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.
Mental Illnesses in the Criminal Justice System: How did we get here?
... Jails are Where the Volume is

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

- Jail Admissions:
  - Annually: 11,605,175
  - Weekly: 222,565

- Prison Admissions:
  - Annually: 553,843
  - Weekly: 10,621
While Jail Populations Have Declined...

Inmates Confined in Local Jails at Midyear and Percent Change in the Jail Population, 2000-2013
... Jails Report Increases in the Numbers of People Mental Illnesses

NYC Jail Population (2005-2012)

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>M Group</th>
<th>Non-M Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>13,576</td>
<td>3,319</td>
<td>10,257</td>
</tr>
<tr>
<td></td>
<td></td>
<td>24%</td>
<td>76%</td>
</tr>
<tr>
<td>2012</td>
<td>11,948</td>
<td>4,391</td>
<td>7,557</td>
</tr>
<tr>
<td></td>
<td></td>
<td>37%</td>
<td>63%</td>
</tr>
</tbody>
</table>
Who is Incarcerated?: Disproportionate Representation

The graph shows the incarceration rate per 100,000 individuals for different racial groups over time. The groups compared are Non-Hispanic Whites, Non-Hispanic Blacks, and Hispanics. The incarceration rate for Non-Hispanic Blacks has been consistently higher compared to the other two groups, especially from the 1990s onwards. The incarceration rate for Hispanics has been lower than that of Non-Hispanic Whites, and the rate for Non-Hispanic Whites has been relatively stable compared to the other two groups.
Substantial Increase in the Number of Women: Federal and State Prisons (1980-2010)

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

1980 = 41,000 drug offenders
2010 = 507,000 drug offenders

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

Source: Abrams & Teplin (2010)
Mental Illnesses: Overrepresented in Our Jails

<table>
<thead>
<tr>
<th>General Population</th>
<th>Jail Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5%</strong> Serious Mental Illness</td>
<td><strong>17%</strong> Serious Mental Illness</td>
</tr>
<tr>
<td></td>
<td><strong>72%</strong> Co-Occurring Substance Use Disorder</td>
</tr>
</tbody>
</table>
We’ve All Experienced this Crisis in One Way or Another

**The Salt Lake Tribune**
County is ready, but is it able to deal with mentally ill?

**BDN Maine**
Mentally ill Mainers are still warehoused, but now it’s in jail

**The Columbus Dispatch**
Mentally ill inmates at Franklin County Jail stay longer

**rtv6abc**
Johnston County Sheriff: Mental health is number one problem

**TUCSON NEWS NOW**
Inmates with mental health issues inundate Pima County Jail

**kxan**
Mental health crisis at Travis County jails

**Southeast Missourian**
Nearly a third of county inmates require drugs for mental illness

**The Emporia Gazette**
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

Limited access to healthcare

Higher rates of recidivism
Factors Driving the Crisis

Low utilizations of evidence-based practices (EBPs)
Incarceration Is Not Always Directly Related to the Individuals’ Mental Illness

Source: Peterson, Skeem, Kennealy, Bray, and Zvonkovic (2014)
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

<table>
<thead>
<tr>
<th>Principle</th>
<th>Implications for Supervision and Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk Principle</strong></td>
<td>Focus resources on higher <strong>RISK</strong> individuals; limited supervision of lower <strong>RISK</strong> individuals</td>
</tr>
<tr>
<td><strong>Needs Principle</strong></td>
<td>Target the <strong>NEEDS</strong> associated with recidivism such as antisocial attitudes, unemployment, substance abuse</td>
</tr>
<tr>
<td><strong>Responsivity Principle</strong></td>
<td>General and specific factors impact the effectiveness of treatment. Be <strong>RESPONSIVE</strong> to learning style, motivation, culture, demographics, and abilities of the offender</td>
</tr>
</tbody>
</table>
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

- Low Risk: +3%
- Moderate Risk: -6%
- High Risk: -14%

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

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Reduce Recidivism by Targeting Multiple Criminogenic Needs

Recidivism Reductions as a Function of Targeting Multiple Criminogenic vs. Non-Criminogenic Needs

(Andrews, Dowden, & Gendreau, 1999; Dowden, 1998)
## Risk-Need-Responsivity (RNR) Model: Responsivity Principle

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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.”

Seligman & Czikszentmihalyi (2000, p. 7)
DEPARTMENT OF JUSTICE

National Institute Of Corrections


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 320 First Street NW, Washington, D.C. 20534. At the front desk, dial 7-4196, extension 9 for pickup.

