

Alternative Forms of Mental Health Interventions to Decrease Incarceration

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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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Introduction

The United States has the highest prison population in the world, with almost 2.2 million individuals. This accounts for ~20% of the world's incarcerated population, while the US general population is only ~5% of the world (LeMasters et al., 2022). The annual cost of incarceration in the United States is over \$80 billion, which is incredibly burdensome on the economy (Rabuy et al., 2017). The American Psychological Association found that "64 percent of jail inmates, 54 percent of state prisoners, and 45 percent of federal prisoners" have been diagnosed with a mental health disorder. (Corbin, 2022). However, only 18% of people receive any medication, leaving many untreated (Fazel et al., 2004). Those who have a serious mental illness (SMI), which include schizophrenia, bipolar disorder, and major depression, have a higher rate of returning to custody after being released from incarceration than those without SMI ("Recidivism among prison inmates," 2018).

This reveals how the current criminal justice system is insufficient in supporting the needs of the incarcerated. The current jail/prison systems are not made to withstand the needs of millions of people, especially those suffering with mental illnesses. The idea that reducing the jail population increases crime is a common misconception. An ACLU epidemiological model found that the jail population did not correlate with the rate of crime in an area (ACLU Analytics, 2020). The overall goal of this research is to better help those with mental illness by keeping them out of jail and offering alternative services that are better suited for them.

Literature Review

The research question that this paper explores is what alternative forms of intervention are employed to decrease incarceration, particularly regarding mental health services. There is current literature on alternative interventions in the United States that aims to decrease recidivism rate. Recidivism rate is defined as the rate that previously released inmates are re-arrested and return to jail.

The Effective Health Care Program discusses interventions for those involved in the criminal justice system with SMI. They note that there are mental health services that currently exist in jails and prisons, including counseling and treatment plans, but they tend to only focus on short-term treatment. These facilities are not designed to accurately identify and accommodate treatment schedules for the hundreds of individuals that need it (“Interventions for Adults,” 2012).

There are also re-entry programs that focus on the transition from incarceration back into the community where patients receive a mental health treatment plan (“Interventions for Adults,” 2012). Research from the National Institute of Justice found that re-entry programs are not fully successful because there is not enough research on the process of re-entry and crime prevention (Muhlhausen, 2018). This highlights the need for a completely new design with combined effort from both mental health and criminal justice professionals.

Another method to improve the criminal justice system is the implementation of advanced technology. The Court Services Offender Supervision Agency (CSOSA) has been using GPS monitoring and supervision to ultimately find the best way to support the reentry of prisons. The COVID-19 pandemic revealed that virtual services are both effective and are easy to transition to

(Taylor, 2022). GPS and radio frequency technology allows house arrest as an alternative to being confined in a jail. Home confinement allows inmates to have a job, attend school, be with family, and partake in personalized treatment plans, while still being monitored for location, drug use, and health (West, 2015). Currently, there is a need for further research on home electronic monitoring since it is relatively new and its effects on recidivism rates and mental health are not concretely known.

Methodology

In this paper, I argue that it is important to pursue alternatives to traditional methods of incarceration, one of which is home electronic monitoring. My technical work is on the effects of Home Electronic Incarceration (HEI) used by the Albemarle-Charlottesville Regional Jail (ACRJ). HEI is a technology-enabled alternative form of detainment to one's home tracked through ankle monitoring. It allows the jail to monitor selected non-violent offenders outside a correctional facility. This is a relatively new concept that is not widely utilized around the country. HEI-use has gained more traction in the Charlottesville-Albemarle criminal justice system in response to the COVID-19 pandemic. Prisons/jails have the highest risk of spreading COVID, which jeopardizes this population and the surrounding communities (ACLU Analytics, 2020). This pushed ACRJ to reduce its jail population with technological alternatives, including HEI, which provided a natural experiment to evaluate an alternative to custodial incarceration.

