

Albemarle-Charlottesville, Virginia Criminal Justice/Mental Health Linkage Study

Presented to the Albemarle County Board of Supervisors
February 7, 2018

Our Local Criminal Justice System

- One of seven original sites selected by NIC for implementation of an Evidence-Based Decision-Making Framework in 2010.
- EBDM Policy Team meets monthly. It is made up of high level decision-makers from police departments, sheriff's offices, Commonwealth Attorneys, the jail superintendent, pretrial and probation directors, the chief magistrate, a judge, victim/witness advocates and treatment providers.
- EBDM provides the collaboration (and trust) required for data-sharing across agencies (local, regional and state).
- The EBDM Policy Team partners with The University of Virginia Department of Systems and Information Engineering to help us address data-integration challenges.

UVa Systems Engineering Capstone Projects



Current Research Questions of Interest

- How many individuals suffering from serious mental illness are cycling through the various pieces of our criminal justice system?
- How often are criminally-involved individuals in need of mental health evaluation and treatment services successfully linked to community based treatment?

Changes in Practice Required to Answer These Questions

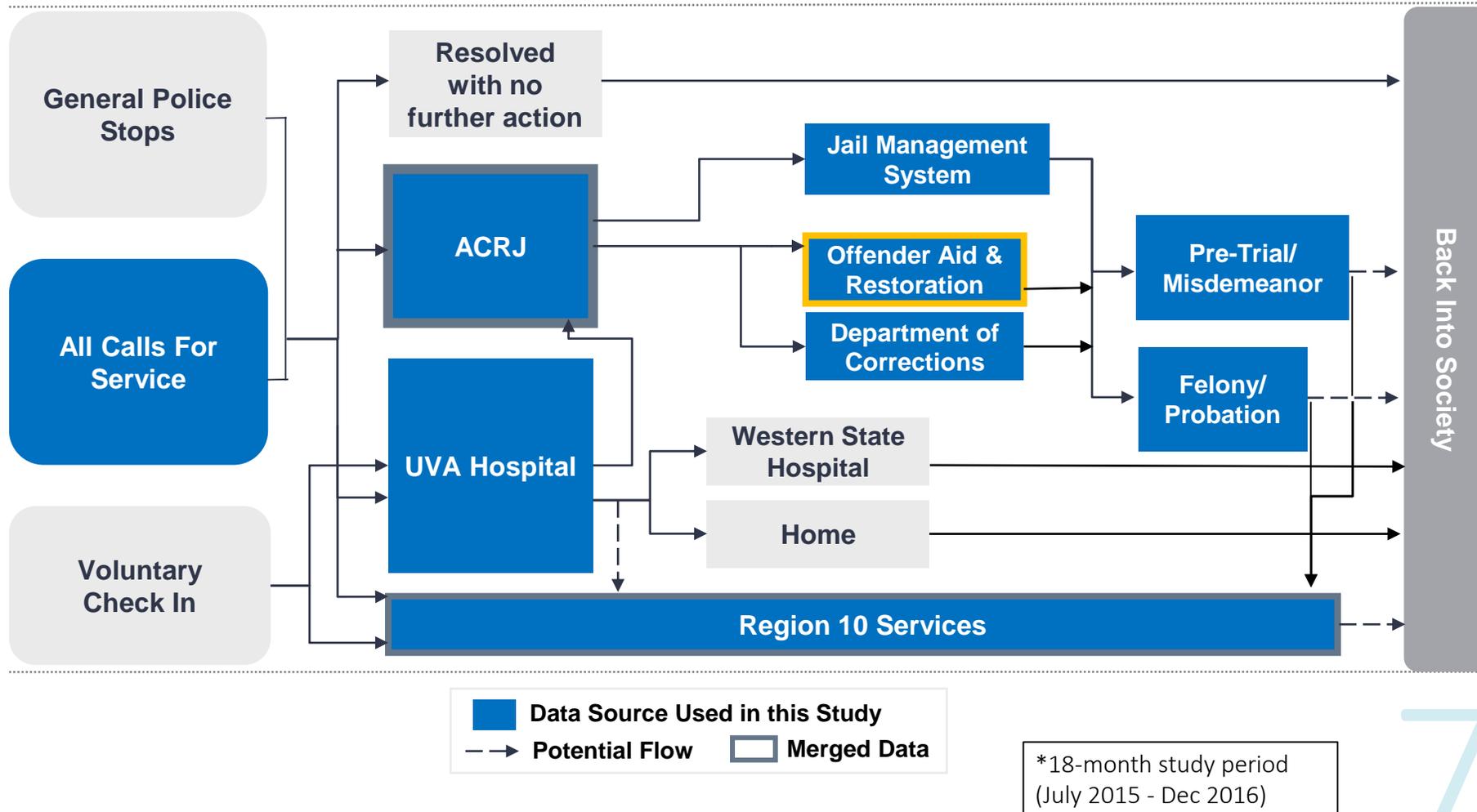
Implementation of a validated mental health screening tool at major criminal justice decision points, effective 7/1/15:

- Jail Intake
- Pretrial Supervision Intake
- Misdemeanor Probation Intake
- Felony Probation Intake

The Current Study

- Phase 1 (2015-16): Collected 8 months of data (7/15 to 2/16) from ACRJ and Region Ten to determine the percentage of inmates scoring high enough on the Brief Jail Mental Health Screener (BJMHS) to warrant further evaluation for serious mental illness. Found that 24.8 of those screened during classification met the screening criteria for serious mental illness. 28% of those meeting the screening criteria received mental health treatment services at Region Ten during the study period.
- Phase 2 (2016-17): Sought to expand the time frame of data collection at ACRJ and Region Ten (7/15 to 12/16), in addition to broadening the scope to include data-matching at OAR Pretrial, OAR Probation, District 9 Probation, the CIT Program and UVa Hospital.

