Integrating Criminal Justice, Community Healthcare and Support Services for Adults with Severe Mental Disorders

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What Works:

"Coming together is a beginning,
keeping together is progress,
working together is success."

-- Henry Ford

"All the News
That's Fit to Print"

The New York Times

Late Edition
New York: Today, a mix of sun and clouds. High 45. Tonight, becoming mainly clear. Lows in the lower 30's. Tomorrow, sunny, high 45. Yesterday high 51, low 40. Details on page D28

VOL. CXLVII . . . . No. 51,087 NEW YORK, THURSDAY, MARCH 5, 1998 60 CENTS
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Prisons Replace Hospitals for the Nation's Mentally Ill

By FOX BUTTERFIELD

LOS ANGELES — Michael H. had not had a shave or haircut in months when he was found one recent morning sleeping on the floor of St. Paul's Episcopal Church in suburban Lancaster, next to empty cans of tuna and soup from the church pantry.

There was little to suggest that he had once been a prosperous college graduate with a wife and two children — until he developed schizophrenia, lost his job and, without insurance, could no longer afford the drugs needed to control his mental illness.

Charged with illegal entry and burglary, Michael H. was taken to the Los Angeles County Jail. The jail, by default, is the nation's largest mental institution. On an average day, it holds 1,500 to 1,700 inmates who are severely mentally ill, most of them detained on minor charges, essentially for being public nuisances.

The situation in the jail, scathingly criticized as unconstitutional by the United States Justice Department last fall, is the most visible evidence that jails and prisons have become the nation's new mental hospitals.

On any day, almost 200,000 people behind bars — more than 1 in 10

Monica Almeida/The New York Times

The new Twin Towers jail in Los Angeles has an area for mentally ill inmates, but offers little treatment.

ASYLUMS BEHIND BARS

A special report.

Mental Illness in Jails and Prisons: *The Problems*

- **Mentally ill are overrepresented in jails and prisons**
  - >2 million people in US jails and prisons
    - ~10 million are booked into US jails/year
  - 2002, US jails held >700,000 people
    - 5% of US population has SPMI
    - ~16 % of prison or jail population has SPMI
    - Over half are African American or Hispanic vs. 25% general population rate
- Females receiving MH services 4-8x > risk of incarceration than females in the general population
- LA County, Cook County and Riker's Island Jails:
  - Each hold > MI on any given day than any psychiatric facility in the US

Bureau of Justice Statistics 2002 and 2003, Cox et al. 2001, Torrey, 1999

Mental Illness and Jails: *The Problems*

MI stay in Jail Longer

- Orange County, FL
  - » 51 days vs. 26 days
- Pennsylvania
  - » MI 2x likely to max-out
  - » SPMI 3x likely to max-out
- NYC
  - » 215 days vs. 42 days

Jablonski, Sager, Butterfield, NYTimes, 1998

Costly to Maintain MI

- Multnomah, OR
  - » 45% of pharmacy budget
- Rochester, NY
  - » $315,000/yr for overtime related to 24 hr suicide watch

Carlson et al .2000, Caceci, Monroe County, NY

Mental Illness and Jails: *The Problems*

- Detention increases risk of suicide
- Post-release recidivism to jail
  - 72% re-arrest rates for MI within 36 months of release (Lucas County, OH)
  - 90% of MI inmates = repeat offenders (LA County)
    - 31% incarcerated $\geq$ 10x
  - MI jail releasees with inadequate community services at greatest risk

Assoc.Press. 2002, Ventura et al., 1998, LA County Board of Supervisors. 1991

Mental Illness and Jails: *Costs*

- $140/day vs. $80/day = SPMI vs Avg. inmate
  - Pennsylvania DOC
- $4 million on annual overtime to manage MI inmates
  - Miami-Dade DOC
- $1.1 million = 20 individuals with Dual Dx/1yr of emergency services (hosp, detox, jail)
  - King County, WA