The methods include a quantitative analysis of booking data provided by the ACRJ. Our capstone team got access to this data by completing Collaborative Institutional Training Initiative (CITI) training, participating in Crisis Intervention Team (CIT) training, downloading a secure

server through remote desktop, and signing non-disclosure agreements (NDAs) with all organizations involved due to the sensitivity and confidentiality of the data. The original dataset spanned approximately 7 years, dating from 2014 through 2022. After data cleaning and merging, the final dataset consists of information for every person processed at the ACRJ, which is a total of 30,464 bookings. To evaluate post-release outcomes, the analysis presents trends within two areas of focus:

1. HEI sentences pre- vs. post-COVID
2. Characteristics of HEI vs. non-HEI individuals since COVID.

In addition to this analysis, we collaborated with key community stakeholders, including ACRJ, Thomas Jefferson Area CIT, and Region Ten Community Service Board, to gain a deeper understanding of the state of the Albemarle-Charlottesville criminal justice system. Due to the underutilization of HEI technology and lack of data pre-COVID (before April 1, 2020), it is unknown whether there is any relationship between ACRJ's increased use of HEI and an individual's recidivism rate. The results of this analysis will have implications for whether HEI is a suitable incarceration alternative for certain individuals.

My technical work of analyzing the efficacy of Home Electronic Incarceration is just one example of the alternatives that I am exploring in my STS research to ultimately decrease incarceration and re-arrest rates. The research question of my technical work is how the outcomes of HEI compare to the outcomes of traditional incarceration. The research question of my STS work is what alternative interventions are successful in preventing individuals from returning to jail, specifically people who deal with mental health issues. The methods I will use to further explore my STS topic is researching existing mental health – criminal justice infrastructure that has been successful around the world.

Body

Background

A crucial part of understanding the present criminal justice system is recognizing what led to it. The current state of the criminal justice system stemmed from the deinstitutionalization movement, policy change, and the social stigma that came from the ‘war on drugs’ in the 1980s (Mauer, 2001). Deinstitutionalization involved shutting down public mental psychiatric hospitals due to lack of sufficient care and the rise of modern medicine. The goal was that people with serious mental health illnesses could find better help within the community with less restriction (Torrey, 1998). The community-based mental health services that were intended to provide for this population ended up having inadequate resources and services, which resulted in them getting stuck in the incarceration cycle (Stewart et al., 2022). In addition, major policy changes include Nixon’s expansion of prisons and Reagan’s \$5.1 billion budget increase for drug arrests. Although crime rates have not changed significantly, incarceration rates spiked 5 times coupled with longer, harsher penalties since these policies have been enacted (Mauer, 2001). In turn, this led to the stratification of race, wealth, and gender. The public perception of both the incarcerated and of marginalized groups became increasingly negative (Mauer, 2001).

The criminal justice system is not made to support such a large number of people and is not equipped for the needs of people suffering with mental illness. This mass incarceration is harmful to safety, health, the economy, and society. It is imperative to build a system with a strong foundation of mental health services for criminally involved individuals. This paper further identifies how to incorporate globally successful practices that best support individuals at all levels of the criminal justice system, including jail prevention, alternatives to incarceration, and transition out of jail.

The research question is: what alternative interventions are successful in preventing individuals from returning to jail, specifically for people who deal with mental health issues? The goal is to decrease three metrics: overall incarcerated population, percentage of incarcerated who have SMI, and recidivism, also known as return to custody (RTC) rate.

