Best Practices
Mentally Ill Offender Crime Reduction Grants
Adult Programs 2015

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Justice Center
The Council of State Governments
Collaborative Approaches to Public Safety
The Council of State Governments Justice Center

National nonprofit, nonpartisan membership association of state government officials

Represents all three branches of state government

Provides practical advice informed by the best available evidence
Overview

National Lessons Learned

Stepping Up

Six Questions
Predicting Future CJ contact: Criminogenic Risk

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

✓ Risk

= How likely is a person to commit a crime or violate the conditions of supervision?
Target the Factors that Evidence Shows Are Most Central to Criminal Behavior

What?

- Criminal Behavior
  - Employment/Education
  - Leisure
- Antisocial
  - The Big Four
    (impacting these are the major drivers to reducing criminal behavior)
  - Higher-risk offenders are likely to have more of the Big Four.
    Programs targeting these needs can significantly lower recidivism rates

- Past Criminality
  - Thinking
  - Peers
- Substance Use
  - Personality
- Housing
  - Family

* Past criminality cannot be changed.
Identify and Focus on Higher-Risk Offenders

Who?

Without Risk Assessment...

With Risk Assessment...

Risk of Re-offending

LOW
10%
10% re-arrested

MODERATE
35%
35% re-arrested

HIGH
70%
70% re-arrested
Incarceration Is Not Always Directly Related to the Individuals’ Mental Illness

Source: Peterson, Skeem, Kennealy, Bray, and Zvonkovic (2014)
### Addressing Dynamic Needs

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<thead>
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<th>Need</th>
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Andrews (2006)
The Responsivity Principle

Mental Illness

- Antisocial Attitudes
- Antisocial Personality Pattern
- Antisocial Friends and Peers
- Lack of Education
- Lack of Prosocial Leisure Activities
- Family and/or Marital Factors
- Substance Abuse
- Poor Employment History

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.)
Pulling Together a Research-Based Framework
A Framework for Prioritizing Target Population

Low Criminogenic Risk (low)

- Low Severity of Substance Abuse (low)
- Low Severity of Mental Illness (low)

- Serious Mental Illness (med/high)
- Low Severity of Mental Illness (low)

- Substance Dependence (med/high)
- Debakey I (I-I)
- CR: low
- SA: low
- MI: med/high

Medium to High Criminogenic Risk (med/high)

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

- Serious Mental Illness (med/high)
- Debakey I (I-I)
- CR: med/high
- SA: low
- MI: med/high

- Serious Mental Illness (med/high)
- Debakey II (II-II)
- CR: med/high
- SA: med/high
- MI: med/high

- Serious Mental Illness (med/high)
- Debakey III (III-III)
- CR: med/high
- SA: med/high
- MI: med/high

- Serious Mental Illness (med/high)
- Debakey IV (IV-IV)
- CR: med/high
- SA: med/high
- MI: med/high
Mental Illnesses: Overrepresented in Our Jails

- General Population:
  - 5% Serious Mental Illness

- Jail Population:
  - 17% Serious Mental Illness
  - 72% Co-Occurring Substance Use Disorder
Jails Report Increases in the Numbers of People Mental with 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>Non-M Group</th>
<th>M Group</th>
</tr>
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<tbody>
<tr>
<td>2005</td>
<td>13,576</td>
<td>3,319 (24%)</td>
<td>10,257 (76%)</td>
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<tr>
<td>2012</td>
<td>11,948</td>
<td>4,391 (37%)</td>
<td>7,557 (63%)</td>
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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: Not Knowing the Target Population

http://static.nicic.gov/Library/022134.pdf
**Challenge 1 - Being Data Driven: Not Knowing the Target Population**

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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: 39.5%
- Treatment for Substance Use Problems Only: 11.4%
- No Treatment: 3.7%

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

NSDUH (2008)
Challenge 3 – Continuity of Care
Existing Services Only Reach a Small Fraction of Those in Need

10,523 Individuals

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
There will be fewer people with mental illnesses in our jails tomorrow than there are today.
Six Key Questions County Leaders Need to Ask

