



INTERSECTIONS: BEHAVIORAL HEALTH, CRIMINAL JUSTICE, RACE AND GENDER

Current Situation

Causes

Challenges

Solutions

JAILS AND PRISONS ARE OFTEN THE LARGEST MENTAL HEALTH PROVIDERS



- 1/2 of Incarcerated People Have MH Challenges
- 60 Percent Have SUDs
- 1/3 Have Both

*SAMHSA 2012

CORRECTIONAL BEHAVIORAL HEALTH *IS* COMMUNITY HEALTH

- ~ ⅔ of People in Prison Meet Criteria for SUDs, Yet < 15 Percent Receive Treatment After Admission
- 24 Percent of Individuals in State Prisons Have Recent History of MI, Yet Only 34 Percent Receive Treatment After Admission
- Our jails and prisons are the largest mental health providers in the state
- ~ 700,000 Federal and State Prisoners Released to Communities in U.S. Every Year

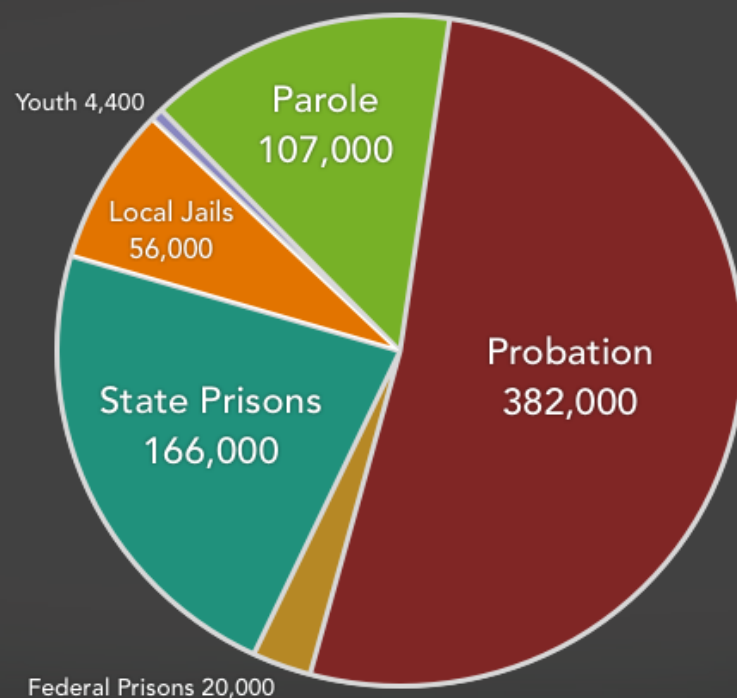
*SAMHSA 2012

IN TEXAS 735,000 ARE IN JAIL OR ON COMMUNITY SUPERVISION

2016

How many people are in Texas's criminal justice system?

735,000 are behind bars or under criminal justice supervision.



RACE AND BEHAVIORAL HEALTH AND INCARCERATION

- African Americans are overrepresented in all stages of the criminal justice system. For example, black males comprise the largest proportion of U.S. felony defendants, with white males
- Black females are third and comprise a slightly higher percentage than white females (U.S. Department of Justice 2006).
- People with mental health challenges from black and minority ethnic communities are more likely to access services via the Criminal Justice System (CJS), evidence shows. This is often accompanied by them being viewed as a greater risk, leading to additional stigma and often resulting in detention in a secure setting.
- Mass incarceration has exacerbated and further racialized the problems of mental illness. It is both cause and effect

PRE-BOOKING DIVERSION

- Identified for Diversion by Police; Before Formal Charges
- Occurs at Point of Contact w/ Law Enforcement Officers
- Relies Heavily on Effective Interactions Between Police and Community MH/SA Services
- Characterized by Specialized Training for Police Officers and a 24-hour Crisis Drop-off Center and Sobering Center
- Crisis Intervention Team (CIT) Model
- Collaboration Between Police and Specially-trained MH Providers Who Co-Respond to Calls Involving a Potential MH Health Crisis
- Sandra Bland Act

THE SANDRA BLAND ACT

- Mandates county jails divert people with mental health and substance abuse issues toward treatment,
- Makes it easier for defendants to receive a personal bond if they have a mental illness or intellectual disability
- Requires that independent law enforcement agencies investigate jail deaths.
- The law took effect Sept. 1, 2017

