



Mental Health & Substance Misuse in Michigan's Jail Population

*Presentation to the Michigan Joint Task Force on
Jail and Pretrial Incarceration, September 20th, 2019*

Wayne State University Center for Behavioral Health and Justice

Wayne State University CENTER FOR BEHAVIORAL HEALTH AND JUSTICE

We work with local communities, organizations, behavioral health and law enforcement agencies across Michigan to optimize diversion of individuals with mental health or substance use disorders from jail or prison.

We Help Stakeholders:

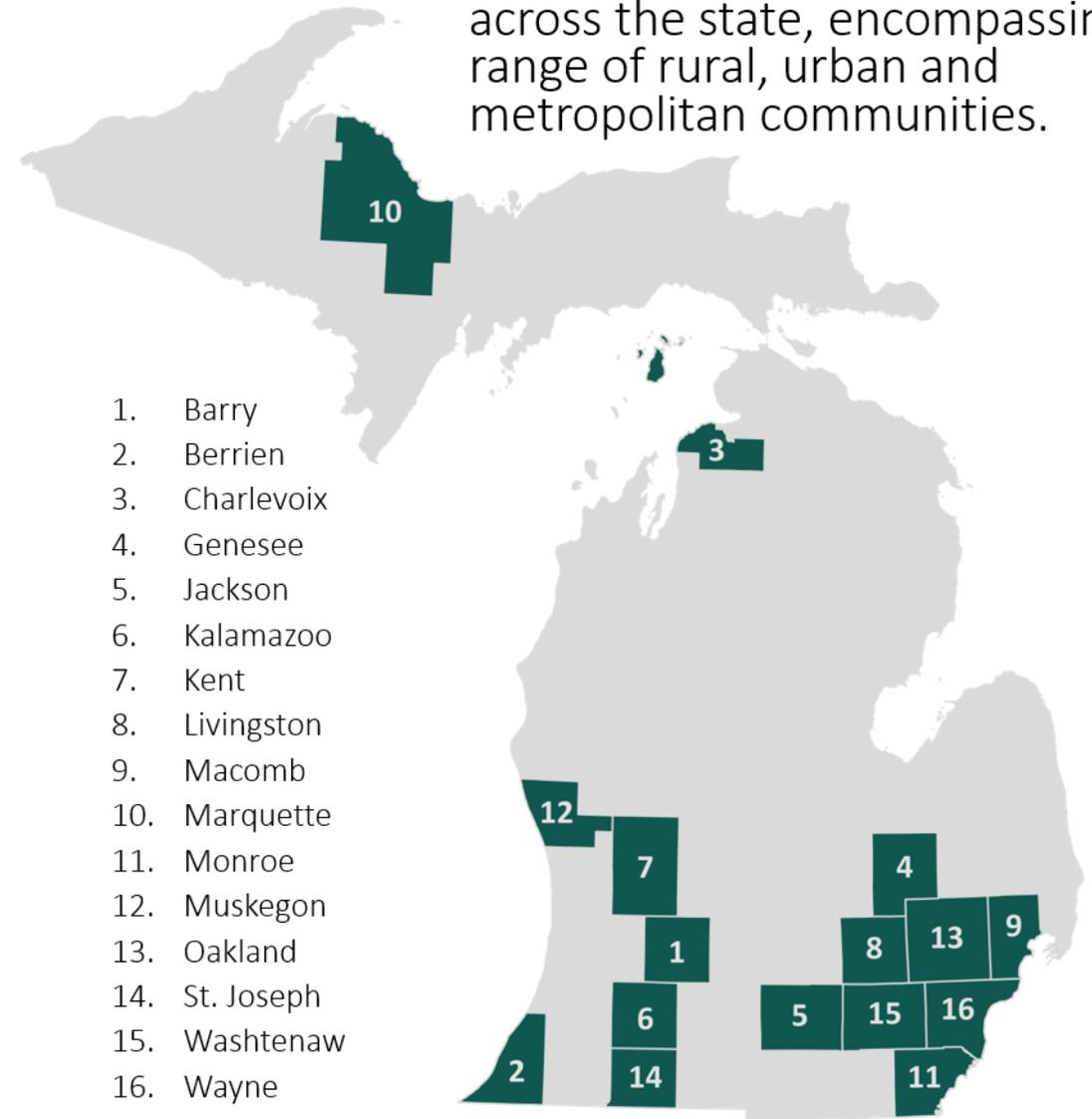
Implement best and innovative practices at every intercept of the criminal/legal continuum.

Collect and use data to drive decisions.

Create linkages to solve problems.

Develop action plans to achieve goals and sustain initiatives.

We currently serve 16 counties across the state, encompassing a range of rural, urban and metropolitan communities.



1. Barry
2. Berrien
3. Charlevoix
4. Genesee
5. Jackson
6. Kalamazoo
7. Kent
8. Livingston
9. Macomb
10. Marquette
11. Monroe
12. Muskegon
13. Oakland
14. St. Joseph
15. Washtenaw
16. Wayne

Our Partners

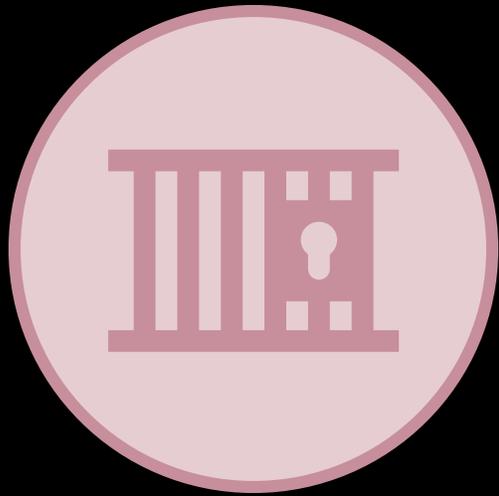


Community
Foundation
FOR SOUTHEAST MICHIGAN



SAMHSA
Substance Abuse and Mental Health
Services Administration



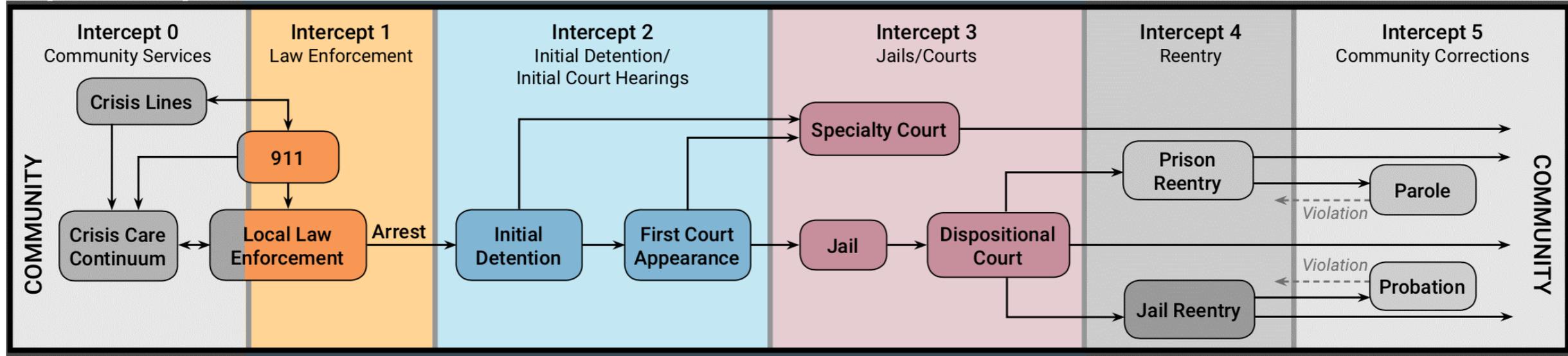


Michigan Jail Data

MI Mental Health Diversion Council
Pilots in 10 Counties
2015 - 2019

Data Collection

- **Primary Data**
 - Standardized screen at booking on a sample, annually
 - Jail based identification, services, and diversion activities
 - Observation (jail processes)
 - Interviews / Monthly meetings since 2015
- **Secondary Data** (Linked to initial data)
 - SCAO/JDW – Court related sentencing/specialty court involvement
 - MDOC – prison post jail
 - CMH/Medicaid Data – treatment post jail incarceration
 - Law Enforcement/Dispatch call reports





Intercept 2

Initial Detention/ Initial Court Hearings



What is the proportion of people entering jail with MH or SUD Disorders?