Project Scope

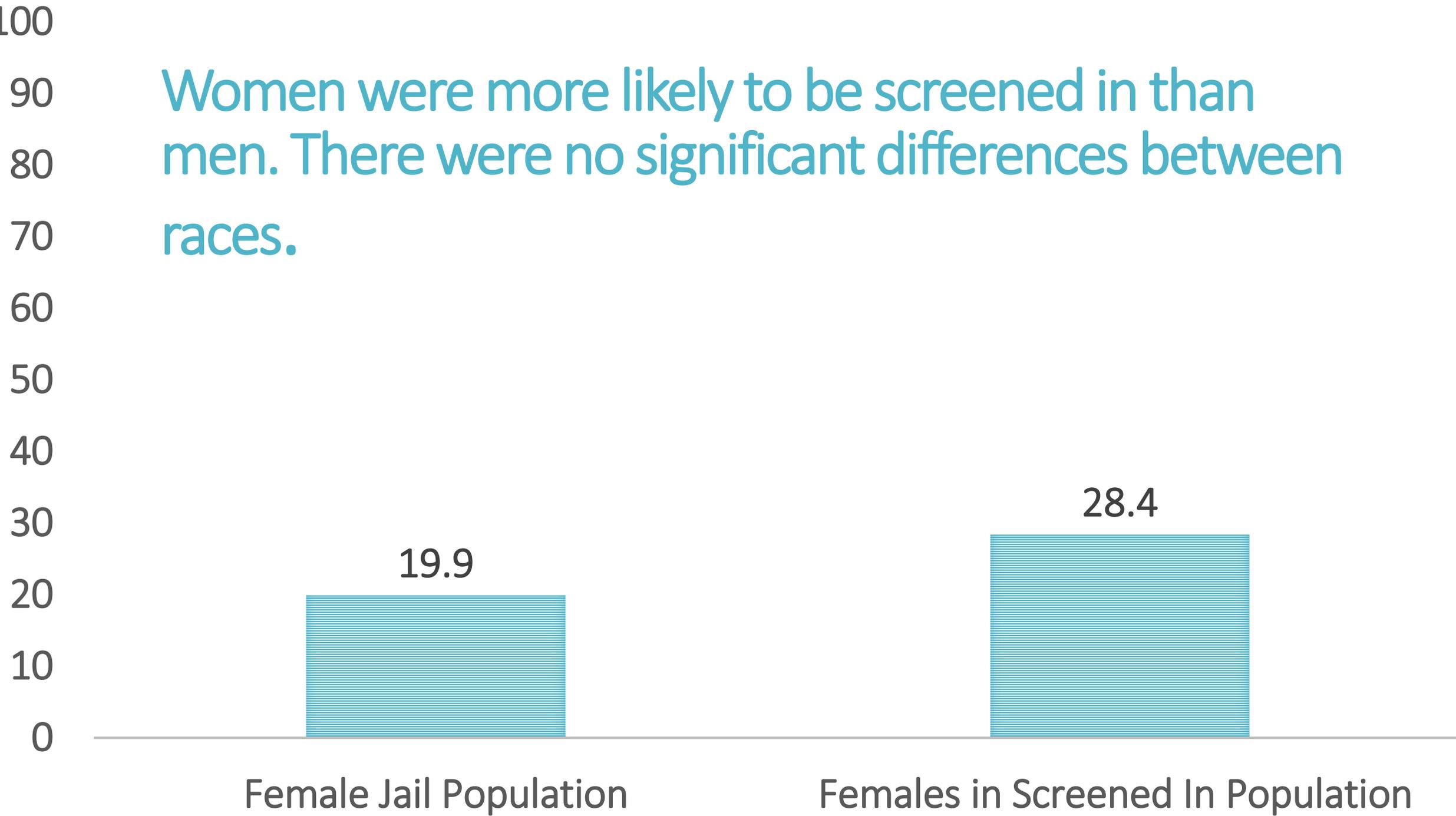


Findings

23.1%

of the ACRJ jail cohort during the study period (7/1/15 to 12/31/16) was identified as in need for further evaluation for serious mental illness, as determined by the Brief Jail Mental Health Screener (BJMHS). A total of **495** inmates met the screening criteria during the 18-month time frame.

Women were more likely to be screened in than men. There were no significant differences between races.

