

Undergraduate Thesis Prospectus

Evidence-based Practices for managing Charlottesville’s Mentally Ill Inmate Population

(technical research project in Systems Engineering)

Care before Incarceration: Decriminalizing Mental Illness in the United States

(STS research project)

by

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On my honor as a University student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments.

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Prospectus

General Research Problem

How can the US criminal justice system better accommodate mentally ill inmates?

According to the National Alliance on Mental Health (NAMI) (2019), over 2 million mentally ill people are incarcerated every year, and approximately 20% of inmates in jails and prisons have a serious mental illness (Treatment Advocacy Center, 2016). Beginning in the late 1950s, the Deinstitutionalization Movement strived to remove mentally ill people from

psychiatric hospitals in favor of community-based treatment methods. The movement reduced the number of patients in psychiatric hospitals by

92 percent (fig. 1) and closed hundreds of mental hospitals across the nation (Torrey, 1997). Jails and prisons have become the “new asylums” of the US (National Institute of Corrections, 2014); ten times as many mentally ill people reside in jails and prisons as in state psychiatric hospitals.

Overly restrictive treatment laws, lack of

funding, and scarcity of mental health

professionals inhibit alternative community-

based treatment methods. The resulting mental health crisis means that nearly half of adults in

the US with schizophrenia, bipolar disorder, and other severe mental illnesses, remain untreated

(Treatment Advocacy Center, 2019).

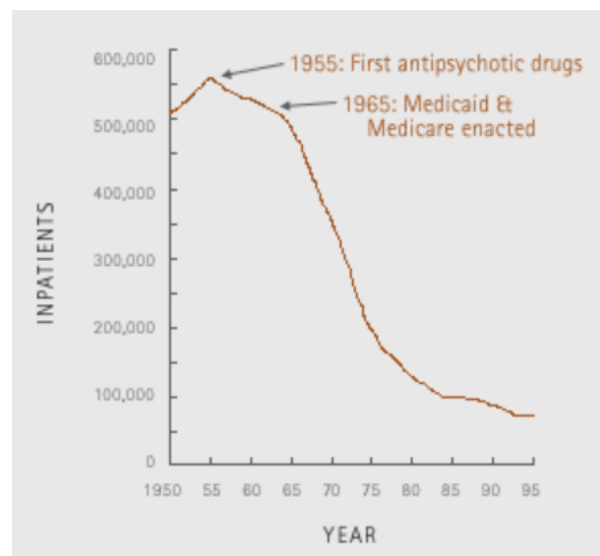


Figure 1. The decline of psychiatric hospitals in the US 1950-1995 (Torrey, 1997)

Evidence-based practices for managing Charlottesville’s mentally ill inmate population

How can the Thomas Jefferson Area Community Criminal Justice Board better serve the mental health needs of inmates in jails?

Students Emma Hand, Emily Ledwith, Claire Deaver, Callie Weiler, Sean Domnick, Henry Braham and I will complete this capstone project in the Systems Engineering Department under advisor Professor Michael Smith. The team will explore the effectiveness of mental health screenings, linkages to community-based treatment, and causes of recidivism.

In the Albemarle-Charlottesville Regional Jail (ACRJ), nearly one out of three inmates meets the screening criteria for severe mental illness (Boland et al., 2019). However, only 21% of screened-in patients were successfully linked to community-based mental health services upon release (Boland et al., 2019). To research this problem, the team will establish a unified dataset by integrating resources from multiple local criminal justice agencies, including police departments, jails, and Region 10 Community Services for Mental Health. The team will analyze the predictive characteristics of the “screened-in” population: criminal history, education, family upbringing, employment, residential stability, financial situation, and substance abuse history. After, the team will identify differences in sentencing decisions between the “screened-in” and “screened-out” populations, including sentence length, upheld felonies vs. reduced misdemeanors, and frequency of probation violations.

