

Impact of Mental Health Services in Preventing Individuals from Returning to Custody

(Technical Paper)

Alternative Forms of Mental Health Interventions to Decrease Incarceration

(STS Paper)

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Introduction

In the United States, over half of the individuals in jails and prisons face mental health issues, which is a disproportionately higher than the percentage of the US adult population that has a mental health illness (Williams, 2015). Currently, there is a lack of resources and services provided for those with mental health illnesses, which leads to the incarceration of this population. Those dealing with mental health issues deserve to have access to quality treatment, and a jail is not structured to properly provide that support. Consequentially, this is an environment that often brings out underlying mental health issues. And without proper treatment, mental illness symptoms can get heighten and put the individual in a worse position.

Incarceration is a major issue in the United States, with millions of people in physical and mental harm. People who are locked up in criminal institutions, particularly those with mental illnesses, are trapped in a cycle of imprisonment. A criminal justice system with adequate mental health support is crucial to provide support and treatment, rather than solely punishment. Those who need mental health intervention tend to serve more time in jail/prison and return to custody more often (Williams, 2015). It is beneficial to address this issue through alternative resources and services so that people ~~aren't~~ are not stuck in this cycle of returning to jail where they end up facing more impediments to their health and wellbeing.

The population of this project includes individuals with mental health conditions who are criminally involved. The project topic is understanding the effects of mental health resources/treatment on those receiving mental health services in the Charlottesville criminal justice system. To tackle the issue of the high return to custody (RTC) rate of people with serious mental illnesses, my technical work will provide insights into the effects of mental health services through data analysis. To provide better alternatives for criminal rehabilitation, my STS

work will identify more appropriate and beneficial mental health treatment, and their resulting social and psychological effects. This prospectus will outline the motivation for the technical and STS topics.

Impact of Mental Health Services in Preventing Individuals from Returning to Custody

There has been a major rise in the prison population over the past 50 years. One reason is the deinstitutionalization movement of the 1960s, where psychiatric hospitals and other treatment facilities were shut down. This led to more people with severe mental illness ending up in jails and prisons (Collier, 2014). With more than two million prisoners in the United States, the criminal justice system is not made to support the needs of people suffering with mental illnesses. This mass incarceration is harmful to safety, health, the economy, and society. It is imperative to build a system with ~~a strong foundation~~ a solid foundation for mental health services for criminally involved individuals, and this project addresses these issues.

This is an ongoing project sponsored by the Thomas Jefferson Area Community Criminal Justice Board (TJCCJB), with data collection and analysis for the past six years. With weekly meetings with Neal Goodloe from the TJCCJB, our capstone group has the ~~opportunity to~~ learn opportunity to gain experience first-hand about the Charlottesville-Albemarle criminal justice system and to better understand the scope of the project. The capstone team has completed Collaborative Institutional Training Initiative (CITI) training courses to uphold responsible use and integrity while working with sensitive data regarding prisoners and those receiving mental health services. After signing non-disclosure agreements, my capstone group will receive access to data from different community groups, including the Albemarle-

Charlottesville Regional Jail (ACRJ), Region Ten Community Services (R10), Blue Ridge Area Coalition for the Homeless (BRACH), Jefferson Area Community Corrections, and Virginia District 9 Probation Office. After depersonalizing the data to ensure responsible privacy and protection of personal information, the team will analyze and investigate any findings to ultimately aid TJCCJB in improving their system. These findings will be presented to the local Evidence-Based Decision Making (EDBM) Policy team, the ~~Systems~~Systems, and Information Engineering Design Symposium (SIEDS), and to the Community Criminal Justice Board (CCJB) in the spring of 2023.

One finding from this project is that in Charlottesville, over 60% of jail inmates deal with mental health issues, and ~68% of released inmates with serious mental illness return to custody within four years (Boland, 2021). The problem I want to address is understanding why almost 70% of this population released from custody are re-arrested. I plan to explore different areas within the services, treatment, and intervention provided by local resources. My technical work will analyze data from local jails and prisons to determine patterns and insights that can lead to data-driven solutions to improve the criminal justice system for individuals with mental health illnesses. I aim to look at the individuals who have been released from custody and have been identified as needing treatment by the Brief Jail Mental Health Screener (BJMHS).

The BJMHS is an 8-question questionnaire that asks about a person's history with mental health, with the goal of identifying schizophrenia, bipolar disorder, and major depression (Corbin, 2022). It is important to address the underlying issues with the BJMHS. As noted by Neta Davis, the R10 Adult Clinical Services head, there is racial and socioeconomic bias in this screener, which ~~mainly comes~~comes from the last two questions. These two questions ask about

access to medical services, which tends to screen out people of color and people from low socioeconomic backgrounds (Buffington-Vollum).

