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Breaking the Cycle of Recidivism: From In-Jail Behavioral Health Services to Community Support

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Abstract

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Abbreviations: SMI: Serious Mental Illness; US: United States; MH: Mental Health; BCBH: Beaver County Behavioral Health; OMHSAS: Office of Mental Health and Substance Abuse Services; GAIN: Global Appraisal of Individual Need; MAT: Medication Assisted Treatment

Introduction and Statement of the Problem

The criminal justice system has become a major source of mental health treatment for individuals with serious mental illness (SMI) in the United States (US). Local jails have surpassed both state and private mental health facilities as the largest provider of mental health treatment in the nation [1]. As such, incarceration has largely replaced hospitalization for thousands of individuals with SMI, with state prisons and county jails holding as many as 10 times more of these individuals than state psychiatric hospitals [2]. Possible contributing factors to this transformation of the criminal justice system from primarily a legal/corrections setting into a mental health treatment setting are redefinitions of criminal behavior and reconfigurations of mental health services. Serious mental illness has become so prevalent in the US corrections system that jails and prisons are now commonly called "the new asylums". In point of fact, the Los Angeles County Jail, Chicago's Cook County Jail, or New York's Riker's Island Jail each hold more mentally ill inmates than any remaining psychiatric hospital in the US. Overall, approximately 20% of inmates in jails and 15% of inmates in state prisons are now estimated to have a SMI. Based on the total inmate population, this means approximately 383,000 individuals with severe

psychiatric disease were behind bars in the United States in 2014 or nearly 10 times the number of patients remaining in the nation's state hospitals [3].

Behaviors that would have once been treated within a psychiatric setting or framework have been redefined as criminally deviant, and are now treated within the criminal justice system, not the mental health system [4]. As a greater number of individuals exhibiting these behaviors enter the criminal justice system, mental health treatment within correctional institutions and both follow-up treatment and support services in the community are needed. Despite the increased need, many individuals with SMI within the criminal justice system may not receive adequate care. One study of the Utah prison system indicated that only 1 in 3 prisoners who reported a history or symptoms of SMI received mental health treatment while incarcerated. This lack of or limited access to mental health treatment during incarceration may contribute to a cycle of re-recidivism for individuals with SMI who are mired in the criminal justice system [5].

Three recent studies investigating potential associations between mental health treatment during incarceration and recidivism after release found a positive relationship between in-jail mental health treatment and follow-up community support services with a reduction in recidivism. Findings from several studies also indicate the effectiveness of in-jail substance abuse treatment programs in reducing criminal recidivism. Peters et al. [6] found that in comparison to inmates who did not receive needed mental health and/or substance abuse treatment, those who did had 1) reductions of 5 to 25% in rear rests over follow-up periods of 6 months to 5 years; and 2) longer community tenure to re-arrest following release from incarceration. Other positive outcomes associated with in-jail treatment include reduced rates of relapse among treatment participants Tucker [7], lower levels of depression [8], and fewer disciplinary infractions [9]. Zlotnik C et al. [10] studied women in individual and group treatment during incarceration and found that women in a Seeking Safety (mental health/trauma treatment) program, both during incarceration and after release, were associated with lower rates of recidivism; 22% of women who participated in a Seeking Safety program while in prison and after their release returned to prison within 6 months of release, as compared to 46% of women of women who participated in treatment as usual only.

A second study examined data of 1,438 individuals incarcerated in the Massachusetts State Prison System who received mental health treatment during incarceration. Of the individuals who received mental health care within prison, 46% returned to incarceration within a two-year period. Results also indicated that an initial arrest of a person- or drug-related offense was associated with a lower risk of recidivism following release. Researchers theorized that longer initial sentences for drug- and person-related crimes might act as a deterrent for future offenses. However, notwithstanding sentencing, an increased risk of recidivism was significantly associated with both race (African American in particular) and the criminal history of the individual, such as the number of prior incarcerations [11]. Studies of the association between mental health treatment during incarceration and recidivism after release result in mixed findings. Some results indicate that participating in mental health treatment during incarceration and after release may be associated with lower rates of recidivism Zlotnik et al. [10], but studies also posit that recidivism is associated with the type of offense, criminal history, race and/or underlying behavioral health needs [11]. Some studies indicate that mental health services during incarceration may not be provided at an adequate level to remediate symptoms [12].

