2016 Legislative Breakfast
"Mental Health in North Carolina Jails and Prisons: Challenges and Solutions"

Stepping Up – A National Initiative to Reduce the Number of People with Mental Illnesses in Jails

- **The Problem:** The number of people with mental illness in U.S. jails has reached crisis levels. In counties across the nation, jails now have more people with mental illnesses than in their psychiatric hospitals.

- **What You Can Do:** Stepping Up asks communities to come together to develop an action plan that can be used to achieve measurable impact in local criminal justice systems of all sizes across the country.

  The National Alliance on Mental Illness (NAMI) has provided guidance on what you can do to involve people living with mental illness and their family members in meaningful ways.

  - **Identify local mental health organizations** that provide some combination of support, education, and advocacy for people affected by mental illness (e.g., your local NAMI and Mental Health America) and co-occurring substance use disorders and establish a connection.
  - **Share information about your efforts** related to Stepping Up and ask the organizations to spread the word. Engage local groups in bringing media attention to positive changes in your community.
  - **Invite a representative** of the organization to participate on your county team.
  - **Build on existing criminal justice programs** spearheaded by the organization or its partners, such as crisis intervention team (CIT) programs.
  - **Ask local organizations about education and training** programs that they offer.
  - **Designate a county staff member** to serve as the point of contact with mental health organizations and other community partners.

- **Encourage service providers and case** managers implementing the county plan to engage people with mental illnesses and their family caregivers directly in coordinating treatment plans, whenever possible. Support the use of evidence-based practices that empower individuals to direct their recovery.
- **Involve certified peer specialists** in efforts to connect individuals in crisis to services and to help them navigate the mental health system.
- **Work with individuals with mental illnesses** and their families to promote an awareness of how mental health parity is playing out in your community.
- **Invite the mental health organization to partner** with you in hosting an awards ceremony honoring criminal justice and mental health professionals who provide outstanding services to people living with mental illness.

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"Personal Story: Living through the Judicial System"

- Cardinal Innovations Healthcare is the largest specialty health plan in the country, serving 720,000 members through Medicaid, state and county funded plans. Using a community-based model of care management, Cardinal Innovations seeks to improve the health and wellness of individuals with complex needs by collaborating with local providers and stakeholders.

- Veterans who served in the U.S. military often face challenging experiences during their service. Some veterans turn to substance use as a way to cope with these experiences.

- Many individuals who come in contact with law enforcement and the criminal justice system have a mental and/or substance use disorder. Improved access for to behavioral health and other support services can significantly reduce the human and financial cost of repeated arrests and incarceration.

- Hope - the belief that these challenges and conditions can be overcome - is the foundation of recovery. A person's recovery is built on his or her strengths, talents, coping abilities, resources and inherent values. An holistic approach addresses the whole person and their community, and is supported by peers, friends and family members.

- Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built

on access to evidence-based clinical treatment and recovery support services for all populations.

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2016 Legislative Breakfast
"Mental Health in North Carolina Jails and Prisons: Challenges and Solutions"

Mecklenburg County Criminal Justice Services - Mental Health Court

- Accepted first referral in April 2004
- First official court session held on February 25, 2005

- Program Statistics February 2005 - June 2015:
  - 489 clients served (Caseload capacity = 30)
  - 53% successful completion

- 2010 Re-Arrest Study:
  - # graduates between 2/05 and 6/10 = 54
  - # graduated < two years = 23
  - % graduates not rearrested within two years of graduation = 74%
  - % graduates rearrested within two years of graduation = 26%
  - % graduates rearrested within five months after graduation = 0%

- Program Challenges:
  - Access to treatment for those individuals with an SMI diagnosis and involvement with the criminal justice system
  - Access to supported housing and employment
  - Ongoing community support once out of criminal justice system

- Program Partners:

- 26TH Judicial District
- District Attorney's Office
- Public Defender's Office
- NC Department of Public Safety, Division of Community Corrections
- Mecklenburg County Sheriff's Office
- Cardinal Innovations, Inc.
- Mecklenburg County Behavioral Health Department
- Carolinas Healthcare
- Anuvia Prevention & Recovery
- InnerVision NC
- Promise Resource Network
- Family First Community Services
- Monarch NC
- Amara Wellness

- Services Include:
  - Individual & group mental health/substance abuse therapies
  - Psychiatric services & medication management
  - Individual case management
  - Peer Support

2016 Legislative Breakfast
"Mental Health in North Carolina Jails and Prisons: Challenges and Solutions"

Mecklenburg County – Crisis Intervention Team (CIT)

- **A pre-booking Jail Diversion Program**
  CIT is a community-based collaboration between law enforcement, mental health agencies, consumers and family members, National Alliance on Mental Illness (NAMI)-Charlotte, and Central Piedmont Community College (CPCC).

  Law Enforcement Officers are frequently front-line responders to persons in crisis with a serious mental illness. In an effort to better prepare officers to respond to these individuals, a number of communities (more than 2000 in the US) have developed a **Crisis Intervention Team (CIT)** program. These initiatives are modeled after the parent program which began in 1988 in Memphis, Tennessee.

- **The Three Components of CIT Programs:**
  - **Intensive training** - Police officers and other first responders receive up to 40 hours of training regarding mental illness, co-occurring disorders, and response strategies.
  - **Strong mental health partnerships** – Police and mobile crisis workers who respond to people in crisis seek viable options for linking individuals with mental health treatment in lieu of arrest.
  - **Significant mental health consumer and family involvement** - Consumer and family advocates are integrally involved in the design and implementation of local CIT programs.

- **CIT** is a specialized law enforcement response to people in serious mental health crisis. Carefully selected volunteer patrol officers receive Crisis Intervention Team training in a 40-hour certification course where they learn:
  - Recognizing signs of mental illness for persons in crisis
  - Basic diagnosis and medication knowledge
  - Verbal de-escalation skills
  - Community resource information
  - How CIT works and how it fits into each department's operations

- **CIT STEP-BY-STEP**
  - Family member or other person calls 911 for mental health crisis.
  - Patrol Officer dispatched; when mental health crisis is identified CIT officer is called to the scene.
  - CIT Officer assesses situation utilizing verbal de-escalation and other learned skills then determines best course of action; if more extensive mental health assessment is needed Mobile Crisis can be called to the scene.
  - Mental health consumer receives appropriate services while coordination with Criminal Justice System maintains accountability.

How Legislators and Policy Makers Can Help

- **Create State funds for local crisis services, particularly jail diversion Facility Based Crisis Services**
- **Support continuation of Medicaid funding for individuals entering and exiting jails and prisons.**

Contacts

Captain James Wilson,CMPD Executive Sponsor, Charlotte Mecklenburg Police Department, 704-575-9446

Sarah M. Greene, LCSW, Program Administrator, Trauma and Justice Partnerships, Mecklenburg County Provided Services Organization, 704-336-2944

Lisa Murray, LPC, LCAS, NCC, Mecklenburg County CIT Coordinator, Trauma and Justice Partnerships, Mecklenburg County Provided Services Organization, 704-534-3238

