2020 Statewide Behavioral Health Needs Assessment

INDIVIDUALS WITH CRIMINAL JUSTICE INVOLVEMENT

Colorado Department of Human Services
Office of Behavioral Health

There is growing national attention to the intersection of individuals with behavioral health conditions and criminal justice involvement. Correctional institutions (jails and prisons) are becoming significant treatment facilities. Colorado has many promising programs focused on addressing mental health and substance use needs of the criminal justice population such as the Jail Based Behavioral Health Services (JBBS) program and funding for county jails to continue or initiate Medicated Assisted Treatment (MAT).

This brief provides a summary of available data on behavioral health prevalence as well as stakeholder feedback on the specific needs and barriers to care with special attention to the root causes of disparity for this priority population. Ideas to improve care including evidence-based practices and innovations within Colorado and nationally are also included.

Check marks specify indicators of the prevalence of behavioral health need among priority populations that are available and included in this brief. Boxes signify that the indicator does not exist specific to this population in the data:

- ✓ Prevalence of poor mental health (MH) and/or substance use disorders (SUD)
- ☐ Age adjusted drug overdose death rates per 100,000 people
- ✓ Suicide death rates per 100,000 people

Check marks specify indicators of population experience with services among priority populations that are available and included in this brief. Boxes signify that the indicator does not exist specific to this population in the data:

- ☐ Percent of population receiving behavioral health care when they need it
- ✓ Percent of behavioral health providers who serve population

PREVALENCE OF MENTAL ILLNESS AND SUD

Individuals with behavioral health conditions may be at risk for criminal justice involvement and individuals incarcerated may have onset of mental health challenges because of incarceration or detention. According to an evaluation of the JBBS program which primarily treats substance use conditions in jails, mental health conditions are rising and a significant need for Coloradans incarcerated in jail. Of the inmates screened for SUD, 65 percent scored positive for mental health symptoms.[1] The National Alliance on Mental Illness estimates nearly 15 percent of men and 30 percent of women booked into jails have a serious mental health condition.[2]

Suicide, a leading cause of death in US jails, was at a high of 50 deaths for every 100,000 inmates in 2014, the latest year for which the government released data. That is 2.5 times the rate of suicides in state prisons and about 3.5 times that of the general population.[3]

EXPERIENCE ACCESSING BEHAVIORAL HEALTH SERVICES

In addition to high rates of co-occurring behavioral health conditions, individuals involved in criminal justice have higher rates of trauma[4] and Traumatic Brain Injury (TBI)[5] creating complexity in treatment and raising the question of disparity because of absent services and workforce training.

Data gaps exist for the prevalence of mental health and SUD issues among incarcerated individuals. Data are not collected or are incomplete, which is an issue prompting some legislatures to consider bills that would require jails to provide better information about those dying behind bars.

The rate of 50 suicide deaths per 100,000 inmates in 2014 is based on a reported 372 suicides among 3,000 jails surveyed.

[1] Colorado Office of Behavioral Health. (2018, July 20). Initial evaluation of Colorado Jail based behavioral health services. Department of Human Services. https://drive.google.com/file/d/1TFK0LZmM_f10Uyao2QppRdoaNGu4llc5/view?pli=1

[2] National Alliance on Mental Illness. Jailing People with Mental Illness. https://www.nami.org/Advocacy/Policy-Priorities/Divert-from-Justice-Involvement/Jailing-People-with-Mental-Illness

[3] Cohen, S. (2019, June 18). AP Investigation: Many U.S. jails fail to stop inmate suicides. The Denver Post. https://www.denverpost.com/2019/06/18/us-jail-inmate-suicides-investigation/

[4] Colorado Office of Behavioral Health. (2018, July 20). Initial evaluation of Colorado Jail based behavioral health services. Department of Human Services. https://drive.google.com/file/d/1TFK0LZmM_f10Uyao2QppRdoaNGu4llc5/view?pli=1

[5] Colorado Commission on Criminal & Juvenile Justice. (2018). 2018 Colorado Commission on Criminal & Juvenile Justice Annual Report. Colorado Department of Public Safety. https://cdpsdocs.state.co.us/ccjj/Resources/Report/2018-12_CCJJAnnRpt.pdf

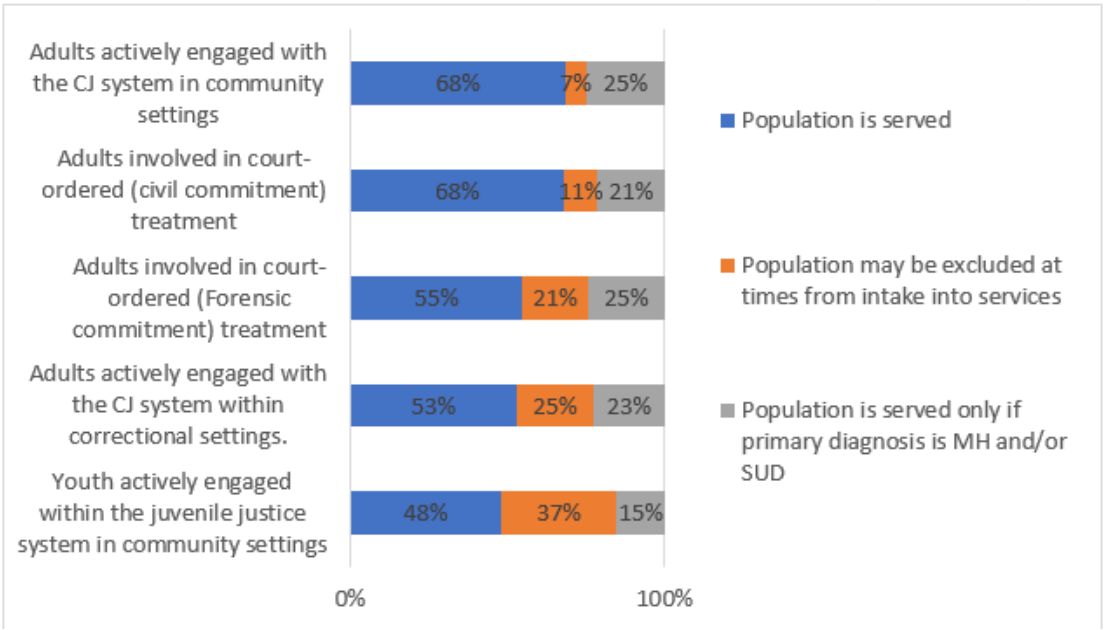
Access to care facilities or group homes for individuals with criminal justice backgrounds are severely lacking. Some providers have exclusionary criteria that limits access to care for those with criminal justice engagement. Providers can also lack training to engage in a reliable risk assessment of criminogenic risk and thus high risk remains part of picture when it may no longer be relevant for the individual. There is a lack of awareness across providers about the intersection of trauma and criminal justice involvement. The average clinician may then not include a trauma-informed approach when addressing those who have been incarcerated.

