

Benefits of Participating in the I.M. Justice BH Study: The Feedback Report

Webinar #3



IMJusticeBH@ucf.edu

Disclosures (Funding)

The National Institute of Mental Health, National Institute of Health (R01 MH118680, MPIs Taxman and Johnson).

All opinions are those of the research team and not of the funding agency.



Study Team Leaders (there are others)



Faye S. Taxman
George Mason U PI
Criminologist



Jennifer Johnson
Michigan State U PI
Psychologist



Jill Viglione
U of Central Florida
Criminologist



Niloofer Ramezani
George Mason U.
Statistician



Alex Breno
George Mason U
Statistician²

OUR TEAM IS WORKING WITH:



**Justice
Center**

NATIONAL
ASSOCIATION
of COUNTIES

NACo



AMERICAN
PSYCHIATRIC
ASSOCIATION

FOUNDATION



CSG

Kati Habert

Rise Haneberg

Mark Stovell

NACo

Nastassia Walsh

APAF

Christopher D. Chun-Seeley

Team Members/Speakers

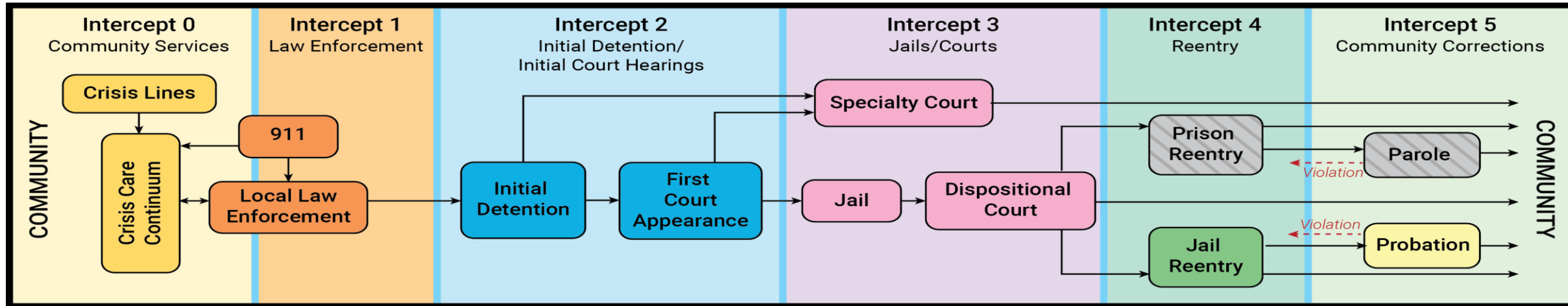


Teneshia Thurman
George Mason University



Ben Mackey
George Mason University

Justice Phases Where Individuals Can Receive Care



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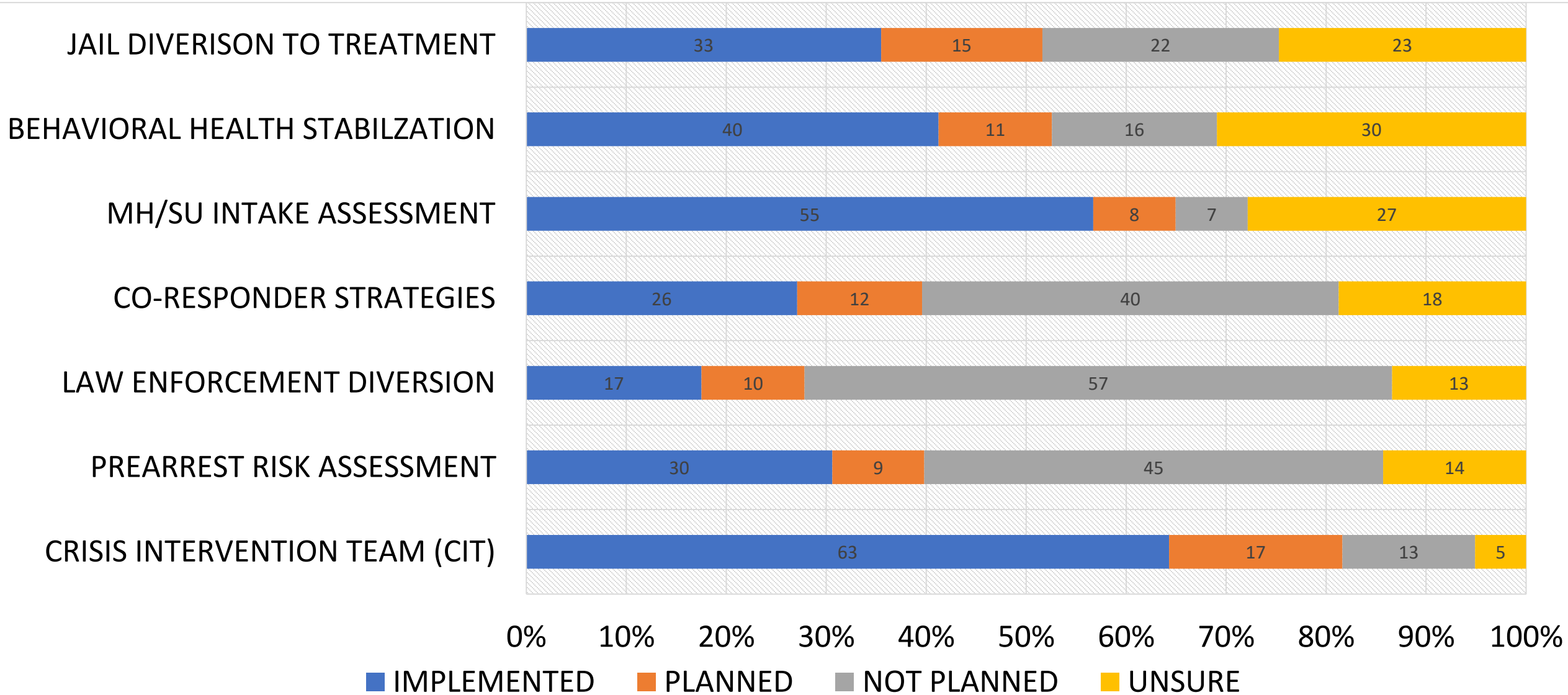
- 911 calls: **240** million
- Police contacts: **53** million
- Arrest & jail detention (3-7 days): **10.9** million
- Jail sentence: ~ 1 million
- Probation: 5.8 million
- Prison: ~2.2. million
- Parole: 1.3 million

****Intercepts = potential places to intervene**

The question is...what *strategies* can alter how we use the local jail?

- A desperate need exists to understand how to help justice and community mental health systems
 - How can we reach more individuals with **evidence-based treatments and practices** in the community?
 - How can we keep individuals with mental illness out of jail?

Results of a National Survey on Pretrial Practices



What are Evidence Based Policies and Practices (EBPPs) including treatment?

A policy, practice, and treatments where there is sufficient research evidence that a positive effect can occur



**Criminal
Justice EBPPs**

I.M. Justice BH

**Public Health
EBPPs**

The I.M. Justice BH Study

Our Goals

1. Determine the effect of counties' use of evidence-based treatments and practices for people with mental illness
2. Determine how/why that is or is not taking place
