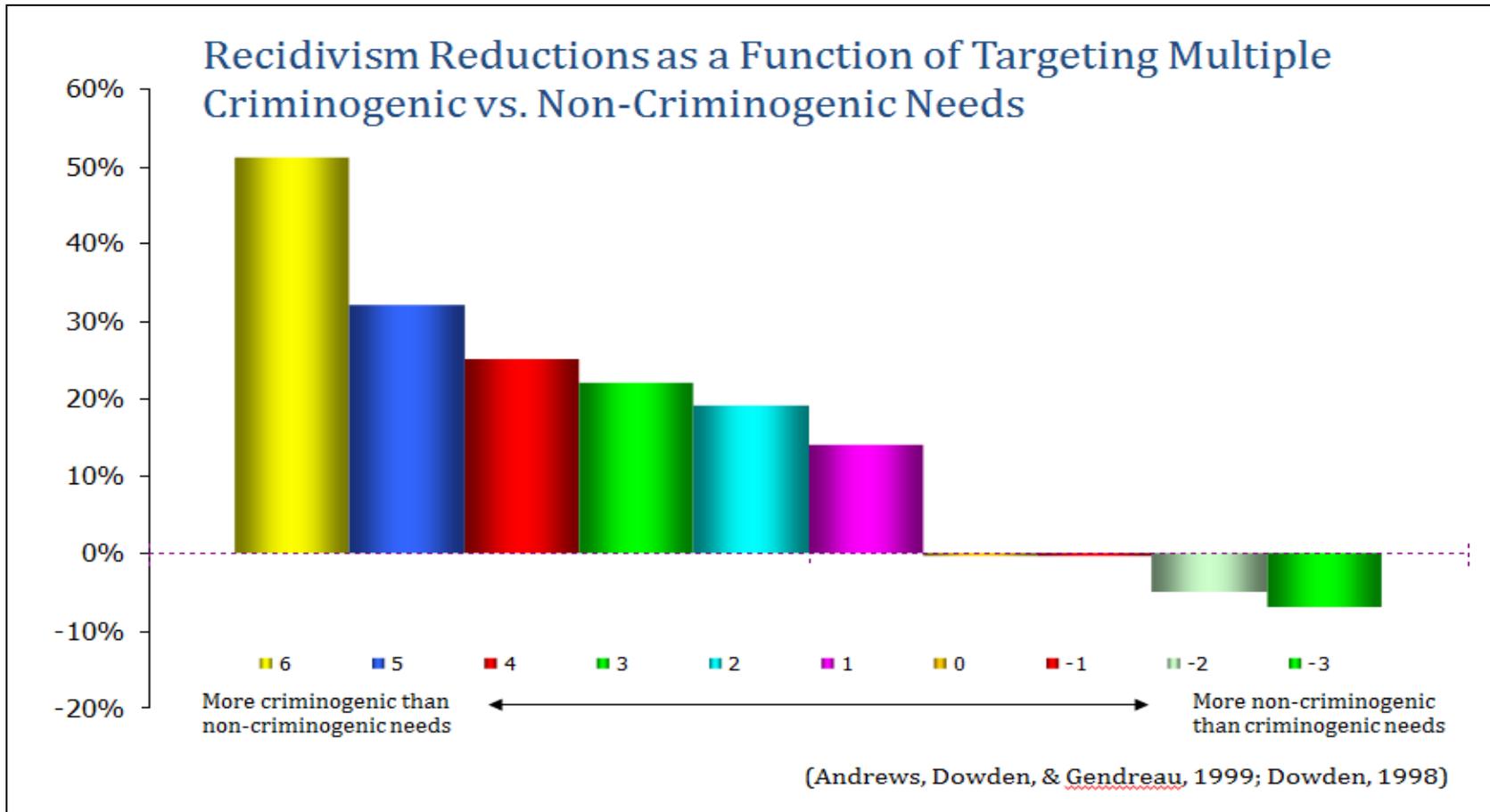


Source: Presentation by Dr. Edward Latessa, "What Works and What Doesn't in Reducing Recidivism: Applying the Principles of Effective Intervention to Offender Reentry"

Risk-Need-Responsivity (RNR) Model: Needs Principle

Principle	Implications for Supervision and Treatment
R isk Principle	Focus resources on higher RISK individuals; limited supervision of lower RISK individuals
N eeds Principle	Target the NEEDS associated with recidivism such as antisocial attitudes, unemployment, substance abuse
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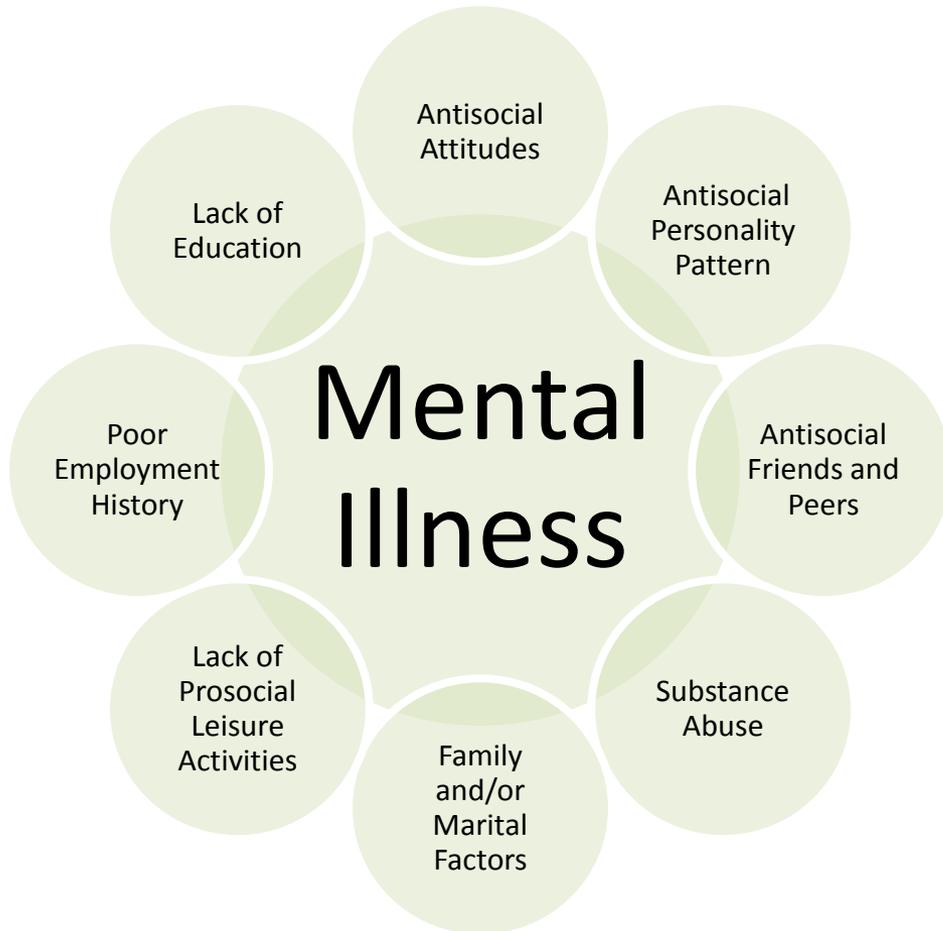
Reduce Recidivism by Targeting Multiple Criminogenic Needs



Risk-Need-Responsivity (RNR) Model: Responsivity Principle

Principle	Implications for Supervision and Treatment
R isk Principle	Focus resources on higher RISK individuals; limited supervision of lower RISK individuals
N needs Principle	Target the <u>NEEDS</u> associated with recidivism such as antisocial attitudes, unemployment, substance abuse
R esponsivity Principle	General and specific factors impact the effectiveness of treatment. Be RESPONSIVE to learning style, motivation, culture, demographics, and abilities of the offender

Mental Illness and the Responsivity Principle



Use **methods** which are effective for justice involved individuals

Adapt treatment to individual limits (length of service, intensity)

Consider those factors that may serve as barriers to program or supervision compliance (language barrier, illiteracy, etc.)

The Over-Valuation of Risk for People with MI

The direct link between active symptoms of serious mental illness and risk of engaging in criminal behavior or violence applies to a relatively small number of people.

For people with mental illnesses, judges (and others) should consider the same factors used to assess risks for all other defendants.

Empirically developed, validated assessment tools have identified factors that are truly predictive and relevant to various judicial decisions at different stages of a criminal case.