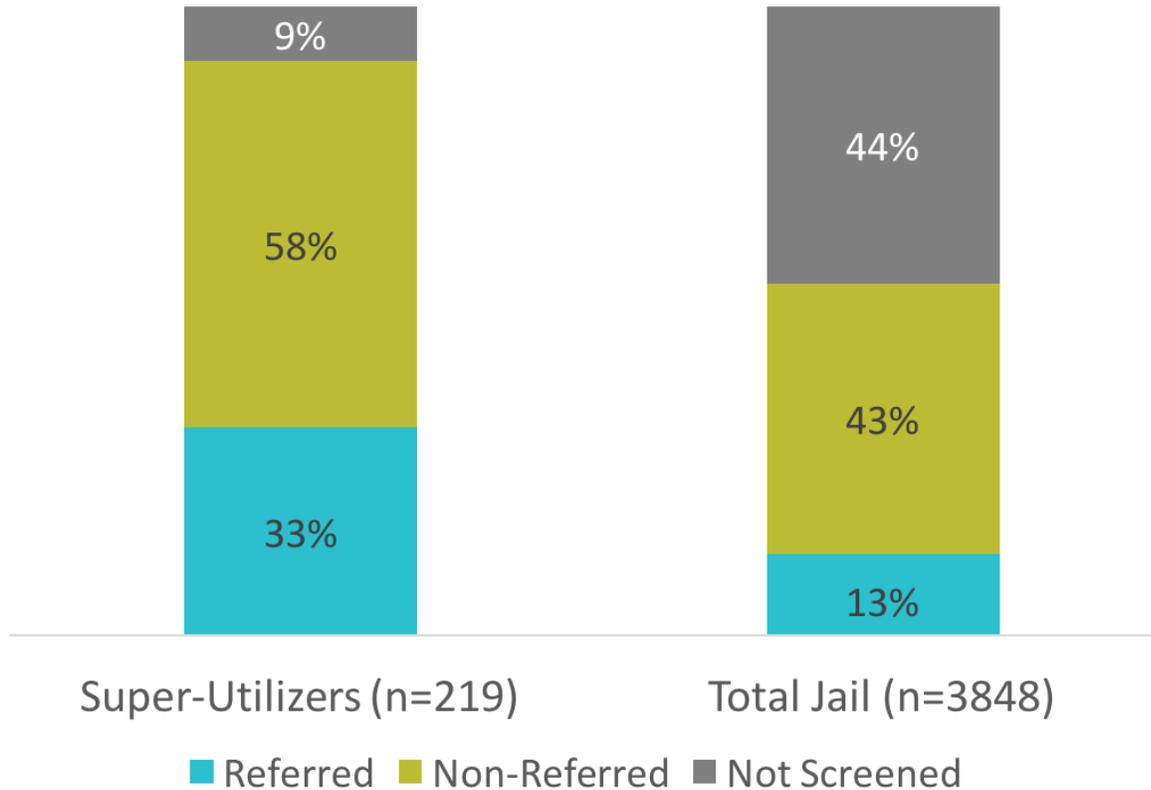


No Significant Difference Was Found in Length of Stay at Either Felony or Misdemeanor Offense Levels

	Felony Average Length of Stay (N=5789)	Misdemeanor Average Length of Stay (N=6271)
Screened In	67 days	44 days
Screened Out	74 days	42 days
Not Screened	52 days	19 days

ACRJ Super-Utilizers

BJMHS Results for Super-Utilizers

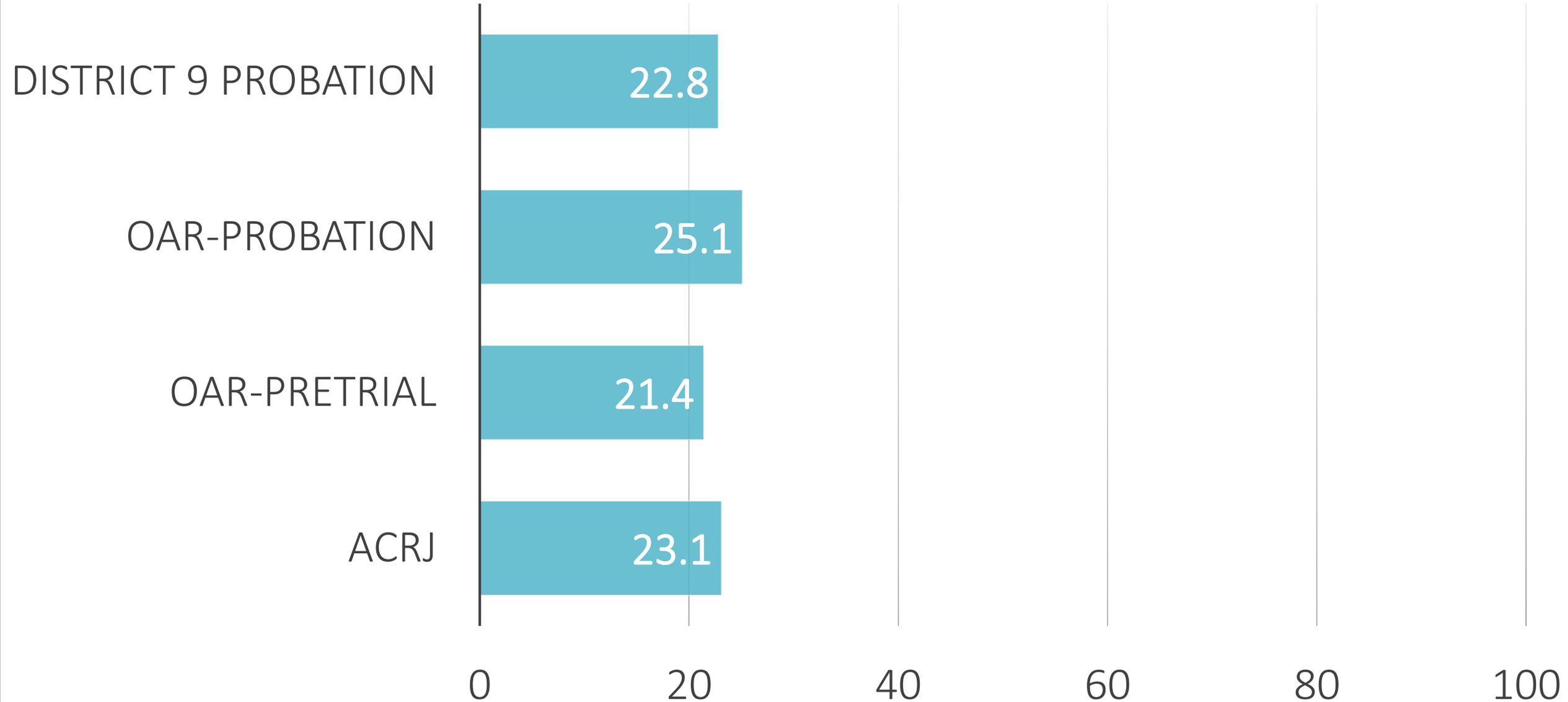


Takeaways:

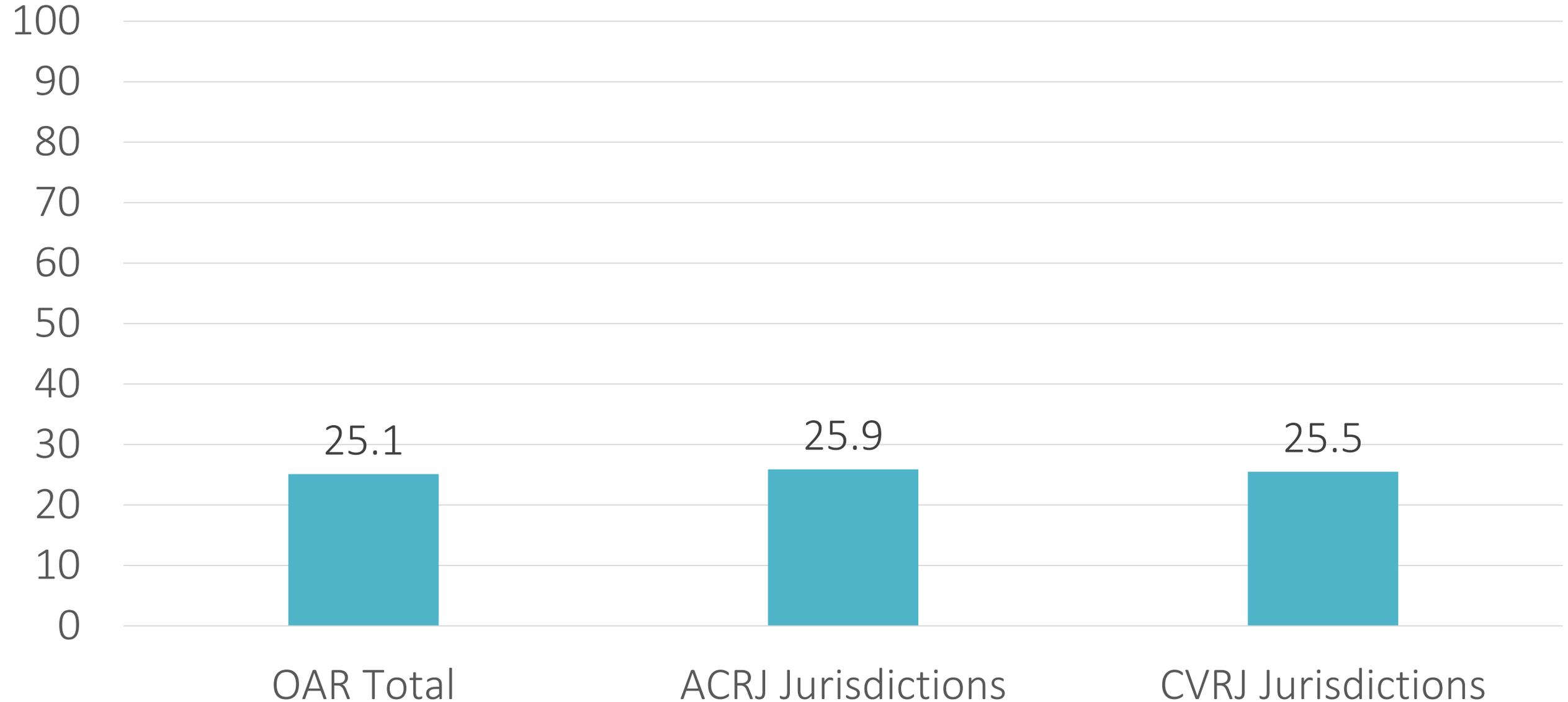
- 5.6% of inmates had 4 or more intakes at ACRJ during the 18 months of the study
- These **219** individuals contributed to **21% of total bookings at the jail**
- Super-Utilizers are **over-represented** in the population screened in for mental health evaluation

