

Criminal Legal System- Behavioral Health Evidence-Based Practices

Webinar #5

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



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**Justice
Center**

NATIONAL
ASSOCIATION
of COUNTIES

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AMERICAN
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**Criminal Legal
System EBPPs:
Reduce Future
Legal
Involvement
(offending)**

I.M. Justice BH

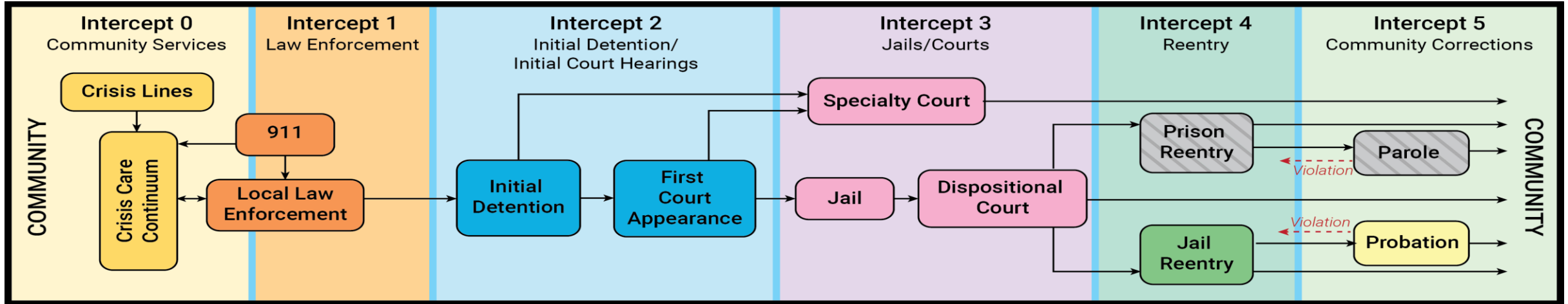
**Public Health
EBPPs: Reduce
symptoms,
improve
quality of life**

What are Evidence Based Policies and Practices (EBPPs)?

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

Evidence-Influenced: A policy, practice, and treatments where clinical guidance and/or some research can substantiate that a positive effect can occur

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

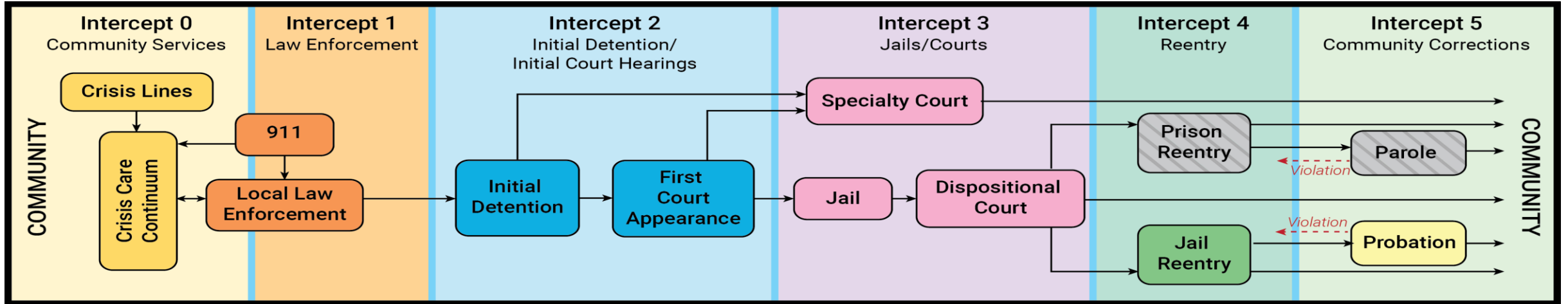


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- **Pre-arrest diversion to mental health treatment** including **24/7 drop-off centers**
- **Diversion from jail and/or prison**
- **Mental Health Courts**
- **Permanent supportive housing for individuals with mental health conditions**
- **Coordination between jail and community mental health services at transitions in or out of jail**
- **Trauma-informed care, settings, or services**