When people have an SMI that is not clearly linked to crime and violence, care should be taken to ensure the presence of an SMI is not used to justify more severe sanctions, especially incarceration.

Other Responsivity Issues in Persons with SMI

- Housing and Homelessness
- Economic Instability and Poverty
- Health Access and Chronic Illnesses
- Trauma and Trauma Related Disorders
- Re-integration into Communities/Families
- Collateral Consequences of Convictions
 - Fees and Fines
 - Child Support
 - License Restrictions
 - Disenfranchisement

Positive Mediators: Protective Factors and Resilience

Protective Factors - Any characteristic of that reduces the risk of offending - More than the absence of a risk factor

Resilience – The ability of a person to cope with and adapt to challenges and setbacks.

4 reasons to integrate these factors into risk assessment:

1. Balanced view of offender
2. Predictive validity
3. Therapeutic alliance
4. Professional mandate



“Treatment is not just fixing what is broken; it is nurturing what is best.”

A Common Framework: NIC Solicitation

DEPARTMENT OF JUSTICE

National Institute Of Corrections

Solicitation for a Cooperative Agreement: Document Development - Working with Mental Illness in Corrections: A Framework, Strategies and Best Practices.

AGENCY: National Institute of Corrections, Department of Justice

ACTION: Solicitation for a Cooperative Agreement

SUMMARY: The National Institute of Corrections (NIC) is soliciting proposals from organizations, groups or individuals to enter into a cooperative agreement for the development of a document to provide correctional administrators and practitioners in jails, prisons and community corrections a framework/model and guide to implement best strategies and practices to work with offenders diagnosed with mental illness or demonstrate mental health problems.

DATE: Applications must be received by 4:00 p.m. EST on Friday, February 12, 2010.

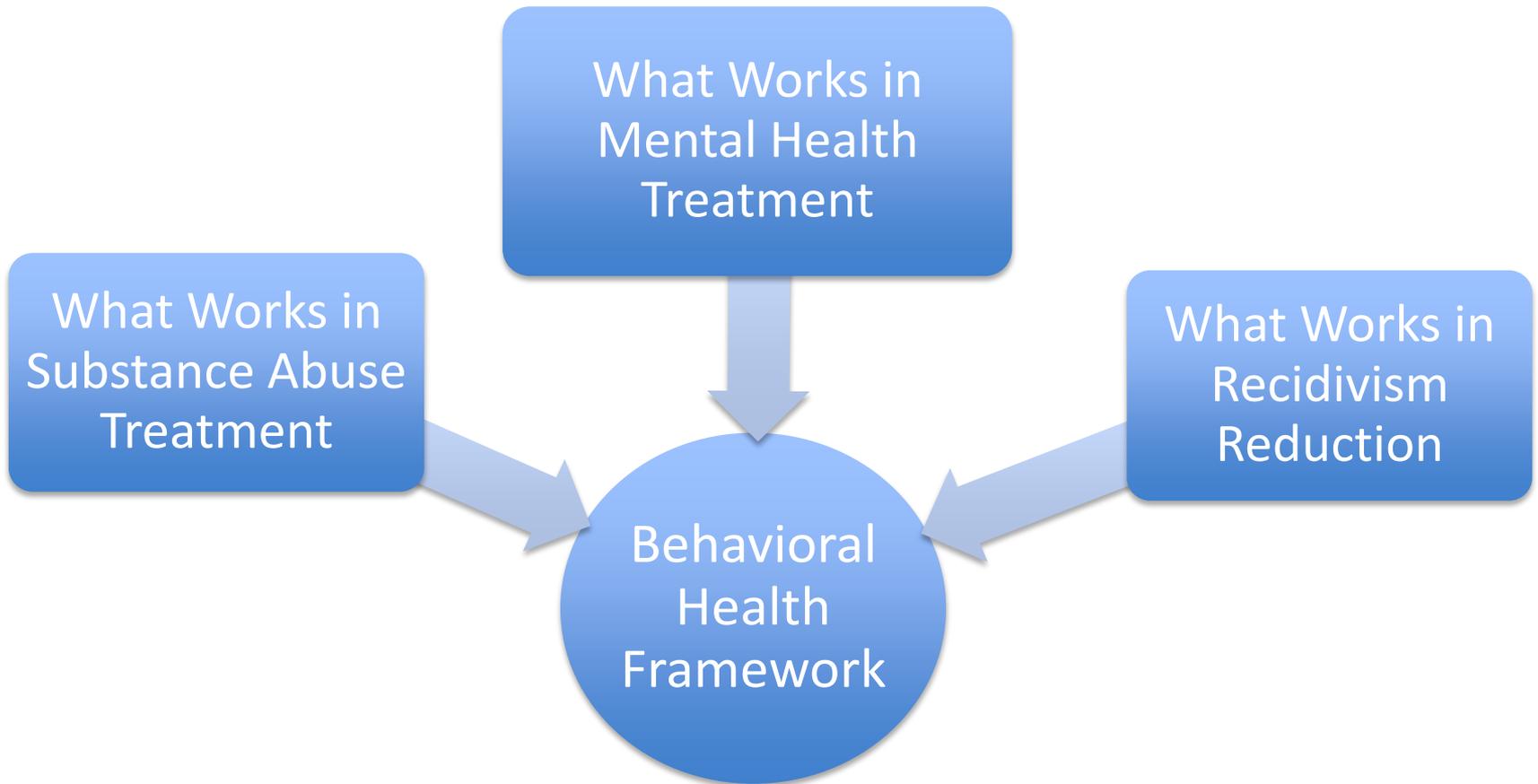
ADDRESSES: Mailed applications must be sent to: Director, National Institute of Corrections, 320 First Street, NW, Room 5007, Washington, D.C. 20534. Applicants are encouraged to use Federal Express, UPS, or similar service to ensure delivery by the due date.

Hand delivered applications should be brought to 500 First Street NW, Washington, D.C. 20534. At the front desk, dial 7-3106, extension 0 for pickup.

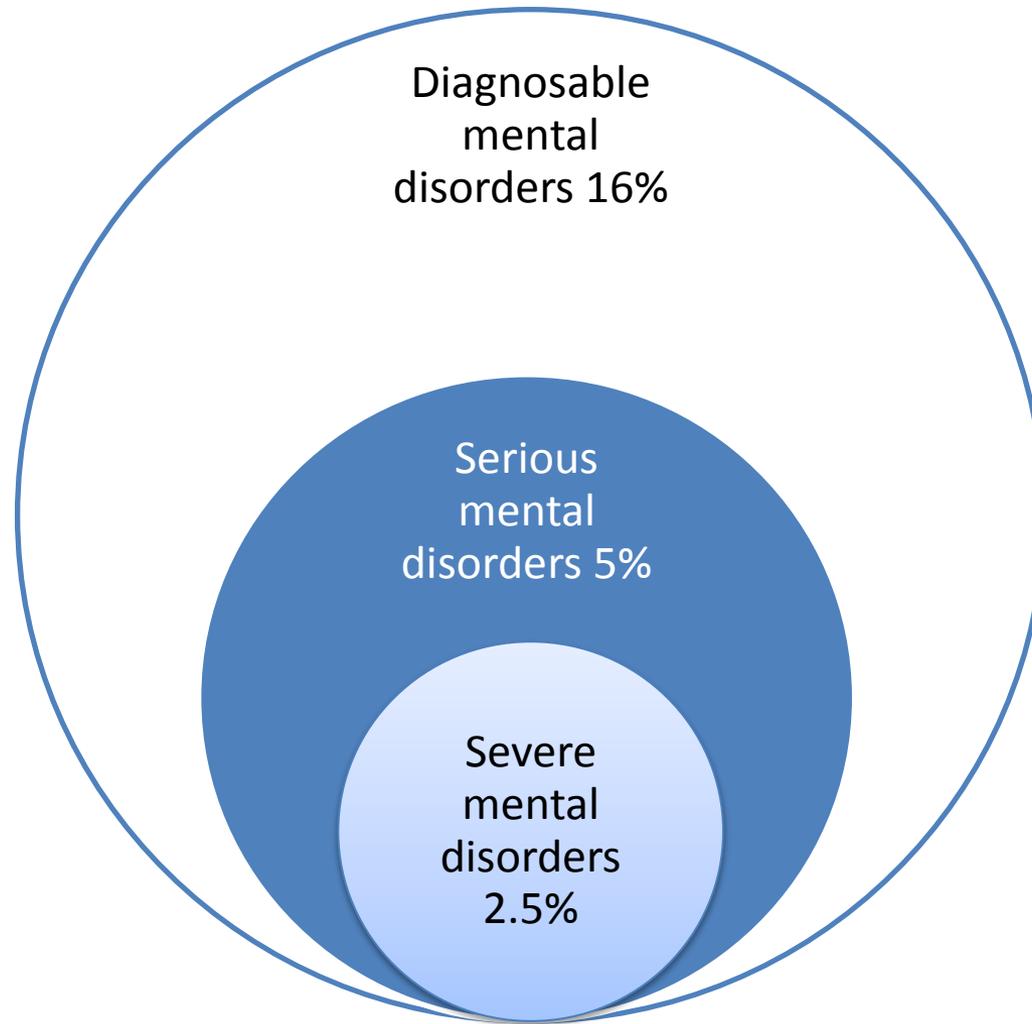
Faxed applications will not be accepted. Electronic applications can be submitted via www.grants.gov.