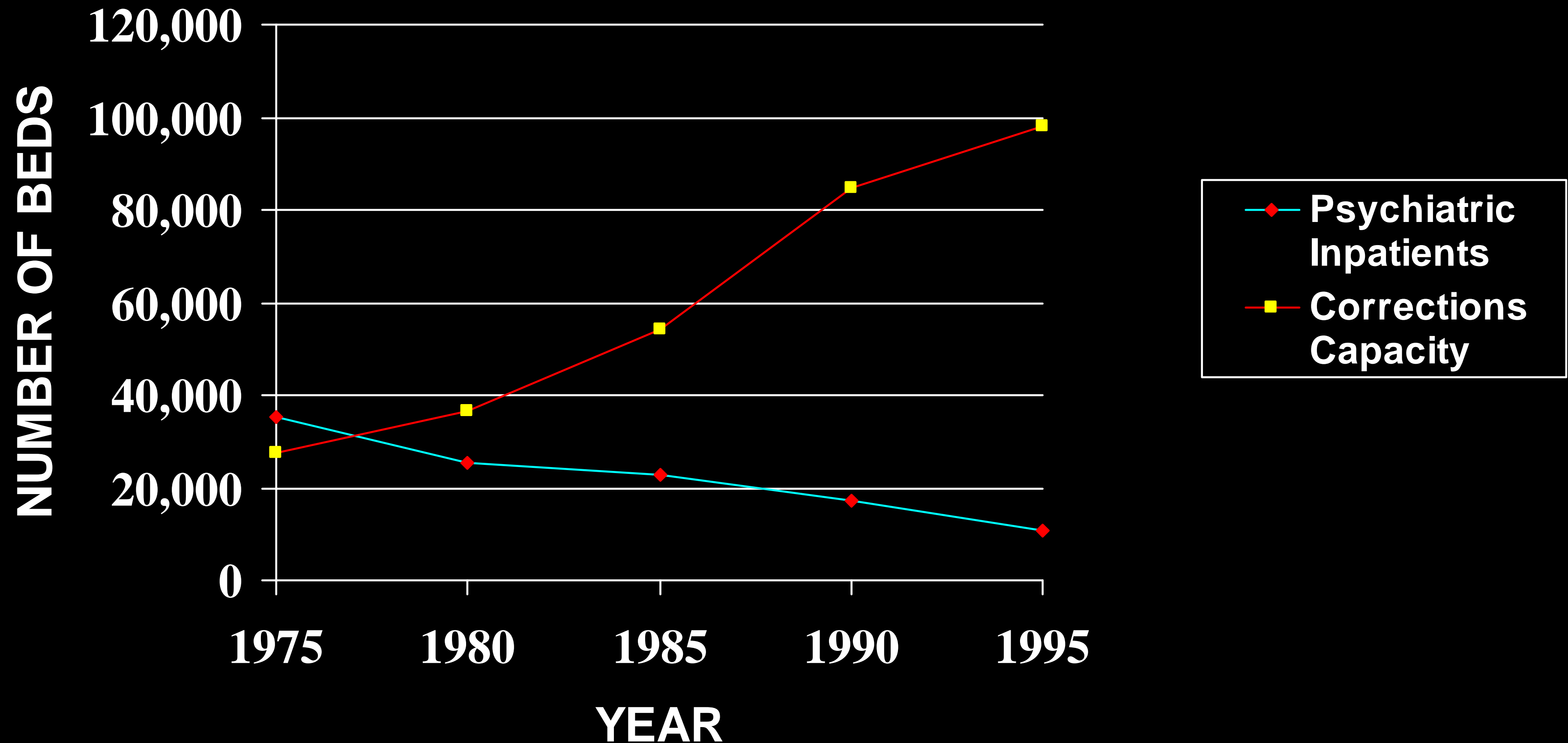
Perez et al., Vanzo et al., King County DCHS

A lot of mentally ill people who get in criminal trouble never get plugged into treatment. Most don't get medication in jail unless their psychosis makes them a nuisance to jailers. And in most places mentally ill inmates leaving jail are not directed to mental health programs.

They're simply let go.