1. Is Our Leadership Committed?

2. Do We Conduct Timely Screening and Assessments?

3. Do We Have Baseline Data?

4. Do We Conduct a Comprehensive Process Analysis and Inventory of Services?

5. Have We Prioritized Policy, Practice, and Funding Improvements?

6. Do We Track Progress?
States Supporting Counties that Step Up

- State-wide Stepping Up Summit

- Technical assistance available for interested counties
  - Intensive TA to develop “proof points”
  - Centralized toolkit and information
  - On-call assistance
  - Coordinated assistance on data collection and measurement

- Peer to peer learning facilitated among Stepping Up counties

- Policy analyses to identify places to support counties (e.g., facilitating diversion, expanding Medicaid)
California

• Launch in Sacramento May 2015

• 21 Counties have passed Resolutions

• 4 CA Counties at National Summit + MHSCOAC & BSCC

• Stepping Up CA Summit- Jan 18-19, 2017 in Sacramento
  Registration open now! Contact your Chief Probation Officer

• Resources and support for counties
21 California Counties Have Stepped Up; More Engaged

Stepping Up counties represent about 60% of the state’s average daily jail population.
Perception of Current Practices: Statewide Survey

• **124 Responses** from Sheriffs, Behavioral Health Directors, Chief Probation Officers and designees

• Representing **all 58 counties**

• Responses to be grouped by: Region, Size, Profession

• **Perceptions** not “Proof”

• Questions follow themes from national Stepping Up initiative, including “6 Questions County Leaders Need to Ask”

http://www.counties.org/general-information/california-county-map
Resoundingly an issue of concern to local leaders

Survey Question: Is the number of people with mental illnesses who are involved with the criminal justice system a significant issue in your county?

116 of 124 respondents representing 56 counties said “Yes”
Almost all counties report more people with mental illnesses in jail now than five years ago

Survey Question: What is your impression of the number of people with mental illnesses in your county’s jails over the past five years?

- 100% responding Sheriffs (14) said “It has gotten bigger.”
Do We Conduct Timely Screening and Assessments?

**National Picture:**

- Agreement that universal screening for mental health, substance use, and criminogenic risk are necessary to inform good decision-making
- Very few, if any, county jails do this
- Even counties often held up as models struggle with this

### Challenge 2 – Using Best Practices: Not Knowing the Target Population

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Ideally, counties regularly measure the number of people with mental illnesses in jails based on an agreed upon definition and chart progress on four key measures.

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

**National Picture:**
- Few places have definitions and processes to collect data
- Few, if any, places regularly run reports to track these four key measures
Do We Have Baseline Data?

California Picture:

• **Most counties** report some way of measuring prevalence of people with mental illnesses in jail,

• Reported ability on four key measures ranged from about 60% of counties that report they are able to measure this for admissions and recidivism to only about 10% for connection to treatment

• Leads on small, medium, and large counties that report shared definitions and regular measurement for each of the outcomes

49 counties identified the need for resources to collect and track data as a significant challenge
Do We Conduct a Comprehensive Process Analysis and Inventory of Services?

Survey Question: Many communities undertake a process of identifying available community-based treatment and support services and “mapping” the flow of people with mental illnesses from initial contact with law enforcement through booking in jail, disposition of the court case, incarceration, and reentry. Please check all of the following that apply to your system:

- An interagency group has **identified community-based treatment services** 26 counties
- An interagency group has **mapped out the flow of people with mental illnesses** through the local justice system 15 counties
- An interagency group has **done both** 13 counties

Respondents from 34 counties indicated “We are interested in assistance on these steps”
Identified Needs

Survey Question: Which of the following do you think would have the greatest impact on improving your county’s capacity to address this issue? Check all that apply

- 49 counties - Resources to collect and track data
- 46 counties - Research-based interventions for people involved with the justice system who have behavioral health needs
- 43 counties - Information about strategies and solutions that work
- 37 counties - Improved cooperation among the relevant agencies and partners
- 36 counties - Dedicated time to solving these issues
- 28 counties - Clear leadership on this issue
- 27 counties - State policy change

“We work in silos and funding is separated between departments, which results in services being separated” – Write in response
THANK YOU

For more information, contact: Hallie Fader-Towe (hfader@csg.org)

Stepping Up

www.stepuptogether.org