FOR FURTHER INFORMATION: A copy of this announcement and a link to the required application forms can be downloaded from the NIC web page at www.nicic.gov. All technical or programmatic questions concerning this announcement should be directed to Michael Dooley, Correctional Program Specialist (CPS), National Institute of Corrections (NIC) at mdooley@bop.gov.

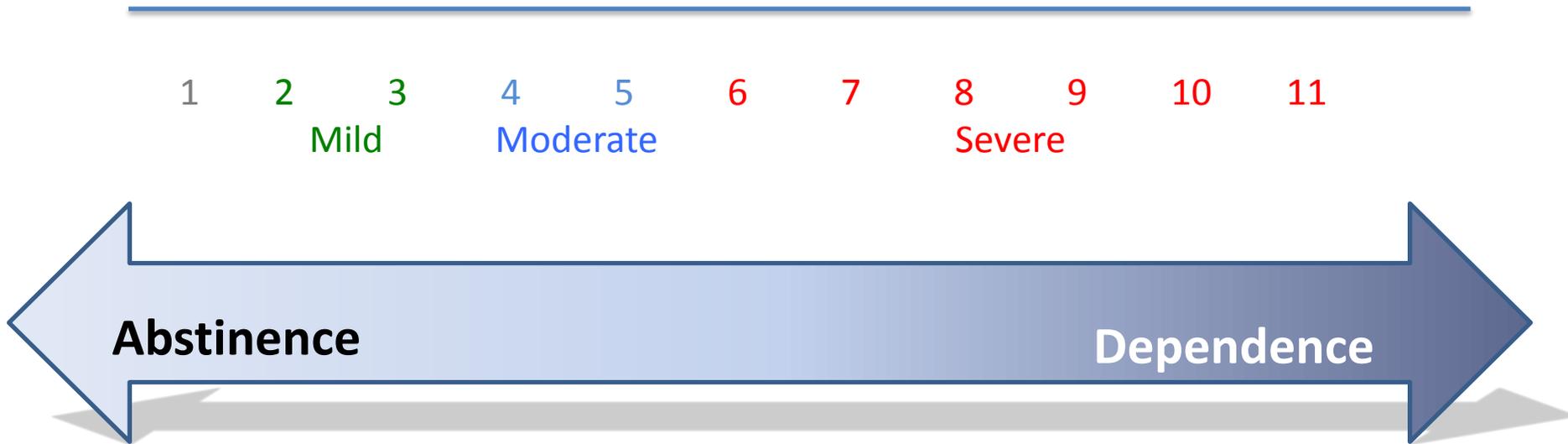
Cross-System Collaboration



Not all Mental Illnesses are Alike: Mental Illness in the General Population



Not All Substance Use Disorders are Alike



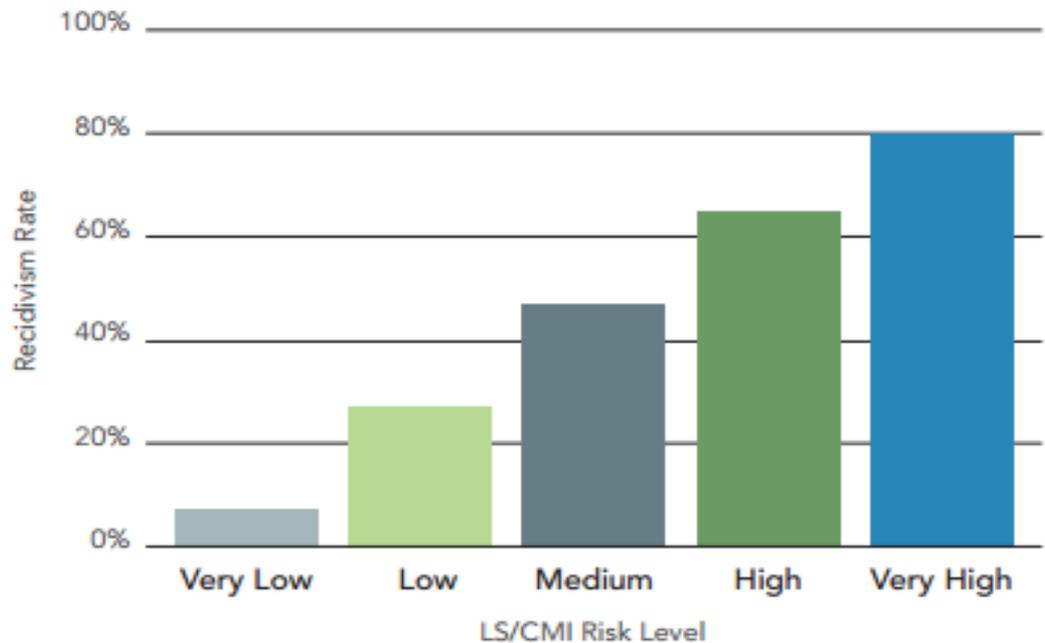
The Substance Use Continuum

Not Everyone's Risk for Future Criminal Justice Conviction is Alike

Data Driven: Assessment Tools Can Accurately Identify Offender Risk

A validation study of one of the most commonly used tools, the Level of Service/Case Management Inventory (LS/CMI), demonstrated its ability to accurately identify offenders' risk of reoffending.¹

SOURCE: Andrews et al, 2004



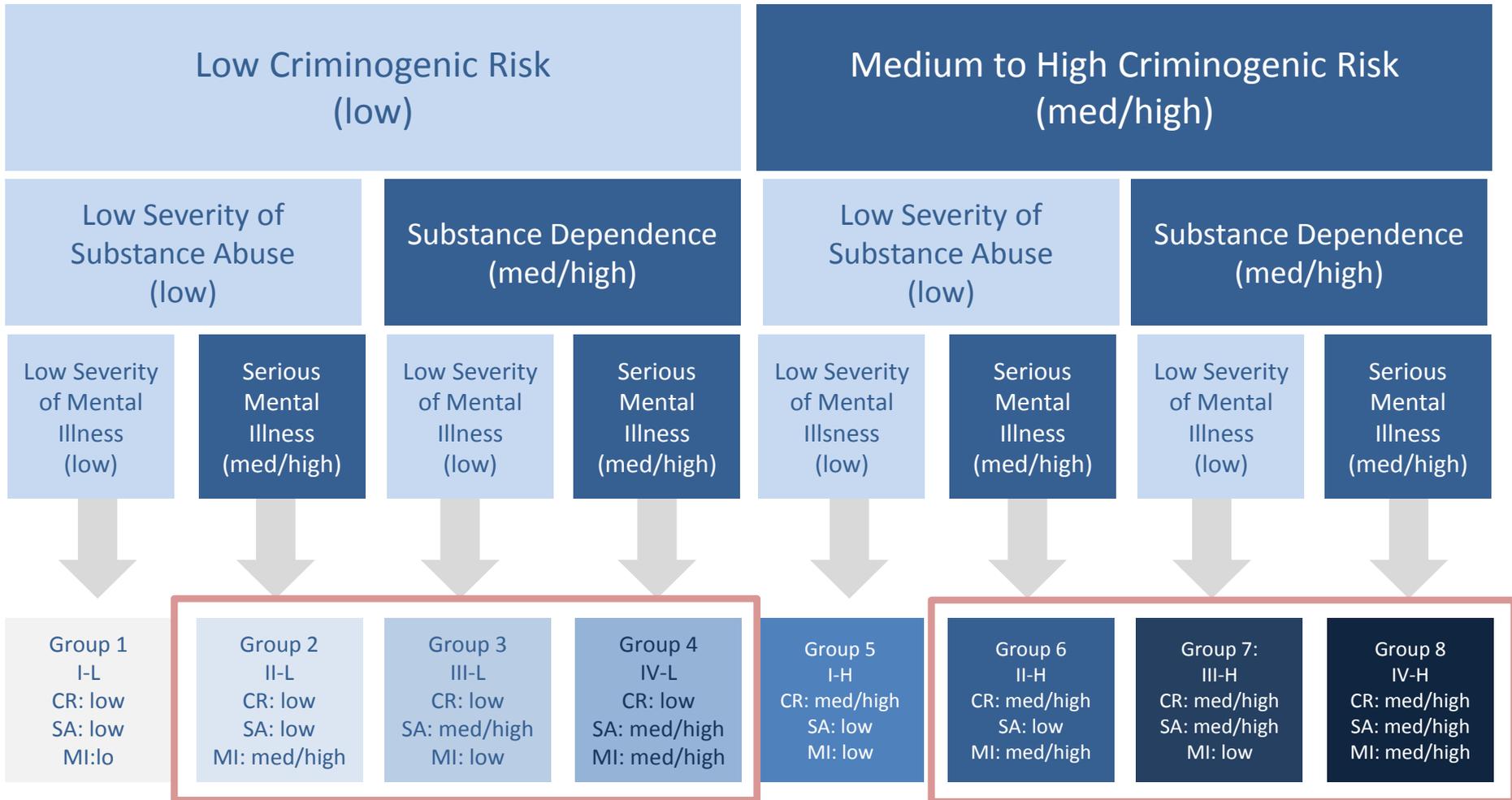
Risk/Needs Assessment 101: Science Reveals New Tools to Manage Offenders,
http://www.pewstates.org/uploadedFiles/PCS_Assets/2011/Pew_Risk_Assessment_brief.pdf