Mother of Jailed Inmate in Minneapolis, MN

Psychiatric Hospitals, Jails and Prisons in New York



Proposed Solutions:

Diversion Programming to MH

- » Nonviolent/Petty crimes
- » Mental Health Courts
- » Delayed prosecution – dismissal of charges
- » Outreach MH and CJ Teams

Monroe County Jail
The Problem

- 1993 Jail Survey: 125 "revolving door" patients
- Young men:
  - multicultural, psychotic symptoms, substance use disorders, homeless, nonadherent to treatment

*M*onroe County Office of Mental Health
1995 Request for Proposals

- "To prevent arrest and incarceration of multicultural populations with severe mental illness"
- Culturally diverse team of case advocates to link clients to existing resources
- Community partnerships

1995 Project Link:
A Case Advocacy Team

- 5 Bachelors level advocates
- 1 Masters level coordinator
- Cultural diversity
- Community Advisory Board
  - UR Department of Psychiatry
  - St. Mary's Hospital
  - Action for a Better Community
  - Ibero-American Action League
  - Urban League of Rochester
  - Monroe County Socio-Legal Clinic

Problems

- Little access to supervised housing
- Little access to healthcare professionals
- Lack of effectiveness

A Model of Intervention?
Assertive Community Treatment

- For “high risk” patients
- Mobile Multidisciplinary Team
- Assertive treatment philosophy
- Effective at engaging patients
- Most studies show no effect on arrests and jail time

Mueser et al 1998

A Model of Intervention?
Jail Diversion Programs

- Designed to reduce jail recidivism
- Screening, negotiation, legal leverage
- Based within criminal justice system
- Often no mechanism to ensure that outpatient treatment occurs

Steadman et al 1995

Jail Diversion and ACT: *Complementary: SYNERGISTIC*

	Preliminary Program	Major Limitations
Assertive Community Treatment	To link patients to the community	Little effect on jail time
Jail Diversion Programs	To decrease jail time	Little effect on linkage to treatment

A Model of Intervention?
Therapeutic Community

- Designed for recovering addicts
- Provide residential support and treatment
- Highly structured program
- Can be modified for mentally ill clients

Silberstein et al 1996

Project Link:

- Hybrid Model Developed 1997
  - ACT
  - Jail Diversion
  - Therapeutic Community
- Robert Wood Johnson Foundation and NYS OMH Grant:
  - Development of “MICA” Residence
  - Development of “modified ACT Team” with Forensic psychiatrist and Nurse Practitioner
  - Integration with Criminal Justice, Healthcare and Community Support Services

Project Link: *Admission Criteria*

- **Age:** 18 and over
- **Diagnoses:** Psychotic Disorders
- **CJ History:** Previous Arrest
- **Risk Factors:** Nonadherence

PROJECT LINK: *Mobile Treatment Team*

- Assertive Community Treatment (ACT) model
  - Mobile multidisciplinary team
  - 1:12 staff/patient ratio
  - 24 hour/daily availability
  - Assertive approach

- Forensic Psychiatrist & Nurse Practitioner
- Capacity: 50 Mobile team patients (total 100/case advocate)
- Anticipated LOS: Two years

Project Link:

Project Link Team

Clients requiring ACT team services *Characteristics:*

- High levels of disability and/or symptoms
- Historically non-adherent to medications
- Historically have failed to engage in traditional treatment
- Multiple risk factors for violence

ACT Team Staff:

- Part of multidisciplinary teams
- Typically have more frequent direct client contact
- Have variable levels of formal training
- Tend to work with most "difficult" and challenging clients
- Often work in unfamiliar community settings