- **Building an alliance with patients**
- **Crisis call-in centers**
- **Critical Time Intervention/case management**
- **Family caregiver education/support**
- **Supported employment**
- **Eligibility continuity with Medicaid**

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



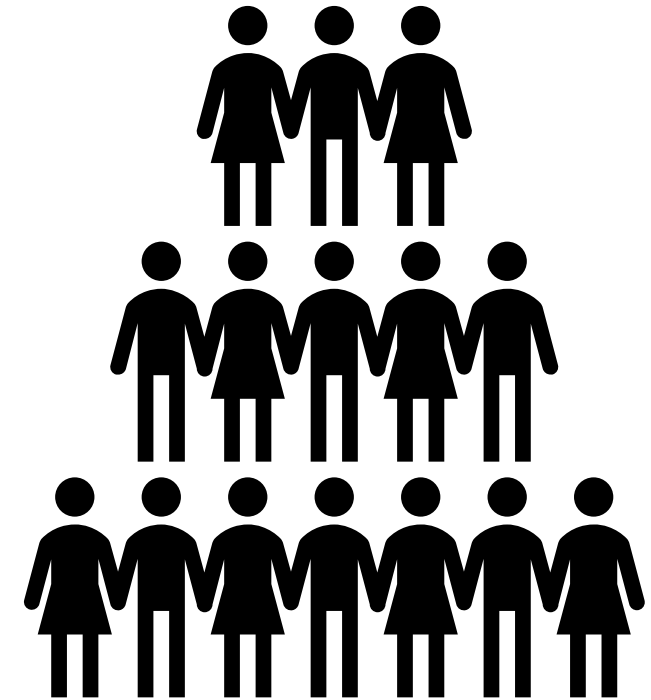
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Integrated Services

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

Setting the Stage: Most Individuals are Arrested for Misdemeanor Offenses

- Over 13 million cases occur a year for minor offenses
- Typically, cases require court attention and
 - defendants often lack lawyers
 - judges process cases in a matter of minutes
 - nearly everyone pleads guilty
 - individuals end up with a criminal record
 - expunging the records are difficult
- Account for over 25% of the daily jail population (Zeng, 2019)
- Over 1 million arrests each year are for drug possession



(Nataspoff, 2018)

Why avoid using the criminal justice system?

- Justice-involvement *increases* further justice-involvement, poor labor market (employment) participation, and poor educational outcomes.
- The sheer volume of arrests processing through the system results in:
 - managerial justice
 - managing through plea bargaining
 - reduced attention to individuals with more serious offenses
 - inability to provide needed behavioral health services to those in need

Why avoid using the criminal justice system?

- There are **benefits of reducing justice-involvement**
- In a recent study, non-prosecution of arrestees for misdemeanor events over a 2-year period resulted in:
 - 58% reduction in prosecution of further criminal complaints compared to processing for misdemeanor offenses ($p < .001$)
 - 60% reduction in *new* misdemeanor charges ($p < .001$)
 - 8% reduction in new felony charges (not statistically significant)
 - Reductions occur for violent, disorderly conduct/theft, and motor vehicle criminal complaints
 - Reductions are more pronounced for first-time individuals
 - Non-prosecution leads to overall reductions in future criminal complaints, prosecutions, and acquiring a criminal record

Avoiding Criminal Convictions is Beneficial

- Diversion of individuals charged for the *first-time with felony offense* reduces probability of:
 - Any future conviction by approximately **45%**
 - Total future convictions by **75%**
- Diversion *increases quarterly employment rates* by 49%
 - *Total earnings* over the ten-year follow-up period grew by \$85,365

Avoiding Criminal Convictions is Beneficial

More benefits of diversion:

- ***Changes the life-course trajectory*** of individuals, especially pronounced for young black men.
- ***Reduction in stigma*** associated with a felony conviction plays a key role in generating these benefits.