3. Draw generalizable lessons for CJ and MH implementation efforts

Our Study Will:

- Conduct online survey of 4 people each from 950 counties
 - Behavioral health administrator
 - Jail administrator
 - Probation chief
 - Substance abuse administrator
- Surveys will take place at study baseline, 18 months, and 36 months later
 - Interview 90 people each year



The Feedback Report

Your COUNTY U.S.A

This feedback report highlights your efforts in county regarding policies and practices that affect the detention of mentally ill individual in jail. This summarizes your responses to the I.M. Justice Behavioral Health survey. In this survey you told us about what is going on in your county. This report summarizes responses (from behavioral health, probation, and correction agencies) for your county compared to other county responses. We are also going to guide you on your county can move forward.

The Sequential Intercept Framework (<https://www.soshsa.gov/criminal-justice/justice/im-overview>) is widely used to examine touchpoints that people with behavioral health disorders (substance use and/or mental illness) have with the justice system. At each intercept there are different health and justice policies and practices to reduce the incarceration of individuals with mental illness. The following are considered the top evidence informed practices:

- **Pre-arrest diversion** to mental health treatment including a 24/7 therapeutic or drop-off centers
- **Permanent supportive housing** for individuals with mental health conditions
- **Coordination** between jail and community mental health services at transitions in or out of jail
- **Trauma-informed care, settings, or services**
- Any psychosocial treatments for **insomnia and pain**
- **Stanley and Brown's Safety Planning** intervention for **suicide prevention**

P&P Program Policies

This list reflects justice related programs and policies in your county. The blue box reflects the percent of counties that have responded to our survey that offer this (n=436).

Your jurisdictions should consider implementing any unchecked area with attention to walk-in/crisis centers, integrated policies and practices that involve mental health treatments and substance use disorders treatments in all intercepts. Supported housing is needed.