S.A.V.E Curriculum

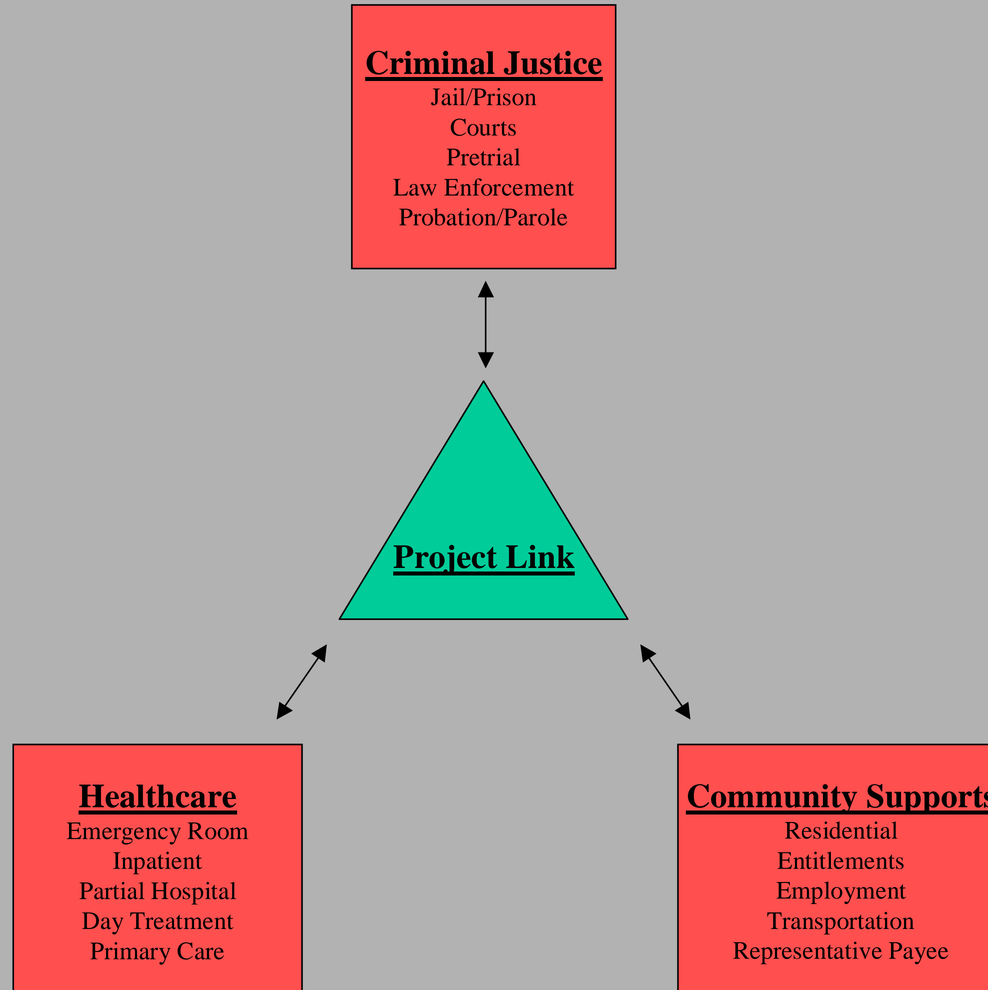
Safety and Violence Education

- Derived from training of Project Link staff
- Didactic lecture
- Self defense techniques
- Role play situations
- Feedback and critical review

- CD Rom Interactive Training Modality: RWJF

Mobile Treatment Team

Project Link:
Multipoint Service Integration:



Project Link:
Criminal Justice System Integration

- Jails/Prisons
- Courts
- Pretrial
- Law Enforcement
- Probation/Parole
- Assisted Outpatient Treatment (Kendra's Law)

- Goals of collaboration:
  - Continuity of care
  - "Therapeutic leverage/jurisprudence"

Project Link:
Healthcare System Integration

- Emergency Room
- Inpatient Psychiatry
- Partial Hospital
- Day Treatment
- Primary Care (M.I.P.S)

Project Link:
Community Support Service Integration

- Residential
- Entitlements
- Employment
- Transportation
- Family
- Representative Payee

Project Link
MICA Treatment Residence

PROJECT LINK:

Program Evaluation

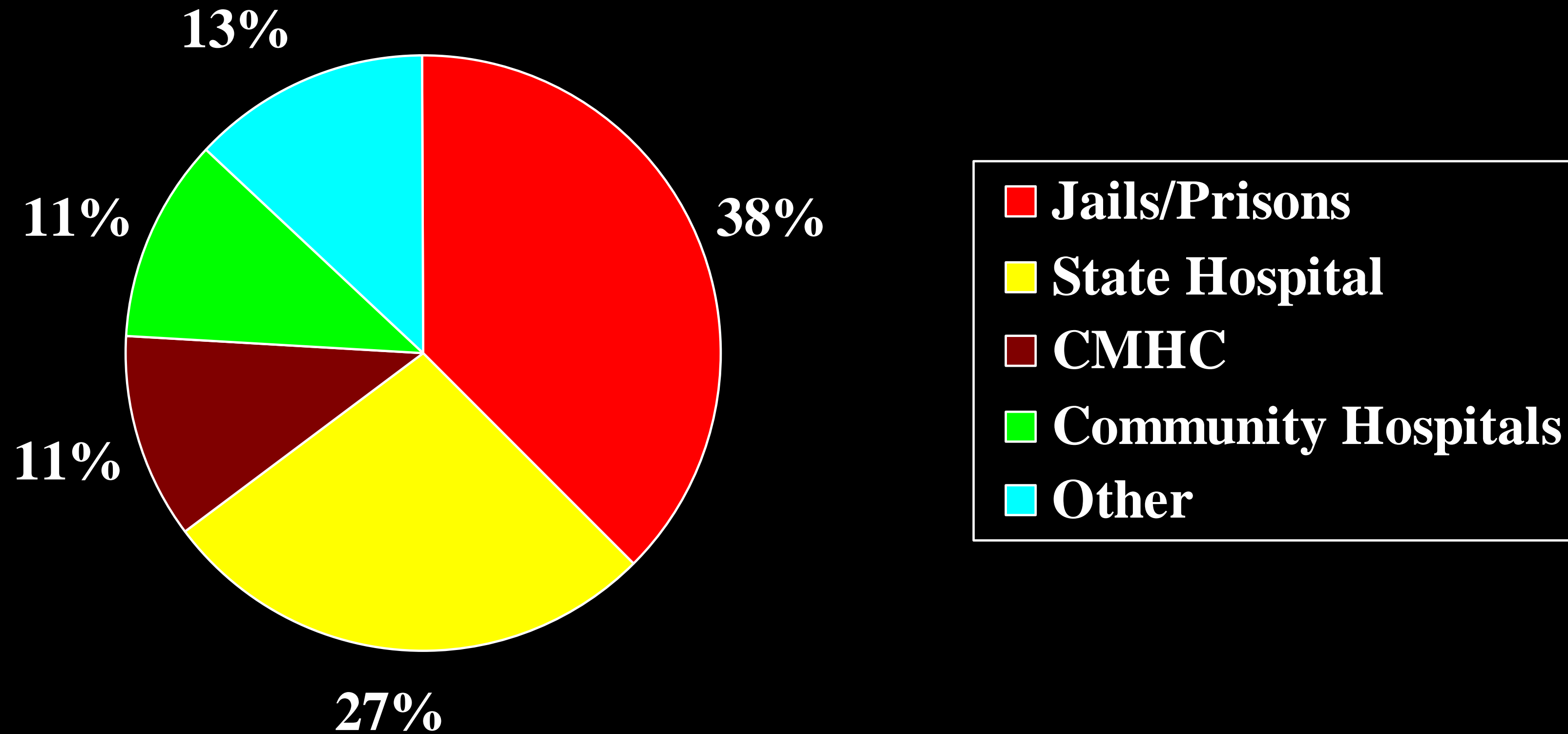
Study Sample

• Enrollment Period:	1/1/98 – 1/1/00
• Sample Size:	60
• Successfully Discharged:	7 (12%)
• Moved:	5 (8%)
• Lost to Follow-Up:	5 (8%)
• Died:	1 (2%)