ADULTS WITH BEHAVIORAL HEALTH NEEDS UNDER CORRECTIONAL SUPERVISION:

A Shared Framework for Reducing Recidivism and Promoting Recovery



A Framework for Prioritizing Target Populations



02.

Counties Step Up but Face Key Challenges:
Why is it so hard to fix?



Key Challenges Counties Face: Observations from the Field

1.

Being data driven

2.

Using best practices

3.

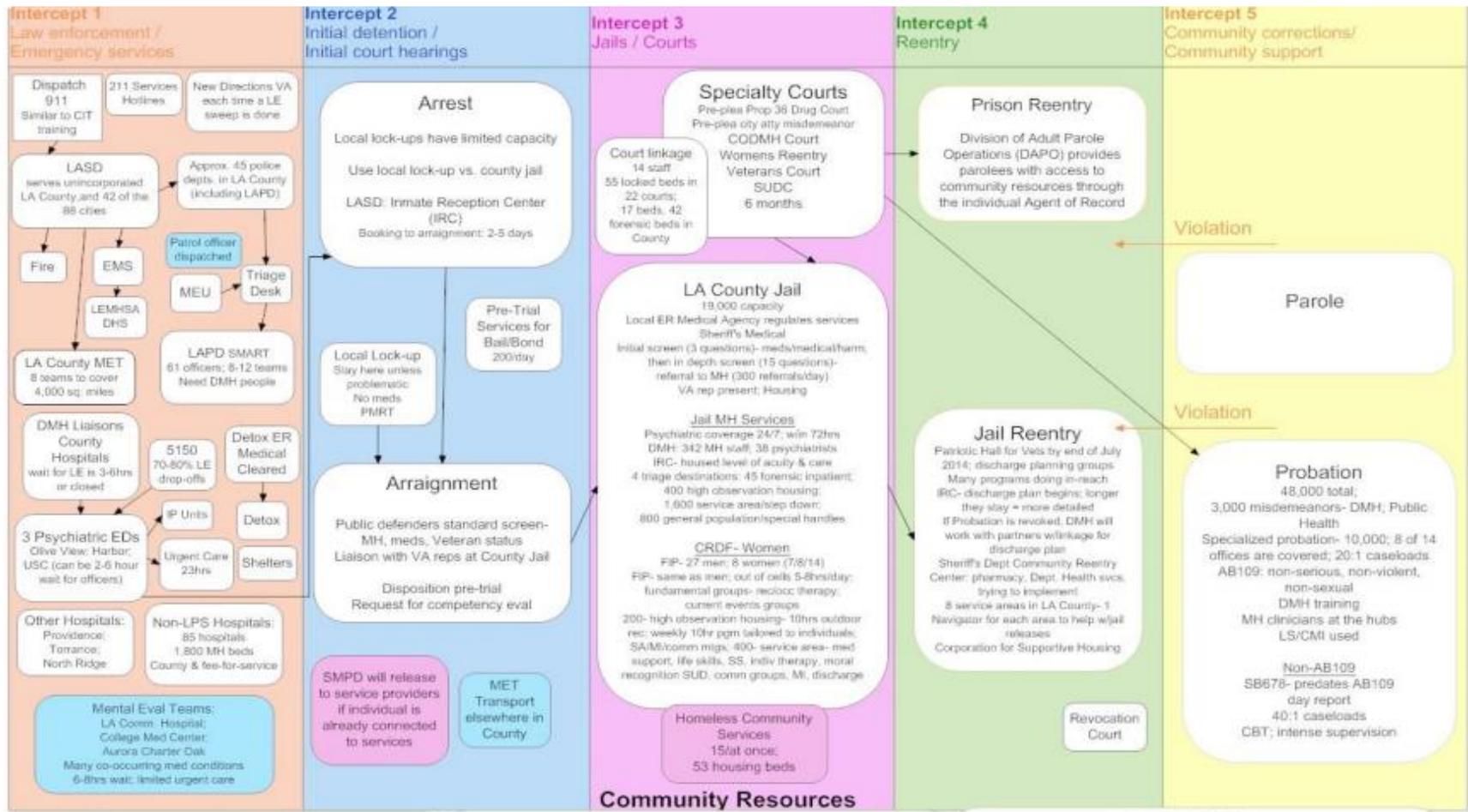
Continuity of care

4.

Measuring results

Challenge 1 - Being data driven:

Policymakers Face Complex Systems with Limited Information



- Behavioral**
 Cornerstones Full Service Partnership (FSP); Harbor UCLA FSP; Project 180; Prototypes; Social Model Recovery/River Community; Tarrzana Treatment Center; Gateways; Olive Vista; Domiciliary; New Directions
- Substance Abuse**
 Asian American Drug Abuse Program (AADAP); Antelope Valley Rehabilitation Center; BHS/American Recovery; Clare Foundation; Impact; Latino Family Services; Mid-Valley Recovery; Prototypes; Shields for Families; Tarrzana Treatment Center; Volunteers of America (Hollywood Center)
- Housing/Shelter**
 Bell Shelter; Corporation of Supportive Housing; Salvation Army; San Fernando Valley Community Mental Health Center; Union Rescue Mission; Weingart Center; Midnight Mission; SRO Housing Corporation; U.S. Vets.; Veterans Affairs Supported Housing (VASH)