Resources

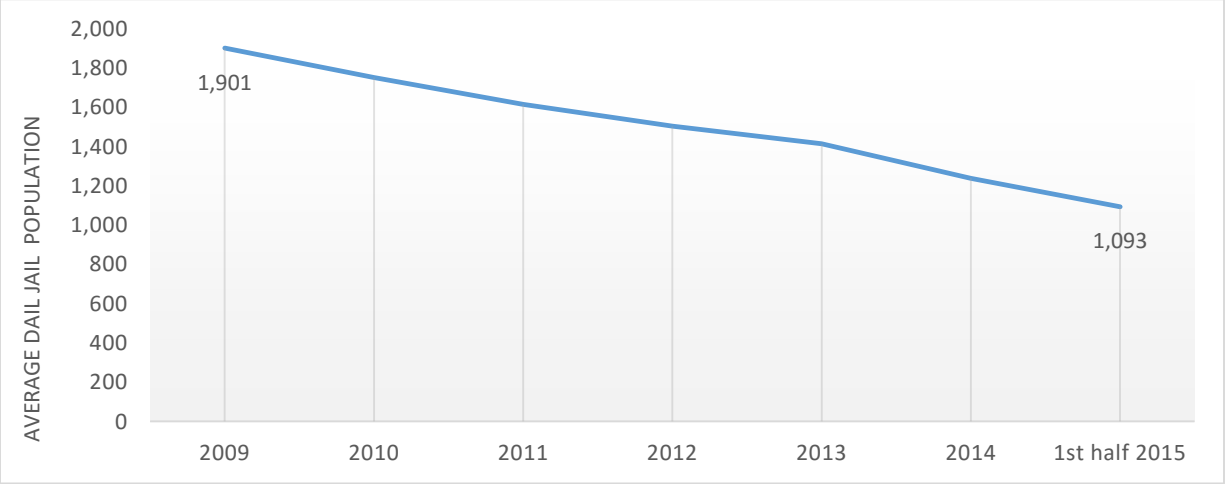
Charlotte Chapter of the National Alliance on Mental Illness (NAMI), 704-333-8218, bod@nami-charlotte.org
CIT Center at the University of Memphis
NAMI CIT Center

2016 Legislative Breakfast
"Mental Health in North Carolina Jails and Prisons: Challenges and Solutions"

Pretrial Release

- **Public Safety Assessment (PSA)**
  - Implemented in 2014
  - The PSA was created using a database of over 1.5 million cases drawn from more than 300 U.S. jurisdictions. Data was analyzed to identify the factors that are the best predictors of whether a defendant will commit a new crime, commit a new violent crime, or fail to return to court. These factors are related to a defendant's criminal history and current charge.

- **2016 Outcomes**
  - 93% Public Safety Rate
  - 98% Court Appearance Rate
  - 224 Average Daily Caseload



Pretrial costs approximately $20.00 a day to supervise a defendant, which is significantly more cost effective than jail.

2016 Legislative Breakfast
"Mental Health in North Carolina Jails and Prisons: Challenges and Solutions"

CURRENT MENTAL HEALTH TREATMENT MODEL IN THE NC PRISON SYSTEM

- **Historical Perspective:**
  - In North Carolina we incarcerate an average of 37,000 individuals each year, 15% of whom are diagnosed with a mental illness.
  - Of the nearly 23,000 inmates who are released each year from North Carolina prisons, 3,200 have been diagnosed with mental illness. Approximately 5 years ago that statistic was 9%, or 2,070.
  - There are about 105,000 offenders on Community Supervision in North Carolina; approximately 31,000 have been diagnosed with some type of mental illness.
  - In 1955, there were 559,000 individuals hospitalized in state psychiatric hospitals within the U.S. Today, that number is approximately 35,000
  - The number of individuals with mental illness in prisons and jails today is approximately 400,000. Our prisons and jails have become "de facto" mental health hospitals
  - Our jail and prison systems are struggling to accommodate the demands of providing mental health treatment for this growing population

- **Continuum of Care:**
  - identify the needs of each incarcerated individual when he/she first comes to prison;
  - place the individual in the most appropriate facility for meeting his needs, with an eye toward maintaining the safety and security of all inmates and the staff who work with them;
  - provide treatment/services to inmates with mental health needs;
  - assist the inmate in making a successful re-entry into the community;
  - enhance our ability to rely on communication as first tool for addressing negative behavior, quick intervention if placed in restrictive housing, create a pathway for inmate to as quickly and safely as possible return to regular population.
  - provide crisis intervention training to all prisons staff and mental health first aid training to all probation & juvenile justice staff;
  - expand the treatment team concept across all disciplines, to include the front-line correctional officer as a critical member of the team;

- build strong ties with our local communities aimed at continuity of care in the hand-off of an offender to entities within the community; and
- continually look for additional ways to enhance our delivery of services, while simultaneously addressing the safety and security needs posed by a correctional environment.