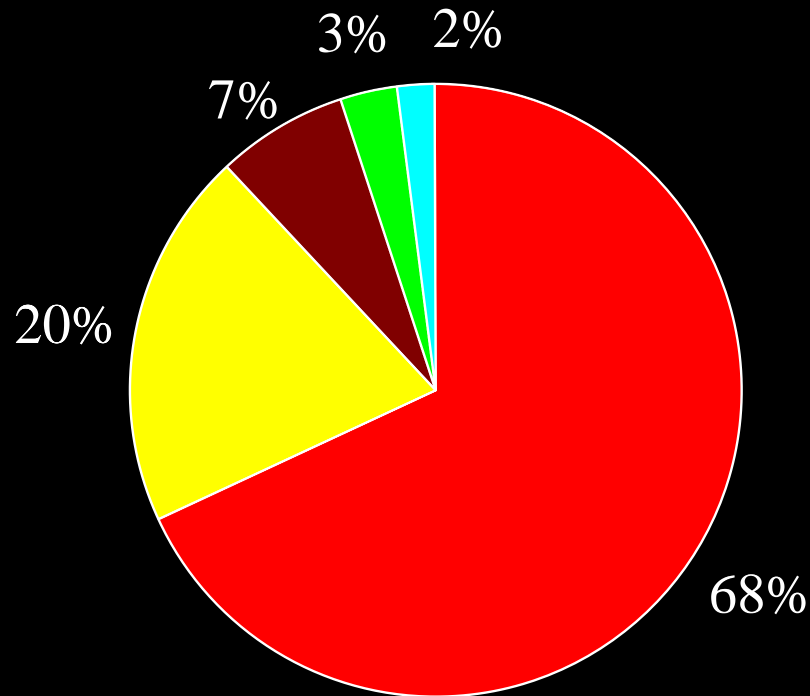
Project Link Evaluation
Methods

- Study Design: **Pre-post "mirror image" comparison of outcomes 1 year before and after:**
  - *Service utilization:* **Data from charts, jail records, interviews.**
  - *Community functioning:* **MCAS (Barker et al. 1994) administered at enrollment and 1 year later.**
  - *Substance abuse:* **SATS (McHugo et al. 1995) administered at enrollment and 1 year later.**
- Data collection: **Project nurse. Follow-up assessments conducted blindly with inter-rater reliability ICC = .89 MCAS, .95 SATS.**
- Data analysis: **Non-parametric testing since variables non-normally distributed**

Referral Sources
(N = 60)



Ethnicity
(N = 60)



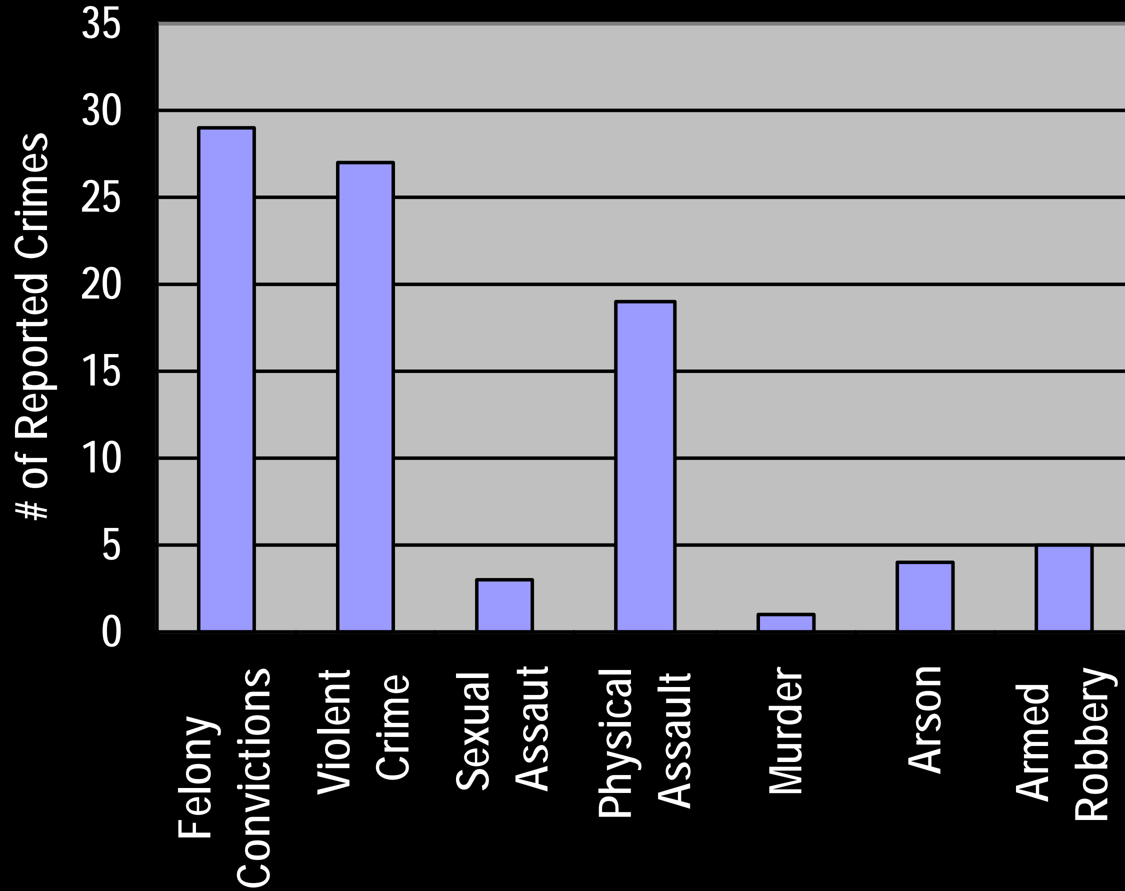
Demographics
(N = 60)