- Who is determining?
 - Officer at arrest/booking
 - MH/Medical Professional
 - Current CMH involvement
- Definitions: Serious and persistent; mild to moderate; suicidal?
- When is the determination made?

There is no systematic approach or standardized measure required across jails in the state; so county estimates may not be accurate and are not comparable to each other.

Systematic Screening for Serious Mental Illness (SMI)

JAIL DIVERSION County Code: ## WSU ID: ##### Booking Number: _____
 Date: _____ Last Name: _____ First Name: _____
 (MM/DD/YY)

Date of Birth: _____ Sex: Male Female Last 4 Digits of SSN: _____
 (MM/DD/YY)

Thank you for completing this survey. For the first six questions about how you have been feeling over the four weeks, please select an answer from "None of the Time" to "All of the Time". (NOTE: IF ASSISTANCE IS BEING PROVIDED, PLEASE USE CUE CARD TO HELP INDIVIDUAL SELECT THE APPROPRIATE ANSWER.)

Over the last 4 weeks how often have you felt ...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. Nervous?	<input type="radio"/>				
b. Hopeless?	<input type="radio"/>				
c. Restless or fidgety?	<input type="radio"/>				
d. So depressed that nothing could cheer you up?	<input type="radio"/>				
e. That everything was an effort?	<input type="radio"/>				
f. Worthless?	<input type="radio"/>				

How many times *in the past year* have you had **five or more drinks in a day**? _____ times

How many times *in the past year* have you used an **illegal drug** or used a **prescription drug for non-medical reasons**? _____ times

Do you have any concerns about **withdrawal** from any drug while in jail? Yes No

Given a choice to use any drug, **would you choose an opioid first?**
 (Ex. Heroin, Vicodin, Oxycodone) Yes No

Have you received treatment for a **psychiatric or emotional condition**? Yes No

Have you received **mental health services** during the past month? Yes No

Are you currently taking **any medication** for a mental health problem? Yes No

Where did **you live most often** in the past 30 days before you came to jail? Check the **one** answer that **best** describes your situation.

House or apartment that I own/rent

Moved around/stayed with a friend or family member

Streets, car, homeless shelter, treatment facility or other place like that

Other (please specify) _____

Have you ever been booked **at this jail** before? Yes No

If YES, anytime *within the past year*? Yes No

Past 30 days? Yes No

Which **one** of these **best** describes your race/ethnicity? White Black Latino Native American Other (please specify) _____

- **Serious Mental Illness:**
 - Kessler 6 (K6)^{1,2}: measures symptoms of psychological distress; SMI.
 - Score of 9 or higher in jail settings correlates with SMI^{3,4}.
- **Substance Misuse:**
 - Alcohol and drug misuse
 - Opioid Preference
 - Withdrawal concern
- **Past treatment/medications, housing instability, recidivism**

¹Kessler, R. C. , Andrews, G. , Colpe, L. J. , Hiripi, E. , Mroczek, D. K. , Normand, S. L. T., Walters, E. E. and Zaslavsky, A. M. (2002) Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine* 32, pp. 959-976

²Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., Howes, M. J., Normand, S-L. T., Manderscheid, R. W., Walters, E. E. and Zaslavsky, A. M. (2003) Screening for serious mental illness in the general population. *Archives of General Psychiatry* 60, pp. 184-189.

³Kubiak, S.P., Beeble, M.L., & Bybee, D. (2009). Using the K6 to Assess the Mental Health of Jailed Women. *Journal of Offender Rehabilitation*, 48, 296-313.

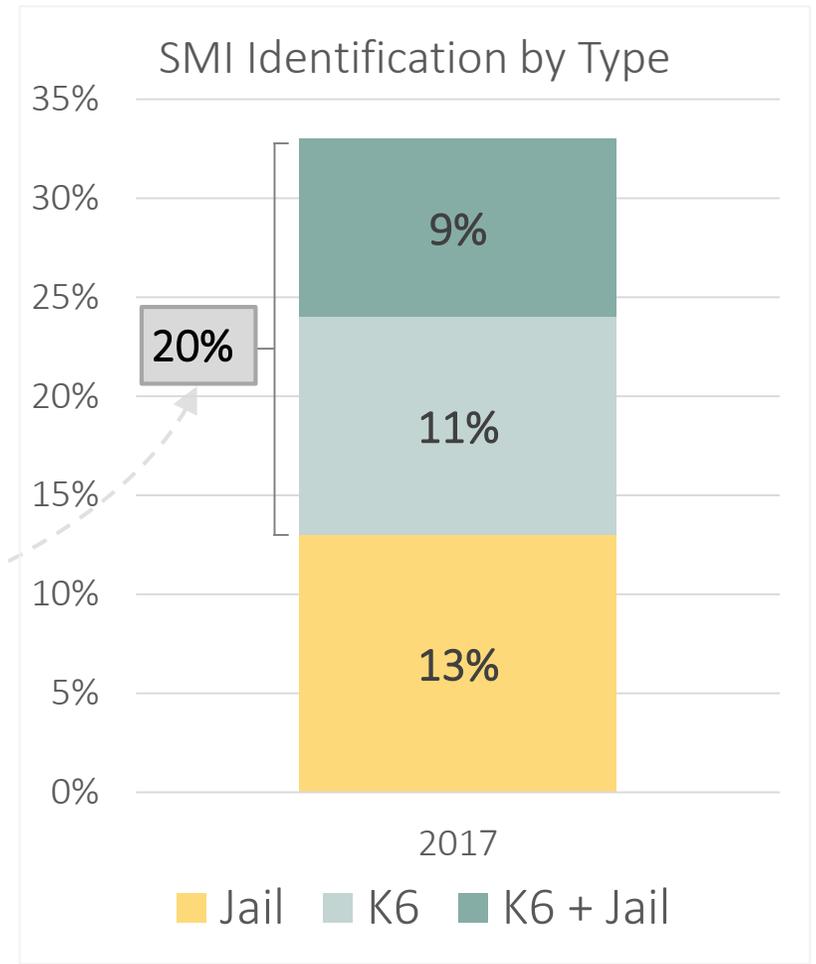
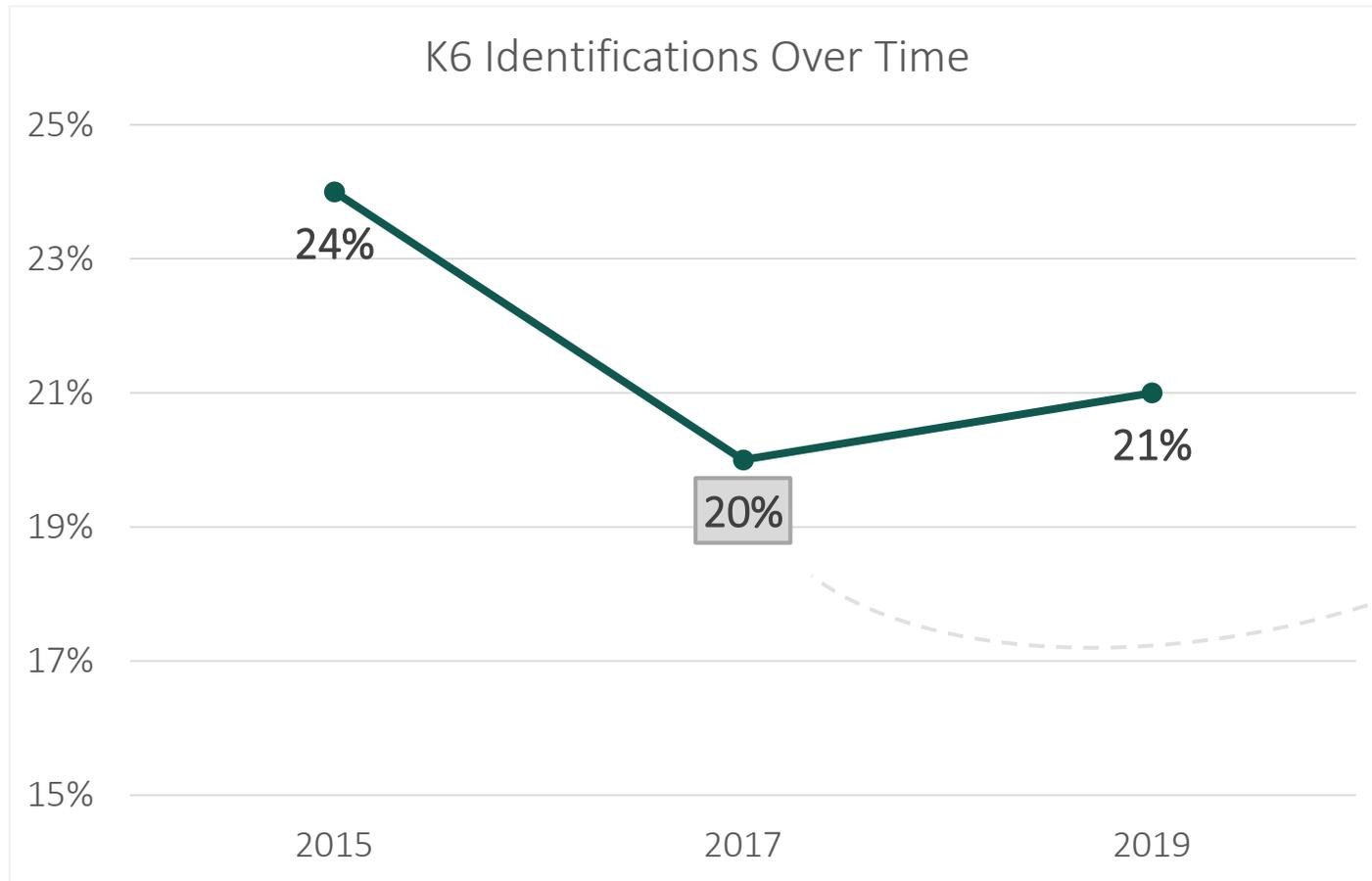
⁴Kubiak, S.P., Beeble, M.L., & Bybee, D. (2010). Testing the Validity of the K6 in Detecting Major Depression and PTSD Among Jailed Women. *Criminal Justice and Behavior*, 37(1), 64-80.