Emailed 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@nicic.gov.
Not all Mental Illnesses are Alike: Mental Illness in the General Population

- Diagnosable mental disorders 16%
- Serious mental disorders 5%
- Severe mental disorders 2.5%
Not All Substance Use Disorders are Alike

The Substance Use Continuum

Abstinence

1, 2, 3: Mild

4, 5: Moderate

6, 7

8, 9: Severe

10, 11

Dependence
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

ADULTS WITH BEHAVIORAL HEALTH NEEDS UNDER CORRECTIONAL SUPERVISION:
A Shared Framework for Reducing Recidivism and Promoting Recovery
A Framework for Prioritizing Target Populations

**Low Criminogenic Risk (low)**
- Low Severity of Substance Abuse (low)
- Serious Mental Illness (med/high)
- Low Severity of Mental Illness (low)
- Substance Dependence (med/high)

**Medium to High Criminogenic Risk (med/high)**
- Low Severity of Substance Abuse (low)
- Serious Mental Illness (med/high)
- Low Severity of Mental Illness (low)
- Substance Dependence (med/high)

**Groups**

**Group 1**
- I-L
- CR: low
- SA: low
- MI: low

**Group 2**
- II-L
- CR: low
- SA: low
- MI: med/high

**Group 3**
- III-L
- CR: low
- SA: med/high
- MI: low

**Group 4**
- IV-L
- CR: low
- SA: med/high
- MI: med/high

**Group 5**
- I-H
- CR: med/high
- SA: low
- MI: low

**Group 6**
- II-H
- CR: med/high
- SA: low
- MI: med/high

**Group 7**
- III-H
- CR: med/high
- SA: med/high
- MI: low

**Group 8**
- IV-H
- CR: med/high
- SA: med/high
- MI: med/high
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
## Challenge 1 - Being Data Driven: Not Knowing the Target Population

<table>
<thead>
<tr>
<th></th>
<th>County A</th>
<th>County B</th>
<th>County C</th>
<th>County D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Assessment</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>✔ -</td>
</tr>
<tr>
<td>Substance Abuse Assessment</td>
<td></td>
<td>✔</td>
<td>✔ -</td>
<td></td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>✔ -</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Andrews (2006)
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

- Mental Health Care Only: 45.2%
- Both Mental Health Care and Treatment for Substance Use Problems: 11.4%
- Treatment for Substance Use Problems Only: 3.7%
- No Treatment: 39.5%

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

NSDUH (2008)
Challenge 2 – Using Best Practices:
Applying Results of Screening and Assessment:
Without Assessing Risk of Re-Offending

High
Supervision/
Program
Intensity

Moderate
Supervision/
Program
Intensity

Low
Supervision/
Program
Intensity
Challenge 2 – Using Best Practices:
After Assessing Risk of Re-Offending

- **Low Risk**: 10% re-arrested
  - Typically 1/3 of the population

- **Moderate Risk**: 35% re-arrested
  - Typically 1/3 of the population

- **High Risk**: 70% re-arrested
  - Typically 1/3 of the population
Challenge 2 – Using Best Practices: After Applying the Risk Principle...

- **High Supervision/Program Intensity**
- **Moderate Supervision/Program Intensity**
- **Low Supervision/Program Intensity**

### Risk of Re-offending

- **LOW RISK**: 10% re-arrested
  - Typically 1/3 of the population
- **MODERATE RISK**: 35% re-arrested
  - Typically 1/3 of the population
- **HIGH RISK**: 70% re-arrested
  - Typically 1/3 of the population

*20-30% reduction*
Challenge 2 – Using Best Practices:
If We don’t Use the Risk Principle, Recidivism can Increase

- **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
Challenge 3 – Continuity of Care
Existing Services Only Reach a Small Fraction of Those in Need

10,523 Bookings

969 People with serious mental illness

2,315 People with serious mental illness based on national estimates

609 Received treatment in the community

1,706 Did NOT receive treatment in the Community

926 LOW RISK
1,389 HIGH/MOD RISK

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

Over 100 million people reside in Stepping Up counties
Ohio counties are Stepping Up

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

*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?

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 a 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
<table>
<thead>
<tr>
<th>Screening and Assessment</th>
<th>Currently in place</th>
<th>In the process of putting in place</th>
<th>Not yet in place, but planning how to put in place</th>
<th>Not yet planning how to put in place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen for mental illness</td>
<td>75%</td>
<td>14%</td>
<td>9%</td>
<td>2%</td>
</tr>
<tr>
<td>Screen for substance use disorder</td>
<td>56%</td>
<td>14%</td>
<td>19%</td>
<td>12%</td>
</tr>
<tr>
<td>Screen for criminogenic risk</td>
<td>21%</td>
<td>14%</td>
<td>30%</td>
<td>35%</td>
</tr>
</tbody>
</table>
Do You have Baseline Data?

- 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
<table>
<thead>
<tr>
<th>Measure</th>
<th>Currently in place</th>
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<td>Measure number booked with mental illness</td>
<td>64%</td>
<td>14%</td>
<td>18%</td>
<td>5%</td>
</tr>
<tr>
<td>Measure the average length of stay</td>
<td>39%</td>
<td>16%</td>
<td>32%</td>
<td>14%</td>
</tr>
<tr>
<td>Measure connection to treatment</td>
<td>16%</td>
<td>9%</td>
<td>43%</td>
<td>32%</td>
</tr>
<tr>
<td>Measure recidivism</td>
<td>16%</td>
<td>14%</td>
<td>43%</td>
<td>27%</td>
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</table>
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
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<tr>
<td>Routinely follow key metrics</td>
<td>11%</td>
<td>18%</td>
<td>55%</td>
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</table>
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