The Beaver County model targets the incarcerated offender population and offers COD treatment through a mental health outpatient license. [1]while services were primarily offered in the jail, there has been an additional need to provide re-entry/case management services to help support the offender upon release. To address the issue of incarcerated persons with a mental health (MH) disorder, or a co-occurring MH and substance use disorder (COD), the Beaver County Chances R: Re-Entry, Reunification, and Recovery program (Chances R) was designed as a jail re-entry initiative, funded by a Second Chance Act through the Bureau of Justice Assistance. Chances R targeted individuals with a behavioral health disorder (MH, SUD, or COD) who were sentenced to jail. Interventions included referrals for assessment and treatment for MH, SUD, or COD, relapse prevention, supported education and employment, sponsors, and case management; these interventions were introduced primarily in an effort to reduce recidivism and recurring involvement in the criminal justice system. Chances R aimed to engage offenders and their families in a

[1]The Beaver County jail opened in 2000 as 402 secure bed facilities that houses males and females. In 2001, a COD treatment program was established in the jail. Funding for this effort was awarded to Beaver County Behavioral Health (BCBH) from the Office of Mental Health and Substance Abuse Services (OMHSAS) of the Pennsylvania Department of Public Welfare and the Bureau of Drug and Alcohol Programs (BDAP) of the Pennsylvania Department of Health. Prior to the implementation of Chances R, the average 12-month rate of recidivism for individuals who participated in jail-based treatment over a five-year time frame was 60.9%.

community re-entry process that began in the jail and continued during a one-year period post- release with the goal to successfully integrate offenders into the community. Evaluation questions included: 1) Does participation in jail-based (pre-release) Chances R treatment programs reduce recidivism one year after re-entry into the community; and 2) Does the provision of community linkages and follow-up monitoring to behavioral health (MH, SUD and COD) treatment and to community services of housing, vocational/educational training, and employment reduce recidivism one year following discharge from jail.

Population

A total of 1,306 individuals were enrolled in Chances R from 2011-16 (matched set). During these years, more participants were enrolled in 2014 than in other years, and July-September 2013 saw the highest number of enrolled participants over a single quarter. Self-reported demographic data includes: 77.3% (N=1,010) identified as male and 22.7% (N=296) as female; 68.9% (N=900) Caucasian; 29.5% African-American, and 1.4% as a race other than Caucasian or African- American. The average age of Chances R participants was 33.7 years, with the youngest client served 18.2 years and the oldest 75.8 year (Table 1). The Global Appraisal of Individual Need (GAIN), which identifies behavioral indicators for individuals, screening results rated most participants with high risk levels for both internalizing and externalizing behaviors and SUD; crime/violence risk showed moderate risk levels for most participants. Following the GAIN, individuals were referred for a diagnostic behavioral health assessment that identified if an individual had a mental health, COD or drug and alcohol disorder and included recommendations for treatment and support services.

Chances R Demographics	
N=1,306	
Gender	
Male	77.3%
Ethnicity	
Caucasian	68.9%
African -American	29.5%
Other	1.4%
Age	
Average Age	33.7 years
Age range	18 – 76 years
Risk Level	
Internalizing	
High	62.9%
Medium	22.3%
Low	14.8%
Externalizing	
High	37.2%
Medium	35.8%
Low	27.0%
SUD	
High	53.7%
Medium	18.7%
Low	27.7%
Crime/Violence	
High	18.8%
Medium	46.1%
Low	35.2%

Table 1: Chances R Demographics.

Data Collection

Data was collected quarterly from service providers on participant characteristics and services received including: in-jail screening via the Global Assessment of Individual Need (GAIN) Pedersen Urnes et al. [13] and assessment for determination of individual needs; enrollment in jail-based behavioral health treatment; jail admission and discharge; community re-entry; vocational and educational services received; sponsor services. Participation in community-based services was accessed from county-based and medical assistance claims, and recidivism data was obtained from jail and probation records.

Statistical Methods

Descriptive analyses: enrollment (overall, by quarter), demographic breakdown, GAIN screening results, frequency of common singular charge types, assessment results, service delivery, and recidivism rates (average, by year, by time intervals). Statistical analyses (tests of significance) included: Chi squares for recidivism rates by demographics of gender, race, and age; recidivism rates by assessment result and documented diagnoses; recidivism rates by risk levels; recidivism rates by charge types upon entry and re-incarceration; and recidivism rates by services received. Descriptive data analyses were conducted on all enrolled participants from October 2011- September 2016 to determine the impact of the program. Further analyses were completed to determine the effectiveness of the Chances R program on recidivism, both over time and from within the context of both demographic factors and service delivery. Based on these results, noteworthy findings are indicated, and points for further discussion are provided.