Upon booking at ACRJ, inmates are given a brief mental health screening to classify their treatment needs. “Screened-in” individuals meet with mental health professionals weekly and are referred to community-based treatment professionals upon release from the jail (Boland et al., 2019). Despite ACRJ’s efforts to “improve communications with mental health providers” and “reinforce that follow-up appointments are provided promptly” (ACRJ, 2019), statistics show

that the majority of screened-in inmates do not receive treatment upon release (Boland et al., 2019). By establishing and analyzing a unified dataset that includes ACRJ inmates and Region 10 Mental Health Services patients, the capstone team will identify patterns among the inmates who do not receive treatment upon release from jail.

The team will use Microsoft SQL server to combine datasets from the correctional and treatment facilities. We will use a match algorithm to identify common patients among the data sets to discover each patient's story, from arrest to charge to booking to treatment. The team will then use Rstudio software to build regression models that identify trends among "screened-in" inmates and hypothesize causes of failed linkage to treatment. Results of the analysis could help ACRJ refine their programming strategy for mentally ill inmates and improve communication between the jail and mental health services about patients at risk of remaining untreated upon release.

Care before Incarceration: Decriminalizing Mental Illness in the United States

How are mental health advocacies in the U.S. seeking to protect vulnerable inmates with mental illnesses?

According to NAMI (2019), **mentally ill people** in the US are statistically "more likely to encounter police than get medical help", although the vast majority of crimes committed by mentally ill people are nonviolent. As inmates, they serve longer sentences on average and often do not receive necessary treatment (NAMI, 2019). In the AVID Prison Project, researchers also discovered that mentally ill inmates are "disproportionately locked down in segregation" (Guy, 2016). According to the researchers, such segregation does not reduce violence; it can exacerbate mental illness and increase suicide rates in prisons. An inmate featured in the report stated: "They don't understand that placing me in the hole exacerbates my mental illness to a whole

different degree” (Guy, 2016). According to the Treatment Advocacy Center (TAC), more than half of all prison suicides are committed by inmates with serious mental illnesses (TAC, 2016). The American Civil Liberties Union (ACLU) compares inadequate medical and mental healthcare in prisons to turning “a minor sentence into a death sentence” (ACLU, 2019).

Mental Health America (MHA) recommends diverting mentally ill individuals from prisons in favor of “culturally competent mental health care” (MHA, 2019) and urges policymakers to improve the national mental health system. In 2016, the 21st Century CURES Act gave states over \$6 billion to develop treatment alternatives to incarceration (NCJA, 2019). A growing community-based treatment method called Assertive Community Treatment (ACT) involves “an individualized package of services for people with serious mental illness living in the community” (The Judge David L. Bazelon Center for Mental Health Law (BCMHL), 2019). An ACT team includes a psychiatrist, nurse, employment specialist, substance abuse disorder specialist, and a peer support specialist, among others. The team is “on call 24 hours a day to address the individual’s needs and any crises that may arise” (BCMHL, 2019). A 2017 study showed that participants in ACT spent half as many days in jail as untreated mentally ill inmates and were significantly less likely to incur new charges (BCMHL, 2019). Researchers at UC Davis evaluated another diversion program called mental health courts (MHC), which are designed to help mentally ill criminals who “do not meet not-guilty-for-reason-of-insanity requirements” (Loong et al., 2019). MHCs screen and assess the defendant, then legal and health professionals negotiate a treatment plan (Loong et al., 2019). They found that MHCs reduce recidivism, but that additional treatment is often required. While these programs have proven to be effective, limited resources in both funding and available mental health professionals create obstacles for their implementation.

Mental Health America (MHA), the nation’s largest mental health advocacy, believes that incarcerating the mentally ill creates “enormous fiscal, health, and human costs” (MHA, 2019). It supports an increased understanding of mental health conditions in the criminal justice system, particularly noting the importance of de-escalation techniques for law enforcement. MHA also asserts that mental health courts are not an appropriate substitute for “building a system of community-based services and support” (MHA, 2019). **The National Alliance on Mental Illness** supports community-based treatment programs as well, listing “helping mentally ill people get out of jail and into treatment” as a top priority (NAMI, 2019). It further contends that individuals in jails need access to medication and treatment plans for before *and after* their release, focusing on reintegrating mentally ill inmates into society (NAMI, 2019). At the Police Executive Research Forum (PERF) meeting, sheriffs from across the country discussed the need for reintegration programs that focus on partnering with community services to provide mentally ill inmates with housing, employment, and medical and mental health care after release (PERF, 2018).