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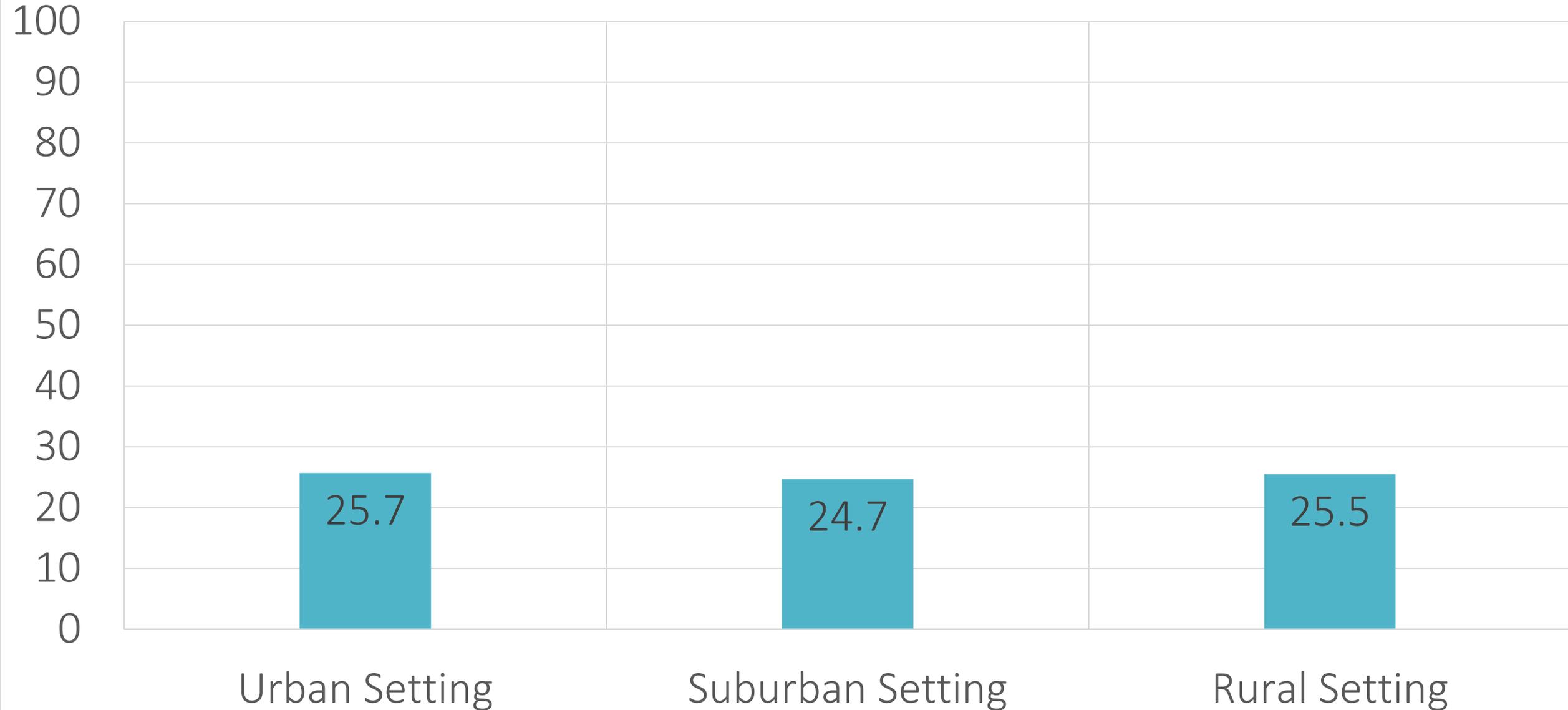
No Significant Difference Found in the Percentage Screened In at Different Decision Points



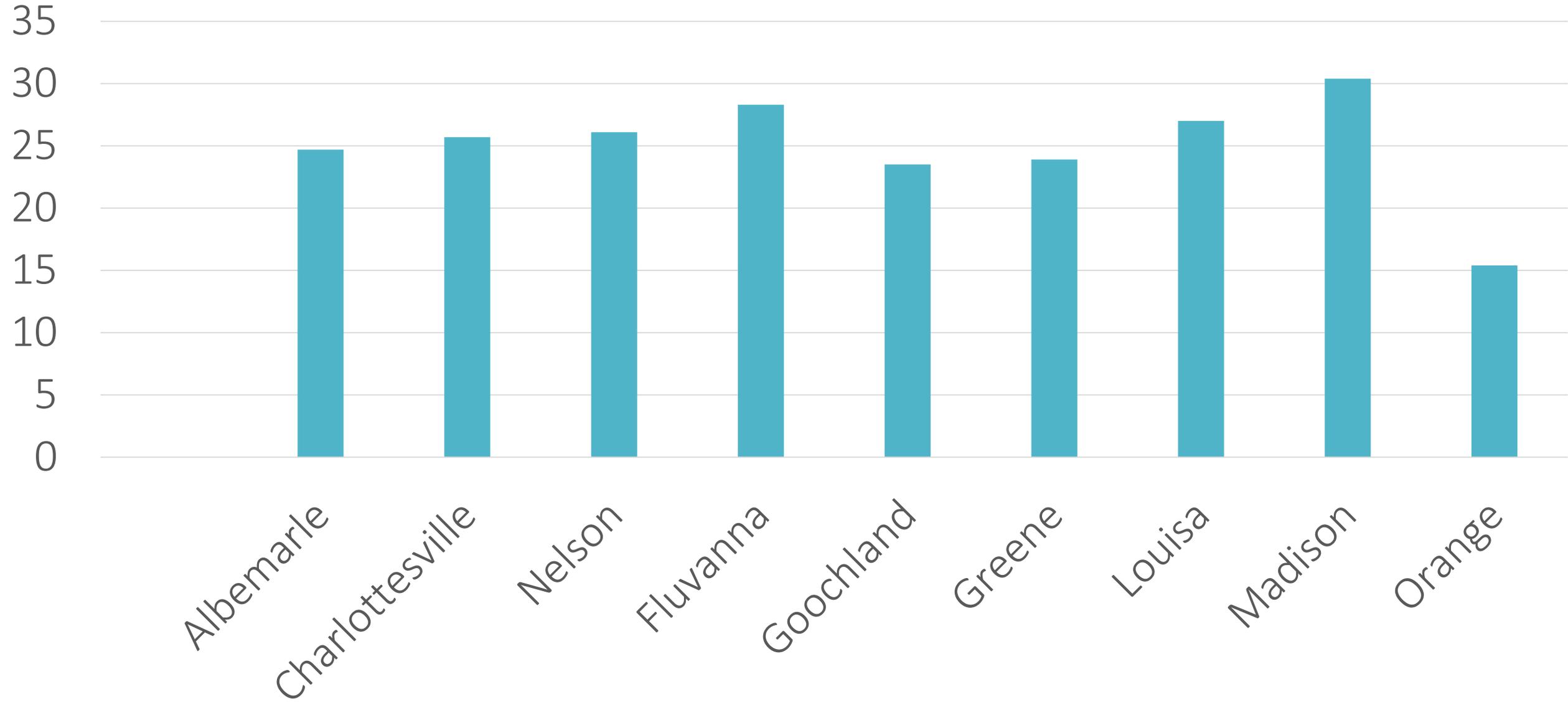
No Significant Difference Found in Probationers Screened In by Residence within Each Regional Jail Footprint