- **Behavioral Health Interventions:**
  - Mentally ill offenders, individuals who are identified with serious and persistent mental illness (SPMI) are assigned to institutions where services can be provided.
  - Treatment options range from outpatient behavioral health services for offenders needing psychiatric medication and support counseling to inpatient hospitalization.
  - Offenders with higher mental health acuity may qualify for residential treatment and those who have the greatest need typically would be transferred to inpatient treatment.
  - Therapeutic Diversion Units, with evidence-based programming, will soon be activated for mentally ill offenders as a diversion from restrictive housing.
  - A "treatment mall" was developed for mentally ill offenders located at the Central Prison inpatient facility. A treatment mall is a centralized area for programming. Patients meet staff to participate in a variety of programming activities aimed at skills development, emotional regulation, improved symptom management, and support.

- **Transition to the Community:**
  - Approximately 9 months prior to the offender's release from prison, a Probation Officer investigates his/her home plan. The officer continues to follow up periodically with the family to ensure the plan is stable prior to release.
  - At the time of release, the officer receives an electronic discharge summary listing all appointments in the community. This summary gives the officer a starting point for having substantive conversation with the released offender. The conversation includes transportation to scheduled appointments, verification of the location of the appointment, and clarification of any medications the offender is prescribed.
  - The goal is continuity of care with thorough and timely communication among Prison, Probation and Parole, and Community Corrections staff. The successful integration of the offender into the community requires this hand-off from one entity to another, with continued collaboration across all components of the system.
  - Mental Health Caseload for specialty trained Probation Officers (ensure continuity of care from prison to community). Pilot program in 8 NC Counties

2016 Legislative Breakfast
"Mental Health in North Carolina Jails and Prisons: Challenges and Solutions"

Social Emotional Learning to Reduce Risk - School Based Integration

- **What is the cost of school disengagement and high school dropouts?**
  - Mental health challenges are one of the contributing factors to chronic absenteeism in schools increasing risk of poor academic performance and dropout
  - Nearly 80% of individuals in prison are high school dropouts
  - In 2014 the unemployment rate for high school dropouts was over 30%
  - High school dropouts earn over $10,000 less than their peers with a diploma and more than $36,000 less than someone with a bachelor's degree

- **What is "Social Emotional Learning?"**
  - "Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions." – Collaborative for Academic, Social and Emotional Learning (CASEL)
  - The five competencies of social emotional learning are: self-awareness, self-management, social awareness, relationship skills and responsible decision making
  - SEL programming can be integrated with academic instruction, done universally throughout the school or for a targeted purpose like substance use reduction or specific behavior improvement

- **What are expected outcomes of SEL programming?**
  - Columbia University's recent research on 6 SEL interventions show a return of 11 dollars on each invested
  - A meta-analysis of 213 school based universal SEL programs involving over 270,000 K-12 students demonstrated significantly improved SEL skills, attitudes and behavior to include an 11 pt. percentile gain in academic achievement
  - More prosocial behaviors, higher levels of school engagement, better attitudes towards self and others, decreased problem behaviors, improved academic

outcomes, reduction in dropouts, reduced risk of mental health problems, reduced criminal behavior

Want to learn more about SEL?

www.casel.org

Handbook of Social and Emotional Learning, Research and Practice (2015), edited by Durlak, J., Domitrovich, C., Weissberg, R, and Gullota, T.