Prison Policy Initiative (PPI), a nonprofit prisoner advocacy, aims to “expose the broader harm of mass criminalization” (PPI, 2019). It accentuates that prison crowding degrades inmate health, and exacerbates violence, misconduct, and recidivism. **The American Jail Association**, an advocacy representing jail operators, asserts that jails have become inadequate “de-facto mental health facilities” in the US. They stress that incarcerating the mentally ill is expensive and requires more space and supervision than housing other inmates (Schulman, 2016).

Families Against Mandatory Minimums (FAMM), an advocacy composed of family members of inmates, recommends that the Federal Bureau of Prisons “hires more trained and

licensed mental health professionals” (FAMM, 2019). FAMM believes that mentally ill inmates should be kept close to home in order to “maintain and strengthen important family bonds.” Through a federal prisoner survey, FAMM found that “half of respondents were incarcerated more than 500 air miles from home” (Ring & Gill, 2017).

In addition to the growing population of mentally ill inmates, the US is also experiencing a shortage of mental health professionals. **The American Psychological Association (APA)** contends that mental health professionals not only teach inmates to handle their mental illness, but they are also essential in helping inmates develop healthy social connections upon reintegration into society (Stringer, 2019). Dr. Jerry Halverson, chief medical officer for Rogers Behavioral Health, attributed the shortage of mental health professionals to the growing demand for treatment and the perception of inadequate pay among students (Levine, 2018). He noted that the shortage is most prevalent in rural areas (fig. 2), as “most mental health professionals tend to cluster in urban areas.”

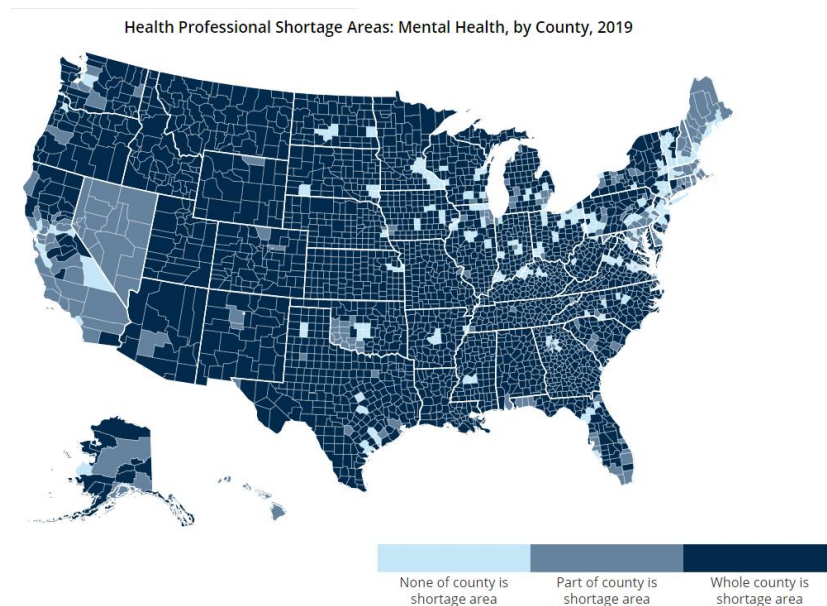


Figure 2. Mental Health Professional Shortage Areas 2019 (Rural Health Information Hub, 2019)

InnovaTel Telepsychiatry, owned and operated by clinicians, is addressing this shortage by “re-imagining the delivery of psychiatric care through advanced technology.” By incorporating virtual treatment sessions in prisons using video, they strive to “increase a facility’s capacity for care in an efficient and cost-effective way” (InnovaTel, 2019). For areas of the country lacking resources to support community-based treatment methods, InnovaTel represents how technology can revolutionize mental healthcare in US prisons.

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