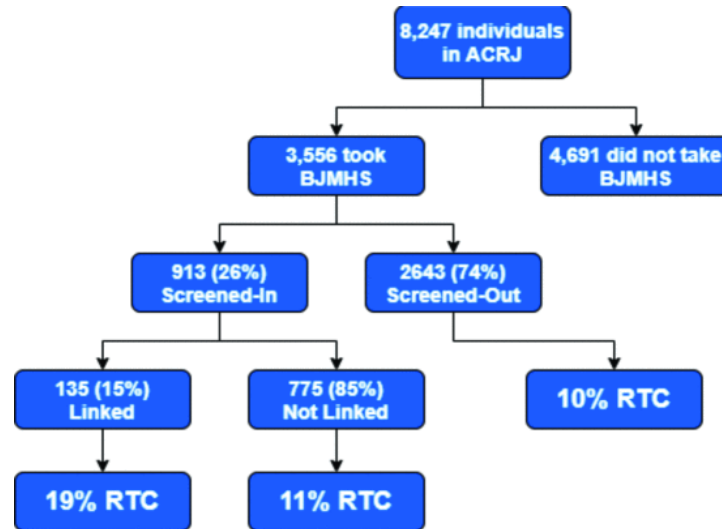


Figure 1: Breakdown of ACRJ Data 2015-2019 (Adapted by Boland (2021))

Once an individual gets sent to ACRJ, ~~they are~~ they are administered the BJMHS by a nurse. Their answers to the screener questions will determine if they get screened in for further mental health evaluation (N. Goodloe, personal communication, ~~October, October~~ 2022). As shown in Figure 1, only ~ 30% of inmates are screened-in with this process (Boland, 2021), ~~through~~ though over half of inmates face mental health issues. Once they are released from custody, ~60% of this group will be recommended to R10 services to help facilitate their transition back to the community (Bramham, 2020). But it is difficult to ensure that these individuals make their R10 appointments or take any medication needed, which can lead them to get re-arrested and return to custody. For those who did receive R10 services, they were 8% more likely to return to custody than someone who did not receive services (Corbin, 2022). My technical work will involve analyzing data from multiple community organizations to identify

solutions and policy recommendations to improve the transition out of jail for people with mental health conditions.

Alternative Forms of Mental Health Interventions to Decrease Incarceration

Around 1 in every 3 inmates in the criminal justice system faces a serious mental illness (SMI) (Boland, 2021). When left untreated, it can ~~lead~~lead to increased return to custody rates and declining health. Every step of the criminal justice system poses challenges for those with SMI. Taking a step back from this setting, people with SMI are faced with the inherent societal stigma around mental health, in addition to the symptoms and disabilities from the mental health illness (Corrigan, 2002).

There are harmful stereotypes and misconceptions about people with mental health illnesses, which lead to prejudice, hostility, fear, and discriminatory behavior. This hinders these individuals with mental health issues ~~to get~~from getting the help they need, and negatively impacts self-worth and wellbeing (Corrigan, 2002). This is shown in the criminal justice system by how people in power, such as police officers and prison guards, often mistreat people with SMI. People who show signs of mental illness are more likely to be subject to disrespect, judgment, and violence by the police (Rossler, 2016). Another major issue is that there are barriers to gaining access to treatment, such as affordability, transportation, and lack of knowledge/awareness of mental health services and treatment (National Council, 2022).