Category	Policy/Practice	Percentage
Community Level	Build an alliance with patients in mental health treatment, including treatment planning	63%
	Crisis call in centers	40%
	Critical Time Intervention -OR- Case management	31%
	Family or caregiver education and support for mental illness issues	20%
Law Enforcement	Therapeutic walk-in or crisis centers where police can drop off individuals in crisis	10%
	Crisis Intervention Teams of police officers + social workers responding together	27%
Initial Detention & Court Hearings	Diversion from any criminal justice action to mental health treatment	30%
	Supported employment for individuals with mental health conditions	27%
Jails & Courts	Mental health treatment required by the court	85%
	Problem solving/mental health court	23%
Reentry	Coordination between jail and community mental health services at transitions into or out of jail	25%
	Eligibility continuity - a mechanism to reactivate their Medicaid eligibility prior to release	26%
Integrated	Assertive community treatment (ACT), Forensic assertive community treatment (FACT), or Forensic Intensive Case Management (FICM)	18%
	Integrated mental health and substance use services; integrated dual disorder programs	81%
Peer Support	Mental health peer navigators or peer support	47%
	Trauma informed care, settings or services	31%
Mental Health Training	Mental health training for correctional staff	47%

Community Level

- ✓ Build an alliance with patients in mental health treatment, including treatment planning 63%
- ✓ Crisis call in centers 40%
- ✓ Critical Time Intervention -OR- Case management 31%
- ✓ Family or caregiver education and support for mental illness issues 20%
- ✓ Supported employment for individuals with mental health conditions 27%

Law Enforcement

- ✓ Therapeutic walk-in or crisis centers where police can drop off individuals in crisis 10%
- ✓ Crisis Intervention Teams of police officers + social workers responding together 27%

Initial Detention & Court Hearings

- ✓ Diversion from any criminal justice action to mental health treatment 30%

Jails & Courts

- ✓ Mental health treatment required by the court 85%
- ✓ Problem solving/mental health court 23%

Reentry

- ✓ Coordination between jail and community mental health services at transitions into or out of jail 25%
- ✓ Eligibility continuity - a mechanism to reactivate their Medicaid eligibility prior to release 26%

Integrated

- ✓ Assertive community treatment (ACT), Forensic assertive community treatment (FACT), or Forensic Intensive Case Management (FICM) 18%
- ✓ Integrated mental health and substance use services; integrated dual disorder programs 81%

Peer Support

- ✓ Mental health peer navigators or peer support 47%
- ✓ Trauma informed care, settings or services 31%

Mental Health Training

- ✓ Mental health training for correctional staff 47%

*Based on 436 U.S. counties that participated

Logos: SCHARR, The Center for Advancing Correctional Excellence, I.M. JusticeBH, UCF, National Institute on Mental Health (NIMH)

Treatment programming

Commonly used evidence-based treatment programs. The check mark (✓) indicates what is offered in your county. The blue box reflects the percent of counties that have responded to our survey (n=436).

Consider implementing an evidence-based program to address insomnia and physical pain management

Condition	Treatment/Program	Percentage
Depression	Cognitive-behavior therapy (CBT) or Behavioral Activation for depression	72%
	Interpersonal psychotherapy (IPT) for depression	46%
	Selective serotonin reuptake inhibitors for depression	27%
	Prolonged exposure for PTSD	45%
Anxiety	Exposure therapies or cognitive-behavioral therapy (CBT) for anxiety	35%
	SSRIs or tricyclic antidepressants for anxiety	66%
Bipolar	Education about bipolar disorder and its treatment (> 1 session)	71%
	Family education about bipolar disorder or family treatment for bipolar disorder	48%
Borderline Personality Disorder	Dialectical behavior therapy (DBT)	53%
	Psychopharmacology	61%
Insomnia	Group or individual counseling intervention for insomnia	22%
	Group or individual counseling for physical pain	36%
PTSD	Anticonvulsants for re-experiencing	42%
	Cognitive-behavioral therapy (CBT) or cognitive processing therapy for PTSD	71%
Schizophrenia and Psychosis	Cognitive-behavioral therapy (CBT) for psychosis	20%
	Family education about schizophrenia or psychosis	71%
Suicidal Thoughts	First generation antipsychotics (e.g., Phenothiazines)	51%
	Second generation antipsychotics (e.g., Phenothiazines)	49%
Physical Pain	Dialectical behavior therapy (DBT)	38%
	Stanley and Brown's Safety Planning intervention for suicide prevention	78%
Other	Medications for opioid use	15%
	Medications for alcohol use	25%

progress in your county

In the last five years, your county has made progress in implementing strategies to reduce the number of individuals with mental health problems in jail. Below is the progress made and areas to advance efforts.