⁵Smith, P., Schmidt, S., Allensworth-Davies, D., & Saitz, R. (2009). Primary care validation of a single-question alcohol screening test. *Journal of General Internal Medicine*, 24(7), 783-788.

⁶Smith, P., Schmidt, S., Allensworth-Davies, D., & Saitz, R. (2010). A single-question screening test for drug use in primary care. *Archives of Internal Medicine*, 170(13), 1155-1160.



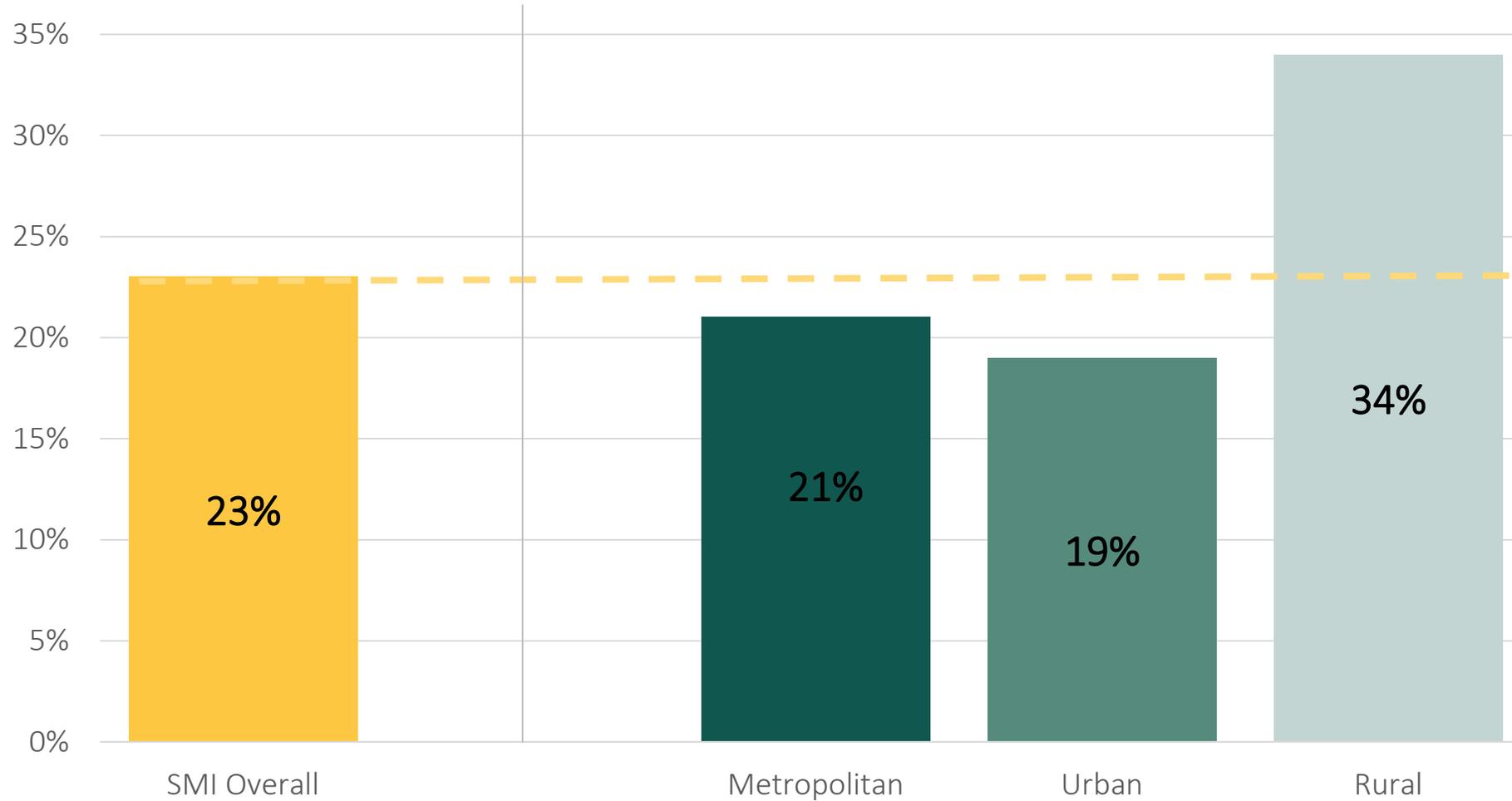
Identifying SMI in Jail



Data Source: K6 Collection 2015, 2017, and 2019.



SMI by County Size



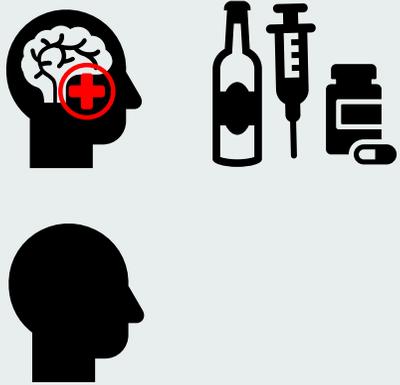
- Rural jails have a higher proportion of individuals with SMI in their jails (34%), compared to metropolitan (21%) or urban jails (19%)*.