Evidence-based/Informed Practices and Policies

Diversion

Problem-Solving Court

Therapeutic Walk-In/Crisis Centers

Crisis Intervention Teams

Crisis Call-In Centers

Mental Health Treatment Required by Court

Building Alliance with Patient

Integrated Dual Disorder Programs

Coordination between Jail and Community Mental Health

Eligibility Continuity

Mental Health Peer Navigators

Permanent Supportive Housing

Supported Employment

Assertive Community Treatment, Forensic Assertive Community Treatment, or Forensic Intensive Case Management

Family/Caregiver Education

Trauma-Informed Care

Mental Health Training for Correctional Staff



Diversion

Definition:

Replace formal justice processing with access to treatment services and programs;
Emphasis on getting individuals into treatment

Key Components:

1. Direct access to screening, assessment, and treatment
2. Offers crisis “beds”
3. Allows police to drop individuals off at a therapeutic center/walk-in instead of jail
4. Prosecutors/judges do not press charges in lieu of going to treatment
5. Provides clinical services
6. Uses peer navigators to support/assist individuals
7. Provides medications

Findings:

1. Increases access to clinical care
2. Reduces further involvement in the justice system; reduces criminalization and recidivism
3. Increases employment and income
4. Has more pronounced impact for Black men

Mental Health Courts

Definition:

Problem-solving courts that are devoted to attending to the needs of individuals with mental health issues

10 Key Problem-Solving Principles Apply

NADCP Standards **PLUS**

- Screen for mental health needs
- Provide mental health treatment
- Provide medications
- Engage in medication management efforts

<https://www.nadcp.org/standards/adult-drug-court-best-practice-standards>

Findings:

- Small to moderate impact on reducing recidivism (Lowder, et al., 2017; Fox, et al, 2021)
- More engagement in treatment if services are part of the court process
- Common implementation challenges regarding problem solving courts



Permanent supportive housing for individuals with mental health conditions (homelessness)



Definition:

Provides housing before addressing health or behavioral health needs. Individual does not need to be “treatment ready” to receive housing.

Key Components:

- **Housing First** provides permanent housing without requiring clients to be treatment ready, and health, mental health, and supportive services
- Permanent housing
- Medical services (nurse on premise)
- Mental health services

Findings:

- Reduced homelessness
- Increased housing stability
- Decreased ER visits and hospitalization
- Stronger client satisfaction

Key Components

Clinical care consists of treating mental health and substance use disorders simultaneously with

- Same clinician
- Same program
- Integrated therapy that addresses both disorders
- Various types of treatment including Interpersonal Therapy, Cognitive Behavioral Therapy, Motivational Interviewing
- Emphasis on reduction of harm due to SUD and attention to preventing mental health conditions of anxiety and depression
- Case management to address supports for housing, employment, family issues
- Medication management

Findings:

- Does not impact client-level outcomes of treatment retention, death, substance use, global functioning (non-CJ clients)
- Studied varied MH outcomes like depression and anxiety
- Few explored substance use behaviors

Integrated Mental Health and Substance Use Disorder Services/Programs

(Forensic) Assertive Community Treatment

Definition:

Assertive community treatment includes the provision of services by a multidisciplinary team, and referral to outside services and resources.

- Variation of case management
- Forensic—geared towards individuals in the legal system

Findings:

- A moderate reduction (37%) in homelessness
- Small impact on improved psychiatric symptom(s) severity
- Small impact on treatment retention (but no impact on initiation)
- No difference in hospitalization outcomes

Key Features:

- Cognitive behavioral interventions and skill development addressing criminogenic risk and need
- Coordination with criminal justice entities, including law enforcement, pretrial services, courts, jails, and community corrections
- Legal advocacy and assistance navigating the criminal justice system
- Application assistance with enrollment in or reinstatement of Social Security (SS) benefits, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicaid, or other benefits after incarceration
- Medication education and management
- Supportive housing
- Skill development in activities of daily living
- Occupational, vocational, and educational skill development
- Opportunities to participate in pro-social activities and interpersonal skill
- Peer Navigators