SIGNIFICANT PROGRESS MADE

- Worked with other agencies on county-wide planning to address the size of the jail population
- Developed, used, or updated a formal blueprint for improving mental health or substance use services for justice-involved individuals
- Captured and shared local knowledge through participation in activities to learn from other counties

SOME PROGRESS MADE

- Provide programming that targets criminogenic needs
- Hire experts - Psychologist, peer support specialist
- Agreed on definitions of key terms guiding local efforts: Recidivism; substance use disorder or problematic substance use; mental illness/serious mental illness
- Measures the number of people entering jail with mental health issues

What should your county consider

- Improve data decision making by hiring a data analyst and improving the linkage of data from jail and behavioral health agencies
- Your work on county-planning can be improved by having a facilitator to guide meetings with clear benchmarks
- Focus attention on community services (Intercept 0) to build capacity in the community
- Seek resources to expand programming so that nearly 30 percent of the population with mental health conditions can access care in the community
- Focus on attention how to enhance access and engagement in services
- Monitor the progress of individuals with mental health conditions in jail and community treatment programs

Take this list to your team, county leadership to prioritize efforts to advance your efforts

Logos: SCHARR, The Center for Advancing Correctional Excellence, I.M. JusticeBH, UCF, National Institute on Mental Health (NIMH)

- A detailed, personalized breakdown of **your** county's progress and use of EBPPs
- A tool to motivate, encourage, and continue to think about service improvement for people with mental illness in and out of jail
- Provided to every county that participates in the **I.M. Justice BH survey**

DRAFT; not real data

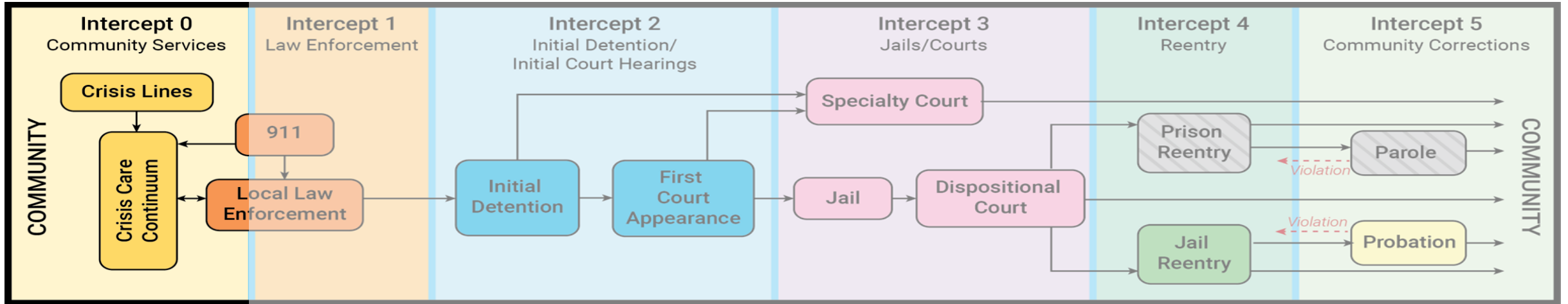
Main Questions

- 1. What can impact how people with mental illness are treated?**
- 2. What occurs in your county?**

Sections of the Feedback Report

- 1. Policies & Practices**
- 2. Treatment Programming**
- 3. Strategies in your County**

What Evidence-Based Practices are available for Justice-Involved Populations (in and out of your county)?