Data Source: K6 Collection 2019; N=3,802

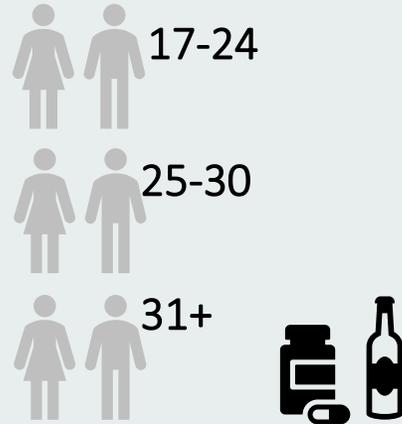
*Difference statistically significant



Substance Misuse by SMI and Demographics



Individuals with SMI were more likely to report **opioid preference, alcohol misuse & drug misuse** than individuals without SMI*.



Older individuals were more likely to report **opioid preference & alcohol misuse** than younger individuals*.



Females were more likely to report **opioid preference & drug misuse** than males*.

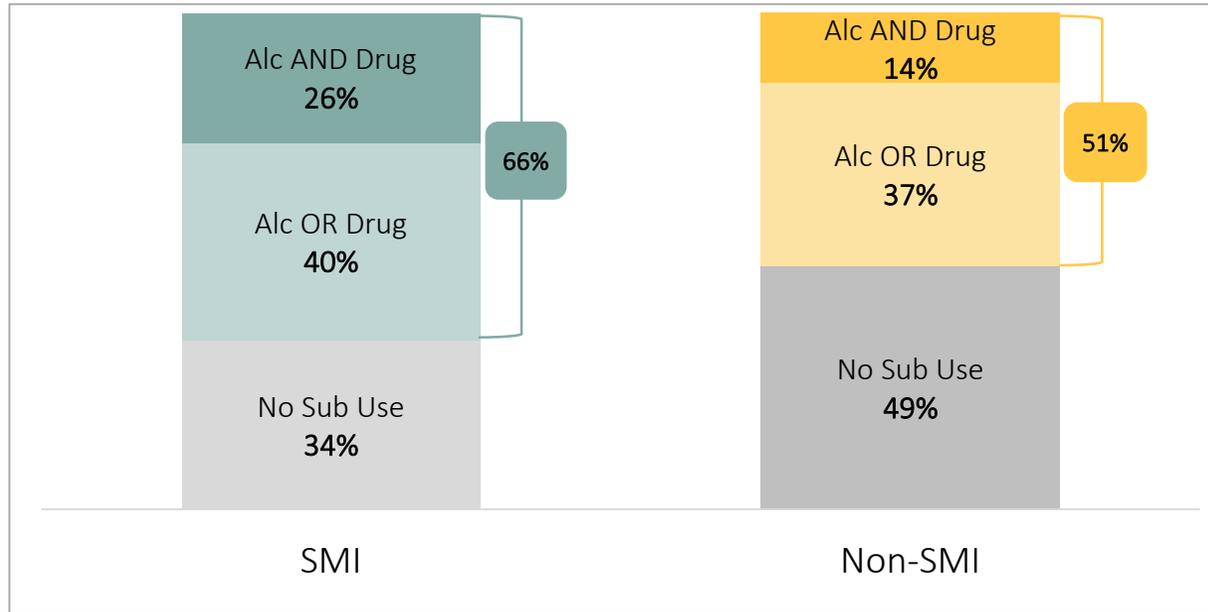
Males were more likely to report **alcohol misuse** than females*.



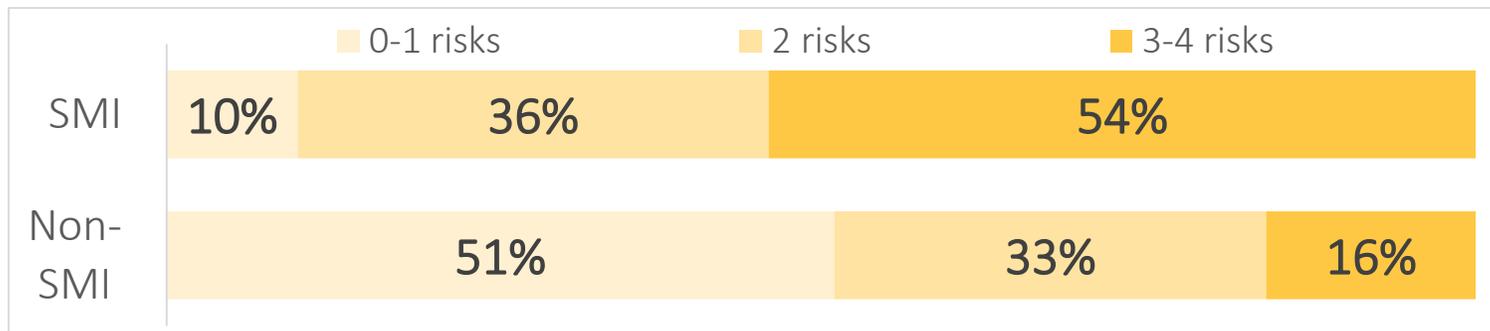
White individuals were more likely to report **opioid preference, alcohol misuse & drug misuse** than People of Color*.



Risks, Substance Misuse & SMI



- Individuals with SMI had higher incidence of substance misuse, than individuals without SMI*.



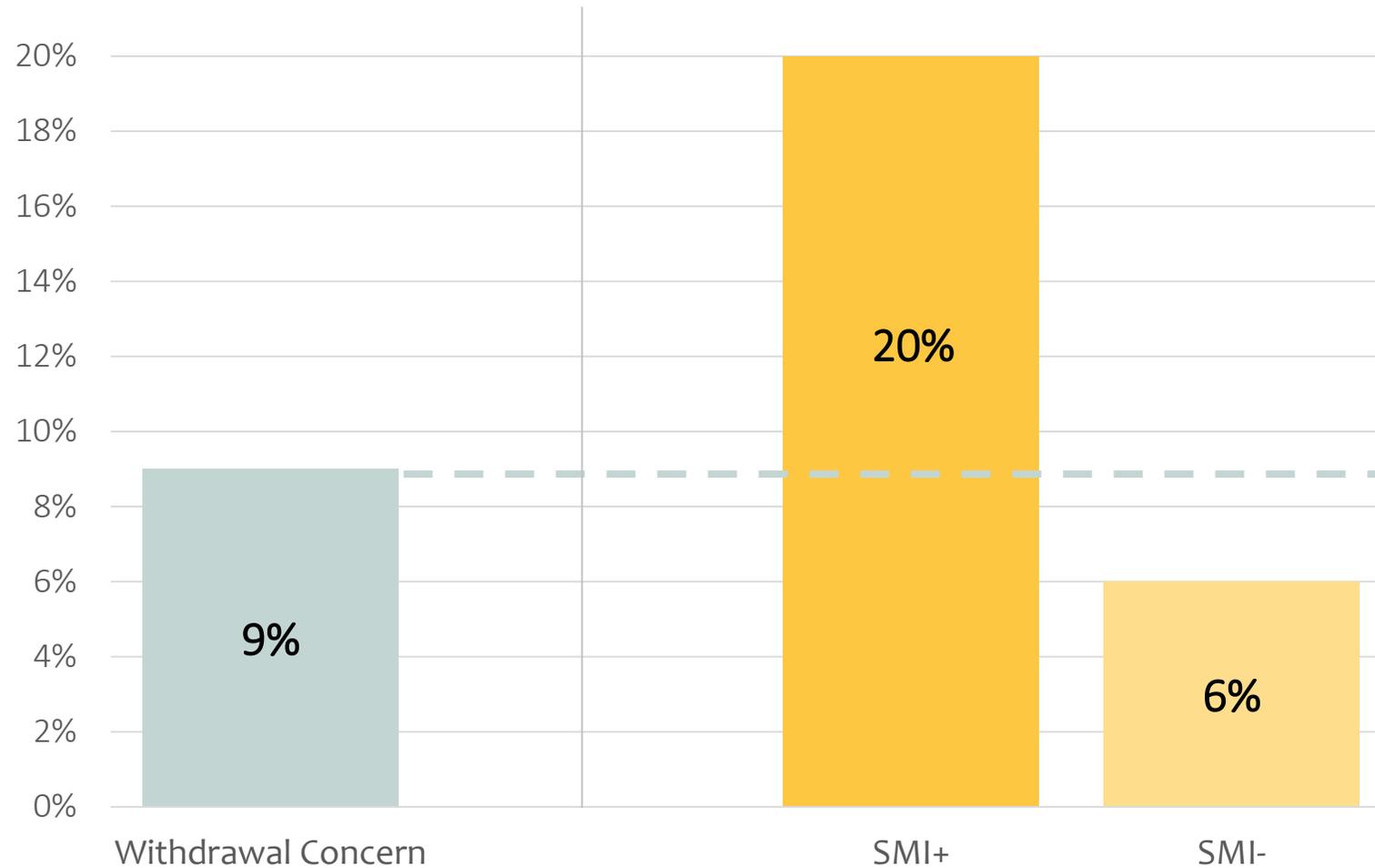
- Individuals with SMI were much more likely to experience more risk for recidivism, such as: mental health issues, substance abuse issues, housing insecurity, and recent incarceration than those without SMI.