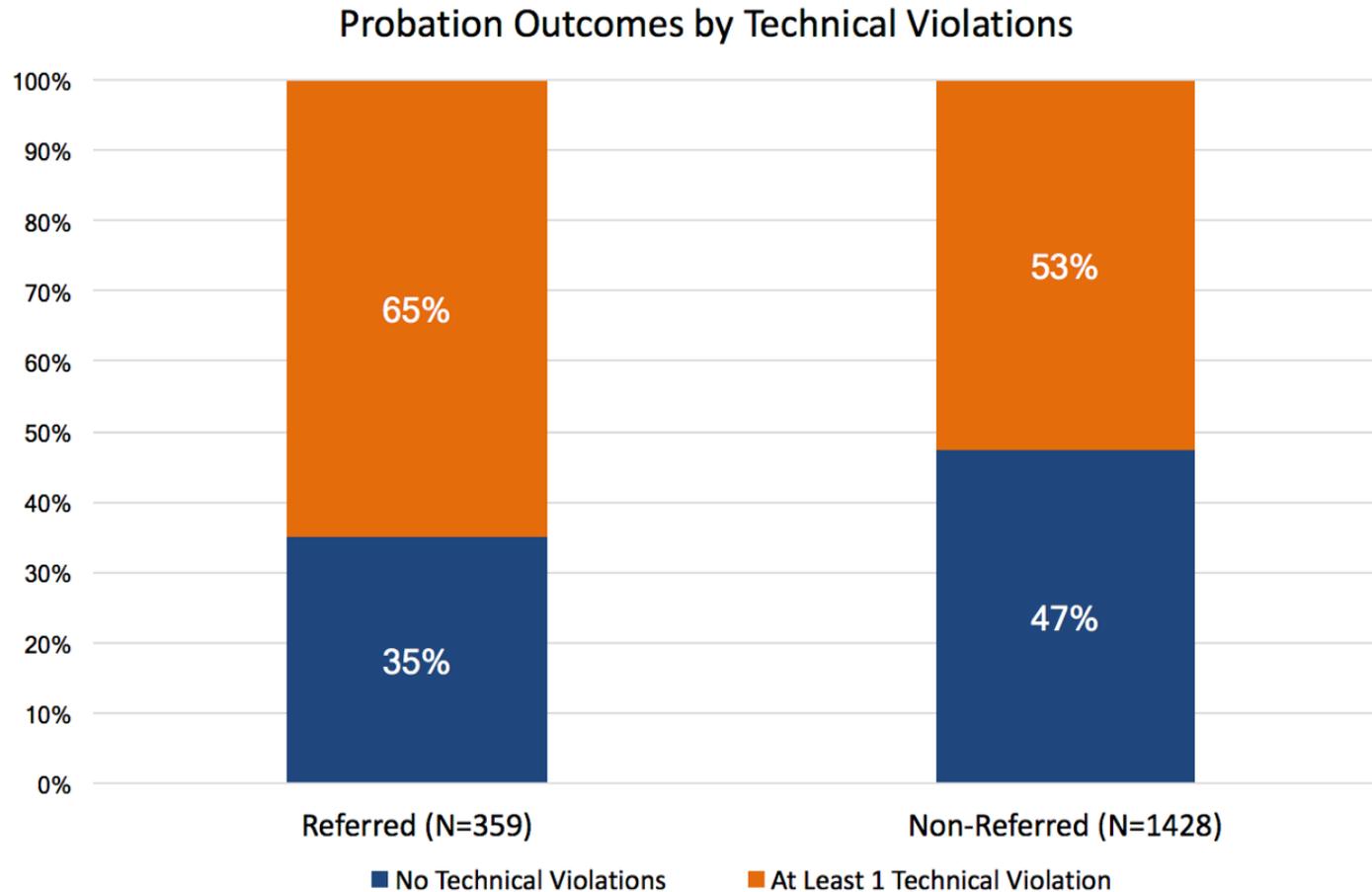
No Significant Differences Found in Probationers Screened In by Geographic Setting



Probationers Screened In for Mental Health Evaluation by Jurisdiction (7/15-12/16)