Technical Project Results

First, I will discuss the results from my technical work of analyzing the efficacy of Home Electronic Incarceration in Albemarle-Charlottesville Regional Jail (ACRJ). The first area our group explored was the comparison of HEI-use before vs after COVID. HEI use significantly increased post-COVID from 2.8 sentences per month to 13.3 sentences per month. HEI participants are typically non-violent offenders with sentences of less than 2 years who live within 3 jurisdictions from ACRJ. They are selected by ACRJ and can agree to participate. One tradeoff is that individuals on HEI can remain outside the jail, but they cannot have their sentence shortened like those in the jail can. Misdemeanors, such as driving while intoxicated, increased 21%, while felonies, such as narcotic charges, have decreased 24% since the start of COVID. This indicates that HEI is now being used more for less severe offenses. 83% of HEI participants were not first-time offenders, but rather those with 1-3 prior offenses. This can be explained by the fact that many first-time offenses are relatively short, so the offenders are not typically eligible for HEI.

Next, we compared the return to custody (RTC) rates of HEI individuals vs. non-HEI individuals. The RTC rate is how many people are rearrested after being released from incarceration. For people with misdemeanors, the RTC rate was ~16% lower for those on HEI than non-HEI. For people with felonies, RTC was ~9% lower for those on HEI. Overall, the

number of people who returned to custody within 12 months was lower for HEI individuals than non-HEI.

Some limitations with this research are that there was a limited sample size in the ACRJ of HEI. Additionally, most of this data was during the pandemic when HEI-use increased. Further research needs to be done before extending these findings to post-COVID life due to the fact that the pandemic brought a higher level of illnesses, restrictions, and isolation, which inadvertently could have impacted the results. There are also differences between HEI vs non-HEI populations that need to be considered before comparing them. The people offered HEI are typically non-violent offenders with a sentence time of 2 years, which is just a small portion of the non-HEI or general ACRJ population. Therefore, it is difficult to know whether HEI will be successful when implemented elsewhere in the future. Though there is still lots of research that needs to be done, the findings from this project will help decision makers plan how to implement advanced technology as an alternative to traditional incarceration.

Future directions for this project include exploring additional factors and characteristics of individuals on HEI, such as recidivism risk factors. Recidivism risk factors include criminal history, employment status, and other related characteristics (Hanson, 2009). ACRJ uses the COMPAS risk assessment which is an algorithm used to assign an inmate a recidivism risk level of low, medium, or high. Other areas to explore are the effects of HEI on mental health compared to custodial incarceration, and how individuals on HEI are linked to mental health resources compared to inmates not on HEI.

Pre-arrest Diversion

Furthermore, I will explore additional interventions that result in lower recidivism rates at each level of arrest. The three levels are pre-arrest diversion, alternative forms of incarceration, and post-release services. At the pre-arrest level, one successful ‘jail diversion’ method is mental health courts. These courts offer nonviolent offenders, who have mental health and/or substance use disorders, alternative treatment instead of incarceration. According to the US Department of Justice, experts from the mental health field and the criminal justice field connect convicted individuals with treatment and services. This decreased incarceration, saved millions of dollars, and reduced recidivism rates (Bailey, 2003). Studies have found that they are effective when there is mental health – criminal justice collaboration where both parties have the same goals and values (Lamberti, 2020).

Another effective pre-arrest model is the pre-arrest diversion program (PAD). This program is offered to first-time misdemeanor offenders who have a history of mental health or drug issues. It is completely voluntary, and it involved assessments and screenings that results in a personalized intervention plan to be completed in 90 days. If an individual successfully participates in the full PAD, they will not have an arrest record for their incident (Frost, 2016). This is beneficial in the long run for jobs, schools, and housing. In Tallahassee, Florida, the PAD was implemented and there was a 6% rearrest rate for the people who completed the program, compared to the 40% rearrest rate of people with low-level misdemeanors who go through the criminal justice system (Frost, 2016). After the success rate seen in Florida, it since has been more widely used around the United States.

Alternative Forms of Incarceration

The next level of arrest involves alternative forms of incarceration. Home electronic incarceration (HEI) is one method that is discussed in my technical work. Beyond the

Charlottesville-Albemarle area, electronic monitoring has become more prevalent after the start of the pandemic (Glaser, 2021). Studies show that HEI has lower recidivism rates and that it works better for non-violent offenders than serious offenders (“Electronic monitoring reduced recidivism”, 2011). There is still a need for further investigation about who should be offered HEI, how long they should be on it, and its effects on people with serious mental health illness.