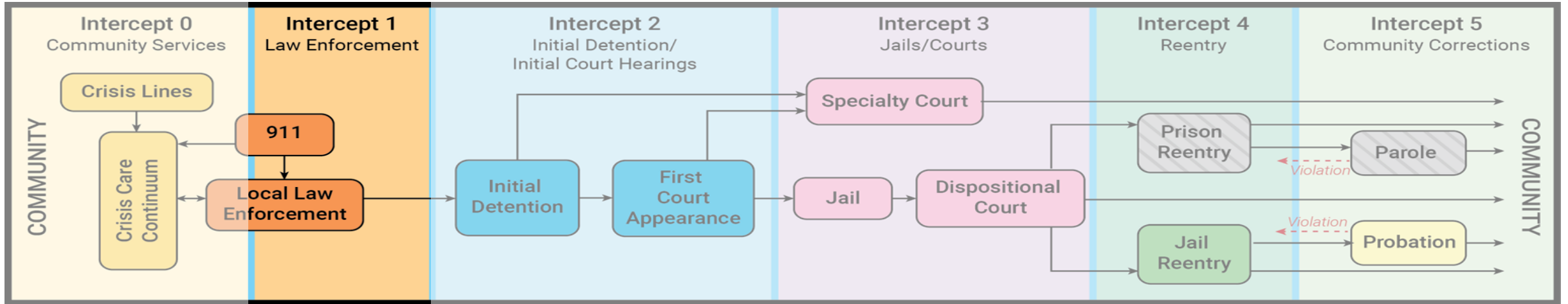


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Intercept 0: Community Services

- Building an alliance with patients
- Crisis call-in centers
- Critical Time Intervention/case management
- Family caregiver education/support
- Permanent supportive housing
- Supported employment

What Evidence-Based Practices are available for Justice-Involved Populations (in and out of your county)?



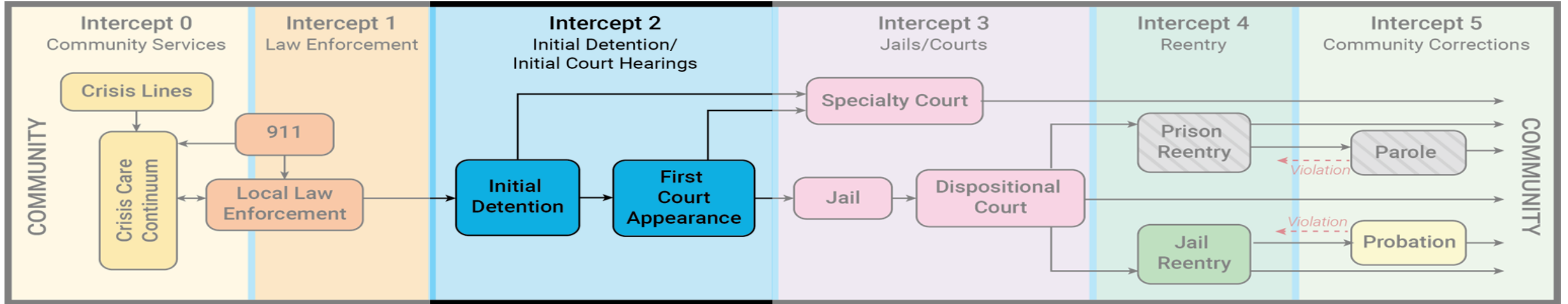
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Intercept 1: Law Enforcement

- Therapeutic walk-in center (24/7)
- Crisis Intervention Teams

What Evidence-Based Practices are available for Justice-Involved Populations (in and out of your county)?

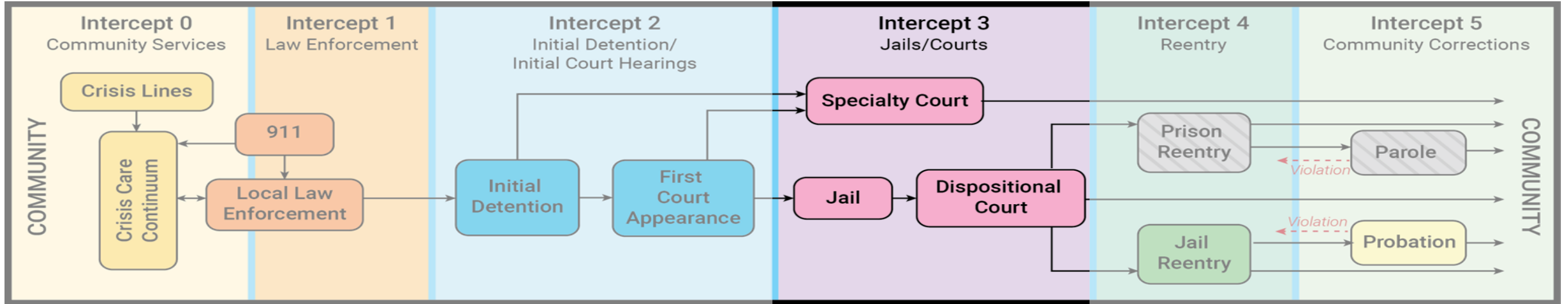


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Intercept 2: Initial Detention & Court Hearings

- Diversion from CJS to MH treatment

What Evidence-Based Practices are available for Justice-Involved Populations (in and out of your county)?