How Legislators and Policy Makers Can Help

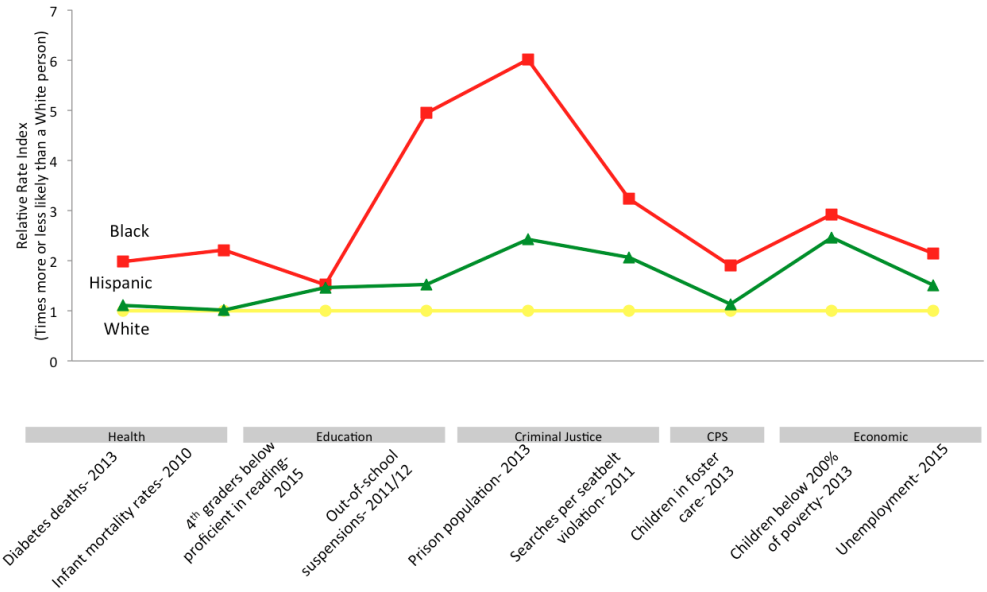
Please support local and state education funding to include more positions for highly qualified support personnel (school social workers, school counselors and school psychologists) to increase the implementation of social emotional programming.

2016 Legislative Breakfast
"Mental Health in North Carolina Jails and Prisons: Challenges and Solutions"

School-to-Prison Pipeline

- **Disproportionate Minority Contact**
  - **Disproportionate:** Categories that are out of proportion by size or number. The term itself is not negative or positive since it depends on the priorities/goals. www.oxforddictionaries.com
  - **Disparity:** Inequality as measured by distribution, pay, status, privilege, e.g. – the connotation is negative, as the priority/goal is parity – or equality. www.oxforddictionaries.com
  - **Disproportionate Minority Contact (DMC):** refers to the fact that there is a disproportionate number of minority youth in the juvenile justice system, & in most states - at every contact point.

Does DMC exist in the adult criminal justice system? Are individuals of color disproportionately represented in any other system or institution?



- **Labor/Employment:** National Bureau of Economic Research, Harvard's Economics Department, and Chicago's Business School studied the labor markets in Boston and Chicago. They responded to ~1,300 ads and sent ~ 5,000 resumes, and found that,

- Resumes with "Black-sounding names" (Lakisha & Jamal) were **50% less likely to be called back** than resumes with "White-sounding names" (Emily & Greg), and
- **Low quality "White" applicants received more callbacks than high quality "Black" applicants.**

Bertrand & Mullainathan (2004). *American Economic Review*, 94(4): 991-1013, **DOI:** 10.1257/0002828042002561

- **Maternal & Child Health:** Despite the fact that the CDC and the Office of Minority and Health Disparities have been tracking these data for decades,
  - In the US in 2010, the rate of infant deaths per 1,000 live births (infant mortality rate) for African American mothers (11.46) was **2.2 times** the rate for Whites (5.18) or Hispanics (5.25).