Challenge 1 - Being Data Driven: Not Knowing the Target Population

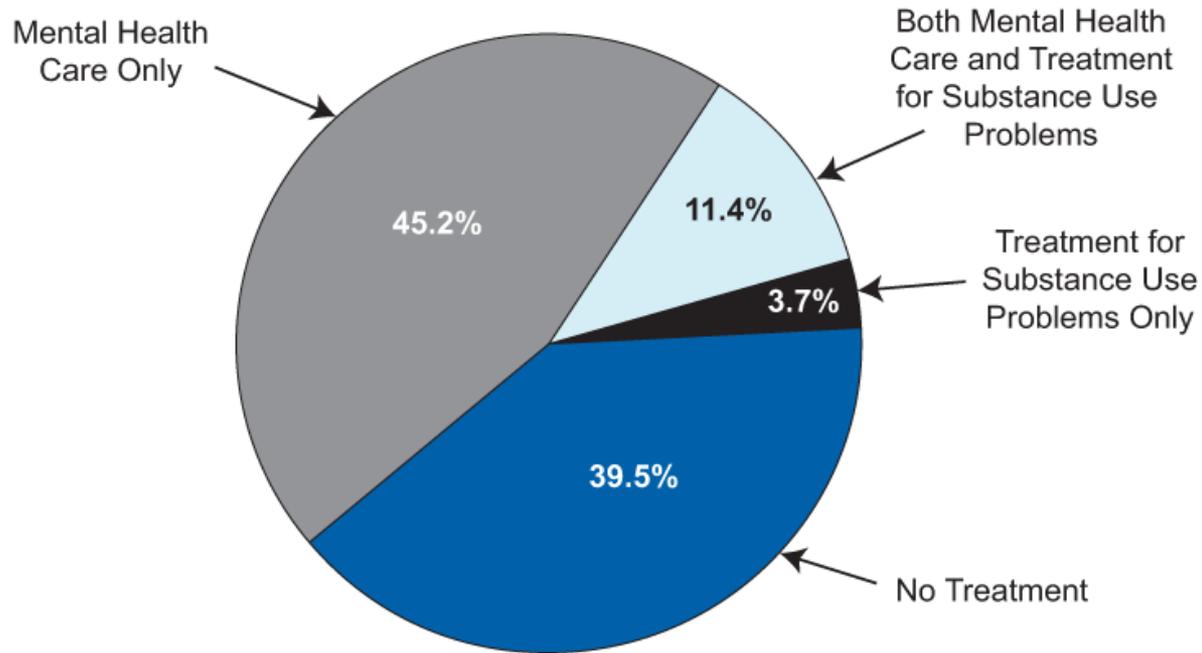
	County A	County B	County C	County D
Mental Health Assessment	✓	○	✓	✓ -
Substance Abuse Assessment	○	○	✓ -	○
Risk Assessment	✓ -	○	○	○

Challenge 2 – Using Best Practices: Addressing Dynamic Needs

Dynamic Risk Factor	Need
History of antisocial behavior	Build alternative behaviors
Antisocial personality pattern	Problem solving skills, anger management
Antisocial cognition	Develop less risky thinking
Antisocial associates	Reduce association with criminal others
Family and/or marital discord	Reduce conflict, build positive relationships
Poor school and/or work performance	Enhance performance, rewards
Few leisure or recreation activities	Enhance outside involvement
Substance abuse	Reduce use through integrated treatment

Challenge 2 – Using Best Practices: The Science to Service Gaps

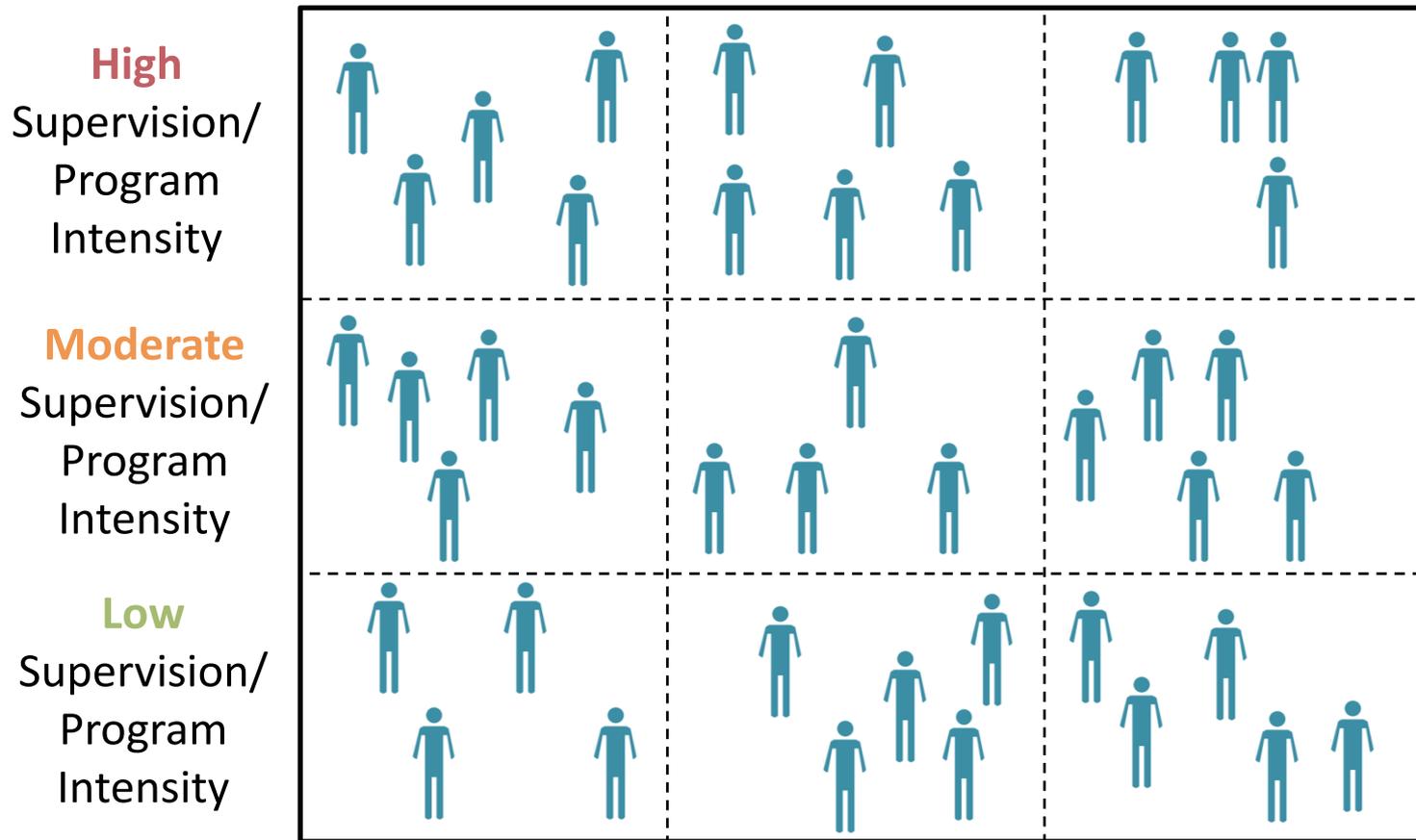
Past Year Mental Health Care and Treatment for Adults 18 or Older with Both SMI and Substance Use Disorder



2.5 Million Adults with Co-Occurring SMI and Substance Use Disorder

Challenge 2 – Using Best Practices:

Applying Results of Screening and Assessment:
Without Assessing Risk of Re-Offending