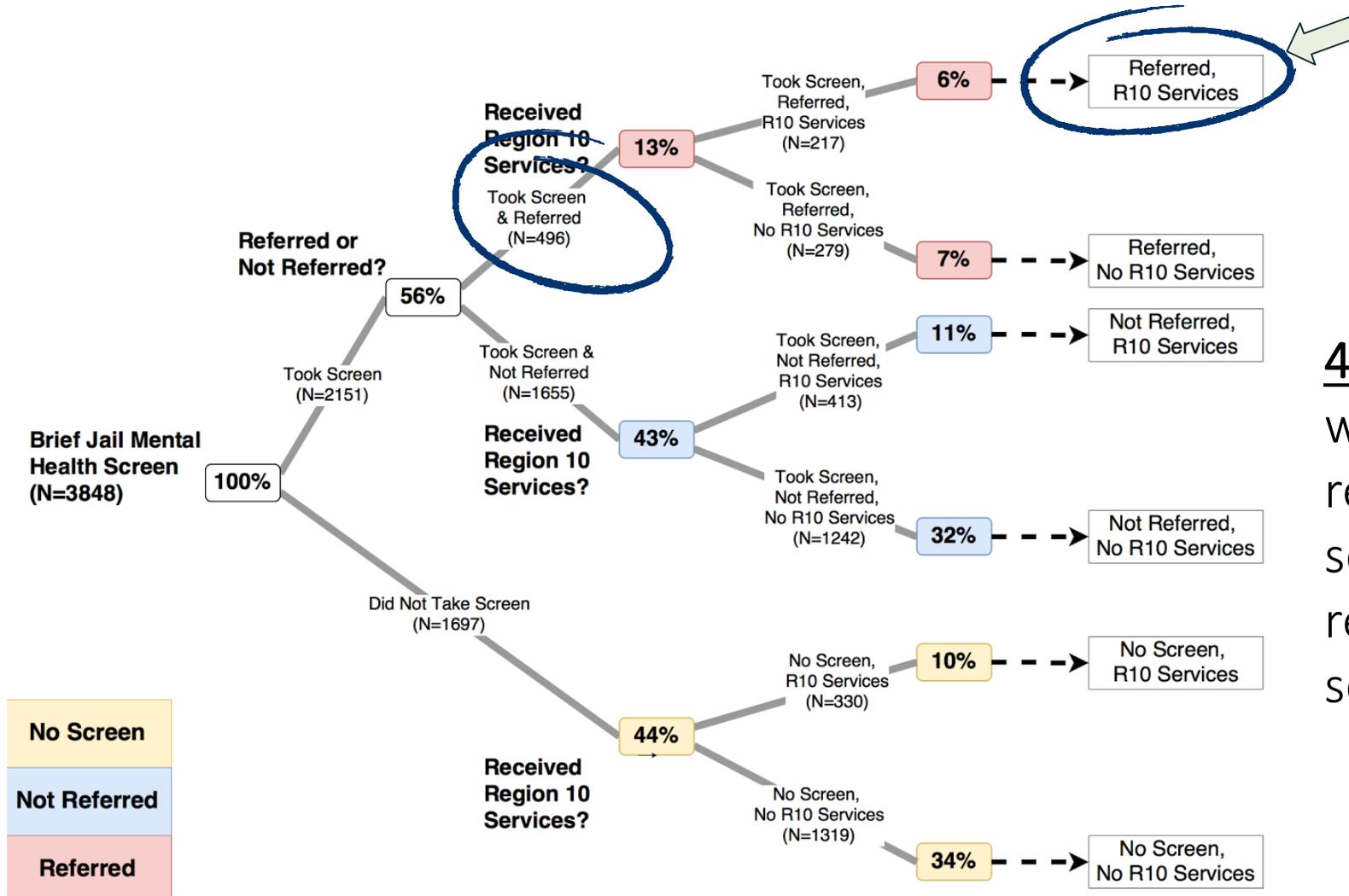


Felony Probation Outcomes



Takeaway:
Screened In population is **more likely** (65%) to have technical probation violation than non-referred population (53%)