Results

Re-entry services, defined as formal behavioral health and support services**,** were provided to 674 individuals; 326 (48%) individuals received at least one post-release service. Behavioral health re- entry service types included cognitive based services (154) and group (134), and individual therapy (79) sessions in jail. Most participants who engaged in group therapy received 1-10 sessions and most individual therapy participants received 1-5 sessions. The average number of group and individual therapy sessions received by participants was 12.2 and 3.8 respectively. Six hundred seventy-four (674) and 326 individuals received at least one re-entry service in the jail and/or community respectively. [2]Of these community-based services, MH or COD case management, outpatient drug and alcohol services, and medication management or Medication Assisted Treatment (MAT) were most often provided. Vocational and educational supports were also provided to a duplicated number of clients: 331 total individuals received a vocational assessment. Of these clients, 96 individuals received psychiatric rehabilitation; supported employment was provided to 319 participants; and 47 participants received supported education services. Results from behavioral health claims data (for services reimbursed a), showed that 326 individuals received services in the community. [3]Both MH/COD case management and outpatient drug and alcohol services were frequently provided.

Sponsorship services in which a community sponsor provided individuals with emotional support and assisted them to develop skills, find housing, and/or acclimate to life in the community were provided to 170 individuals.

Recidivism the overall recidivism rate for the Chances R program was 35.1%. [4]Two trends indicate that the longer a participant was enrolled in the program, the less likely he/she was to recidivate and in a time analysis, the longer an individual was in the community following a release date, the less likely he/she was to recidivate. Tests of significance also suggested a relationship between demographic factors of age and recidivism. While the correlation between factors of gender and race and recidivism was not statistically significant, age and recidivism were statistically significant at the *p<0.001 level*. Participants with behavioral health assessment results of COD or SUD were more likely to return to jail within 12 months than those with results MH only (significant at the *p<0.001 level*). A diagnosis of drug use was found to be correlated with higher recidivism rates at the *p<0.05 level*, whereas a diagnosis of schizophrenia was correlated with lower recidivism rates (*p=0.05 level*). Higher risk levels of externalizing behaviors (MH), SUD, and crime/violence were correlated with higher recidivism rates, each at the *p<0.05 level*.

Trends, while not statistically significant, but relevant to future program design included: participants had higher rates of recidivism when re-incarcerated on the same charge as upon jail entry; probation violations were the most common charge; and vocational supports and case management were both associated with lower recidivism rates.

[2] This may not include individuals who received community-based services whose services were covered by grant dollars.

[3] This may not include individuals who received community-based services whose services were covered by grant dollars.

[4] Recidivism defined as re-incarceration within 12 months of release.

Limitations

The limitations of this study included a lack of available data on the treatment interventions, which impacts our ability to be prescriptive in our generalizability to similar treatment programs. Data on treatment interventions was limited to a count of the number of sessions attended. Little prior research studies exist on this topic, which limited our ability to develop a theoretical foundation to understand the relationship between intervention activities. Finally, some of the measures used were self-report and therefore were difficult to be independently verified.

Discussion

The Bureau of Justice Statistics (2005) found high rates of recidivism among released prisoners. One study tracked 404,638 prisoners in 30 states after their release from prison in 2005 and within three years of release, about two-thirds (67.8 percent) were rearrested. Recidivism rates for 20,112 inmates admitted to an urban jail system in 2002 found: a 54% re-incarceration for individuals with SMI; 66% for those with SUD; and 68% for individuals with COD [14]. The rate of recidivism among former inmates with SMI is nearly twice the national average, which is estimated at 53%/year, compared with a rate of 30% among parolees who are not mentally ill [15]. Without the provision of pre-release services and adequate linkages in the community, individuals are likely to relapse, drop out of treatment, and engage in similar behavior that originally brought them to police attention.

The overall recidivism rate for the Chances R program was 35.1%, about 50% lower than national averages for individuals with behavioral health diagnoses. Results of the program may suggest that the combination of evidence-based services both pre- and post-release may ease the transition back into the community, thereby reducing the offender's risk of re-incarceration. Interventions and methods like those used for Chances R are potentially important steps toward interrupting the mental illness-incarceration-recidivism cycle. Support for community-based organizations to serve ex-offenders with behavioral health disorders prior to release results in engagement in services in the community, including the use of employment and housing and a reduction in recidivism for persons with SMI [16].

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