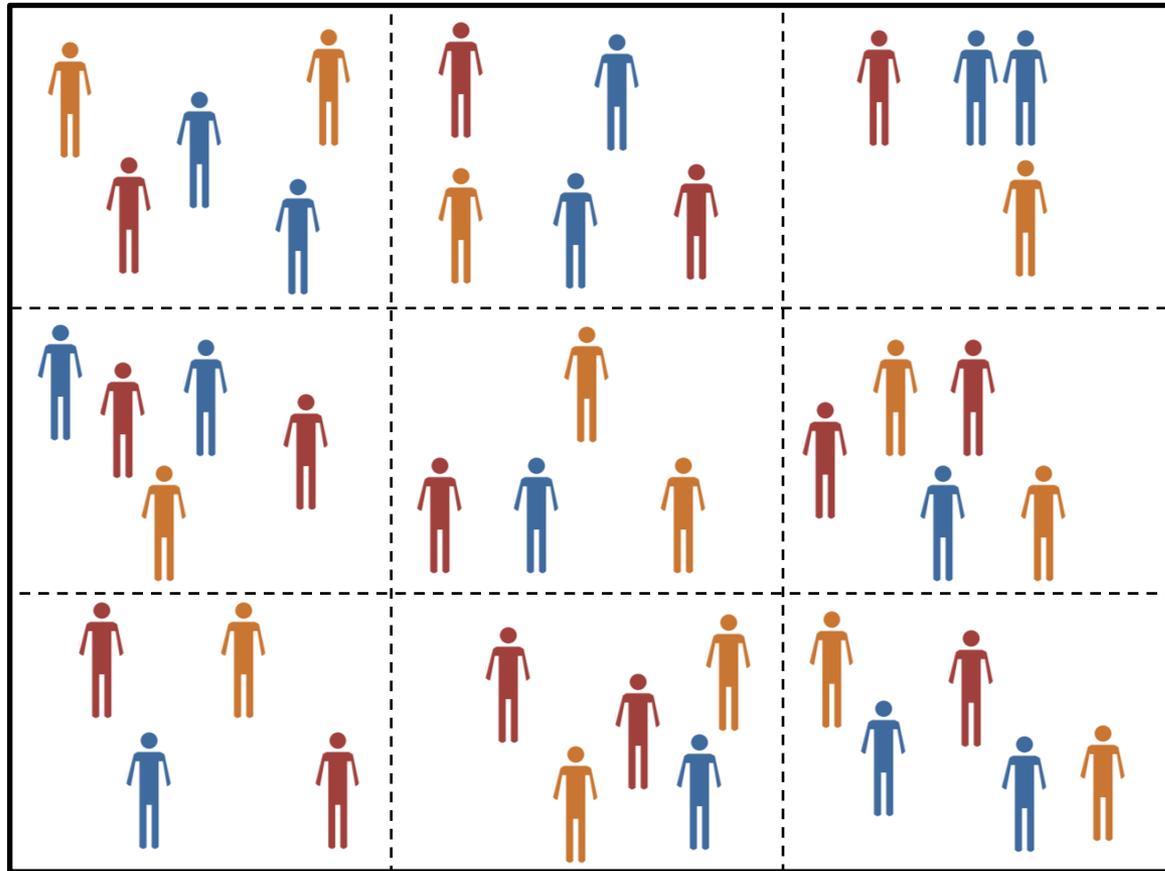


Challenge 2 – Using Best Practices: After Assessing Risk of Re-Offending

High
Supervision/
Program
Intensity

Moderate
Supervision/
Program
Intensity

Low
Supervision/
Program
Intensity



Risk of Re-offending

LOW RISK
10% re-arrested

MODERATE RISK
35% re-arrested

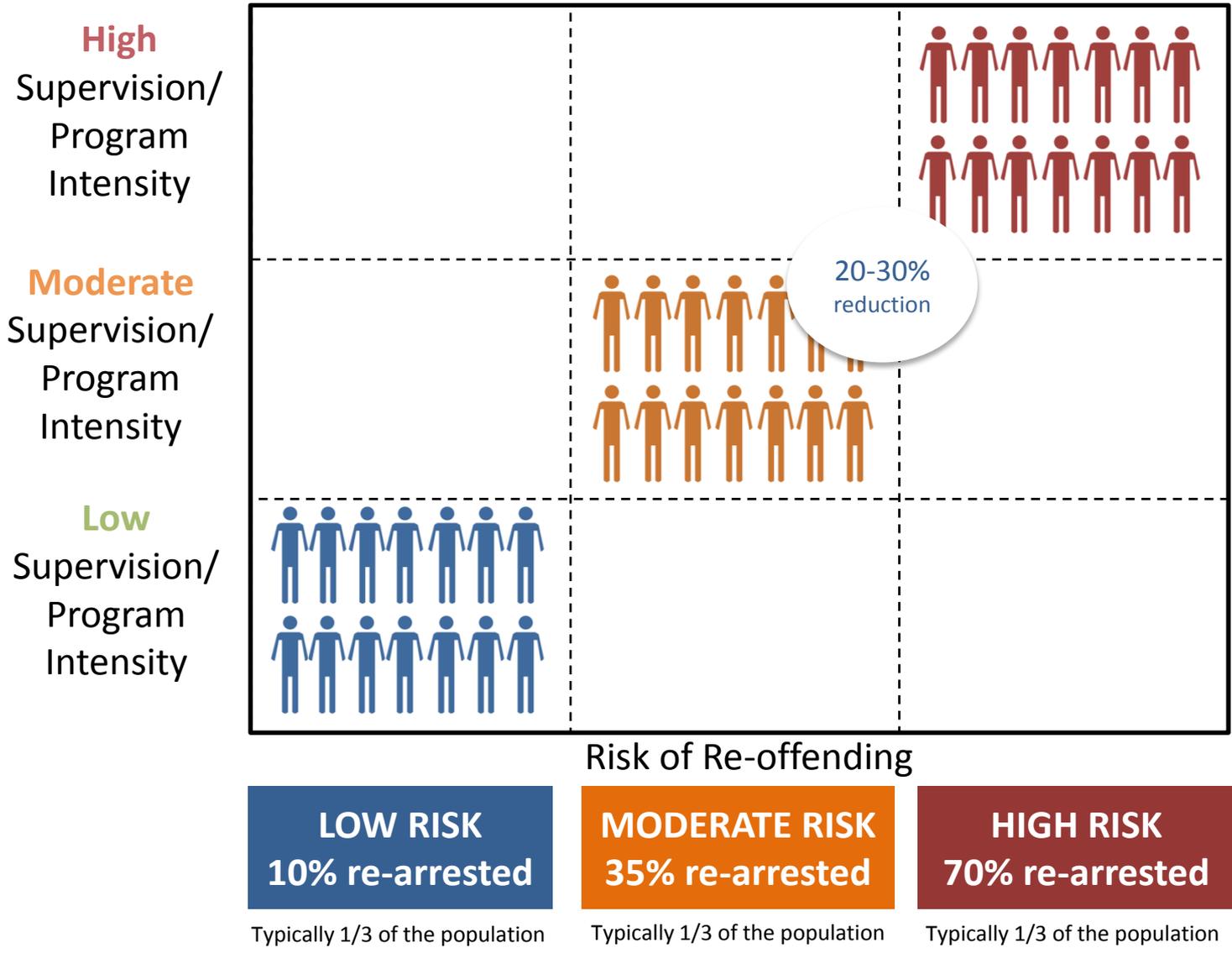
HIGH RISK
70% re-arrested

Typically 1/3 of the population

Typically 1/3 of the population

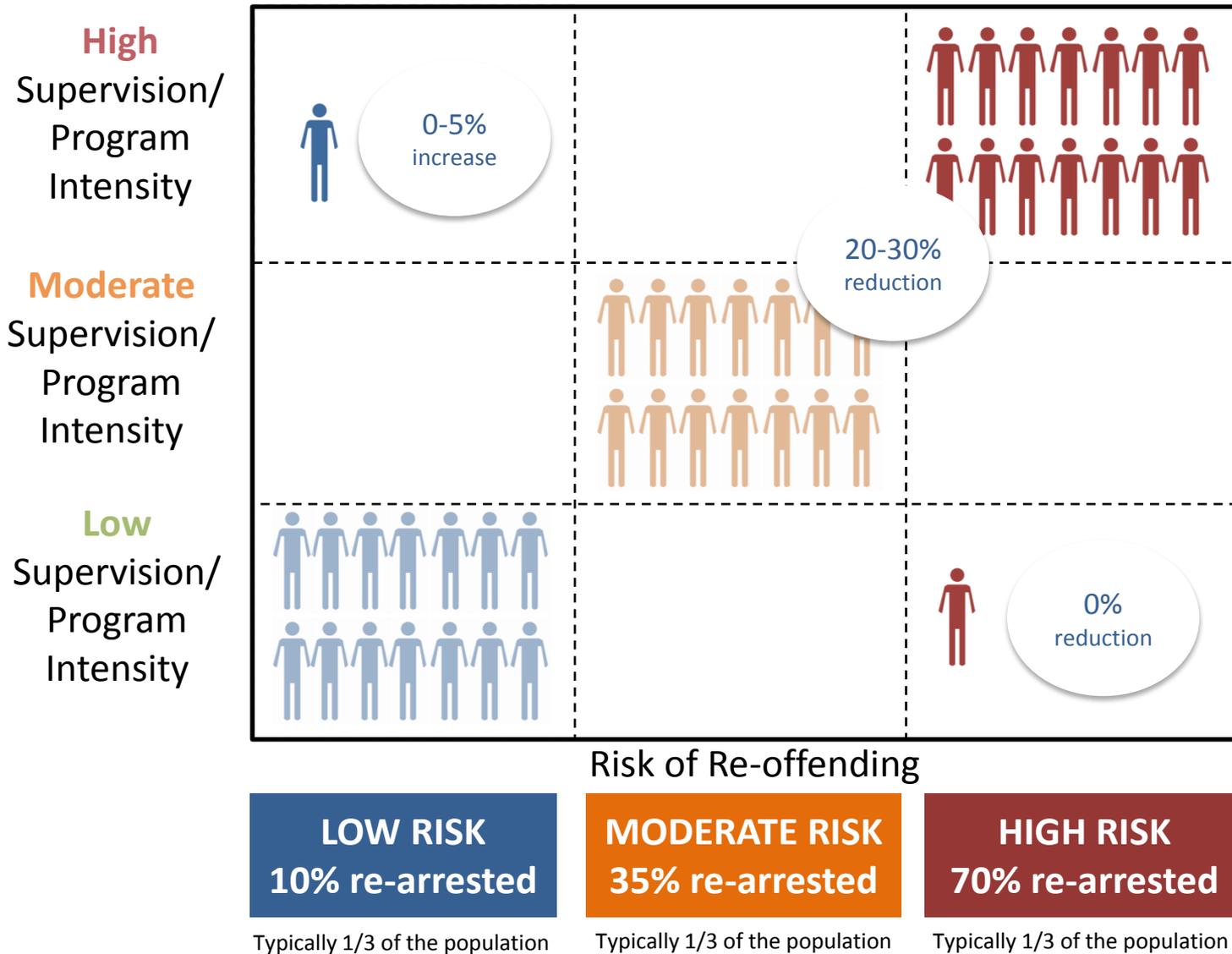
Typically 1/3 of the population

Challenge 2 – Using Best Practices: After Applying the Risk Principle...