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6301a9.htm

- **Housing:** Using a nationally representative sample of 8,000 tests in more than 28 metro areas, the Federal Department of Housing and Urban Development in 2012, found that,
  - Potential Black homebuyers were **told about 17% fewer housing units and shown 17.7% fewer housing units** as compared to potential White homebuyers.

https://www.huduser.gov/portal/Publications/pdf/HUD-514_HDS2012.pdf

- **Law Enforcement:** After examining 13,233,648 law enforcement traffic stops throughout NC (2000-2011), researchers found that,
  - Although they make up 22% of the NC population, African Americans were 38% of those pulled over for "vehicle regulatory" issues, 37% of folks stopped for "vehicle equipment" issues, and 33% of those pulled "other vehicle" issues – and once stopped, they were **about twice as likely to be searched (with less found) and twice as likely to be arrested** as Caucasian drivers…

http://www.nytimes.com/2015/10/25/us/racial-disparity-traffic-stops-driving-black.html?_r=0; http://www.unc.edu/~fbaum/traffic.htm

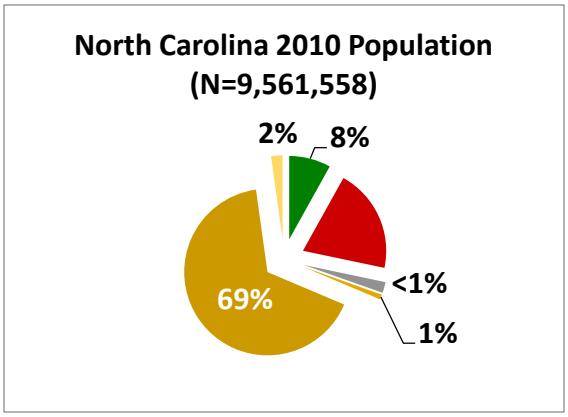
- **Education:** Little difference exists in school-based crime commission for mandatorily reported offenses (3% of all offenses) for students across the U.S. as well as in NC, however, most school-based offenses are for more discretionary behaviors (97%).
  - The Council of State Governments' study of almost a million youth found that after controlling for offense type, income, and 81 other variables, **Black students had a 31% higher likelihood of disciplinary action** when compared to otherwise identical White or Hispanic/Latino students.

http://csgjusticecenter.org/wp-content/uploads/2012/08/Breaking_Schools_Rules_Report_Final.pdf

- **Substance Use versus Arrest:** Examining all 50 states and DC from 2001-2010, the use of marijuana was found to be
  - roughly equal between Blacks and Whites, but
  - during those same years, Blacks were **3.73 times more likely to be arrested for marijuana possession** when compared to Whites.

https://www.aclu.org/report/war-marijuana-black-and-white

- **Adult Criminal Justice System**



For that same year (2010), there were 40,379 individuals in the 70 NC prisons; 57% Black, 35% White, 6% Other, 2% American Indian, and <1% Asian; The top six crimes were: Drug Possession-18%, Assault-11%, Larceny-11%, DWI-10%, B&E-10%, Traffic Violations-6%;

Of those prisoners – 34% read on a 0-5th grade level, 45% on a 6-12th grade level; and 21% read above a 12th grade level; and each minimum custody prisoner costs the state $23,575/year; medium custody = $27,820/year, and closed custody = $32,262/year.

http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP05&prodType=table

http://www.doc.state.nc.us/Publications/Stats2011.pdf

Race Matters for Juvenile Justice's vision is a Charlotte-Mecklenburg Community where the composition and outcomes of juvenile courts cannot be predicted by race or ethnicity; and our mission is to build a collaboration of community stakeholders who will bring their constituencies to the table and partner in the Court's effort to reduce disproportionality and disparities.

Race Matters
for Juvenile Justice

Learn more at www.rmjj.org Or contact Dr. McCarter at smccarter@uncc.edu

UNC CHARLOTTE
College of Health and Human Services

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