Data Source: K6 Collections across jails 2017, N=2,913

*Difference statistically significant



Withdrawal Concern & SMI



- Individuals with SMI are more likely to report withdrawal concern (20%) than individuals who do not have SMI (6%)*.

Data Source: K6 Collection 2019, N=3,802

*Difference statistically significant

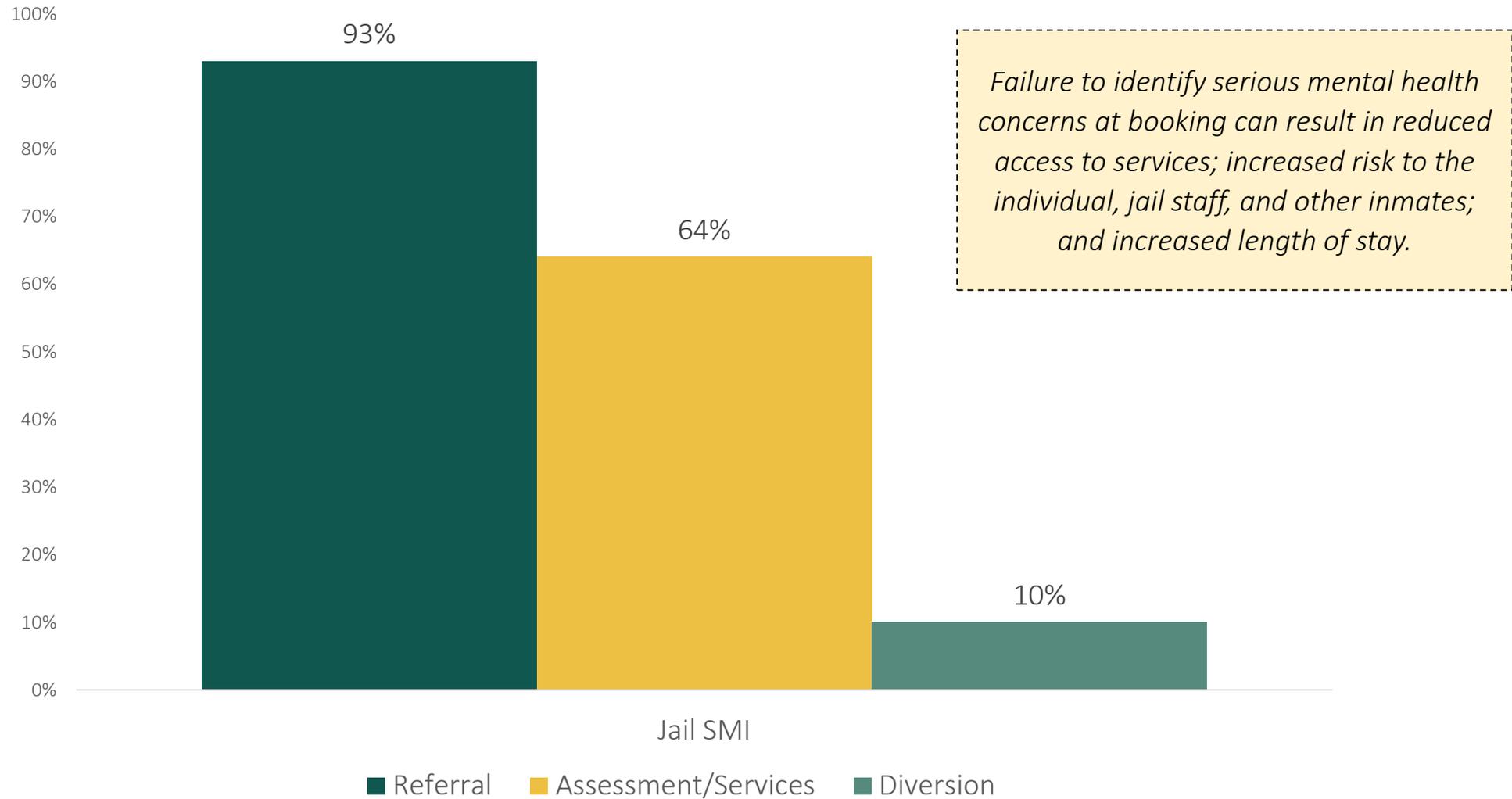


Intercept 3

Jails/Courts



Jail-Based Mental Health Processes



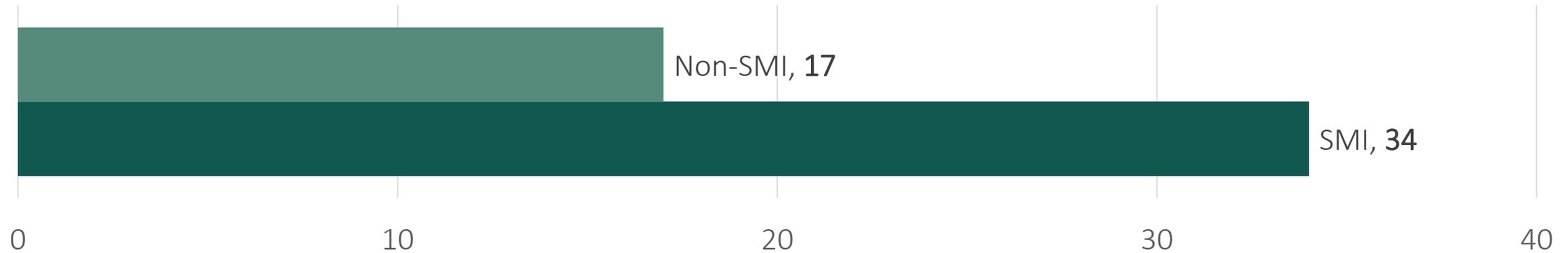
Data Source: Jail-Based Services 2017; N=1,160

Kubiak, S.P., Comartin, E., Hanna, J. & Swanson, L. (2020). Identification, referral, and services for individuals with serious mental illness across multiple jails. The Journal of Correctional Health Care.