Another method of incarceration to explore is effective practices in other countries. The European countries, Norway, Germany, and the Netherlands, have a vastly different style of incarceration while maintaining lower incarceration and recidivism rates than the US (Subramanian, 2013). The prisons in the three European countries are humane and similar to life in the community. These countries focus on “rehabilitation and reintegration into society” through “small, community-based correctional facilities” rather than focusing on punishment in large, centralized systems (“Rehabilitation lessons from Norway,” 2022). Their facilities give inmates a comfortable and accommodating experience with high-end amenities. The US arrests around ten times as many people and has a recidivism rate that is three times higher than these countries (Sterbenz, 2014). Incorporating these rehabilitation practices can be beneficial in the United States criminal justice system.

Post-release Services

The final level is post-release intervention that helps acclimate inmates back into the community after their sentence is completed. It is crucial to have intervention at this state because this can be a period of uncertainty regarding housing, job, and family (Stewart et al., 2022). Adjusting from the incarceration environment is stressful, especially for those with diagnosed mental health conditions and those with longer sentences (Hopkin et al., 2018). Research shows that post-release service lowers the 6-month recidivism rate by 6% and the 2-year recidivism rate by 21%

(Stewart et al., 2022). Overall, interventions at this stage can improve public safety and better support the needs of released individuals.

The Virginia Department of Behavioral Health & Development Services created community service boards (CSB), which are the main providers of mental health service for criminally involved individuals (“Mental health standards for jails,” 2018). CSBs provide many services including access to care, 24-hour psychiatric services, mental health screening, training for officers, and discharge planning (“Mental health standards for jails”, 2018). The CSB in the Charlottesville-Albemarle area is called Region 10 (R10). Research has shown that individuals who received services from R10 were 8% less likely to return to custody than those who did not receive services (Boland, 2021). There is enormous potential to expand these community service boards beyond Virginia to other states and jurisdictions.

Another intervention that has been successful for both adults and juveniles is cognitive behavioral therapy (Clark, 2010). It has reduced recidivism for people, regardless of age, crime severity, substance abuse issues, and time incarcerated. Studies have found that criminals are at the early stages of moral reasoning and have limited views on themselves and the world (Hansen). The therapy restructures thinking and perception, which can ultimately change their behavior. It teaches them to understand their thinking processes associated with their criminal behavior and builds their social skills, moral reasoning, and impulse management (Clark, 2010). This intervention can make individuals less likely to engage in future criminal behavior.

Conclusion

A criminal justice system with adequate mental health support is crucial in providing more appropriate and beneficial treatment for the incarcerated. Those who need mental health intervention tend to serve more time in jail/prison and return to custody more often, and the current system is inadequate in supporting this group (Williams, 2015). It is important to address this issue through alternative resources and services to improve the health and wellbeing of this population. Reducing incarceration can save millions of dollars yearly. In turn, this money can be allocated to resources that can better help those with mental health disorders.

My STS research paper delves into specific mental health interventions that are successful. I define a successful system as one that decreases the recidivism rate, lowers the incarceration rate, and yields a lower percentage of people with serious mental illness. The six alternative interventions that I analyze are mental health courts, pre-arrest diversion programs, home electronic incarceration (HEI), community-based correctional facilities, community service boards, and cognitive-behavioral therapy, grouped by the level of arrest. In my technical project, I dive deeper into the efficacy of HEI.

In conclusion, there are many alternatives that can increase the quality of life for the incarcerated, which can in turn decrease the number of people arrested and decrease return to custody rates. Most of these interventions involve mental health – criminal justice collaboration, which is crucial in making positive change. This research will help policymakers make decisions about how to improve the criminal justice system effectively while saving money.

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