Variable	N	%
Male Gender	48	80%
Diagnosis		
Schizophrenia	32	53%
Psychotic Disorder NOS	13	22%
Schizoaffective Disorder	6	10%
Bipolar Disorder	5	8%
Other	4	7%
Substance Abuse or Dependency	56	93%
Unemployed	55	92%
Unmarried	55	92%
Less than High School Education	39	65%
Homeless	16	27%
Mean (SD) Age Yrs.	35.8 (8.7)	

Forensic Involvement
At Enrollment (N = 60)

	N	%
Prior Felony Convictions	36	60%
On Parole	19	32%
On Probation	9	15%
Charges Pending	8	13%

Prior Crimes Reported: *At Enrollment (N=44)*



Service Utilization Outcomes

Pre - Post 1 Year Comparisons (N=44)

	Pre-Enrollment	Post-Enrollment	Statistic
Mean Jail Days Per Patient/yr	**103.6 (130.4)**	**45.2 (81.0)**	**P<.05 Wilcoxon 2 tail**
Mean Hosp Days Per Patient/yr	**114.0 (130.8)**	**7.9 (18.2)**	**P<.001 Wilcoxon 2 tail**
Mean ED Visits Per Patient/year	**1.5 (5.5)**	**.9 (2.1)**	**N.S.**
Mean No. Hospitalizations	**1.1 (1.1)**	**.43 (.82)**	**P<.005 Sign Test 2 tail**
Mean Arrests Per Patient/yr	**1.4 (1.9)**	**0.61 (0.89)**	**P<.05 Sign Test 2 tail**
Mean No. Incarcerations	**.91 (.96)**	**.52 (.79)**	**P<.05 Sign Test 2 tail**

Community Function Outcomes

Baseline - 1 Year Comparisons (N=44)

	At Enrollment Mean (SD)	At One Year Mean (SD)	Statistic Wilcoxon two-tailed
MCAS Total Score	51.6 (7.4)	61.2 (8.5)	$p<.001$
MCAS Med Compliance (Item #14)	2.7 (1.3)	3.6 (1.1)	$p<.001$
Clinician Adherence Rating	2.4 (1.4)	2.8 (1.1)	$p=.10$

Substance Use Outcomes

Baseline - 1 Year Comparisons (N=44)

	At Enrollment Mean (SD)	At One Year Mean (SD)	Statistic Wilcoxon two-tailed
Substance Abuse Treatment Scale	2.3 (1.7)	4.8 (2.3)	p<.001
MCAS Alcohol and Drug Abuse (Item # 16)	2.2 (1.3)	3.3 (1.5)	p<.001

Preliminary Cost Analysis
Direct & Residential Service Costs

- 2 year average jail cost ($77/day) x mean days/year
- 2 year average inpatient cost ($578/day) x mean days/year
- All RWJ grant costs, outpatient visits, case advocacy, continuing day treatment
- Clinical cost data obtained from audited year end hospital financial statements
- Residential costs calculated at $1974.35/month minus jail/hospital days

Preliminary Cost Analysis

Costs Per Patient Per Year (N=44)