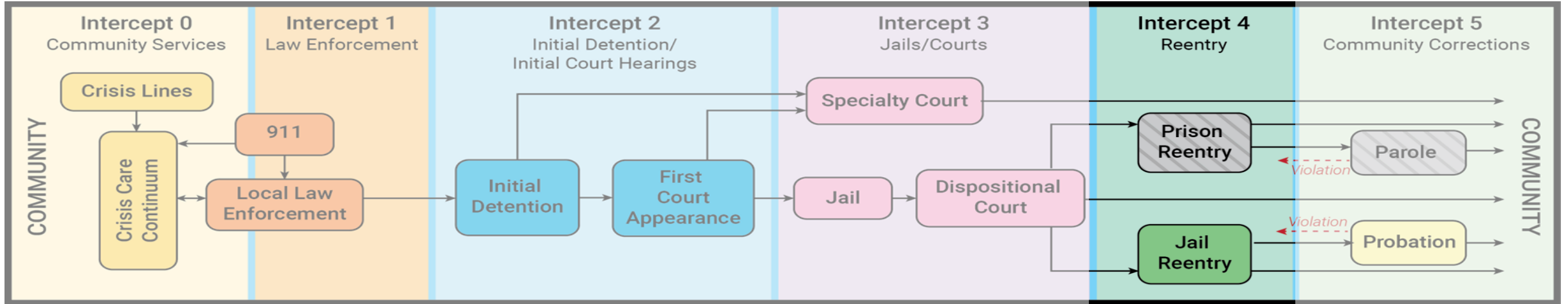


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Intercept 3: Jails/Courts

- Problem solving/MH courts
- Mental health treatment required by the court

What Evidence-Based Practices are available for Justice-Involved Populations (in and out of your county)?

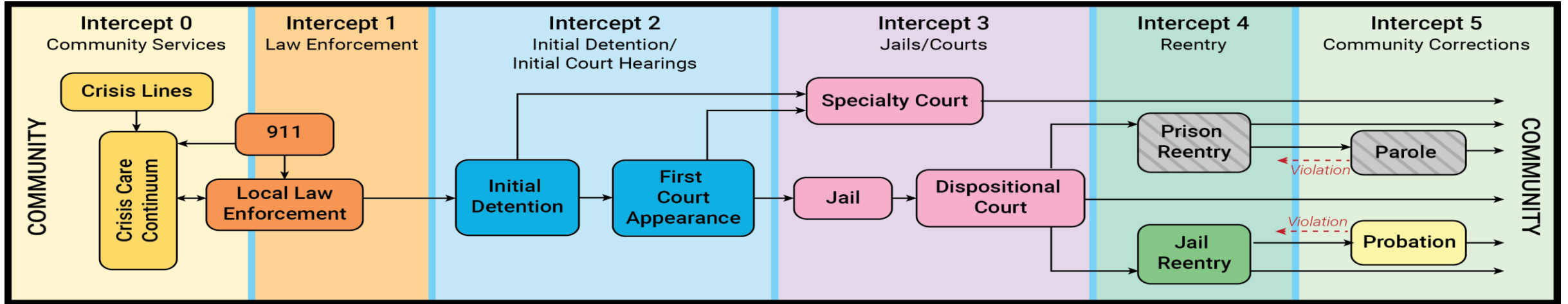


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Intercept 4: Reentry

- Coordination between jail and MH services upon reentry
- Eligibility continuity with Medicaid

What Evidence-Based Practices are available for Justice-Involved Populations (in and out of your county)?



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Integrated Services (including Community Corrections)

- (Forensic) Assertive Community Treatment
- Integrated MH and SUD services/programs
- MH peer navigators/support
- Trauma-informed care, settings, and services
- MH training for correctional staff

Headers show position in SIM

Present in your county?