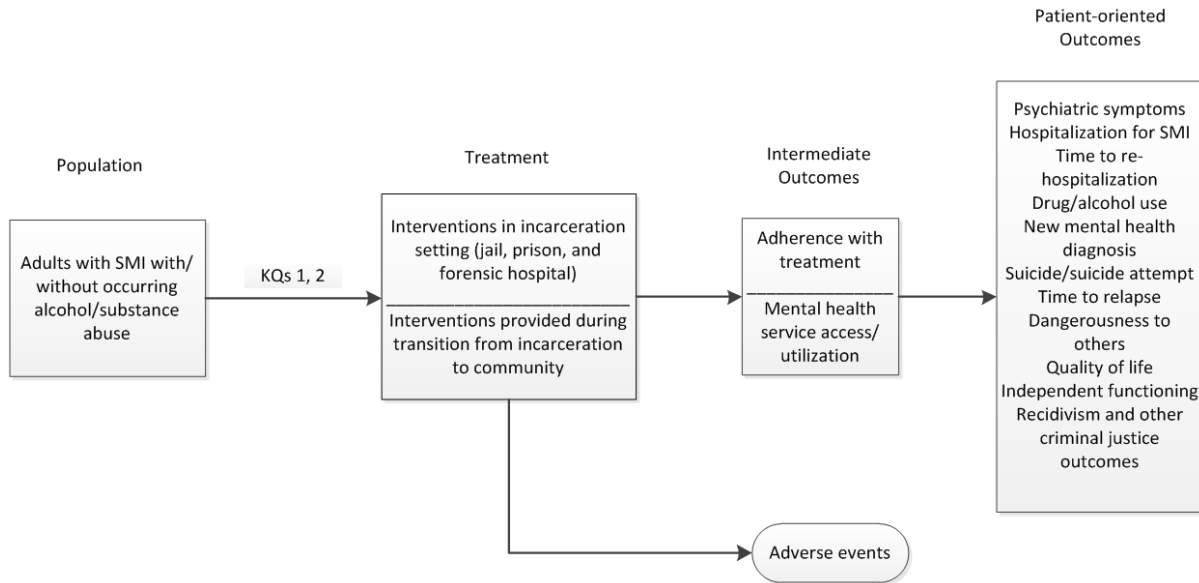


Figure 2: Analytic Framework for Interventions for Adults with Serious Mental Illness Who Are Involved with the Criminal Justice System. (Adapted by Agency for Healthcare Research and Quality (2012))

Community Service Boards (CSB) serve as the “main provider for jail based mental health service” (DBHDS, 2018). The Virginia Department of Behavioral Health & Development Services (DBHDS) set the standards that CSBs are required to maintain. A few examples are mental health training for officers, medication services, and mental health screening (DBHDS, 2018). The primary CSB in Charlottesville is the Region Ten Community Service Board (R10). In addition to the minimum standards listed by the DBHDS, R10 provides psychiatric evaluation, therapy, and residential facilities (N. Davis, personal communication, ~~October, October~~ 2022).

My STS work will explore the complex structure of the criminal justice system, the resulting social and psychological effects of incarceration, and the available mental health services/treatment in Charlottesville. This paper will explore alternative forms of mental health intervention to decrease incarceration. In the Charlottesville-Albemarle region, the issue is that “limited cross-agency coordination” between the jails/prisons and psychological services “makes receiving this assistance and treatment difficult” (Dalton, 2019).

To address this issue, I will explore successful mental health interventions and alternative methods of criminal habilitation at every level of arrest. One example is arrest diversion, with law enforcement training, crisis intervention teams, and community-based services (Cloud, 2013) to decrease the number of people arrested. At the custody level, I will explore alternative mental health screeners and treatments provided by local resources. Finally, I will look at methods to aid the transition from jail back to the community, through community reentry planning and critical time intervention (AHRQ, 2012). It is also important to look at criminal justice systems outside the United States to determine successful tactics to implement in Charlottesville.

Some obstacles include a lack of research and knowledge on alternative methods of mental health care, in addition to inadequate funds and resources. This research is important and worth investing time into because “jails and prisons are not equipped to care for large numbers of inmates with SMI. As a result, offenders with SMI place a substantial structural burden on the criminal justice system” since this leads to higher demand of time, resources, money, and staff (AHRQ, 2012).

The research question I plan to investigate is what mental health interventions are successful in preventing individuals from being stuck in the criminal justice system. It is important to consider how success is defined. I will explore different measures of success, including RTC rate, screened-in rates, and overall incarcerated population that have a SMI. Some methods I will employ to pursue the research question is to compare the US criminal justice system to other nations. In addition, I can compare Charlottesville to other regions that were selected for the Evidence Based Decision Making Initiative (NICIC, 2010). This method is useful to understand what havehas been successful. As I delve into this topic, I will communicate

with individuals from the community, including ACRJ, R10, and BRACH. Our capstone group had the opportunity to meet the directors of most of the local criminal justice agencies. It is important to maintain long-standing relationships with the community to build trust and ~~truly~~ understand the population and scope of the project.

Conclusion

The technical work is focused on improving mental health services in the Charlottesville criminal justice system to improve the transition for inmates when released from custody. The STS work is focused on identifying successful alternative mental health services for the criminal population that can decrease incarceration. The technical topic and STS topic are tightly coupled. The data and findings from the technical project will support the research in my STS project and vice versa. Having ~~a strong base~~ a powerful base in the technical aspect and a strong understanding of the social impact will yield the best results and allow me to make the greatest impact.

The population of this project is individuals in the criminal justice system that face mental health issues. The impact of the final deliverables of the technical portion is to find insights ~~about~~ into the effects of mental health services that will better equip Community Service Boards to decrease return to custody rate of the population. The impact of the STS portion is access to alternative resources that aims to provide resources for this population, rather than punishment. The overall goal is to better help those with mental illness by keeping them out of jail and offering alternative services that are better suited for them.

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