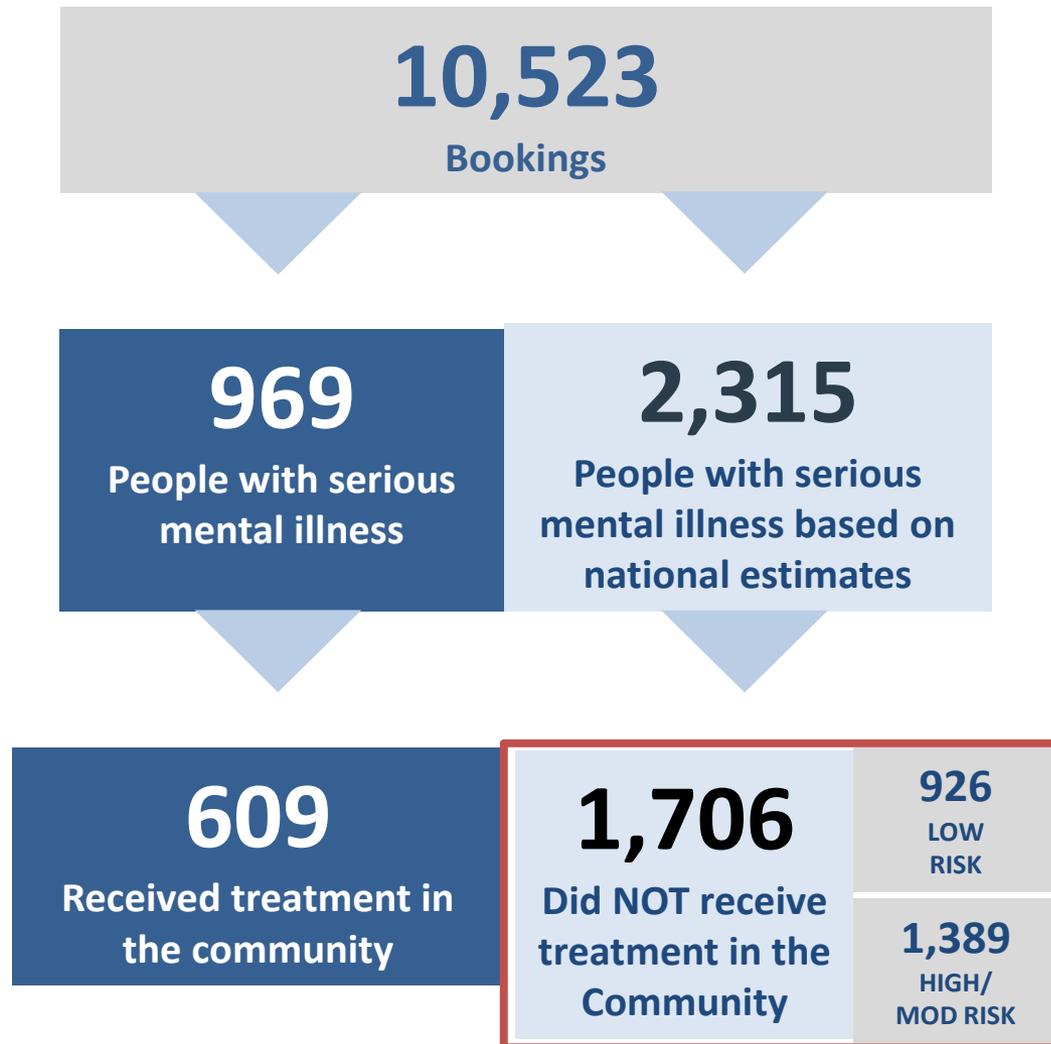
Challenge 2 – Using Best Practices:

If We don't Use the Risk Principle, Recidivism can Increase



Challenge 3 – Continuity of Care

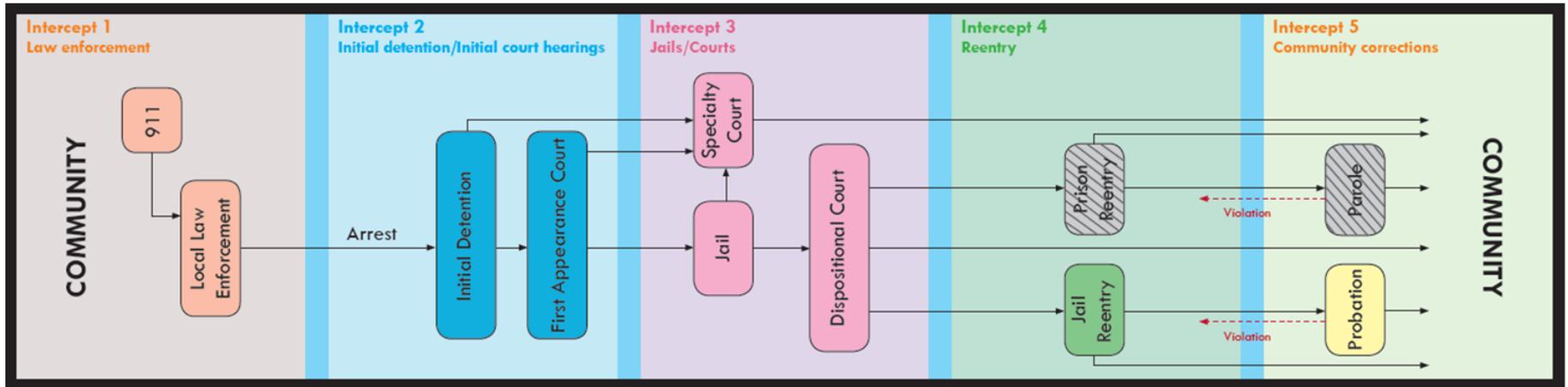
Existing Services Only Reach a Small Fraction of Those in Need



Example from Franklin County, OH

Challenge 4 – Tracking Progress:

Focusing County Leaders on Key Outcomes Measures



Outcome measures needed to evaluate impact and prioritize scarce resources

1.

Reduce

the number of people with mental illness booked into jail

2.

Shorten

the length of stay for people with mental illnesses in jails

3.

Increase

the percentage of people with mental illnesses in jail connected to the right services and supports

4.