% of counties nationwide with this practice

Personalized recommendation for your jurisdiction

18 evidence-based policies and practices

P&P Programs & Policies

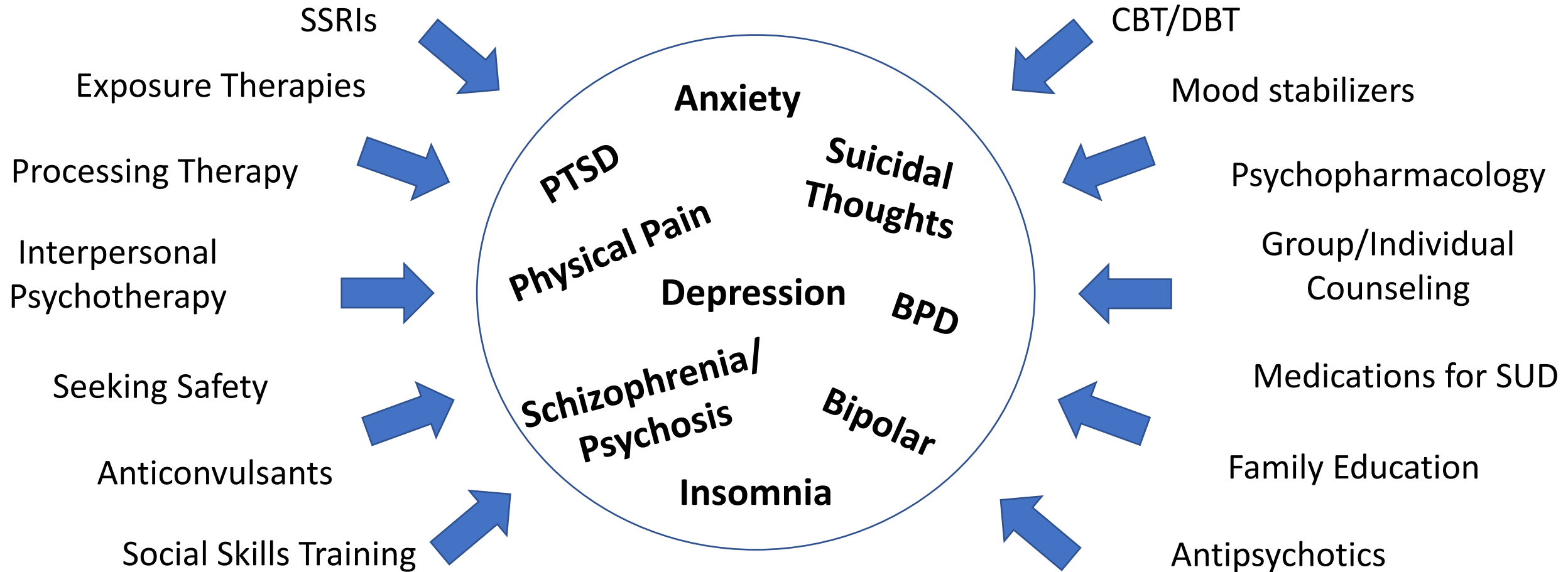
This list reflects justice related programs and policies in your county. The programs and policies with a checkmark (✓) are available in your county. The blue box reflects the percent of counties that have responded to our survey that offer this (n=436). Your jurisdictions should consider implementing any unchecked area with attention to walk-in/crisis centers, integrated policies and practices that involve mental health treatments and substance use disorders treatments in all intercepts. Supported housing is included.

County Nationwide*

*Based on 436 U. S. counties that participated

Category	Item	Present in your county?	% of counties nationwide with this practice
Community Level	✓ Build an alliance with patients in mental health treatment, including treatment planning	69%	
	✓ Crisis call in centers	40%	
	✓ Critical Time Intervention -OR- Case management	31%	
	Family or caregiver education and support for mental illness issues	20%	
	Permanent supportive housing for individuals with mental health conditions	15%	
Law Enforcement	✓ Supported employment for individuals with mental health conditions	27%	
	✓ Therapeutic walk-in or crisis centers where police can drop off individuals in crisis	10%	
Initial Detention & Court Hearings	Crisis Intervention Teams of police officers + social workers responding together	27%	
	✓ Diversion from any criminal justice action to mental health treatment	30%	
Jails & Courts	✓ Mental health treatment required by the court	85%	
	✓ Problem solving/mental health court	23%	
	✓ Coordination between jail and community mental health services at transitions into or out of jail	25%	
	Eligibility continuity - a mechanism to reactivate their Medicaid eligibility prior to release	26%	
Integrated	✓ Assertive community treatment (ACT), Forensic assertive community treatment (FACT), or Forensic Intensive Case Management (FICM)	18%	
	Integrated mental health and substance use services; integrated dual disorder programs	83%	
	✓ Mental health peer navigators or case support	47%	
	✓ Trauma informed care, settings or services	31%	
	Mental health training for correctional staff	47%	

What Evidence Based Treatments are available for Justice Involved Populations?



Treatment programming

Commonly used evidence-based treatment programs. The check mark (✓) indicates what is offered in your county. The blue box reflects the percent of counties that have responded to our survey (n=436).