Project Link Evaluation
Methodological Limitations

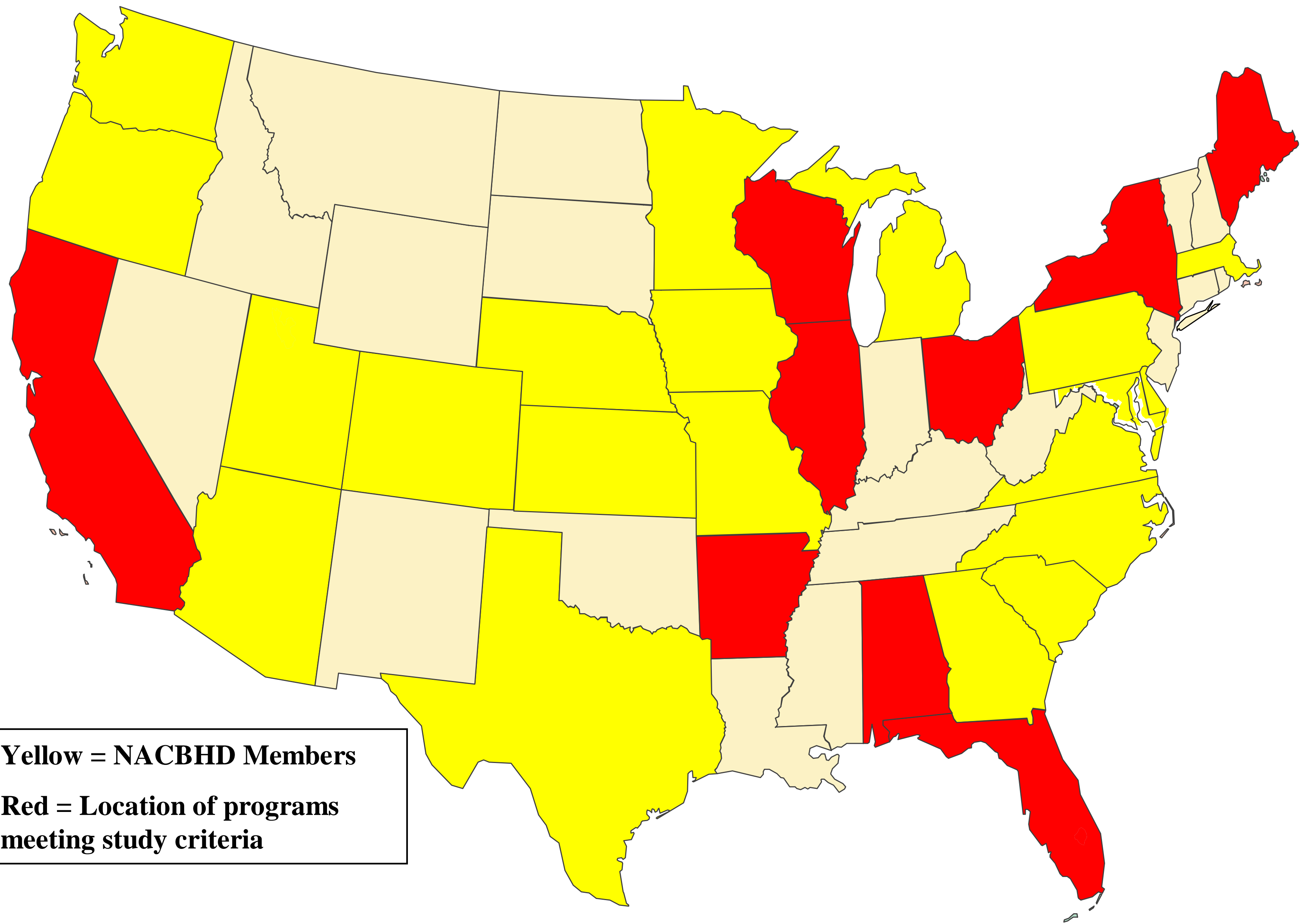
- Quasi-experimental design
- Small sample size
- Non-completers excluded
- Pre-treatment data obtained retrospectively, multiple sources
- Data collected by treatment provider not blind to intervention

National Survey Study

- Have other ACT teams been modified to prevent arrest and incarceration?

National Survey:
Web-Based Survey of NACBHD

- 314 Members in 28 States
- Goal was to identify ACT programs that:
  - Required clients to have a criminal history
  - Has a CJS agency as their main referral source
  - Partnered with CJS agency to perform jail diversion
- 16 programs identified in 9 states



Yellow = NACBHD Members
Red = Location of programs meeting study criteria

Project Link:
Conclusions

- Those with severe mental disorders are over-represented within jails and prisons in the U.S.
- Project Link has worked to improve reentry and recovery by spanning existing boundaries through integration of services at multiple points.
- Project Link represents an emerging model of service delivery:
  - National survey (NACBHD) revealed 15 similar programs in U.S.
  - **FACT**: Forensic Assertive Community Treatment

Related Publications:

Gold Award Article: Prevention of Jail and Hospital Recidivism Among Persons With Severe Mental Illness. Project Link, Department of Psychiatry, Rochester New York. Psychiatric Services 50:1477-50:1477-1480, 1999.

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