Health insurance literacy is another barrier. Particularly, men of color may not have had insurance prior to incarceration and may not understand how to access services. There is a lack of motivation and trust in the system and a lack of resources to support individuals in understanding how to obtain treatment. In addition, understanding how to navigate between the approved provider network (Treatment Accountability, for Safer Communities (TASC)) and Medicaid can be a challenge.

Individuals being released from correctional institutions can face barriers to care as they may not be released with medications needed to continue to treat their conditions while they identify a community provider. The wait time for a psychiatric evaluation may be significant, causing the individual to decompensate and be at increased risk for recidivism, emergency department utilization and crisis contact.

Among the respondents to the provider survey conducted for the needs assessment, youth engaged with the juvenile justice system in the community setting were identified as least likely to be served (48 percent) and are also the most common criminal justice (CJ) involved subgroup to be excluded at intake into services. Adults in the criminal justice system in community settings or involved in court-ordered treatment are the most likely subgroup involved in the criminal justice system to be served.

FIGURE 1: SERVICES FOR CRIMINAL JUSTICE INVOLVED INDIVIDUALS (N=47 TO 60)



SOURCE: PROVIDER SURVEY

CONTINUUM OF CARE NEEDS

Colorado made considerable investments in this population through co-response teams, mental health and substance use courts and jail-based behavioral health programming designed to connect people to community-based services.

Despite considerable progress, many sources referenced gaps in services to meet additional needs of individuals with behavioral health conditions involved in criminal justice settings. For example, access to neuropsychological assessment for individuals with potential TBI or other neurocognitive concerns is a challenge. Treatment of symptoms associated with TBI is also a significant barrier in the state because of funding and treatment expertise. Often individuals with TBI are passed back and forth between physical health, behavioral health and other specialty providers with funding being a considerable barrier to access to services.

Stakeholders identified the need for more peer-to-peer services with treatment delivered by individuals that understand the population, have a history of corrections involvement and who can build rapport and keep individuals engaged in treatment.

Intensive case management and support for Social Determinants of Health (SDOH) considerations are also needed as well as transitional programs and transitional housing such as sober or recovery housing. In some counties, particularly rural counties, the lack of appropriate levels of care, safe housing and other SDOH supports create significant challenges to successful re-entry.[5]

Additionally, an evaluation of the JBBS program indicated that community-based providers need greater training in criminogenic risk to treat both mental health and substance use as well as the risk factors for criminal justice involvement.[6]

[5] Colorado Office of Behavioral Health. (2018, July 20). Initial evaluation of Colorado Jail based behavioral health services. Department of Human Services. https://drive.google.com/file/d/1TFK0LZmM_f10Uyao2QppRdoaNGu4llc5/view?pli=1

[6] Colorado Office of Behavioral Health. (2018, July 20). Initial evaluation of Colorado Jail based behavioral health services. Department of Human Services. https://drive.google.com/file/d/1TFK0LZmM_f10Uyao2QppRdoaNGu4llc5/view?pli=1

IDEAS TO BETTER ADDRESS THE NEEDS OF INDIVIDUALS WITH CRIMINAL JUSTICE INVOLVEMENT

Fund and support alternative treatment providers who specialize in this population, including providers with lived experience in criminal justice, providers of color, providers who come from the communities in which they serve, and providers with passion and understanding of the population who can build rapport.

Co-locate services where individuals already are, such as community-based organizations, homeless shelters, re-entry programs and parole to reduce barriers to accessing services.

Build a central data platform for the population that would allow for interoperability and data sharing across the correctional system and behavioral health providers, in addition to social service entities like the Division of Housing. Colorado is currently engaged in this effort, funded by a federal grant from the Bureau of Justice Assistance.

Consider a “dedicated system” or continuum of criminal justice services tailored for the population involved in criminal justice. This could be spread across the existing provider network, with enhanced training and nuanced program development. Elements of such a system would include:

- Trained providers in criminal justice and criminogenic risk, who have a passion for serving the population and who are representative of the population demographics
- Providers who travel and work within the communities
- Greater development of relationships with primary care providers so that medical needs are addressed
- Develop assertive community treatment teams specialized for the criminal justice population—like the forensic assertive community treatment but for more minor cases of criminal justice involvement
- Dedicated care coordination or care management to support the individual, that would work across the system with RAEs, crisis administrative services organizations, providers, parole and others. Like the TASC model implementation, this would support the individual in finding social and other supports.