Consider implementing an evidence-based program to address insomnia and physical pain management

Anxiety

- ✓ Exposure therapies or cognitive-behavioral therapy (CBT) for anxiety 34%
- ✓ SSRIs or tricyclic antidepressants for anxiety 66%

Bipolar

- ✓ Education about bipolar disorder and its treatment (> 1 session) 71%
- ✓ Family education about bipolar disorder or family treatment for bipolar disorder 48%
- Mood stabilizers for bipolar disorder or mania 60%

Depression

- ✓ Cognitive-behavior therapy (CBT) or Behavioral Activation for depression 73%
- Interpersonal psychotherapy (IPT) for depression 46%
- ✓ Selective serotonin reuptake inhibitors for depression 27%

Borderline Personality Disorder

- ✓ Dialectical behavior therapy (DBT) 53%
- Psychopharmacology 61%

Insomnia

- Group or individual counseling intervention for insomnia 22%

Physical Pain

- Group or individual counseling for physical pain 36%

PTSD

- ✓ Anticonvulsants for re-experiencing 42%
- ✓ Cognitive-behavioral therapy (CBT) or cognitive processing therapy for PTSD 71%

- ✓ Prolonged exposure for PTSD 43%
- ✓ Seeking Safety 52%
- ✓ SSRIs or tricyclic antidepressants 43%

Schizophrenia and Psychosis

- ✓ Cognitive-behavioral therapy (CBT) for psychosis 20%
- Family education about schizophrenia or psychosis 71%
- ✓ First generation antipsychotics (e.g., Phenothiazines) 51%
- ✓ Second generation antipsychotics (e.g., Phenothiazines) 49%
- Social skills training for schizophrenia 38%

Suicidal Thoughts

- ✓ Dialectical behavior therapy (DBT) 38%
- ✓ Cognitive behavioral therapy 66%
- Stanley and Brown's Safety Planning Intervention for suicide prevention 7%

Other

- ✓ Medications for opioid use 15%
- ✓ Medications for alcohol use 25%

Personalized treatment recommendation

27 evidence-based treatments

Present in your county?

Treatments for 9 mental health conditions

% of counties with this treatment in the country

progress in your county

In the last five years, your county has made progress in implementing strategies to reduce the number of individuals with mental health problems in jail. Below is the progress made and areas to advance efforts.



SIGNIFICANT PROGRESS MADE

- Worked with other agencies on county-wide planning to address the size of the jail population
- Developed, used, or updated a formal blueprint for improving mental health or substance use services for justice-involved individuals
- Captured and shared local knowledge through participation in activities to learn from other counties



SOME PROGRESS MADE

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What should your county consider

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- Your work on county-planning can be improved by having a facilitator to guide meetings with **clear benchmarks**
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- Focus on attention how to **enhance access and engagement in services**
- Monitor the **progress of individuals** with mental health conditions in jail and community treatment programs

Take this list to your team, county leadership to prioritize efforts to advance your efforts

Strategies your county has advanced in the past 5 years

Substantial action taken & Areas in need of more attention

Personalized recommended strategies list

Using Your Feedback Report



Present it to county commissioners and local funders to secure funding for new or existing programs



Publish it on your website to raise awareness about the state of EBPPs in your area



Use it to track your agency's progress implementing EBPPs

****You can also receive an updated Feedback Report after completing Wave 2 (18 months from now) and Wave 3 (36 months from now) of the survey. We track your progress so you don't have to!**

Stay Tuned for More Webinars

#4

Most prevalent evidence-based treatments and practices. Webinar September 15 at 1 EDT

#5

Implementation and team efforts that impact reform. Webinar in Oct TBD

#6

Lessons about effective strategic efforts to address incarceration of individuals with mental illness. Webinar in Nov TBD

****Missed a webinar? No problem! View recordings of the previous 2 webinars at our website: <https://www.gmuace.org/major-projects/nimh/>**

How can you help....

- **Contact us at IMJusticeBH@ucf.edu to see if you are part of this study**
- If you receive an invitation to be part of the study....
 - **Complete the Survey**
 - Tell us who else in your county is active in your efforts
- If you are asked to be interviewed, join us--
 - **Tell us your story**



Please share your thoughts on the feedback report with us!

Your input helps make the feedback report ideal for YOU

Click the link below

https://gmuchss.az1.qualtrics.com/jfe/form/SV_eRFW2Pfzu9hn1EG

- OR -

*Scan this QR code with
your phone*



Questions about the Sequential Intercept Model or EBPPs? Contact us:

IMJusticeBH@ucf.edu