All differences statistically significant



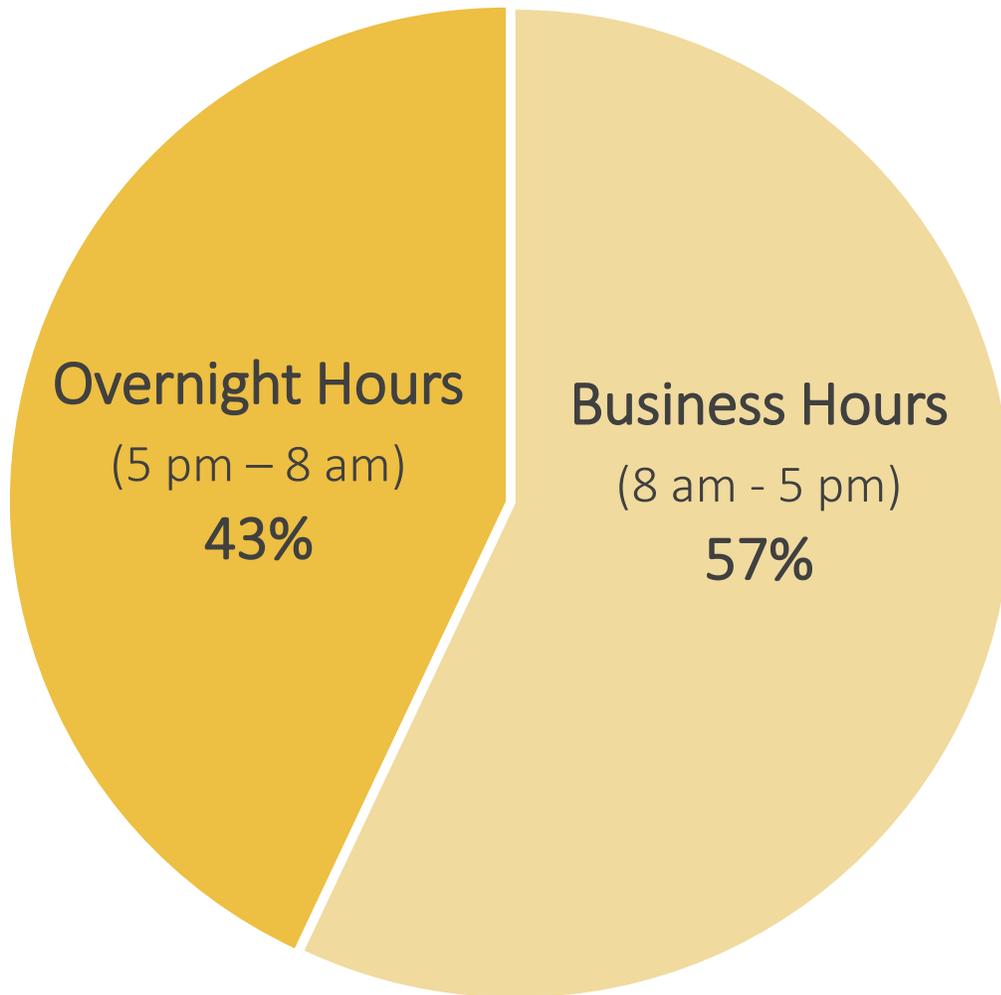
Days in Jail



After controlling for offense type, individuals with SMI spent 14 more days in jail than Non-SMI*.



Release Time



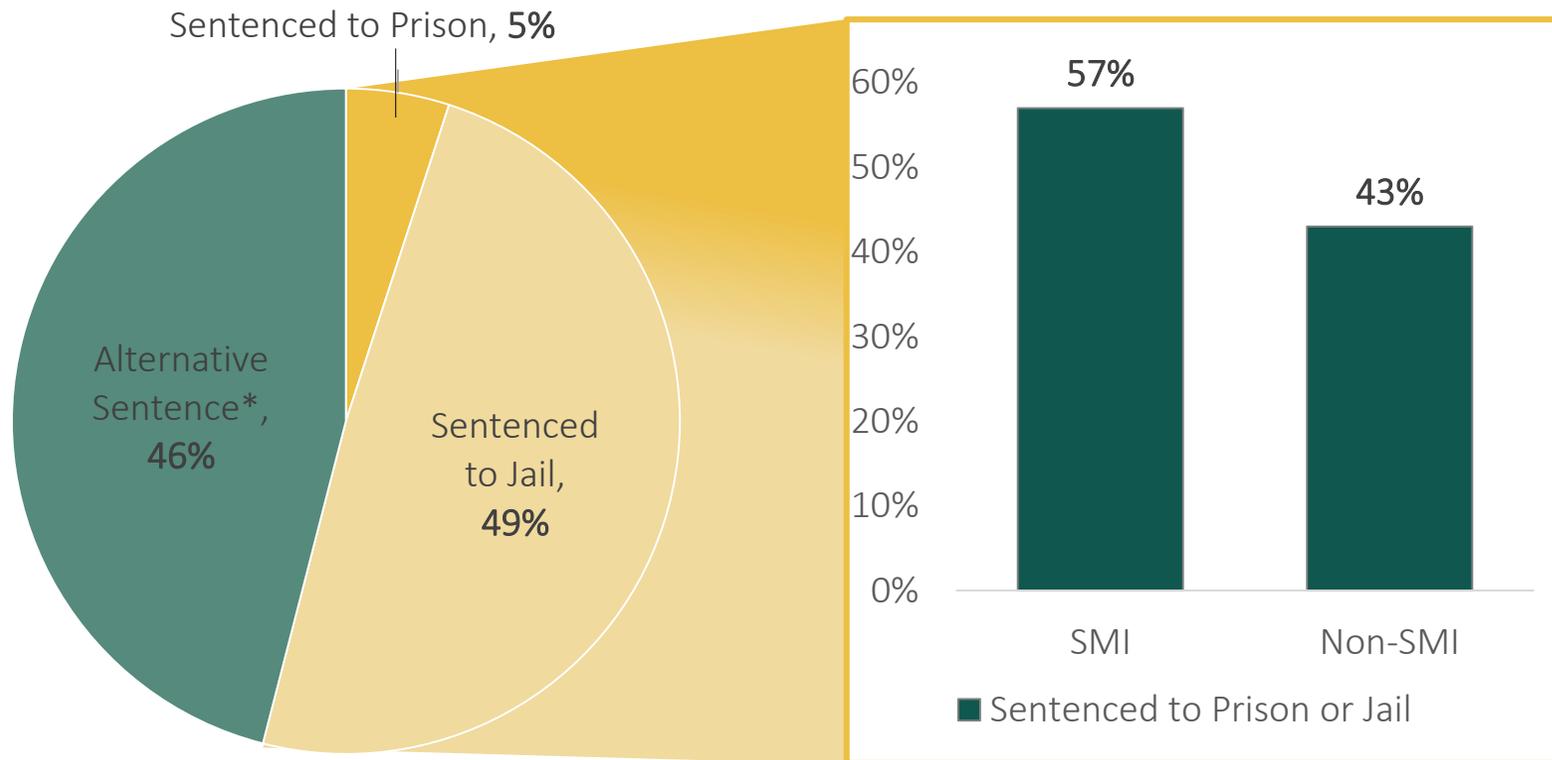
43% of individuals were released during non-business hours (5 pm – 8 am). There was no significant difference between SMI and Non-SMI.