UNDERSTANDING TRAUMA

■ Event(s)

- Exposure to violence, victimization including sexual, physical abuse, severe neglect, loss, domestic violence, witnessing of violence, disasters
- Prison overcrowding and solitary confinement result in prisoner retraumatization

■ Experience

- Intense fear of/ threat to physical or psychological safety and integrity, helplessness; intense emotional pain and distress

■ Effects

- Stress that overwhelms capacity to cope and manifests in physical, psychological, and neuro-physiological responses

TRAUMA-INFORMED SERVICES IN THE JUSTICE SYSTEM

- Align Opportunities for Change at Each of 5-Intercept Points:
 1. Law Enforcement (Crisis intervention training, avoid re-traumatizing, e.g., de-escalation; strip searches)
 2. Initial Detention/Court Hearings (screen for trauma; gather trauma histories; what happened to you?)
 3. Jails/Courts (avoid re-traumatizing behaviors; demeaning, disempowering; personnel training on trauma; provide trauma-specific tx)
 4. Reentry (ensure trauma-informed peer support, transition planning with trauma interventions)
 5. Community Corrections (trauma training for parole and probation officers; link with community trauma services/supports)

JUSTICE INVOLVED WOMEN AND TRAUMA

- Female inmates had higher rates of mental health problems than male inmates (73 percent of females versus of 55 percent of males in state prisons).
- Nearly 8 in 10 female inmates who are mentally ill reported physical or sexual abuse.
- Nearly 6 in 10 women in state prisons had experienced physical or sexual abuse in the past. And 69 percent reported that the assault occurred before age 18

*SAMHSA 2011

TRAUMA AND JUSTICE INVOLVEMENT

- **Expand alternative responses & diversion opportunities**
- **Improve ability/capacity of first responders to respond appropriately to people with BH problems and histories of trauma**
- **Increase availability of trauma-informed care, screening, and treatment in criminal and Juvenile Justice systems**
- **Improve coordination of BH services for those re-entering community**

REENTRY CHALLENGES

- **9 Million Individuals Cycle Through Jails Each Year**
- **> 700,000 Prison Offenders Reenter Communities Annually**
- **2/3 State Prisoners Rearrested Within 3 Years Of Release**
- **Reentering Offenders Represent:**
 - **¼ of general population living with HIV/AIDS**
 - **Almost 1/3 of those with Hepatitis C**
 - **Almost 40 percent of people with TB**

REENTRY: KEY ISSUES

- ***Lived Experience:*** The voice of lived experience is crucial to understanding what range of services should be engaged
- ***Employment:*** Incarceration decreases annual employment by > 2 months and yearly earnings by 40 percent
- ***Homelessness:*** Direct relationship between incarceration and homelessness; challenges in securing housing upon reentry
- ***Education:*** > 40 percent of prison and jail inmates lack a high school diploma or GED compared w/ 18 percent general population
- ***Social Connection & Treatment:*** Uncertainty about Parole, Housing Arrangements, Employment, Family Reunification, Health/BH Care as Well as How to Function on Outside Can Elevate Stress and Trigger/Exasperate M/SUD Conditions

PROVIDING FUNDING AND ENGAGING COMMUNITY PROVIDERS IN COLLABORATION AND EVIDENCE-BASED INTERVENTIONS CAN REDUCE INCARCERATION FOR PEOPLE WITH BEHAVIORAL HEALTH NEEDS



MAYOR'S REENTRY MANAGER

- Part of Mayor's Office Staff
- Identify Research And EBP To Advance Reentry And Community Safety
- Identify Local/State/Federal Policy Opportunities and Barriers to Improving Outcomes
- Promote Local/State/Federal Policy and Practice Change to Improve Well-being of Formerly Incarcerated Individuals and Their Families
- Support Initiatives in Education, Employment, Housing, Health , Faith, BH Treatment
- Coordinate Messaging and Communications
- Removing Barriers to Employment, Housing, and Access to Benefits Such As Social Security and Medicaid
- Build Connections between the Community, Service Provides and State and Local Agencies

Recovery is Possible



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