Lower

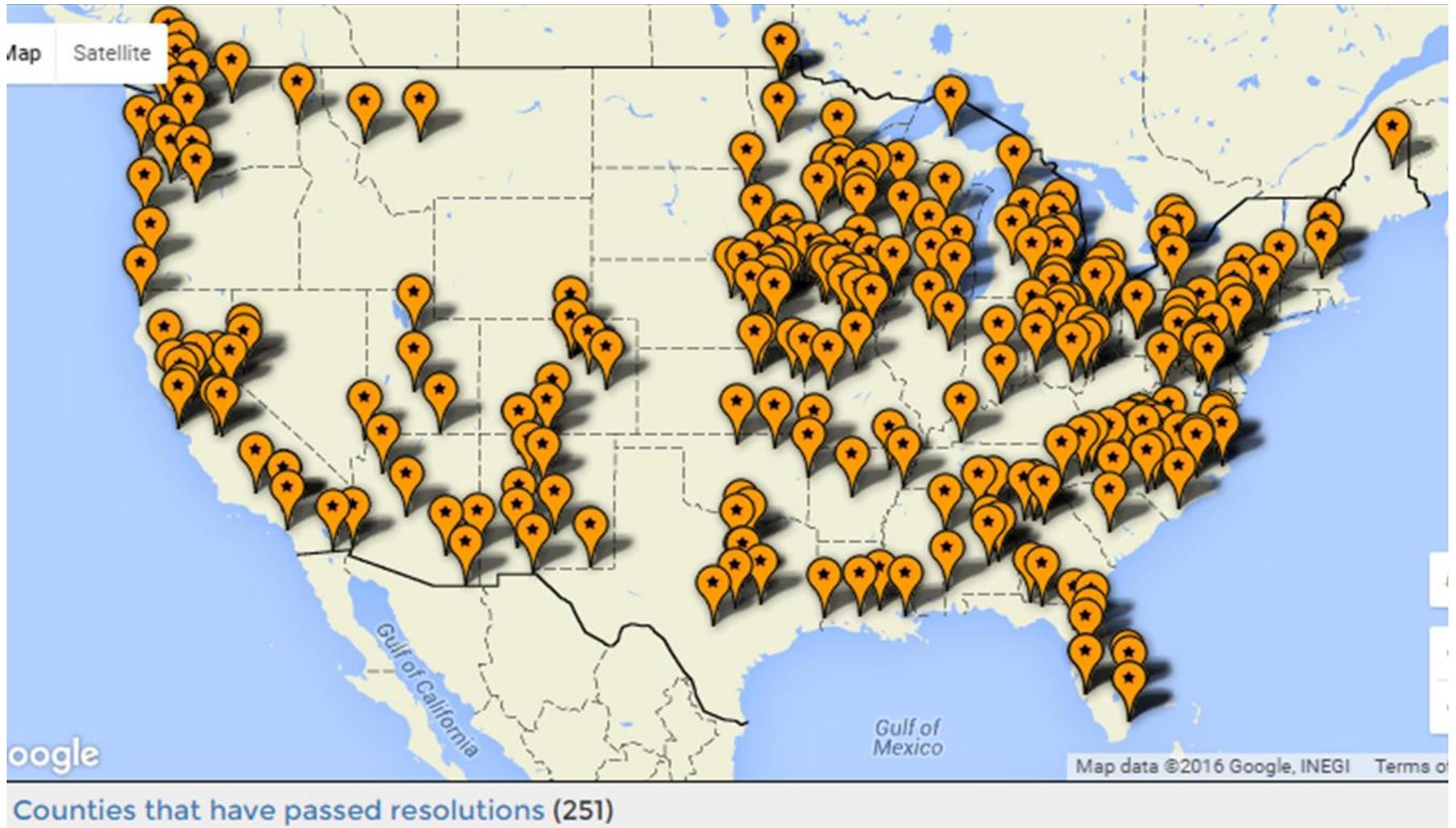
rates of recidivism

03.

Effective Strategic Plans: How do we move forward?

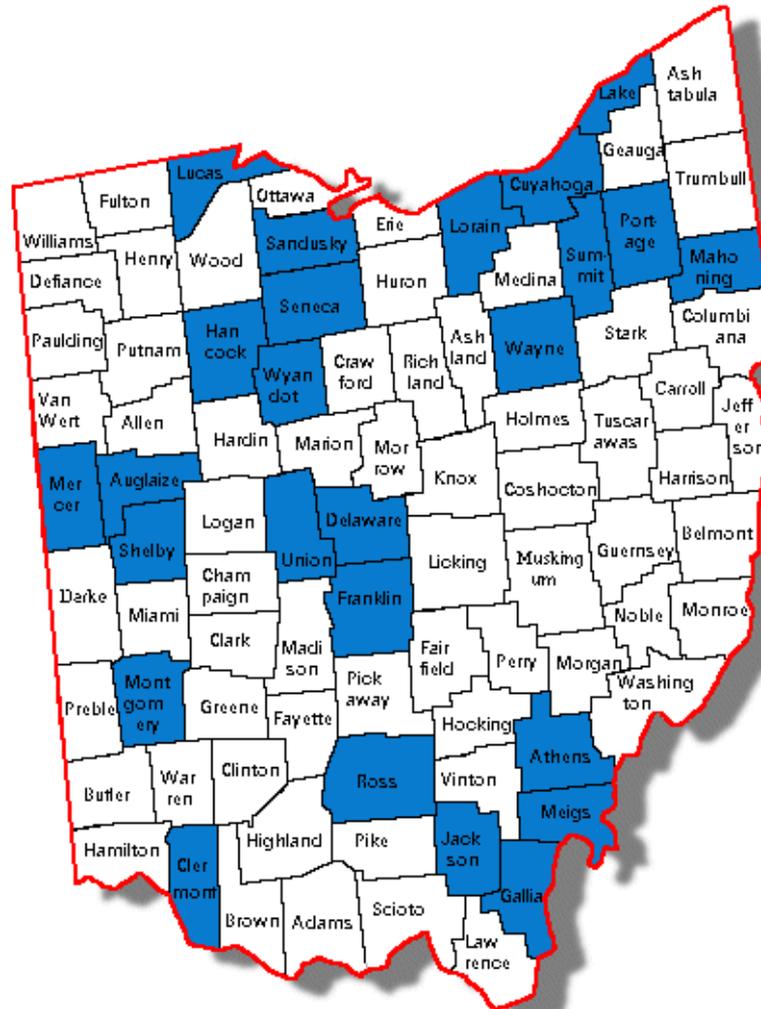


Counties and Individuals Join Call to Action



Ohio counties are Stepping Up

County	Sum of POP.
Athens County	64,713
Auglaize County	45,949
Clermont County	201,560
Cuyahoga County	1,259,828
Delaware County	189,113
Franklin County	1,231,393
Gallia County	30,397
Hancock County	75,337
Jackson County	32,748
Lake County	229,230
Lorain County	304,216
Lucas County	441,815
Mahoning County	233,204
Meigs County	23,331
Mercer County	40,814
Montgomery County	533,116
Portage County	161,882
Ross County	77,159
Sandusky County	60,179
Seneca County	55,669
Shelby County	48,951
Summit County	541,943
Union County	53,776
Wayne County	115,537
Wyandot County	22,353
Grand Total	6,074,213



*As of June 10, 2016

Overarching Goal of Stepping Up Initiative



*There will be fewer
people with mental
illnesses in our jails
tomorrow
than there are today.*

How do We Know if a County is Positioned to Reduce Number of people with mental illness in jail?



Six Key Questions

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?

Is your Leadership Committed?

-  Mandate from county elected officials 
-  Representative planning team 
-  Commitment to vision, mission and guiding principles 
-  Designated project coordinator and organized planning process 
-  Accountability for results 

Do You have Timely Screening and Assessment?



Is there are system-wide definition of:



- Mental illness
- Substance use disorders
- Recidivism



Screening and assessment:



- Validated screening and assessment tools
- An efficient screening and assessment



Electronically collected data



Stepping Up Summit Participant Survey: Screening and Assessment

	Currently in place	In the process of putting in place	Not yet in place, but planning how to put in place	Not yet planning how to put in place
Screen for mental illness	75%	14%	9%	2%
Screen for substance use disorder	56%	14%	19%	12%
Screen for criminogenic risk	21%	14%	30%	35%

Do You have Baseline Data?



Ability to measure:



- Prevalence rate of mental illnesses in jail population
- Length of time people with mental illness stay in jail
- Connections to community-based treatment, services and supports
- Recidivism rates



Electronically collected data



Stepping Up Summit Participant Survey: Baseline Data

	Currently in place	In the process of putting in place	Not yet in place, but planning how to put in place	Not yet planning how to put in place
Measure number booked with mental illness	64%	14%	18%	5%
Measure the average length of stay	39%	16%	32%	14%
Measure connection to treatment	16%	9%	43%	32%
Measure recidivism	16%	14%	43%	27%

Have You Conducted a Comprehensive Process Analysis and Service Inventory?

System-wide process review 

Inventory of services and programming 

Identified system gaps and challenges 

- Process problems
- Capacity needs
- Population projections

Have You Prioritized Policy, Practice and Funding?

-  A full spectrum of strategies 
-  Strategies clearly focus on the four key measures 
-  Costs and funding identified 
-  County investment 

Do You Track Progress?



Reporting timeline of four key measures



Process for progress reporting



Ongoing evaluation of program implementation



Ongoing evaluation of program impact



Stepping Up Summit Participant Survey: Tracking Progress

	Currently in place	In the process of putting in place	Not yet in place, but planning how to put in place	Not yet planning how to put in place
Routinely follow key metrics	11%	18%	55%	16%



THE
STEPPINGUP
INITIATIVE



THANK YOU

For more information, contact: Fred Osher (fosher@csg.org)

The American Psychiatric Association Foundation: americanpsychiatricfoundation.org

The National Association of Counties: naco.org

The Council of State Governments Justice Center: csgjusticecenter.org



THE NATIONAL

STEPPINGUP

S U M M I T

APRIL 17-19, 2016
WASHINGTON, DC