Data Source: County Jails 2017; Sample Size 1,160

*Difference statistically significant



Sentencing by SMI Status



- Individuals with SMI were more likely to be sentenced to jail or prison (57%) than Non-SMI (43%)**.
- Urban jails sentenced fewer individuals to jail/prison (42%), compared to rural (64%) and metropolitan (69%) jails**.
(not pictured)

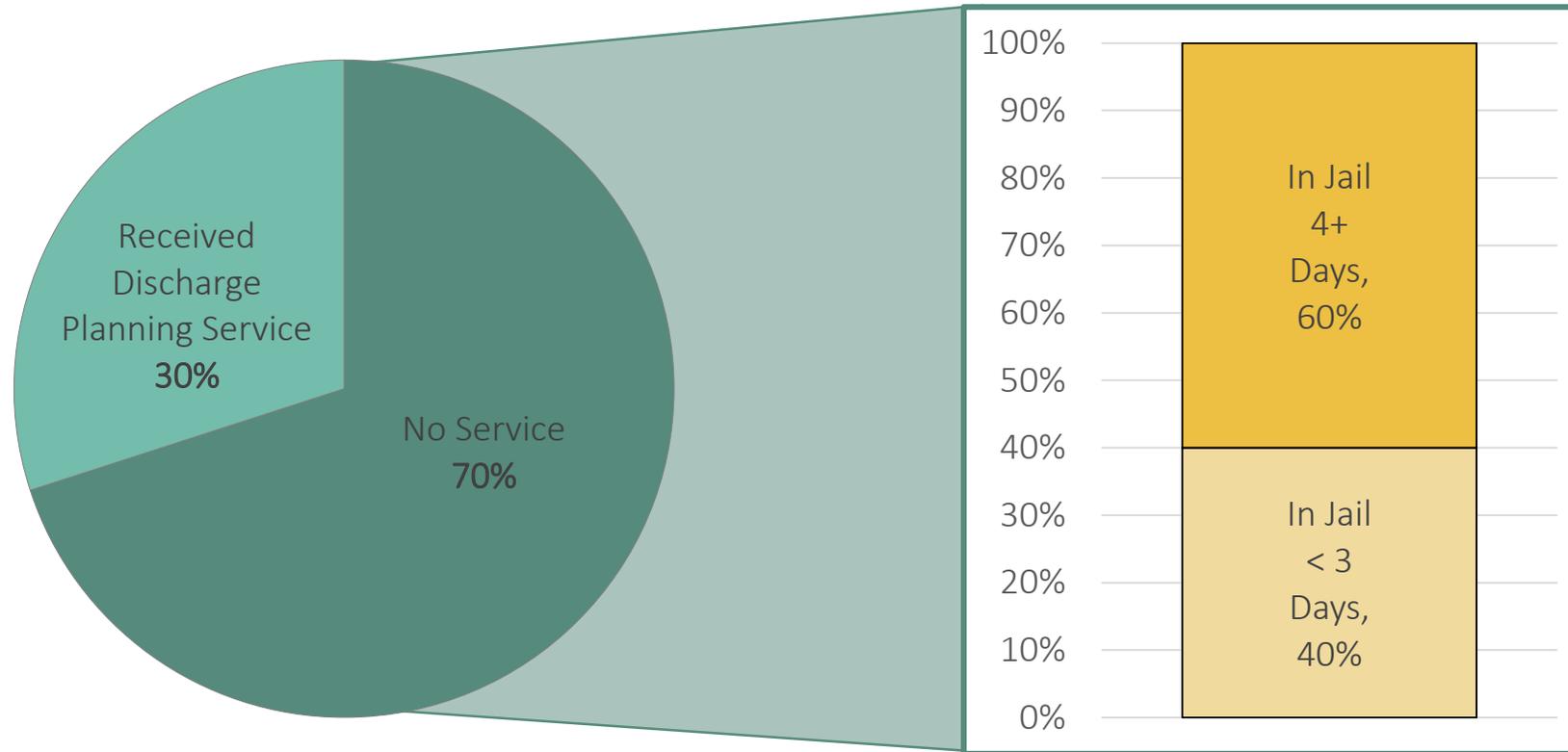
*Examples of alternative sentences include fines, community service, and probation.

Data Source: JDW 2017; N=1,160

**Difference statistically significant



Discharge Planning Service for Individuals with SMI



Data Source: Discharge Services 2017; N=160



Jail Diversion Activities

Variation in practice and outcomes



Jail-Based Diversion Programs

County	Type of Diversion		New Program	Model			
	Current	Future		Advocacy	Treatment	Supportive Services	
				Advocates for Early Release	Provides MH Services for the Jail	Discharge Planning & Referral	Discharge Follow-Up
A		X	X		X	X	X
B		X	X	X		X	X
C	X	X		X	X	X	X
D	X	X		X	X	X	X
E	X		X	X	X	X	X
F		X	X				
G		X	X		X	X	X
H		X	X			X	X
I	X	X	X	X	X	X	
J	X	X	X	X		X	X

Data Source: County Proposals to MDHHS, 2014



County	Indicators Across Measures					
	% increase in MH treatment engagement pre- to post-	% receiving continuity of care post-jail release	% reduction in # individuals recidivating	Total number of jail days pre- to post-	% of those returning to jail for misd or violation	% successful on both recidivism and treatment engagement
A	17%↑	29%	4%↓	↑	89%	29%
B	18%↑	48%	6%↑	↑	79%	26%
C	9%↑	71%	16%↑	↑	47%	31%
D	6%↓	42%	6%↑	↑	65%	34%
E	8%↑	28%	10%↓	↓	80%	41%
F	2%↑	10%	19%↓	↓	75%	30%
G	12%↑	29%	10%↓	↑	44%	24%
J	13%↑	33%	14%↓	↓	60%	48%

- All programs/counties excel in at least one outcome area.
- Three counties that are positive in three or more indicators (Counties E, G, and J).
- The program with the highest number of positive indicators (County J) is one in which there is **intensive case management** and **outreach post-jail release**.



Law Enforcement Training

Crisis Intervention Team (CIT) Evaluation



Crisis Intervention Team (CIT) Memphis Model

The primary goals of CIT are to increase safety in police encounters and divert appropriate persons with mental illness from the criminal/legal system into mental health treatment.

CIT has three core elements:

1. A 40-hour police training model.
2. A psychiatric crisis drop-off center with a no refusal policy that gives police priority so officers can be back out on the street within 15-30 minutes.¹
3. Collaboration amongst community stakeholders on an advisory board, which includes behavioral health providers.²

¹ Steadman et al 2001.

² Dupont, Cochran & Phillipsbury, 2007.



Crisis Intervention Team Training by County

County	Training Target			# CIT Trained Officers	Length of CIT Training Delivered (Hours)	Presence of Advisory Board	24-hr Non-ED Drop-Off Available	Alternative Training Offered
	Patrol	Dispatch	Jail					
A*	X		X	6	24	No	No	MHFA
B	X	X	X	56	40 / 24	Yes	No	N/A
C**	X			139+	40 / 8	Yes	No	N/A
D†	X	X	X	143	40 / 32	Yes	Pending	N/A
E	X			0	N/A	No	No	MMHC
F	X	X		18+	16	Yes	Yes	N/A
G‡	X		X	7	24	No	No	MHFA
H- patrol	X	X		217	40 / 8	No	Yes	N/A
H- jail			X	306	8		N/A	N/A
I	X			0	N/A	No	Pending	MMHC

Data Source: County proposals to MDHHS; Interviews with County Stakeholders; Non-ED=non emergency department

*In County A, an initial 40-hour CIT was offered, but efforts switched to an 8-hour MHFA model.

** In County C, 40-hour CIT was offered to officers under a previous diversion grant.

† In County D, an initial 40-hour CIT was offered, but recently moved to an abbreviated 32-hour CIT curriculum. Both were implemented in 2018 under a separate grant.

‡ In County G, officers were initially trained in MHFA; training advanced to a 24-hour CIT model in April 2018.



CIT Outcomes and Officer Interviews

Officers who were trained in CIT demonstrated acquisition of **more accurate knowledge about psychiatric treatment**¹ irrespective of education level or number of years in law enforcement.

CIT was successful in **increasing de-escalation skills** among patrol officers, corrections officers, and dispatchers².

“Officers [are] **doing the work to understand** rather than using the ‘argue and figure out later’ approach.”³

“The hands-on scenarios were the best. They help show you your aggressiveness. CIT takes yourself out of the cop mentality and **brings in a different attitude.**”³

“You can recognize more easily that the person isn’t just being a jerk and that they may have something else going on. **The signs are more evident.**”³

¹ Knowledge was measured using the Opinions of Psychiatric Treatment (OPT) measure; Average change score of 6.2 ($t(117)=11.5$, $p<0.001$).

² De-escalation skill was measured using the De-Escalation scale; Average change score of 1.3 ($t(116)=-6.135$, $p<0.001$).