SAMSHA (2021). Forensic Assertive Community Treatment (FACT) A Service Delivery Model for Individuals With Serious Mental Illness Involved With the Criminal Justice System. <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-fact-br.pdf>

Supported Employment

Definition:

Employment opportunities to assist in choosing, acquiring, and maintaining employment. Places individuals with mental illness in employment positions with intense assistance on the job. Focus on competitive employment that pays competitive wages and not reserved for any populations

Findings:

- Higher rates of competitive employment, fewer days to the first job, longer retention, higher wages (Marshal et al., 2014).
- Significantly increases levels of employment and increased lengths of employment (Kinoshita et al., 2013).
- Criminal justice involvement often results in individuals taking longer to actively engage in services (Frounfelker et al., 2010; Frounfelker, Teachout, Bond, & Drake, 2011).
- Reductions in recidivism varies (DCJS, 2015).
- Common implementation challenges are access, system issues, negative beliefs and attitudes of employers, funding restrictions, and poor leadership. (Mueser & McGurk, 2014).

Key Principles:

- Competitive employment.
- Type of employment based on consumer interest or desire.
- Rapid job searches (no assessments, training, or counseling).
- Integration of rehabilitation and mental health services.
- Time-unlimited and individualized support.
- Systematic job development.
- Can include "soft" skills and other approaches to improve "on-the-job" performance.
- Personalized benefits counseling.

Co-Responder Models

Definition:

Integration of police and social worker teams to respond to calls and/or incidents for MH individuals

Key Components:

- 24/7 operations
- Social workers are considered legitimate response
- Social workers are engaged

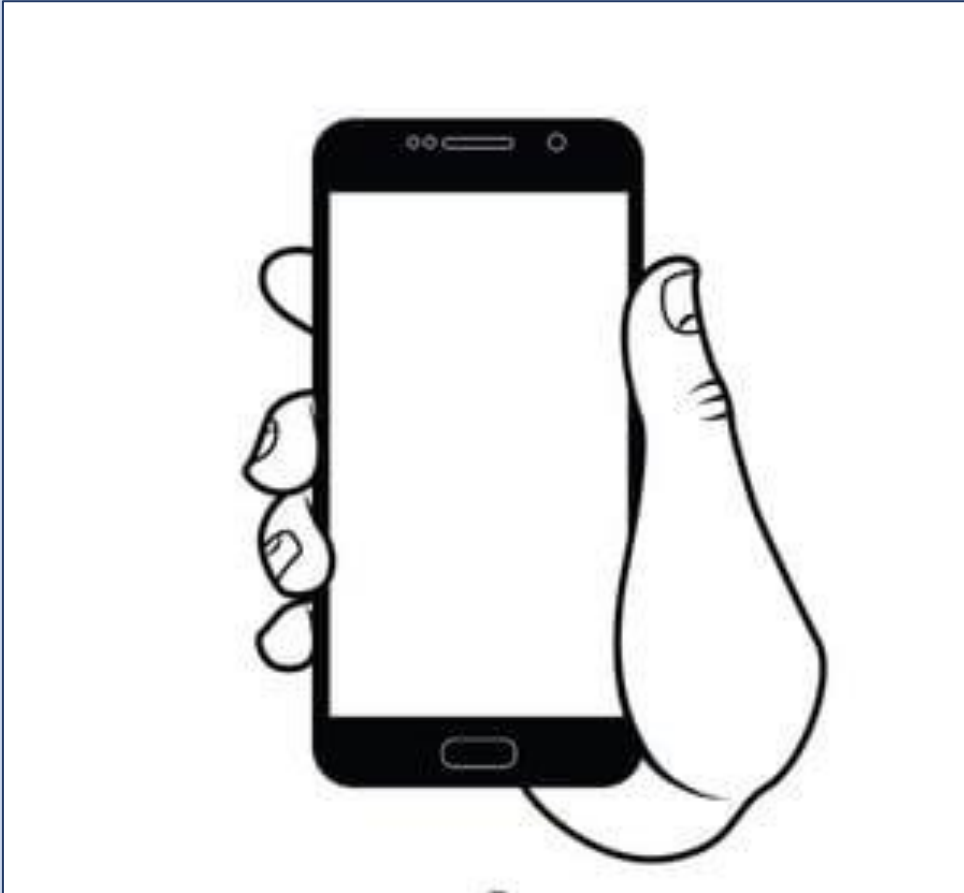
Behavioral Health Findings:

- Improved and more immediate responses to crisis situations
- More accurate on-scene needs assessments
- Increased ability to follow-up with individuals post-crisis
- Decrease in psychiatric hospitalizations

Criminal Justice Findings:

- Decreased likelihood officers will use force or lethal force
- Reduction in officer and citizen injuries
- Improved police understanding of crisis behavior and appropriate responses
- Decrease in arrests and jail admissions for those in behavioral health crisis
- Fewer repeat calls for service, SWAT call-outs, reduction in civil lawsuits, and reduction in time spent on mental health calls
- Improved police-community relationships

Crisis Call-In Centers



Definition:

Call centers to request services or to address crisis status.

Key Components:

- 24/7 Centers
- Part of emergency response
- Can target for outreach or wrap around services
- Volunteer or staff based (too few studies to assess outcomes)

Findings:

- Few studies examine effectiveness of operations
- Most studies focus on proximal measures which include status at the end of the call
- Few studies examine distal measures of effectiveness, and if so, do so for a week after the call.
- Impact on suicide reduction, mental health crises, etc. unknown

Critical Time Intervention or Case Management

Definition:

A time-limited evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition.

Findings:

- Most studies used veterans or individuals with housing stability
- Reductions in homelessness
- More likely to engage with treatment services
- Community case management after jail associated with lower probability of rearrest

Key Components:

- Addresses a period of transition
- Time-limited
- Phased approach
- Decreasing intensity over time
- Community-based
- Small caseloads
- Harm reduction approach
- Weekly team supervision
- Regular full caseload review

<https://www.criticaltime.org/cti-model/>

Lennon MC, McAllister W, Kuang L, et al. 2005;
Draine J, Herman DB. 2007

Mental Health Peer Navigators/Support

Definition:

Someone with the lived experience of recovery from a mental health condition, substance use disorder, or both. Supports others experiencing similar challenges with non-clinical, strengths-based support (Davidson, et al., 1999).

Key Components:

- Inspires hope that people can and do recover; walk with people on their recovery journeys;
- Dispels myths about what it means to have a mental health condition or substance use disorder;
- Provide self-help education and link people to tools and resources;
- Support people in identifying their goals, hopes, and dreams, and creating a roadmap.

Findings:

MH Literature:

- Increased self-esteem and confidence, sense of hope, empathy
- Increased sense of control and ability to make changes (Davidson, et al 2012)
- Improved empowerment scopes (Resnick & Rosenheck, 2008)
- Increased sense that treatment is responsive and meets needs (Davidson, et al. 2012)
- Increased engagement in self-care (Davidson, et al 2012)
- Increased social supports and social functioning
- Decreased symptoms
- Reduced hospitalization
- Decreased substance use and depression

Criminal Justice Literature:

- Insufficient evidence regarding recidivism



Building an Alliance with Patients

Definition:

A working alliance is the trust between the client and clinician/criminal justice staff. The alliance is built on trust, care, and support; Client feels they have voice in the process.

Findings:

- Contributes to reduced substance use and technical violations
- Improves relationship among individual involved in the justice system and justice staff
- Often more effective in reducing symptoms than many evidence-based treatments

Key Components:

- Shared decision making which empowers the individual
- Trust between staff and individual exists, facilitated through open, honest, transparent decisions
- Staff are clear on the desired behavior(s), and the consequences if these are or are not achieved
- Staff are empathetic
- Staff listen to the individual and promote the individual to have choices
- Staff work with the individual to examine the costs and benefits for decisions

Coordination between Jail and Community Mental Health Services at Transitions In or Out of Jail

Definition:

- Jail and/or community mental health sets up mental health appointments prior to person's release
- Emphasis on getting individuals into mental health treatment in the community

Findings:

Lack of adequate transition can result in:

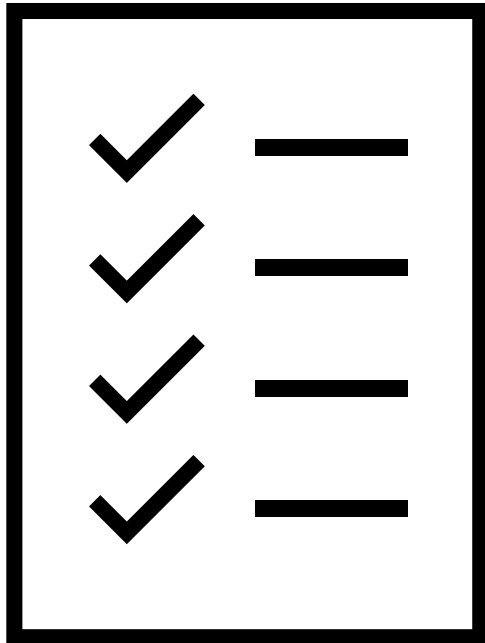
- Compromise in public safety
- Psychiatric symptoms
- Hospitalization
- Substance use relapse
- Suicide
- Homelessness
- Rearrest

(Osher et al., 2003)

Key Components:

- MOU between agencies to share information
- 3-way conversations with individual, service provider and CJ staff
- Proactive processes to refer and initiate services in jail and in the community—seamless transition
- Use of same standardized instruments
- Similar treatment providers in jail and the community

Mental Health and Jail Cross-Training



Definition:

Training that involves individuals from different organizations, typically to share information and develop a consensus around goals; often used for new initiatives to develop teams.

Key Components:

- Focused on increasing awareness (10% uptake).
- Build strategic knowledge to address implementation issues such as quality improvement processes, learning organizations, process improvements, etc.
- Build procedural knowledge regarding how to implement and integrate into existing processes
- Emphasis on applications instead of knowledge acquisition

Findings:

- Most trainings have small effects on actual behavior and/or actions of participants.
- Trainings are likely to increase knowledge.
- More effective trainings focus on building strategic knowledge with an emphasis on partnership building and skill development.

Family Caregiver Education/Support

Definition:

Support for family members to learn about the mental health and criminal justice systems, mental illnesses, resources for help, what to expect, and assistance navigating criminal justice issues

Findings:

- Increased understanding on how to build family resilience (Shaver & Huser, 2019)
- Social support can protect against depression (Johnson et al., 2011; Kobak, Sudler, & Gambler, 1991; Patten et al., 1997)
- Education about mental illness, medications, communication has strong research support for reducing mental health symptoms, hospitalizations, and crises in individuals with bipolar disorder or schizophrenia generally (not just justice-involved)

Key Components:

- Recognizes that families can have a significant impact on their relative's mental health recovery and functioning; Helps reduce burden and stress for family members.
- Education about schizophrenia (or bipolar disorder)
- Education about medications
- Specific strategies for responding to symptoms
- Assistance with crisis intervention
- Problem-solving training
- Emotional support
- Structured communication practice in the family

See <https://div12.org/treatment/family-psychoeducation-for-schizophrenia/> and <https://div12.org/treatment/family-focused-therapy-fft-for-bipolar-disorder/>

Supporting Policies

- Eligibility through Medicaid
- Continuity of Medicaid coverage
- HIPAA forms to share information
- Standardized Screening Instruments, Referral Strategies, Treatment Placement
- Performance Measures: Use of Cascade of Care to Monitor Screening, Referrals, Initiation and Engagement in Care
- Step up and down policies to address behavioral health functionality



The I.M. Justice BH Study

Our Goals

1. Determine the effect of counties' use of evidence-based treatments and practices for the mentally ill
2. Determine how/why that is or is not taking place in some counties
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 take place at study baseline, 18 months, and 36 months later
 - Interview 90 people each year



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**