Rates of Treatment

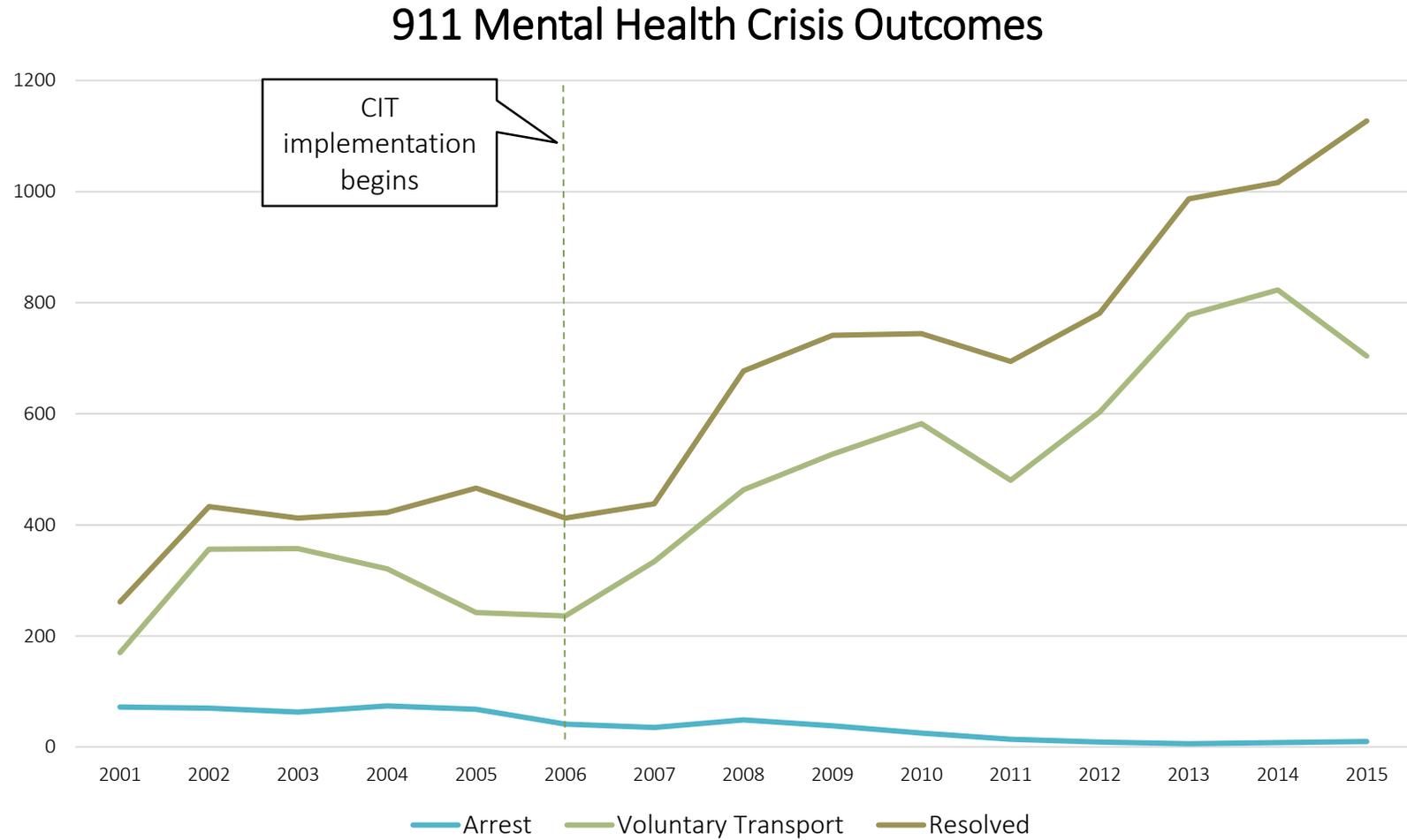


114 individuals were referred by the BJMHS and received specifically MH services from Region Ten

44% of inmates who were screened in received Region 10 services (23% received MH specific services)

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E-911 Mental Health Crisis Calls: Trends 2001-2015



Key Findings:

- Wherever measured within the local criminal justice system, a similar percentage (**21-25%**) of individuals scored high enough on the BJMHS to warrant further evaluation/treatment. This was true for ACRJ, OAR-Pretrial, OAR-Local Probation, and District 9 (state probation).
- Geographically, by place of residence, a similar rate (**24-25%**) in those supervised by the criminal justice system scored high enough on the BJMHS to warrant further evaluation, whether they lived in an urban, suburban or rural setting.
- Of those identified at ACRJ by the BJMHS as in need of further mental health evaluation/treatment, **44%** received services at Region Ten Community Services, with **23%** receiving specific mental health treatment services during the study period.

Key Findings:

- A small percentage of jail inmates (**5.6%**) accounted for a disproportionately high percentage (**21%**) of jail intakes (“super-utilizers”), and this cohort “screened in” on the BJMHS at significantly higher rates (**33%**) than the general inmate population. Data from Region Ten revealed that a similar “super-utilizer” cohort consumes services at a much higher rate than the rest of their clientele.
- Women were significantly over-represented (~**33%**) in the cohort scoring high on the BJMHS, in every criminal justice population we looked at.
- Implementation of the CIT program has been associated with a trend toward **fewer arrests of the mentally ill**, and an increase in transports to UVa hospital for mental health treatment over the past decade.
- Those on felony probation supervision who were identified as in need of further mental health evaluation/treatment were **more likely to violate their probation** as a result of a “technical violation” (failure to abide by the rules of supervision, or the order of the Court).

Next Steps: Phase 3 (2017-18)

- Further expand the time horizon for data collection at all agencies.
- Increase sophistication of person-level data matching.
- Measure differences in criminal justice outcomes (return to custody rates, recidivism rates, etc.) between high and low-scoring BJMHS cohorts.
- Measure whether successful linkage to mental health treatment improves criminal justice outcomes.
- Examine whether proximity to treatment increases successful treatment linkage.
- Calculate the total cost of super-utilizers to the combined criminal justice and health systems.
- Investigate whether CIT diversion reduces the likelihood of future arrest.
- Compare the preponderance of mentally ill inmates at ACRJ and CVRJ.

What should we do, based on what we now know?

1. Screen inmates for serious mental illness as soon after booking as possible to identify potential candidates for diversion.
2. Refer those that are found suitable to the newly-created **Therapeutic Docket** in Albemarle and Charlottesville General District Courts.
3. Improve treatment linkage and reduce jail bed days through diversion, and comprehensive release planning.
4. Improve our utilization of CIT intervention.
5. Improve the “warm handoff” from the jail to Region Ten, and from UVa Hospital to Region Ten.
6. Invest in treatment services and other resources that reduce the recycling of mentally ill citizens through the jail repeatedly.

What do we need from the BOS

- Funding for the Therapeutic Docket, which is being operated on a Virginia Department of Behavioral Health and developmental Services grant through 6/30/18.
- We will also be asking the City Council to make a contribution.
- The Therapeutic Docket will require approximately \$110,000 in funding per year.
- However, if we can divert 60-75 inmates per year (with an average length of stay of 55 days) , the cost avoidance is substantial.

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