³ Data Source: Officer Interviews



Trends in Transport Decisions to Crisis Center



There was an **immediate increase** in transport decisions to the crisis center following the training. This increase was **sustained for nearly two years** following the training.

Data Source: County Sheriffs Data 2015-2017

Kubiak, S.P., Comartin, E., Milanovic, E., Bybee, D., Tillander, E., Rabaut, C., Bisson, H., Dunn, L., Bouchard, M., Hill, T. & Schneider, S. (2018). Countywide implementation of Crisis Intervention Teams: Multiple methods, measures and sustained outcomes. *Behavioral Science and the Law, Special Issue on Diversion*, 35(5/6), 456-469



Factors that Predict Officer Decisions to Transport to the Crisis Center

- CIT trained officers were 3 times more likely to transport to the crisis center than non-CIT officers.
- For every 1-mile increase in the distance between the call location and the crisis center, officers were 1% less likely to take the individual to the crisis center.
- Non-intoxicated individuals were 2.6 times more likely to be transported to the crisis center than those who were intoxicated.
- Calls coded as mental health were 4.5 times more likely to be transported to the crisis center than those coded as suicide.

Data Source: County Sheriffs Data 2015-2017

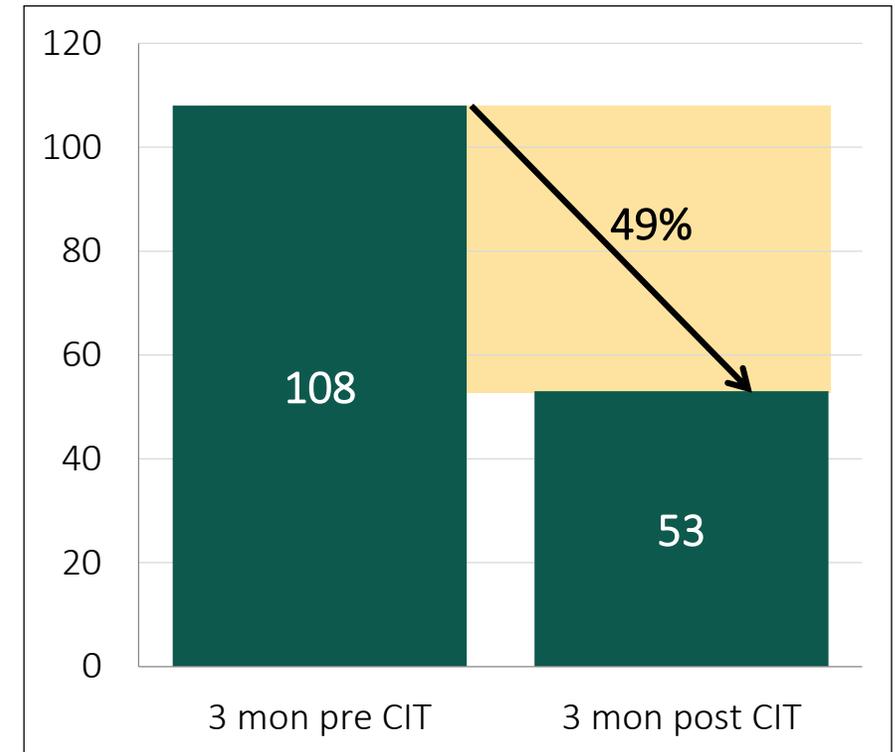
Comartin, E., Swanson, L., & Kubiak, S.P. (2020). Police utilization of crisis centers: The impact of Crisis Intervention Teams training. *Journal of Contemporary Criminal Justice*.



Mental Health Training for Jail Officers

- Individuals in jail with mental health issues may decompensate and their behavior comes to the attention of corrections officers.
- Interactions with officers may lead to additional charges, which may elongate their stay.
- Our study* of CIT for corrections officers found positive increases in officer attitudes regarding individuals with SMI, and also saw significant reductions (49%) in the use of the cell removal team.
- Offering mental health training to both patrol and corrections officers may increase the safety of the community and the jail, while potentially reducing the disparate length of stay in jail for individuals with SMI.

Number of Calls for the Cell Removal Team in Jail, before and after CIT Training



Data Source: County Sheriffs Data 2015-2017

*Comartin, E., Wells, K., Zacharias, A., & Kubiak, S. (2020). The use of the Crisis Intervention Team (CIT) model for corrections officers: Reducing critical incidents within a county jail. *The Prison Journal*.

Funding Jail- and Community-Based Mental Health Services

Costs of Behavioral Health Care in Jails

- Counties are required by federal law¹ to provide adequate health care- both physical and behavioral health- for individuals who are admitted into jails.
- Individuals with SMI who come to the attention of the criminal/legal system are most often serviced by the health care provider in the jail (county budget) and the community mental health (CMH) system (primarily funded by Medicaid).
 - Psychotropic medications for individuals with SMI in Kalamazoo County Jail averages \$500 to \$900 more per month, per individual, than individuals without an SMI².
- The Medicaid Inmate Exclusion Policy (MIEP) prohibits the use of federal funds and services³ to be provided to “**inmates of a public institution**”.
- In-reach services used to transition these individuals as they re-enter the community are unfunded or covered by the CMH’s general fund.
 - General fund dollars accounted for 35% of the CMH’s budget in 1997; In 2019, it is 5%⁴.

¹ Estelle v. Gamble, 429 U.S. 97 (1976)

² <https://wwmt.com/news/i-team/state-of-mind-mental-health-puts-pressure-on-jails>

³ Federal health benefit programs may include Medicaid, Medicare, CHIP, and VA benefits depending on state statutes

⁴ Community Mental Health Association of Michigan; www.cmham.org

Comparison of Jail-Based Services by Funding Source & Service Provider Structure

Jail Based Services		Metropolitan			Urban				Rural		
		D	H	J	B	C	E	G	A	F	I
Structure	Funding Source	CMH/Jail	CMH/Jail	CMH/Jail	Jail	CMH	Jail	CMH	CMH	Jail	CMH
	Service Provider	CMH/Third-Party	CMH/Third-Party	Third-Party	Third-Party	CMH	Third-Party	CMH	CMH	Third-Party	CMH

- Choice of configuration of funding and service delivery within a county may impact available resources and continuity of care.
- Compared to individuals in jails with third-party for-profit service providers, individuals in jails with CMH or CMH/third-party providers are:
 - 2.0 times more likely to be identified with mental health issues.
 - 2.4 times more likely to be referred to services.
 - 2.1 times more likely to receive a mental health assessment/service.

Data Source: Site visits & interview data, 2017, N=1,160

Policy & Resource Considerations

Policy Considerations

State Policy:

- Integration of jail data at the state-level
- Embed ***standardized*** mental health and substance abuse screening tools into each jail's booking process.
- Consider the addition of mental health identification training for law enforcement (i.e. CIT) into law enforcement and corrections officer trainings.
- Expand access to Medication Assisted Treatments for opioid users booking into county jails and ask jails to review/enhance their withdrawal protocols.

County Policy:

- Reconsider the use of for-profit providers for behavioral health services in jails.
- Change the time of release to improve access to services and 'warm handoffs'.

Resource Considerations

- Support CMH/Jail collaborations across the state (in-reach/out-reach, warm-handoff).
- Constitute county advisory boards that focus on diversion activities and include criminal/legal and behavioral health stakeholders.
- SOM Medicaid Waiver to allow billable in-reach services prior to jail release.
- Provide incentives to rural communities to innovate locally developed diversion programs.
- More research and program innovation is needed for women in jails, given high rates of SMI and drug use.

Thank you



Sheryl Kubiak, Ph.D.

*School of Social Work Dean
Center for Behavioral Health and Justice
Founder & Board President
Wayne State University
spk@wayne.edu*

Erin Comartin, Ph.D.

*Associate Professor of Social Work & Data Director
Center for Behavioral Health and Justice
Wayne State University
at9766@wayne.edu*



WAYNE STATE
UNIVERSITY

School of Social Work
Center for Behavioral Health and Justice